ORIGINAL

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February 21, 2007

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Ms. Blanca S. Bayo, Director Florida Public Service Commission 2540 Shumard Oak Boulevard Betty Easley Conference Center, Room 110 Tallahassee, Florida 32399-0850

Re: Docket No. 060368-WS

Dear Ms. Bayo:

Enclosed please find the following for filing on behalf of Aqua Utilities Florida, Inc. ("AUF"):

An original and twenty copies of AUF's Notice of Filing First Supplemental Responses to Accounting Deficiencies Nos. 30 and 31, including attachments thereto.

Please acknowledge receipt of this document by stamping the extra copy of this letter "filed" and returning the copy to me.

As always, thank you for your assistance with this filing and please do not hesitate to contact me if you have any questions.

COM CTR Sincerely, marsha Rule ECR GCL Marsha E. Rule OPC ___ RCA _____ Cc (with enclosure): Rosanne Gervasi, Esq. SCR ____ Katherine Fleming, Esq. SGA ____ Stephen C. Reilly, Esq. SEC ____ Kathy L. Pape, Esq.

RECEIVED & FILED

FPSC-BUREAU OF RECORDS

OTH

DOCUMENT NUMBER - DATE

01688 FEB 21 5

FPSC-COMMISSION CLERK

ORIGINAL

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application for increase in water and)	
wastewater rates in Alachua, Brevard,)	Docket No. 060368-WS
Highlands, Lake, Lee, Marion, Orange, Palm)	
Beach, Pasco, Polk, Putnam, Seminole,	
Sumter, Volusia, and Washington Counties)	Dated: February 21, 2007
by Aqua Utilities Florida, Inc.	
)	

AQUA UTILITIES FLORIDA, INC.'S NOTICE OF FILING FIRST SUPPLEMENTAL RESPONSES TO ACCOUNTING DEFICIENCIES NOS. 30 AND 31

Aqua Utilities Florida, Inc. ("AUF") hereby files and serves Notice that it has filed an original and twenty copies of the attached Supplemental Responses to Deficiencies Nos. 30 and 31 as set forth in the Deficiency Letter dated January 2, 2007 from Timothy Devlin, Director, Division of Economic Regulation, to Kenneth Hoffman, counsel for AUF.

Respectfully submitted this 21st day of February, 2007.

Kenneth A. Hoffman, Esquire

Marsha E. Rule, Esquire

Marsha Pule

Rutledge, Ecenia, Purnell & Hoffman, P.A.

215 South Monroe St., Suite 420

Tallahassee, FL 32301

850.681.6788 (telephone)

850.681.6515 (facsimile)

ATTORNEYS FOR AQUA UTILITIES FLORIDA, INC.

DOCUMENT NUMBER - DATE

0 1 6 8 8 FEB 21 5

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing Notice and attached Response was served by hand delivery this 21st day of February, 2007, to the following:

Florida Public Service Commission Rosanne Gervasi, Esq. Katherine E. Fleming, Esq. 2450 Shumard Oak Blvd. Tallahassee, FL 32399-0850

Office of the Public Counsel Stephen C. Reilly, Esq. c/o The Florida Legislature 111 West Madison Street, Room 812 Tallahassee, FL 32399-1400

Kenneth A. Hoffman

Marsha Rule

Aqua Utilities Florida Inc. Docket No. 060368-WS Accounting Deficiencies

Accounting Deficiency No. 30

Rule 25-30.440, F.A.C., requires that each utility applying for a rate increase shall provide two copies of the following engineering information to the Commission:

Rule 25-30.440(4), F.A.C., requires the utility to provide all water and wastewater operating reports for the test year and the year preceding the test year. The applicant did not provide any water or wastewater operating reports for any system.

Accounting Deficiency No. 31

Rule 25-30.440, F.A.C., requires that each utility applying for a rate increase shall provide two copies of the following engineering information to the Commission:

Rule 25-30.440(5), F.A.C., requires the utility to provide the most recent sanitary survey for each water plant and inspection report for each wastewater plant conducted by the health department or the Department of Environmental Protection (DEP). The applicant did not provide any water sanitary surveys or wastewater inspection reports for any system.

Supplemental Response: February 21, 2007

Attached is a Sanitary Survey Report for the following system:
Ocala Oaks Subdivision

Attached are Sanitary Survey Reports and Monthly Operations Reports for the following systems:

49th Street Village Hawks Point
Bellaire Marion Hills
Belleview Hills Ridge Meadows
Belleview Hills Estates Westview
Chappell Hills Woodberry Forest

Fairfax

OCALA OAKS

Plant Name	OCALA OAKS	SUBDIVISION	C	ounty	Marion	_ PW\$ ID # _	3421560
	3900 20th Ave., Ocal			-			352-732-3504
Owner Name						Phone	352-732-6027
Owner Address	1343 NE 17th Road.	Ocala, FL 34470					
Contact Person	Michael Fitzgerald		Title _	manager	_	Phone	same
This Survey Dat	Michael Fitzgerald te 6/17/04	Last Survey Date		1/25/04	Las	t C.I. Date	7/23/98
PWS TYPE & C Community Non-transier Non-Community PWS STATUS Approved sy WC42-2016 (WC42-2016 (Unapproved) SERVICE AREA	thass Int Non-community unity Interest with approval not (2/27/79) Interest (2/26/85) In system In Characteristic	umber & date	AL So Ca	GROUN SURFACE PURCH Emerger Emerger IXILIARY Yes [urcepr pacity of vitchover: andby Pla	ER SOURCE ID; Numbe CE/UDI; So ASED from ncy Water POWER: None opane gene Standby (Mater Autom In: X Yes	r of Wells purce Source Capacity SOURCE Not Requator W) patic Man	uired 30 ual
Food Service: OPERATION & Certified Operat Operator(s) & C	☐ Yes ☐ No ☑ N MAINTENANCE or: ☑ Yes ☐ No ☐ ertification Class-Nur	N/A Not required	Wi Sa	nat equipo Well p High S Treatn tisfy 1/2 r	ment does umps Service Pui nent Equip nax-day de	it operate? mps ment	4 hrs/mo.
O & M Log: Operator Visitati Hrs/day: Requi Days/wk: Requi Non-consecut MORs submitted	Yes No Not Not ion Frequency Acturired 6 Acturive Days? Yes on MORs? No	al al6 □ No	W	Disinfection Tat addition	n onal treatm	ent is needed	
Population Serv Average Day (fr Max. Day (from	om MORs) <u>159,16</u> MORs) <u>208,000 gpc</u> n Capacity <u>7.1</u>	l 13 MGD	Flo Me Ba Cro Wr Co	ow Measu eter Size of ckflow Pross-conne itten Cross diform Sa	ections <u>n</u> ss-connect	e Flow Kent 4" Devices: Y one observed ion Control Pi n: Yes	rogram: Yes

PWS ID#	3421560
Date	6/17/04

Well Numb	per source	1	2	3	
Year Drille	ed	1978	1978	1991	
Depth Drill	led	270'	270'	197'	
Drilling Me	thod	rotary	rotary	rotary	
Type of G	rout	neat cement	neat cement	neat cement	
Static Wat	er Level	37'	37'	45'	
Pumping V	Water Level				
Design We	ell Yield				
Test Yield					
Actual Yie	ld (if different than rated capacity)				
Strainer		screen	screen	screen	
Length (ou	utside casing)	42'	42'	72'	
Diameter ((outside casing)	8"	8"	8"	
Material (c	outside casing)	steel	steel	steel	
Well Conta	amination History	no	no	no	
Is inundati	on of well possible?	no	no	no	
6' X 6' X 4	" Concrete Pad	yes	yes	yes	
	Septic Tank	n/a	n/a	n/a	
SET	Reuse Water	n/a	n/a	n/a	
BACKS	WW Plumbing	n/a	n/a	n/a	
	Other Sanitary Hazard	n/a	n/a	n/a	
	Туре	Submersible	Submersible	Submersible	
	Manufacturer Name	Goulds	Sta-Rite	Sta-Rite	
PUMP	Model Number	unk	unk	unk	
	Rated Capacity (gpm)	220	440	330	
	Motor Horsepower	15	30	30	
Well casin	g 12" above grade?	yes	yes	yes	
Well Casir	ng Sanitary Seal	ok	ok	ok	
Raw Wate	er Sampling Tap	yes	yes	yes	
Above Gro	ound Check Valve	yes	yes	yes	
Fence/Ho	using	yes	yes	yes	
Well Vent	Protection	n/a	yes	yes	

COMMEN	ITS	·			 	
-			 		 	

PWS	ID#	3421560
Date		6/17/04

CHLORINATION (Dis Type: ☐ Gas ☒ Hy Make <u>Stenner</u>	/po Capacit	y 30 gpd	STORAGE FACILITIE (G) Ground (H) Hy (B) Bladder (C) Cle	dropneum	atic (E)	
Chlorine Feed Rate _	30%		Tank Type/Number	H1	H2	H3
Avg. Amount of Cl ₂ ga Chlorine Residuals: F	as used	N/A	Capacity (gal)	10000	5000	10000
Remote tap location			Material	steel	steel	steel
DPD Test Kit: Or	n-site 🗵 Wit	h operator	Gravity Drain	Yes	Yes	Yes
☐ No Injection Points <u>Prior</u>		Used Daily	By-pass Piping	Yes	Yes	Yes
Booster Pump Info			Pressure Gauge	Yes	Yes	Yes
Comments Two chlonormally in use.	rinators at plant,	one is	Sight Glass or Level Indicator	Yes	Yes	Yes
Chlorine Gas Use	YES NO	Comments	Fittings for Sight Glass	Yes	Yes	Yes
Requirements	, , ,		Protected Openings	Yes	Yes	Yes
Dual System			PRV/ARV	PRV	PRV	PRV
Auto-switchover			On/Off Pressure	55/70	55/70	55/70
Alarms:			Access Padlocked	Yes	Yes	Yes
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection			Height to Bottom of Elevated Tank			
Scale			Height to Max. Water Level		i	
Chained Cylinders			Comments			
Reserve Supply						
Adequate Air-pak						
Sign of Leaks						
Fresh Ammonia						
Ventilation						
Room Lighting						
Warning Signs			HIGH SERVICE PUM	PS		
Repair Kits			Pump Number			
Fitted Wrench			Туре			
Housing/Protection		-	Make			
			Model			
AERATION (Gases, I	Fe. & Mn Remo	oval)	Capacity (gpm)			
TypeAerator Condition	Capacit	У	Motor HP			
Aerator Condition			Date Installed			-
Bloodworm Presence Visible Algae Growth	!		Maintenance			
Protective Screen Co	naition		Comments			
Comments						

PWS	ID # <u>3421560</u>	
Date	6/17/04	

MONITORING VIOLATIONS	MCL VIOL	ATIONS
DEFICIENCIES:		
Well #2 has a threaded raw water tap.	Please provide a down-flowing	smooth nosed raw
water tap.		

Inspector Janiel Stidler	Title Env. Specialist I	Date <u>6/17/04</u>
Roberto c. amag		
Approved by	Title Environmental Manager	Date <u>6/17/04</u>

Plant Name	RIDGE	MEADOWS	County <u>Marion</u>	PWS ID # _	6424591
Plant Location	957 NW 58th Ct. O	cala, FL 34470	County <u>Marion</u>	Phone _	352-369-4881
Owner Name	Brian Heath			Phone _	352-787-0980
Owner Address	P.O. Box 490310	Leesburg, FL 34749			
Contact Person _	Brian Heath		Title Area Manager	Phone _	
This Survey Date	12/19/06	Last Survey Date	Title Area Manager 4/21/04	Last C.I. Date _	11/23/05
PWS TYPE & CL Community Non-transient Non-Commun PWS STATUS Approved sys WC42-1287 05/1982 Unapproved s	ASS Non-community iity tem with approva	I number & date	RAW WATER SC GROUND; Nu SURFACE/UE PURCHASED Emergency W	when of Wells in the proof of Wells	2 guired
			Switchover: 🔯 A Standby Plan: 🗔 Hrs Operated Und	Yes ∐ No	
Food Service:] N/A	What equipment o ⊠ Well pumps	does it operate?	
OPERATION & N Certified Operator Operator(s) & Certified Mark March C-8	r: ⊠ Yes □ No rtification Class-N	☐ Not required lumber	☑ Treatment E Satisfy 1/2 max-d Comments <u>Provi</u>	ay demand? Your de log recording ex	es ∐No ⊠Unk
O & M Log: X Y Operator Visitatio Hrs/day: Require Days/wk: Require	es No	ctual	auxillary power s TREATMENT PR Chlorination		BE
Non-consecutiv MORs submitted Data missing from	re Days? ⊠ Yes regularly? ⊠ Ye n MORs? ∐ No	□ No □ N/A es □ No □ N/A ☑ Yes □ N/A	What additional tr None For control of wha		d?
in future MOR's. Number of Service Population Serve	e Connections _		DISTRIBUTION S Flow Measuring D		w Meter
Average Day (fro			Meter Size & Type		
Max. Day (from Max-day Design Comments	MORs) <u>35,000</u> Capacity <u>Unkr</u>	gpd nown gpd	Backflow Prevent Cross-connection Written Cross-cor Coliform Sampling Comments	ion Devices: 🔯 ` s <u>None</u> nnection Control F g Plan: 🄯 Yes [Program: Yes No N/A
COMET: SITE ID	PROJI	ECT ID			

PWS	ID#_	6424591
Date		12/19/06

Well Numb	per Der	1 (AAC 1462)	2 (AAC 1463)	
Year Drille		1981	1981	
Depth Drill		135 ft	140 ft	
Drilling Me		Rotary	Rotary	
Type of Gr		Cement	Cement	
Static Wat		57 ft		
Pumping V	Vater Level	,		
Design We	·			
Test Yield				
Actual Yie	Id (if different than rated capacity)			
Strainer		Open Hole	Open Hole	
Length (ou	ıtside casing)	64 ft	64 ft	
	(outside casing)	4 in	4 in	
	outside casing)	Steel	Steel	
	amination History	Ok	. Ok	
	on of well possible?	· No	No	
6' X 6' X 4	" Concrete Pad	Yes	Yes	
	Septic Tank	>100 ft	>100 ft	
SET	Reuse Water			
BACKS	WW Plumbing			
	Other Sanitary Hazard			
	Туре	Submersible	Submersible	
	Manufacturer Name	Franklin	Sta-rite	
PUMP	Model Number	2821139310	CPJ02-02	
	Rated Capacity (gpm)	90 gpm	90 gpm	
Motor Horsepower		5 hp	5 hp	
Well casin	g 12" above grade?	Yes	Yes	
Well Casir	ng Sanitary Seal	Yes	Yes	
Raw Wate	er Sampling Tap	Yes	Yes	
Above Gro	ound Check Valve	Yes	Yes	
Fence/Ho	using	Fence	Fence	
Well Vent	Protection	Yes	Yes	

COMMENTS	Please provide DEP wit	h any missing inform	ation.	

PWS	ID#	6424591
Date		12/19/06

CHLORINATION (Dis	sinfection)		STORAGE FACILITIE	ES		
Type: ☐ Gas ☒ Hypo			(G) Ground (H) Hydropneumatic (E) Elevated			
Make <u>Stenner</u>	Capacity	<u>17 gpd</u>	(B) Bladder (C) Cl			
Chlorine Feed Rate _ Avg. Amount of Cl ₂ ga			Tank Type/Number	H/1		
Avg. Amount of Cl ₂ ga	as used	<u>N/A</u>	Capacity (gal)	3,000		
Chlorine Residuals: F	Plant <u>5.00</u> R	emote <u>3.25</u>	Material	Steel		
DPD Test Kit: Or	Remote tap location <u>Hose bib - house across street</u> DPD Test Kit: On-site With operator			<u> </u>		
		Used Daily	Gravity Drain	Yes		
Injection Points			By-pass Piping	Yes		
Booster Pump Info _			Pressure Gauge	Yes		
Comments			Sight Glass or	Yes		
			Level Indicator			
	•		Fittings for	Yes		
Chlorine Gas Use	YES NO	Comments	Sight Glass			
Requirements			Protected Openings	N/A		
Dual System			PRV/ARV	PRV		
Auto-switchover			On/Off Pressure	60 psi		
Alarms:		•	Access Padlocked	Yes		
Loss of Cl ₂ capability			Height to Bottom of			
Loss of Cl ₂ residual Cl ₂ leak detection			Elevated Tank			
Scale			Height to Max.			
Chained Cylinders			Water Level			
Reserve Supply			Comments			
Adequate Air-pak						
Sign of Leaks						
Fresh Ammonia						
Ventilation						
Room Lighting				•		
Warning Signs			HIGH SERVICE PUN	1PS		
Repair Kits			Pump Number			
Fitted Wrench			Туре			
Housing/Protection			Make			
<u> </u>			Model			
AERATION (Gases, F	Fe. & Mn Remo	val)	Capacity (gpm)			
Type	Capacity	/	Motor HP			
Aerator Condition			Date Installed			
Bloodworm Presence			Maintenance			
Visible Algae Growth						
Protective Screen Co			Comments			
Comments						

PWS ID#	6424591
Date	12/19/06

COMPLIANCE MONITORING									
COMMUNITY PUBLIC WATER SYSTEMS									
	PWS	# Samples	Sampling	·	C > 3300			$\textbf{C} \leq 3300$	
CONTAMINANT	Screen	Required	Location	Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacti)	024	1	Each well	monthly			monthly		12/31/06
		2	Distribution						
Volatile Organics	028	(Note A)	(Note H)	(Notes A, 1)			(Notes A, 2)		12/31/06
Pesticides & PCBs	029	(Notes B, E)	(Note H)	3 years (Note 1)			3 years (Note 2)		
Nitrate & Nitrite (as N)	030	1.	POE	annually			annually		12/31/06
Inorganics	030	1	POE	3 years (Note 1)			3 years (Note 2)		12/31/06
Asbestos	030	1 (Note F)	Distribution	9 years (Note 7)			9 years (Note 8)		
Secondaries	031	1	POE	3 years (Note 1)			3 years (Note 2)		12/31/06
Radionuclides	033	(Note C)	POE	3 years (Note 1)			3 years (Note 2)		
Group I UOCs	035	(Notes B, E, G)	POE	(Note 4)			(Note 5)		
Group II UOCs	034	1 (Notes E,G)	POE	3 years (Note 1)			3 years (Note 2)		
Group III UOCs	036, 037	1 (Note G)	POE	(Note 4)	,		(Note 5)		
Lead and Copper	047	(Note D)							
TTHM (≥ 10,000 persons)	027	4/plant	Distribution	Quarterly			N/A	N/A	N/A

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

PWS ID#	6424591
Date	12/19/06

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

- Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.
- Note C See Rule 62-550.519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.
- Note D Contact the Southwest District's Drinking Water Program at (813) 744-6100 or contact the Florida Rural Water Association.

Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.

Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.

Note H First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

FREQUENCY:

- Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)
- **Note 2** Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)
- Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)
- Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)
- **Note 5** Second year of the first three-year compliance period (i.e. calendar year 1994)

- **Note 6** Third year of the first three-year compliance period (i.e. calendar year 1995)
- Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)
- Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)
- Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

PWS ID)#_	6424591	
Date		12/19/06	

MONITORING VIOLATIONS		MOL VIOLATIONS					
MONITORING VIO	LATIONS	MCL VIOLATIONS					

· · · · · · · · · · · · · · · · · · ·							
	·						
	····						
DEFICIENCIES:							
No Isolation Valve 62-	.555.350(12)(c) P	lease provide an isolation	valve evercising plan				
	333.330(12)(C) 1	rease provide air isolation	varve exercising plan.				
Exercising Plan							
·							
		The second secon					
	<u> </u>						
• *							
			•				

Approved by Illand 3.

Title Env. Specialist I

Date 17-21-06

Title Env. Specialist III

Date 15-11-06

Plant Name	HAWKS POINT	C	ounty	Marion	_ PWS ID#	3424685
	SE 43 Avenue & SE 107 Ave					
Owner Name	Agua Utilities				Phone	352-732-6027
Owner Address	1343 NE 17th Road, Ocala, FL 34470					
Contact Person	Michael Fitzgerald e 6/17/04 Last Survey Date	Title _	Owner		Phone	352-732-6027
This Survey Date	e <u>6/17/04</u> Last Survey Date		4/8/99	Las	st C.I. Date	3/3/98
PWS TYPE & C	LASS	R/	TAW WAT	ER SOUR	E	
Community (1
Non-transien	it Non-community		SURFA	CE/UDI: So	ource	
Non-Commu	it Non-community inity		PURCH	ASED from	PWS ID#	
	,		Emerge	ency Water	Source	
PWS STATUS						
	stem with approval number & date		_			
WC42-2104 3	/5/99		_	POWER:		
					☐ Not Req	
Unapproved	system	So	urce <u>l</u>	Diesel Genera	ator (W)	. 26
SERVICE AREA	CHARACTERISTICS	C a	apacity of	Standby (r	stic Mon	
Subdivision	(O) DAIGNOTE INTO THE			an: 🛛 Yes	natic	uai
		Hr	s Onerat	ed Inderi	Osq T 140	4 hr/Month
Food Service:	Yes ⊠ No □ N/A				it operate?	4 11/11/01/01
_	<u> </u>					
	MAINTENANCE	Ī	High	Service Pu	mps	
	or: X Yes No Not required		Treat	ment Equip	ment <u>Chlori</u>	nator
	ertification Class-Number	Sa	itisfy 1/2	max-day de	emand? ⊠Ye	s No Unk
Mark March		Co	mments			
C-8287	Yes No Not required					· · · · · · · · · · · · · · · · · · ·
Operator Visitation		TE	- A TR#E	NT DDOCE	CCEC IN HO	=
Hrs/day: Requir	red Actual			on/Disinfect	SSES IN US	=
Davs/wk: Requi	redActualired5Actual5		JIIOI IIIau	OID DISHINECT	1011	
Non-consecuti	ve Days? ⊠ Yes ☐ No ☐ N/A	<u>\\</u>	hat additi	onal treatm	ent is needed	17
MORs submitted	d regularly? ⊠ Yes ☐ No ☐ N/A	* * *	nat additi	onar a oaar		• •
	m MORs? ⊠ No ☐ Yes ☐ N/A	Fo	r control	of what def	iciencies?	
Number of Send	ce Connections 129	ח	CTDIDII	TION SYST	'E 1/4	
	ed 427 Basis Owner				e <u>Flov</u>	v Meter
•	om MORs) 44,570 gpd			& Type		v Ivietei
	MORs) 61,000 gpd				evices: X	es No
	Capacity273 MGD				None Observed	
						rogram: Yes
		Co	oliform Sa	ampling Pla	n:⊠Yes Γ	No □ N/A

COMET: SITE ID	PROJECT ID					

PWS ID#	3424685	_
Date	6/17/04	_

Well Numb	per	1	2	
Year Drille	d	1986	1986	
Depth Drill	ed	170	170	
Drilling Me	thod	Rotary	Rotary	
Type of Gr	out	Neat	Neat	
Static Wat	er Level	78	78	
Pumping V	Vater Level	120	152	
Design We	ell Yield	200	200	
Test Yield		185	185	· ·
Actual Yiel	d (if different than rated capacity)			
Strainer		·, · · · · · · · · · · · · · · · · · ·		
Length (ou	ıtside casing)	124	128	
Diameter (outside casing)	6"	6"	
Material (o	outside casing)	Steel	Steel	
Well Contamination History		None	None	
Is inundati	on of well possible?	No	No	
6' X 6' X 4	" Concrete Pad	Yes	Yes	
	Septic Tank	>100'	>100'	
SET		NA	NA	
BACKS	WW Plumbing	>100	>100	
	Other Sanitary Hazard			
	Туре	Submersible	Submersible	
	Manufacturer Name	Starite	Starite	,
PUMP	Model Number	190L6	190LS	
	Rated Capacity (gpm)	185	185	
•	Motor Horsepower	10	10	
Well casin	g 12" above grade?	Yes	Yes	
Well Casir	ng Sanitary Seal	OK	OK	
Raw Wate	r Sampling Tap	Yes	Yes	
Above Gro	ound Check Valve	Yes	Yes	
Fence/Hou	gnisu	Yes	Yes	
Well Vent	Protection	NA	NA	

COMMENTS			
	•	 	
	•		

PWS	ID#	3424685
Date		6/17/04
-		

CHLORINATION (Disinfection)	STORAGE FACILITIES
Type: ☐ Gas ☒ Hypo	(G) Ground (H) Hydropneumatic (E) Elevated
Make (2) Unidose Capacity 30 gpd	(B) Bladder (C) Clearwell
Chlorine Feed Rate	Tank Type/Number H
Avg. Amount of Cl ₂ gas usedN/A	Capacity (gal) 10,000
Chlorine Residuals: Plant 2.4 Remote 1.4 Remote tap location across from plant	Material Steel
DPD Test Kit: On-site With operator	
□ None □ Not Used Daily	
Injection Points P/T	By-pass Piping Yes
Booster Pump Info	Pressure Gauge Yes
Comments	Sight Glass or Yes
	Level Indicator
	Fittings for Yes
Chlorine Gas Use YES NO Comments	Sight Glass
Requirements	Protected Openings N/A
Dual System	PRV/ARV PRV
Auto-switchover	On/Off Pressure 43/65
Alarms:	Access Padlocked Yes
Loss of Cl ₂ capability	Height to Bottom of
Loss of Cl₂ residual ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Elevated Tank
Scale	Height to Max.
Chained Cylinders	Water Level
	Comments
Reserve Supply	
Adequate Air-pak	
Sign of Leaks	
Fresh Ammonia	
Ventilation	
Room Lighting	
Warning Signs	HIGH SERVICE PUMPS Pump Number
Repair Kits	
Fitted Wrench	Type
Housing/Protection	Make
	Model
AERATION (Gases, Fe, & Mn Removal)	Capacity (gpm)
Type Capacity	Motor HP
Type Capacity Aerator Condition	Date Installed
Bloodworm Presence	Maintenance
Visible Algae Growth	
Protective Screen Condition	Comments
Comments	

PWS	ID#	3424685
Date		6/17/04

Date _____6/17/04___

MONITORING VIOLATIONS	MCL VIO	LATIONS	
EFICIENCIES:			
LI TOILITOILS.			
No deficiencies noted at the time of the inspect	ion		
Two deficiences floted at the time of the hispeet.	ion.		
			-,
4			
spector Saniel Shidler Title			
pector Title _	Env. Specialist I	Date	6/17/04

Title Environmental Manager

Roberto c- amag

Plant Name	BELLEVIEW HILLS	С	ountv	Marion	PWS ID#	3424030
Plant Location	11869 SE 96th Ave., Belleview				Phone _	352-732-6027
Owner Name	Agua Utilities				Phone _	same
Owner Address	1343 NE 17th Road Ocala EL 34470	•				
Contact Person	Michael Fitzgerald	Title	Manager		Phone	same
This Survey Date	Michael Fitzgerald e6/17/04 Last Survey Date	_	1/25/00	La:	st C.I. Date _	7/23/98
PWS TYPE & C	LASS	R/	AW WATE	R SOUR	CE	
□ Community						2
	t Non-community		SURFA	CE/UDI; S	ource	
Non-Commu	•] PURCH	ASED fror	n PWS ID#_	
	·] Emerger	ncy Water	Source	
PWS STATUS			Emerge	ncy Water	Capacity	
Approved sy	stem with approval number & date					
<u>WC42-2044 (</u>	1/6/82)				SOURCE	!
		×	l Yes [_ None	Not Req	uirea
☐ Unapproved	system	50	ource <u>Pi</u>	opane Otanalbu (kW)	25
SEDVICE ADEA	CHARACTERISTICS	Ci	apacity of		notic [] Mor	33
G 1 11 1 1					natic 🔲 Man	luai
Subdivision		ЭI	andby Pia	n: 🗌 Yes	oad	1 hrs/mo
Food Service:	☐ Yes ☐ No ☒ N/A				it operate?	
1 000 Oct vice.					on operate:	
OPERATION &	MAINTENANCE	i	High 9	Service Pu	imps	
Certified Operato	or: 🛛 Yes 🔲 No 🔲 Not required		X Treatr	nent Fauir	oment	
	ertification Class-Number	S	atisfy 1/2 r	nax-dav d	emand? XY	s No Unk
Mark March						
C-8287		•	5,,,,,,,			
	Yes No Not required	-				<u> </u>
Operator Visitati	on Frequency	TF	REATMEN	IT PROCE	ESSES IN US	E
Hrs/day: Requir	redActual ired3Actual3		Disinfectio	n		
Days/wk: Requi	ired 3 Actual 3					
Non-consecuti	ve Days? ⊠ Yes □ No □ N/A	W	hat addition	onal treatn	nent is needed	d?
	l regularly? ⊠ Yes ☐ No ☐ N/A					<u></u>
Data missing fro	m MORs? ⊠ No ☐ Yes ☐ N/A	Fo	or control	of what de	ficiencies?	
Number of Cond	ce Connections 106	וח	CTDIRIIT	ION SYS	TEM	
	ed 371 Basis X 3.5				ce <u>Flov</u>	w Meter
	om MORs) <u>28714 gpd</u>			Type _		W 1710-to1
					Devices: 🔯 Y	es No
	MORs) <u>69000 gpd</u> Capacity <u>108000 gpd</u>				none observed	
	Capacity 108000 gpt					rogram: Yes
Comments						No □N/A
					an. 23 100 L	
		<u> </u>				
COMET: SITE ID	PROJECT ID					

PWS ID#	3424030
Date	6/17/04

Well Numb	oer	1	2		
Year Drille		1981	1981		
Depth Drill	ed	150'	150'		
Drilling Me	thod	rotary	rotary		
Type of Gr	out	n.c.	n.c.		
Static Wat	er Level	31'	31'		
Pumping V	Vater Level				
Design We	ell Yield			*****	
Test Yield				10000	
Actual Yiel	d (if different than rated capacity)				
Strainer		screen	screen		
Length (ou	itside casing)	94'	80'		
Diameter (outside casing)	4"	4"		
Material (o	outside casing)	steel	steel		
Well Contamination History		none	none		
Is inundati	on of well possible?	no	no		
6' X 6' X 4	" Concrete Pad	yes	yes		
	Septic Tank	>100'	>100'		
SET	Reuse Water				
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	none pbserved	none observed		
	Туре	submersible	submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
PUMP	Model Number				
	Rated Capacity (gpm)	70	70		
	Motor Horsepower	5	5		
Well casing 12" above grade?		yes	yes		
Well Casing Sanitary Seal		ok	ok		
Raw Wate	r Sampling Tap	yes	yes		
Above Gro	ound Check Valve	yes	yes		
Fence/Hot	using	yes	yes		
Well Vent	Protection	n/a	n/a		

COMMENTS	 	 	

PWS ID#_	3424030
Date	6/17/04

CHLORINATION (Dis			STORAGE FACILITIE			
Type: ☐ Gas ☑ Hypo		(G) Ground (H) Hy		atic (E)	Elevated	
Make Stenner	Capacity	/30_gpd	(B) Bladder (C) Cle			1
Chlorine Feed Rate	30%	NT/A	Tank Type/Number	H 1		
Avg. Amount of Cl ₂ ga Chlorine Residuals: I	as used Plant 1.7 F	Remote 0.9	Capacity (gal)	3000		
Remote tap location _	Across from pl	ant	Material	steel		
DPD Test Kit: Or		n operator Used Daily	Gravity Drain	Yes		
Injection Points Prio	r to H-tank		By-pass Piping	Yes		
Booster Pump Info			Pressure Gauge	Yes		
Comments			Sight Glass or	Yes		
			Level Indicator	7,7	<u> </u>	
Chlorine Gas Use	YES NO	Commonto	Fittings for Sight Glass	Yes		
Requirements	TES NO	Comments	Protected Openings	Yes		
Dual System			PRV/ARV	PRV		
Auto-switchover			On/Off Pressure	40/60		
Alarms: Loss of Cl ₂ capability			Access Padlocked	Yes		
Loss of Cl ₂ capability			Height to Bottom of			
Cl ₂ leak detection			Elevated Tank			
Scale			Height to Max. Water Level			
Chained Cylinders			Comments **Tank is	up for repl	acement**	
Reserve Supply						
Adequate Air-pak						
Sign of Leaks					· · · · · · · · · · · · · · · · · · ·	
Fresh Ammonia						
Ventilation						
Room Lighting						
Warning Signs			HIGH SERVICE PUM	PS		
Repair Kits			Pump Number			
Fitted Wrench			Туре			i
Housing/Protection			Make			
			Model			
AERATION (Gases, I	Fe, & Mn Remo	val)	Capacity (gpm)			
		Motor HP		,		
Type Capacity Aerator Condition		Date Installed				
Bloodworm Presence Visible Algae Growth			Maintenance			
Protective Screen Co			Comments			
Comments						

PWS ID#_	3424030
Date	6/17/04

MONITORING VIOLATIONS	MCL V	MCL VIOLATIONS				
DEFICIENCIES:						
		•				
No deficiencies noted at the time of	the inspection.	*****				
	·					
			···			
		······································				
9.000	**************************************					
Inspector_ Vaniel Stidder	TitleEnv. Specialist I	Date	6/17/04			
Roberto c- amag						
Approved by	Title <u>Environmental Manager</u>	Date	6/17/04			

Plant Name	49TH STREET VILLAGE	C	ounty	Marion	_ PWS ID # _	3424631
	NE 49th & NE 28th Terrace, Ocala		. •		Phone	352-732-6027
Owner Name	Aqua Utilities				Phone	same
Owner Address	1343 NE 17th Rd. Ocala, FL 34470					
Contact Person	Michael Fitzgerald	Title	Owner		Phone	same
This Survey Dat	Michael Fitzgerald e 6/17/04 Last Survey Date		4/8/99	Las	st C.I. Date	7/17/01
PWS TYPE & C	I ASS	D	۸۱۸/ ۱۸/ ATI	ER SOURC	`E	
□ Community (□ C						1
	nt Non-community		GIDEA	CE/HDI: S	ource	
Non-Commu		<u> </u>	PURCH	ASED from	PWSID#	
	a in y	 	Emerge	ncv Water	Source	
PWS STATUS		_				
	stem with approval number & date			,		
	0, 7-18-90		_	POWER :		
WC42 2068, '	7-28-83	\boxtimes	Yes [None		uired
Unapproved	system	Sc	ource <u>P</u>	ropane (Elli	ot) (W)	
OFFICE ARE	A OLIADA OTEDIOTIOS	Ca	apacity of	Standby (k	‹W)	65
	A CHARACTERISTICS				nat <u>ic</u> 🔲 Man	ual
Subdivision				an: 🔲 Yes		
Food Convices	☐ Yes ☒ No ☐ N/A				oad	4 hrs/mo.
rood Service.	☐ fes ☑ NO ☐ N/A				it operate?	
OPERATION &	MAINTENANCE	ļ	X Well p	oumps		
	or: ⊠ Yes ☐ No ☐ Not required	<u>l</u>	A High	Service Pui	mps	
	ertification Class-Number	ا	reau	ment Equip	ment	
Mark March					emanur 🗀 re	s
C-8287		C	minents			
	Yes 🗌 No 🔲 Not required					
Operator Visitati	on Frequency	TF	REATME	NT PROCE	SSES IN US	E
Hrs/day: Requir	redActual				nfection	
Days/wk: Requ	ired <u>3</u> Actual <u>3</u>	-				
Non-consecuti	ive Days? ⊠ Yes □ No □ N/A	\overline{w}	hat additi	onal treatm	nent is needed	1?
MORs submitted	d regularly? ⊠ Yes ☐ No ☐ N/A					
Data missing fro	m MORs? No Tyes N/A	Fo	or control	of what def	ficiencies?	
Number of Cons	ice Connections 97		OTDIDI'	TION SYST	-584	
				TION SYST		· Motor
Average Day (from				-	e <u>Flov</u>	v Ivietei
				& Type		as [7] No
	MORs) 41,400 gpd 3/6				Devices: X Y	
	Capacity 109,000 gpd				None Observed	rogram: Yes
Comments						rogram. <u>res</u>]No □N/A
					III. 🖂 Tes 🗀	
COMET: SITE IC	PROJECT ID					

PWS ID :	# <u>3424631</u>
Date	6/17/04

Well Numb	per	1			
Year Drille		1983	-		
Depth Drill	ed	140			
Drilling Me	thod	Rotary			
Type of Gr	out	Neat			
Static Wate	er Level	32'			
Pumping V	Vater Level	Unk			
Design We	ell Yield			,	· · · · · · · · · · · · · · · · · · ·
Test Yield					
Actual Yiel	d (if different than rated capacity)	,			
Strainer	**************************************				
Length (ou	tside casing)	84	· · · · · · · · · · · · · · · · · · ·		
Diameter (outside casing)	6"			
Material (o	utside casing)	Steel			
Well Conta	mination History	Unk			
Is inundation	on of well possible?	No			
6' X 6' X 4'	' Concrete Pad	Yes			
	Septic Tank	>100			
SET	Reuse Water	NA			
BACKS	WW Plumbing	>100			
	Other Sanitary Hazard	None Observed			
	Type	Submersible			
	Manufacturer Name		·.		
PUMP	Model Number				
	Rated Capacity (gpm)	75			
Motor Horsepower		7.5			
Well casing	g 12" above grade?	Yes			
Well Casin	g Sanitary Seal	OK			·
II	r Sampling Tap	Yes			
Above Gro	ound Check Valve	Yes			
Fence/Hou	<u> </u>				
Well Vent	Protection	·			

COMMENTS	
	,

PWS	ID#	3424631
Date		6/17/04

CHLORINATION (Disinfection) Type: ☐ Gas ☑ Hypo			STORAGE FACILITIES (G) Ground (H) Hydropneumatic (E) Elevated			
Make Stenner	Capacity	/ 30 gpd	(B) Bladder (C) Clearwell			
Oblanta Frank Data	0.007		Tank Type/Number	H		
Avg. Amount of Cl ₂ ga	as used	N/A	Capacity (gal)	5000		
Chlorine Residuals: F	Plant <u>1.5</u> F	Remote <u>.6</u>	Material	Steel		
Remote tap location _ DPD Test Kit:	First nouse on	street				
	ne Not		Gravity Drain	Yes		
Injection Points P/T			By-pass Piping	Yes		
Booster Pump Info _			Pressure Gauge	Yes		
Comments			Sight Glass or	Yes		
		·	Level Indicator			
			Fittings for	Yes		
Chlorine Gas Use	YES NO	Comments	Sight Glass	N/A		
Requirements			Protected Openings			
Dual System			PRV/ARV	PRV		
Auto-switchover			On/Off Pressure	40/53		
Alarms:			Access Padlocked	Yes		
Loss of Cl ₂ capability Loss of Cl ₂ residual			Height to Bottom of			
Cl ₂ leak detection			Elevated Tank			
Scale			Height to Max.			
Chained Cylinders		···	Water Level Comments			
Reserve Supply						
Adequate Air-pak						
Sign of Leaks						
Fresh Ammonia						
Ventilation						
Room Lighting			·			
Warning Signs			HIGH SERVICE PUM	IPS		
Repair Kits			Pump Number			
Fitted Wrench			Type			
Housing/Protection			Make			
			Model			
AERATION (Gases, F	e, & Mn Remo	val)	Capacity (gpm)			
			Motor HP		<u> </u>	
TypeAerator Condition			Date Installed			
Bloodworm Presence			Maintenance			
Visible Algae Growth Protective Screen Col	ndition		Comments			
Comments						

PWS II	D#	3424631	_
Date		6/17/04	

MONITORING VIOLATIONS	MCL VIOLATIONS						
DEFICIENCIES:							
No deficiencies noted at the time of the	e inspection.						

· · · · · · · · · · · · · · · · · · ·							
<u> </u>							
Inspector	TitleEnv. Specialist I	Date <u>6/17/04</u>					
Roberto c- amog							
Approved by	Title Environmental Manager	Date <u>6/17/04</u>					

Plant Name	CHAPPELL HILLS	C	ounty	Marion	PWS ID #	3424029
	2338 NE 55th Place, Ocala				Phone	352-732-6027
Owner Name					Phone _	
Owner Address	1343 NE 17th Road Ocala FI.	-	•			
Contact Person	Michael Fitzgerald	Title _	Manager		Phone	same
This Survey Dat	Michael Fitzgerald te 6/17/04 Last Survey Date		1/25/04	Las	st C.I. Date	7/23/98
PWS TYPE & C Community Non-transier Non-Community PWS STATUS Approved sy As built (1/6/ Unapproved SERVICE AREA Subdivision Food Service: OPERATION & Certified Operat	int Non-community unity //stem with approval number & date 81) system	AL So Cast Hr W	WWATE GROUN SURFACE PURCHA Emerger Emerger IXILIARY Yes Preparately of witchover: andby Plates operate hat equipm Well p High S Treatn attisfy 1/2 r	ER SOURCE D; Number D; Number DE/UDI; Source ASED from Directly Water Downer Do	ce of Wellsource n PWS ID # Source Capacity SOURCE Not Requestic Manage	uired 35 nual 4 hr/Month
Operator Visitat Hrs/day: Requi Days/wk: Requi Non-consecut MORs submittee Data missing fro Number of Serv Population Serv Average Day (from Max. Day (from Max-day Design	Yes No Not required ion Frequency Actual 3 No	TF W Fo DI FI M Ba Cr W	control of the contro	onal treatmonal treatm	esses IN US	ex Meter Yes No Program: Yes No N/A
COMET: SITE II	D PROJECT ID	_				

PWS ID#	3424029				
Date	6/17/04				

Well Num	ber	1		
Year Drille	ed	1981	·	
Depth Drill	led	92'		
Drilling Me	thod	cable tool		
Type of G	rout	neat cement		
Static Wat	er Level	24'		
Pumping V	Vater Level			
Design We	ell Yield			
Test Yield				
Actual Yie	ld (if different than rated capacity)			
Strainer		screen		
Length (or	ıtside casing)	63'		
Diameter (outside casing)	4"		
Material (o	outside casing)	steel		
Well Conta	amination History	none		
Is inundati	on of well possible?	no		
6' X 6' X 4'	" Concrete Pad	yes		
	Septic Tank	>200'		
SET	Reuse Water			
BACKS	WW Plumbing	>100'		
	Other Sanitary Hazard	none observed		
	Туре	Submersible		
	Manufacturer Name	Sta-Rite		
PUMP	Model Number			
	Rated Capacity (gpm)	70		
	Motor Horsepower			
Well casing 12" above grade?		yes		
Well Casin	g Sanitary Seal	ok		
Raw Wate	r Sampling Tap	yes		
Above Gro	ound Check Valve	yes		
Fence/Hou	ısing	yes		
Well Vent I	Protection	n/a		

COMMENTS		 	 	
	 	 	 	

PWS ID#	3424029
Date	6/17/04

CHLORINATION (Dis Type: Gas Hy Make Stenner	/po C	· Capacity	/ 30 gpd	STORAGE FACILITIE (G) Ground (H) Hy (B) Bladder (C) Cl	dropneuma earwell	tic (E) E	Elevated
Chlorine Feed Rate	100% o	f stroke		Tank Type/Number	H1		
Avg. Amount of Cl ₂ ga Chlorine Residuals: F	as used	17 [N/A	Capacity (gal)	2000		
Remote tap location _			Cemole	Material	steel		
DPD Test Kit: On	-site	⊠ With		Gravity Drain	Yes		
Injection Points Prior			Used Daily	By-pass Piping	Yes		
Booster Pump Info _	<u>, </u>			Pressure Gauge	Yes		
Comments				Sight Glass or Level Indicator	Yes		
Chlorine Gas Use	YES	NO	Comments	Fittings for Sight Glass	Yes		
Requirements				Protected Openings	Yes		
Dual System				PRV/ARV	PRV		
Auto-switchover				On/Off Pressure	45/60		
Alarms:]]		Access Padlocked	Yes		
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection				Height to Bottom of Elevated Tank			
Scale				Height to Max. Water Level			
Chained Cylinders				Comments **tank co	ontracted to b	e replaced	**
Reserve Supply							
Adequate Air-pak							
Sign of Leaks					· · · · · · · · · · · · · · · · · · ·		
Fresh Ammonia							
Ventilation							
Room Lighting				1			
Warning Signs				HIGH SERVICE PUN	/IPS		
Repair Kits				Pump Number			
Fitted Wrench				Туре			
Housing/Protection				Make			
	L.,			Model			
AERATION (Gases, I	Fe, & M	n Remo	oval)	Capacity (gpm)			
TypeAerator Condition	(Capacit	y	Motor HP			
Aerator Condition				Date Installed			
Bloodworm Presence Visible Algae Growth				Maintenance			
Protective Screen Co Comments	naition .			Comments			
				<u></u> -			

PWS ID#_	3424029	_
Date	6/17/04	

		. 	
MONITORING VIOLATIONS	MCL VIOLA	ATIONS	
DEFICIENCIES:	,		
No deficiencies noted at the time of the	ne inspection.		
·			
		. •	
			-
Inspector Naniel Stidler	Title Env. Specialist I	Date	6/17/04
Koberto c- amoz			
Approved by	Title <u>Environmental Manager</u>	Date	6/17/04

Plant Name _	WESTVIEW	C	ounty	Marion	_ PWS ID # _	3424036
Plant Location	2338 NE 55th Place, Ocala				Phone	352-732-6027
Owner Name					Phone	
Owner Address	1343 NE 17th Road, Ocala, FL					
Contact Person	Michael Fitzgerald	Title	Manager		Phone	same
This Survey Date	Michael Fitzgerald 6 6/17/04 Last Survey Date		1/25/04	Las	t C.I. Date _	7/23/98
PWS TYPE & CI Community Non-transien Non-Community PWS STATUS Approved sys As built (1/6/8 Unapproved SERVICE AREA Subdivision Food Service: OPERATION & I Certified Operato Operator(s) & Ce	t Non-community nity stem with approval number & date (1) system CHARACTERISTICS Yes No N/A MAINTENANCE or: Yes No Not required ertification Class-Number	AL So St Hr	WWATE GROUN SURFACE PURCHA Emerger Emerger JXILIARY Yes purce Prepared of some some some some some some some some	ER SOURCE D; Number DE/UDI; So ASED from Day Water Day W	of Wells_ource	uired 45 ual 4 month
O & M Log: N Operator Visitation Hrs/day: Require Days/wk: Require Non-consecutive MORs submitted Data missing from Number of Service Population Servet Average Day (from Max. Day (from Max-day Design	om MORs) 7880 gpd MORs) 10000 gpd Capacity 20000 gpd	TF W Fo DI Read Ba Cr	REATMEN Disinfection hat addition or control of STRIBUT OW Measu eter Size & ackflow Pross-conne	onal treatmon what define the system of the	EM e <u>Flov</u>	ti? v Meter es No
		Co	oliform Sa	mpling Pla	n: X Yes	
		•				
COMET: SITE ID	PROJECT ID					

PW\$ I	D#	3424036
Date		6/17/04

Well Numb		1			
Year Drille		1981			
Depth Drille		140'			
Drilling Me		rotary		·	
Type of Gr		neat cement			
Static Wate	er Level	27'			
	Vater Level				
Design We	ell Yield				
Test Yield					
Actual Yiel	d (if different than rated capacity)				
Strainer		screen			
Length (ou	tside casing)	42'			
Diameter (outside casing)	4"			
Material (o	utside casing)	steel			
Well Conta	mination History	none			
Is inundation	on of well possible?	no			
6' X 6' X 4"	' Concrete Pad	yes			
	Septic Tank	>200'		·	
SET	Reuse Water				
BACKS	WW Plumbing	>100'			
	Other Sanitary Hazard	none observed			
	Туре	Submersible			
	Manufacturer Name	Sta-Rite			
PUMP	Model Number				
	Rated Capacity (gpm)	70			
	Motor Horsepower	5			
Well casing	g 12" above grade?	yes			
Well Casin	g Sanitary Seal	ok			
Raw Water	r Sampling Tap	yes	·		
Above Gro	ound Check Valve	yes			
Fence/Hou	using	yes			
Well Vent I	Protection	n/a			

COMMENTS	 	 ==-·	

PWS	ID#_	3424036	_
Date		6/17/04	_

CHLORINATION (Dis			STORAGE FACILITIE		
Type: Gas Hy					ic (E) Elevated
Make Stenner			(B) Bladder (C) Cle		
Chlorine Feed Rate _			Tank Type/Number	H1	
Avg. Amount of Cl ₂ ga Chlorine Residuals: F	as used	N/A	Capacity (gal)	2000	
Remote tap location _	house at begin	ning of street	Material	steel	
DPD Test Kit: Or	n-site 🗵 Witt	n operator	Gravity Drain	Yes	
		Used Daily	By-pass Piping	Yes	
Injection Points <u>Prior</u> Booster Pump Info _	r to H-tank		Pressure Gauge	Yes	
Comments				Yes	
			Sight Glass or Level Indicator	1 68	
· .			Fittings for	Yes	
Chlorine Gas Use	YES NO	Comments	Sight Glass		
Requirements	120 110	Comments	Protected Openings	Yes	
Dual System			PRV/ARV	PRV	
Auto-switchover			On/Off Pressure	50/65	
Alarms:			Access Padlocked	Yes	
Loss of Cl ₂ capability Loss of Cl ₂ residual			Height to Bottom of		
Cl ₂ leak detection			Elevated Tank		
Scale			Height to Max.		
Chained Cylinders			Water Level Comments **outgoin	a line is leaki	ng at Tank**
Reserve Supply			Comments <u>outgon</u>	ig title is leaki	ing at Tatik
Adequate Air-pak					
Sign of Leaks					
Fresh Ammonia					
Ventilation					
Room Lighting					
Warning Signs			HIGH SERVICE PUM	PS	
Repair Kits			Pump Number		
Fitted Wrench			Туре		
Housing/Protection			Make		
<u> </u>	1		Model		
AERATION (Gases, I	Fe. & Mn Remo	val)	Capacity (gpm)		
Type	Capacity	/	Motor HP		ļ
TypeAerator Condition	-		Date Installed		
Bloodworm Presence			Maintenance		
Visible Algae Growth Protective Screen Co	ndition		Comments		
Comments					
· · · · · · · · · · · · · · · · · · ·		/			

PWS ID#_	3424036
Date	6/17/04

Date ____6/17/04

	MONITORING VIOLATIONS		MCL VIO	LATIONS	
			·		
					· · · · · · · · · · · · · · · · · · ·

DEFICIEN	ICIES:	•			
DEFICIEN	ICIES.				
Effluen	t pipe from the pressure tank	r is leaking	Please fix or replace	it	
Dilluoii	t pipe nom the pressure turn	LIS TOURING.	Ticase fix of Teptace	16.	
			•		
		•			
					· · · · · · · · · · · · · · · · · · ·
		···-			
	1 , , , , , , ,				
Inspector	Daniel Stidler	Title	Turn Conneighbor I	Dete	6/17/01
mspector		riue	Env. Specialist I	_ Date	0/1//04
	Roberto C. amag				

Approved by _____

Title Environmental Manager

Plant Name	ant Name BELLAIRE		c	ounty	Marion	_ PWS ID #	3424000
Plant Location <u>2400 SE 52nd, Ocala, FL</u>					Phone	352-732-6027	
Owner Name Agua Utilities				-		Phone	same
Owner Address	1343 NE 17th Road,	Ocala, FL 34470					
Contact Person	Michael Fitzgerald		Title	Manager		Phone	same
This Survey Date	6/17/04	Last Survey Date		1/25/00	Las	t C.I. Date	7/23/96
PWS TYPE & CLASS ☐ Community ☐ Non-transient Non-community ☐ Non-Community ☐ PWS STATUS ☐ Approved system with approval number & date ☐ WC42-2033 (8/11/80) ☐ Unapproved system			RAW WATER SOURCE GROUND; Number of Wells 2 SURFACE/UDI; Source PURCHASED from PWS ID # Emergency Water Source Emergency Water Capacity AUXILIARY POWER SOURCE Yes None Not Required Source Propane generator Capacity of Standby (kW) 35				
			Ca	apacity of	Standby (k	W)	35
SERVICE AREA CHARACTERISTICS Subdivision			Switchover: ⊠ Automatic ☐ Manual Standby Plan: ⊠ Yes ☐ No Hrs Operated Under Load 4 hrs/mo.				
Food Service:	Yes 🗌 No 🛛 N	/A	W	hat equipr	nent does	it operate?	
OPERATION & MAINTENANCE Certified Operator:			ř	High S	umps	nne	
			☐ High Service Pumps				
			TREATMENT PROCESSES IN USE Disinfection What additional treatment is needed?				
			Number of Service Connections 217 Population Served 760 Basis X 3.5			DISTRIBUTION SYSTEM Flow Measuring Device Flow Meter	
Average Day (from MORs) 75879 gpd gpd			Meter Size & Type3" Kent				
Max. Day (from MORs) 12300 gpd Max-day Design Capacity 132000 gpd Comments Explain why max day flow exceeded design capacity in April and May of 1998.			Backflow Prevention Devices: Yes No Cross-connections none observed Written Cross-connection Control Program: Yes Coliform Sampling Plan: Yes No N/A Comments				
COMET: SITE ID _	PRO IFOT	חו					
	FROJECT						

PWS II	D#	3424000
Date _		6/17/04

GROUND WATER SOURCE

Well Numb	er	1	2		
Year Drille	d	1980	1980		
Depth Drill	ed	105'	97'		
Drilling Me	thod	cable tool	cable tool		
Type of Gr	out	n.c	n.c		
Static Wate	er Level	32'	36'	****	
Pumping V	Vater Level				
Design We	ell Yield				
Test Yield					
Actual Yiel	d (if different than rated capacity)				
Strainer	· · · · · · · · · · · · · · · · · · ·	screen	screen		
Length (ou	itside casing)	84'	63'		
Diameter (outside casing)	4"	4"		
Material (o	utside casing)	steel	steel		
Well Conta	amination History	none	none		
Is inundation	on of well possible?	no	no		
6' X 6' X 4'	' Concrete Pad	yes	yes		
	Septic Tank	>200'	>200'		
SET	Reuse Water				
BACKS	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	none observed		
	Туре	submersible	submersible		
	Manufacturer Name	Sta-Rite	Sta-Rite		
PUMP	Model Number				
	Rated Capacity (gpm)	92	92		
	Motor Horsepower	5	5		
Well casing	g 12" above grade?	yes	yes		
Well Casin	g Sanitary Seal	ok ·	ok		
Raw Wate	r Sampling Tap	yes	yes		
Above Gro	ound Check Valve	yes	yes		
Fence/Hou	ısing	yes	yes		
Well Vent	Protection	n/a	n/a		

COMMENTS		

PWS ID	4 <u>3424000</u>
Date	6/17/04

CHLORINATION (Disinfection)			STORAGE FACILITIES			
Type: Gas Hypo			(G) Ground (H) Hydropneumatic (E) Elevated			
Make Stenner Capacity 30 gpd			(B) Bladder (C)) Clearwell		
Chlorine Feed Rate			Tank Type/Numb	per H1	H2	H3
Avg. Amount of Cl ₂ ga Chlorine Residuals: F			Capacity (gal)	3000	3000	20000
Remote tap location _			Material	steel	steel	steel
DPD Test Kit: Or	n-site 🛛 With	n operator	Gravity Drain	Yes	Yes	Yes
Injection Points Prior		Used Daily	By-pass Piping	Yes	Yes	Yes
Booster Pump Info _			Pressure Gauge	Yes	Yes	Yes
Comments			Sight Glass or	Yes	Yes	Yes
			Level Indicator		ļ	
			Fittings for Sight Glass	Yes	Yes	Yes
Chlorine Gas Use Requirements	YES NO	Comments	Protected Openin	gs Yes	Yes	Yes
Dual System			PRV/ARV	PRV	PRV	PRV
Auto-switchover			On/Off Pressure	60/80	60/80	60/80
Alarms:			Access Padlocke	d		
Loss of Cl ₂ capability Loss of Cl ₂ residual			Height to Bottom	of		
Cl ₂ leak detection			Elevated Tank		ļ .	ļ
Scale			Height to Max. Water Level			
Chained Cylinders			Comments			
Reserve Supply						
Adequate Air-pak						
Sign of Leaks						
Fresh Ammonia						
Ventilation						
Room Lighting				•		
Warning Signs			HIGH SERVICE			
Repair Kits			Pump Number	1		
Fitted Wrench			Туре	cent.		
Housing/Protection			Make	Sta-Rite		
			Model	DMJ-111		
AERATION (Gases,	Fe, & Mn Remo	oval)	Capacity (gpm)	100		
TypeAerator Condition	Capacit	У	Motor HP	5		
Aerator Condition			Date Installed	1987		
Bloodworm Presence			Maintenance	As need		
Visible Algae Growth Protective Screen Co	ndition		Comments			
Comments						

PWS ID#_	3424000	
Date	6/17/04	

MONITORING VIOLATIONS	MCLV	IOLATIONS
	·	
DEFICIENCIES:		
DEI IOIENOILO.		
No deficiencies noted at the time of	of the inspection.	
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	TVMS.	······································
		•
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Inspector Vaniel Stidler		
Inspector Vanuel Product	Title Env. Specialist I	Date6/17/04
Roberto c- amag		
Approved by	TitleEnvironmental Manager	Date 6/17/04

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name	FAIRFAX	HILLS	C	ounty	Marion	_ PWS ID # _	3424042
Plant Location	FAIRFAX 14145 SE 45th Court	Summerfield			,	Phone	352-732-6027
Owner Name A	gua Utilities					Phone	same
Owner Address	1343 NE 17th Road.	Ocala, FL			-		
Contact Person	Michael Fitzgerald		Title	Manager		Phone	same
This Survey Date	6/17/04	Last Survey Date		1/25/04	Las	t C.I. Date	7/23/98
PWS TYPE & CLA Community Non-transient Non-Communi PWS STATUS Approved syst As built (1/6/81) Unapproved sy SERVICE AREA (Subdivision	Non-community ity em with approval n	umber & date	AL So Ca	WWATE GROUN SURFACE PURCH Emerge Emerge JXILIARY Yes [papacity of vitchover: and by Place of the compact of th	ER SOURCE ID; Number CE/UDI; So ASED from ncy Water POWER S None ropane Standby (k Autom an: Yes ed Under Lo ment does	of Wells ource PWS ID # Source Capacity Mot Requesting W) atic Man Dad4 hr/Monit operate?	uired 45 ual
OPERATION & M		7	Ī	⊠ High S	Service Pur	nps	
	: ⊠ Yes □ No □			Treatr	nent Equip	ment	
Mark March	tification Class-Nur	nber	Sa	itisfy 1/2 r	nax-day de	mand? ∐Ye	es
C-8287							
Operator Visitation	es			REATMEN Disinfection		SSES IN US	E
Non-consecutive MORs submitted r	e Days? ⊠ Yes [regularly? ⊠ Yes] No	W	hat additi	onal treatm	ent is needed	; ?
Data missing from	MORs? ⊠ No □	Yes N/A		r control	of what def	iciencies?	
Number of Service Population Served		85 X 3.5			ION SYST	EM eFlow	w Meter
Average Day (fron	n MORs) 20,34	13 gpd	Me	eter Size	& Type	ABB 3-4"	
Max. Day (from M	ORs) <u>41000 gpc</u> Capacity <u>1000</u> 6		Ba	ackflow Pi	revention D	evices: XY Y	es 🗌 No
			W Co	ritten Cro oliform Sa	ss-connect impling Pla	ion Control P] No ☐ N/A
							·
COMET: SITE ID _	PROJEC	Γ ID		·			

PWS ID#	3424042
Date	6/17/04

GROUND WATER SOURCE

01100115	MATER GOORGE			
Well Num	ber	1	2	
Year Drille	ed	1981	1981	
Depth Dril	led	126'	100	
Drilling Me	ethod	Cable tool	Cable tool	
Type of G	rout	neat cement	Neat cement	
Static Wat	ter Level			
Pumping \	Water Level			
Design W	ell Yield			
Test Yield				
Actual Yie	ld (if different than rated capacity)			
Strainer		Screen	Screen	
Length (or	utside casing)	73'	63'	
Diameter	(outside casing)	4"	4'	
Material (d	outside casing)	Steel	Steel	
Well Conta	amination History	None	None	
Is inundati	ion of well possible?	No	No	
6' X 6' X 4	" Concrete Pad	Yes	Yes	
	Septic Tank	>200'	>200ft	
SET	Reuse Water			
BACKS	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	none observed	None observed	
	Туре	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-rite	
PUMP	Model Number			
	Rated Capacity (gpm)	70	70	
	Motor Horsepower	5	5	
Well casing 12" above grade?		Yes	Yes	
Well Casir	ng Sanitary Seal	ok	Ok	
Raw Wate	er Sampling Tap	yes	Yes	
Above Gro	ound Check Valve	yes	Yes	
Fence/Ho	using	yes	Yes	
Well Vent	Protection	n/a	N/a	

COMMENTS		

PWS ID#_	3424042
Date	6/17/04

Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition Pump Number Type Capacity (gpm) Motor HP Date Installed	CHLORINATION (Dis Type: ☐ Gas ☒ Hy Make <u>Stenner</u>	/po	ty <u>30 gpd</u>		dropneumat earwell	ic (E) Elevated
Chlorine Residuals: Plant 1.7 Remote 1.5 Remote tap location Corner lot from Plant DPD Test Kit:	Chlorine Feed Rate _	100% of stroke		Tank Type/Number	H1	
Remote tap location	Avg. Amount of Cl ₂ ga	as used	N/A	Capacity (gal)	3000	
DPD Test Kif: On-site None Not Used Daily Injection Points Prior to H-tank Booster Pump Info Comments Chlorine Gas Use Requirements Requirements Dual System On-Site None Provided Pro				Material	steel	
Injection Points Prior to H-tank Booster Pump Info Comments Chlorine Gas Use Requirements Dual System Auto-switchover Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection Chained Cylinders Cign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Aerator Condition Aerator Condition Motor HP Aerator Condition Pressure Gauge Yes Sight Glass or Level Indicator Fittings for Sight Glass or PRV/ARV PRV On/Off Pressure Sol/65 Access Padlocked Yes Height to Bottom of Elevated Tank Height to Max, Water Level Comments **outgoing line is leaking at Tank** **Pout Gauge Fresh Ammonia High SERVICE PUMPS Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed	DPD Test Kit: On	n-site 🛛 Wi	th operator	Gravity Drain	Yes	
Booster Pump Info Comments Chlorine Gas Use Requirements Dual System Dual System Chairnes: Loss of Cl ₂ capability Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Aerator Condition Pressure Gauge Yes Sight Glass or Level Indicator Fittings for Sight Glass or PRV/ARV PRV On/Off Pressure So/65 Access Padlocked Yes Height to Bottom of Elevated Tank Height to Max. Water Level Comments **outgoing line is leaking at Tank** Fresh Ammonia HIGH SERVICE PUMPS Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed				By-pass Piping	Yes	
Chlorine Gas Use Requirements Dual System	Booster Pump Info			Pressure Gauge	Yes	
Chlorine Gas Use	Comments				Yes	
Protected Openings Yes	Chlorine Gas Use	YES NO	Comments	Sight Glass		
Auto-switchover	- · · · · · · · · · · · · · · · · · · ·			Protected Openings	Yes	
Alarms: Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection Scale Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition Access Padlocked Yes Height to Bottom of Elevated Tank Height to Max. Water Level Comments **outgoing line is leaking at Tank** Height to Max. Water Level Comments **outgoing line is leaking at Tank** Height to Bottom of Elevated Tank Height to Max. Water Level Comments **outgoing line is leaking at Tank** Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed	Dual System			PRV/ARV	PRV	
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection Scale Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition Height to Bottom of Elevated Tank Height to Max. Water Level Comments **outgoing line is leaking at Tank** Height to Bottom of Elevated Tank Height to Bottom of Fitted Ta	Auto-switchover			On/Off Pressure	50/65	
Loss of Cl ₂ residual Cl ₂ leak detection				Access Padlocked	Yes	
Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition Water Level Comments **outgoing line is leaking at Tank** HIGH SERVICE PUMPS Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed	Loss of Cl ₂ residual			Elevated Tank		
Chained Cylinders Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition Comments **outgoing line is leaking at Tank** **Outgoing line is leaking at Tank*** **Outgoing line is leaking at Tank** **Outgoing li	Scale					
Reserve Supply Adequate Air-pak Sign of Leaks Fresh Ammonia Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition Adequate Air-pak HIGH SERVICE PUMPS Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed	Chained Cylinders				ng line is leak	ing at Tank**
Sign of Leaks	Reserve Supply					•
Fresh Ammonia	Adequate Air-pak					
Ventilation Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition HIGH SERVICE PUMPS Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed	Sign of Leaks					
Room Lighting Warning Signs Repair Kits Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition HIGH SERVICE PUMPS Pump Number Type Make Model Capacity (gpm) Motor HP Date Installed	Fresh Ammonia					
Warning Signs	Ventilation			•		
Repair Kits Pump Number Type Housing/Protection Make Model Capacity (gpm) Aerator Condition Pump Number Type Type Date Installed	Room Lighting					
Fitted Wrench Housing/Protection AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition Type Type Capacity Date Installed	Warning Signs				IPS	
Housing/Protection Make Model Capacity (gpm) Type Capacity Aerator Condition Date Installed	Repair Kits					
AERATION (Gases, Fe, & Mn Removal) Type Capacity	Fitted Wrench					
AERATION (Gases, Fe, & Mn Removal) Type Capacity	Housing/Protection					
AERATION (Gases, Fe, & Mn Removal) Type Capacity Aerator Condition Date Installed		<u> </u>				
Type Capacity Motor HP Date Installed	AERATION (Gases, F	Fe. & Mn Rem	ioval)			
Aerator Condition Date Installed	Type	Capaci	ty	Motor HP		
Plandwarm Proposes	Aerator Condition			Date Installed		
Bloodworm Presence Maintenance	Visible Algae Growth			Maintenance		
Visible Algae Growth Maintenance Protective Screen Condition Comments	Protective Screen Co Comments	ndition		Comments		

PWS ID#	3424042	_
Date	6/17/04	

MONITORING VIOLATIONS	MCL VIOLA	ATIONS
No deficiencies noted at the time of the	inspection	
Two deficiencies moted at the time of the	mapeotion.	
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	was a second from the contract of the contract	
Inspector Variet Stideler	Title Env. Specialist I	Date6/17/04
Roberto c- amag		
Approved by	Title Environmental Manager	Date6/17/04

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name	MARION HILLS	С	ountv	Marion	PWS ID#	3424001
	SE 140th & SE 51st Ave., Summerfield				Phone	352-732-6027
	Ocala Oaks Utilities, Inc.				Phone	
Owner Address	1343 NE 17th Road Ocala FI 34470					
Contact Person	Michael Fitzgerald	Title	Manager		Phone _	same
This Survey Dat	Michael Fitzgerald e 6/17/04 Last Survey Date		1/25/00	Las	t C.I. Date _	7/23/98
PWS TYPE & C Community Non-transier Non-Commu PWS STATUS Approved sy WC42-2030 (Unapproved SERVICE AREA Subdivsion Food Service: OPERATION & Certified Operat Operator(s) & C Mark March C-8287 O & M Log: Operator Visitat Hrs/day: Requir Days/wk: Requir Non-consecut MORs submitte	nt Non-community unity /stem with approval number & date (6/2/80) I system A CHARACTERISTICS Yes No N/A MAINTENANCE tor: Yes No Not required certification Class-Number	AL SC System W Si Co	WWATE GROUN SURFACE PURCH, Emerger Emerger DXILIARY Yes Expandity of vitchover: andby Plans Operate equipments of the comments	ER SOURCE D; Number DE/UDI; So ASED from ncy Water POWER S None Standby (k Autom n: Yes d Under Le ment does umps Service Pur nent Equip nax-day de	r of Wells	uired ual Solution
Population Serv Average Day (fi Max. Day (from Max-day Design	rice Connections	FI M Ba Ci W Co	ow Measueter Size ackflow Pross-conn ritten Cropoliform Sa	ections <u>n</u> ss-connect mpling Pla	e Flor	rogram: Yes No N/A
COMET: SITE I	D PROJECT ID					

PWS ID#	3424001
Date	6/17/04

GROUND WATER SOURCE

<u> </u>	MAILINGOUNGE				
Well Numb		1			
Year Drille	ed	1979			
Depth Drill	led	150'			
Drilling Me	ethod	cable			
Type of G	rout	neat cement			
Static Wat	er Level				
Pumping V	Vater Level				
Design We	ell Yield				
Test Yield					
Actual Yie	ld (if different than rated capacity)				
Strainer		screen			
Length (or	utside casing)	105'			
Diameter ((outside casing)	4"		·	
Material (c	outside casing)	steel			
Well Conta	amination History	none			
Is inundati	on of well possible?	no			
6' X 6' X 4	" Concrete Pad	yes			
	Septic Tank	>200'			
SET	Reuse Water				
BACKS	WW Plumbing	>100'			·
	Other Sanitary Hazard	None observed			
	Туре	Submersible			
	Manufacturer Name	Sta-Rite			
PUMP	Model Number				
	Rated Capacity (gpm)	50			
	Motor Horsepower	3			
Well casing 12" above grade?		yes			
Well Casir	ng Sanitary Seal	ok			
Raw Wate	r Sampling Tap	yes			
Above Gro	ound Check Valve	yes			
Fence/Hou	using	yes		·	
Well Vent	Protection	yes			
			<u> </u>	<u> </u>	

COMMENTS	 	
		

PWS ID#	3424001
Date	6/17/04

CHLORINATION (Dis Type: ☐ Gas ☑ Hy Make _stenner	rpo Capacity	v <u>30 gpd</u>	STORAGE FACILITIE (G) Ground (H) Hyd (B) Bladder (C) Cle	dropneumatic	: (E) Elevated
Chlorine Feed Rate Avg. Amount of Cl ₂ ga	30%		Tank Type/Number	H1	
Avg. Amount of Cl ₂ ga Chlorine Residuals: P	is used Plant1.5F	N/A Remote 1.5	Capacity (gal)	1000	
Remote tap location _	Corner lot		Material	steel	
DPD Test Kit: On		operator	Gravity Drain	Yes	
Injection Points Prior		Used Daily	By-pass Piping	Yes	
Booster Pump Info _			Pressure Gauge	Yes	
Comments			Sight Glass or Level Indicator	Yes	
Chlorine Gas Use	YES NO	Comments	Fittings for Sight Glass	Yes	
Requirements			Protected Openings	Yes	
Dual System			PRV/ARV	PRV	
Auto-switchover			On/Off Pressure	42/62	
Alarms:			Access Padlocked	Yes	
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection			Height to Bottom of Elevated Tank		
Scale			Height to Max. Water Level		
Chained Cylinders			Comments		
Reserve Supply					
Adequate Air-pak					
Sign of Leaks					
Fresh Ammonia					
Ventilation					
Room Lighting					
Warning Signs			HIGH SERVICE PUM	IPS	
Repair Kits			Pump Number		
Fitted Wrench			Type		
Housing/Protection			Make		
			Model		
AERATION (Gases, F	e, & Mn Remo	val)	Capacity (gpm)		
Type	Capacit	/ <u> </u>	Motor HP		
Aerator Condition Bloodworm Presence			Date Installed		
Visible Algae Growth			Maintenance		
Protective Screen Cor	ndition		Comments		
Comments					

PWS ID#_	3424001
Date	6/17/04

MONITORING VIOLATIONS	MCL VIOLA	ATIONS	
DEFICIENCIES:			
No deficiencies noted at the time of the	inspection		
Two deficiencies noted at the time of the	mspection.		
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	This is a second of the second		
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1 , , , , , ,			
Inspector Daniel Shiddler	Title Env Consistint I	Data	6/17/04
mspector	Title Env. Specialist I	Date	6/17/04
Roberto c- amog			
Koberto C. amag			
Approved by	TitleEnvironmental Manager	Date	6/17/04

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name	BELLEVIEW H	ILSS ESTATES	C	ounty	Marion	PW\$ ID #	3424839
	SE 59th Ave & SE 1					Phone	352-732-6027
Owner Name	Aqua Utilities					Phone	same
Owner Address	1343 NE 17th Road	, Ocala, FL 34470					
Contact Person	Michael Fitzgerald		Title	Project N	1anager	Phone _	same
This Survey Date	Michael Fitzgerald e 6/17/04	Last Survey Date		1/25/00	La	st C.I. Date	7/17/01
PWS TYPE & C Community Non-transier Non-Commu PWS STATUS Approved sy WC42-16775 WC42-27355 Unapproved	LASS It Non-community inity Inity	number & date	R/AL So	GROUN SURFACE PURCH Emerge Emerge JXILIARY Yes [purce O pacity of	ER SOURGE SOURCE Number CE/UDI; Source Service Servi	ce or of Wellsource n PWS ID # Source Capacity SOURCE Not Reque generator kW)	uired
			Sv	vitchover:	Autor X X X	natic	ual
Mobile Home F	ark		Sta	andby Pla	in: 🔀 Ye	s No	4 1
	☐ Yes ☐ No 🔯 l	N/A	٧٧	nat equipi	ment does	s it operate?	
Certified Operate Operator(s) & C Mark March C-8287 O & M Log:	MAINTENANCE or:	mber required	Sa Co —	Treatrong Treatr	nent Equip	pment lemand? ⊠Ye	es
Hrs/day: Requir	redActi	ual]	<u>Disinfectio</u>	on		
Non-consecuti	<i>ired6Acti</i> ive Days? ⊠ Yes [d regularly? ⊠ Yes	□ No □ N/A	W	hat additio	onal treatr	ment is needed	d?
Data missing fro	om MORs? 🛛 No 🛚] Yes □ N/A	Fo	r control	of what de	eficiencies?	
Population Serv Average Day (from	om MORs)555		Flo Me	ow Meası eter Size	& Type _	ce <u>Floy</u> 4" Master Met	er
Max-day Design	MORs) <u>101,000 gp</u> Capacity <u>2880</u>	00 gpd	Cr W Co	oss-conn ritten Cro oliform Sa	ections ss-connec ampling Pla	Devices: \(\subseteq \) \\ none observed \\ ction Control P \\ an: \(\subseteq \) Yes \(\subseteq \)	rogram: <u>Yes</u>
COMET: SITE IF	PROJEC	T ID		· · · · · · · · · · · · · · · · · · ·			
- Jim II OII L							

PWS ID#_	3424839
Date	6/17/04

GROUND WATER SOURCE

Well Numb	per	1	2	
Year Drille	d	1989	1989	
Depth Drill	ed	150'	150'	
Drilling Me	thod	combo	combo	
Type of Gr	out	neat cement	neat cement	
Static Water	er Level	49'	49'	
Pumping V	Vater Level			
Design We	ell Yield			
Test Yield				
Actual Yiel	d (if different than rated capacity)			
Strainer				
Length (ou	tside casing)	96'	93,	
Diameter (outside casing)	6"	6"	
Material (o	utside casing)	black steel	black steel	
Well Conta	amination History	none	none	
Is inundation	on of well possible?	no	no	
6' X 6' X 4'	" Concrete Pad	yes	yes	
	Septic Tank	>100'	>100'	
SET	Reuse Water			
BACKS	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	none observed	none observed	·
	Туре	Submersible	Submersible	
	Manufacturer Name	Grundfos	Grundfos	1
PUMP	Model Number			
	Rated Capacity (gpm)	200	200	
	Motor Horsepower	15	15	
Well casing	g 12" above grade?	yes	yes	
Well Casin	g Sanitary Seal	ok	ok	
Raw Water	r Sampling Tap	yes	yes	
Above Gro	und Check Valve	yes	yes	
Fence/Hou	ısing	yes	yes	
Well Vent I	Protection			

COMMENIA	 	 	 	
<u> </u>	 	 	 	
	 	 ·	 · · · · · · · · · · · · · · · · · · ·	

PWS ID#	3424839
Date	6/17/04

CHLORINATION (Dis	•		STORAGE FACILITIE		
Type: Gas Hy			(G) Ground (H) Hy		c (E) Elevated
Make Stenner			(B) Bladder (C) Cle		····
Chlorine Feed Rate _	100% of stroke		Tank Type/Number	H1	
Avg. Amount of Cl ₂ ga Chlorine Residuals: F	as used Plant 0 F	N/A Remote 6	Capacity (gal)	15000	
Remote tap location _			Material	steel	
DPD Test Kit: Or		n operator	Gravity Drain	Yes	
☐ Injection Points Befo		Used Daily	By-pass Piping	Yes	
Booster Pump Info			Pressure Gauge	Yes	
Comments Two chlo	rinators in use		Sight Glass or	Yes	
			Level Indicator		
			Fittings for	Yes	
Chlorine Gas Use Requirements	YES NO	Comments	Sight Glass Protected Openings	Yes	
Dual System			PRV/ARV	PRV	
Auto-switchover			On/Off Pressure	40/60	
Alarms:			Access Padlocked	Yes	
Loss of Cl ₂ capability			Height to Bottom of		
Loss of Cl ₂ residual Cl ₂ leak detection			Elevated Tank		
Scale			Height to Max.		
			Water Level		
Chained Cylinders			Comments		
Reserve Supply					P. 40
Adequate Air-pak					
Sign of Leaks					
Fresh Ammonia					
Ventilation					
Room Lighting					
Warning Signs			HIGH SERVICE PUM Pump Number	IPS	
Repair Kits					
Fitted Wrench		·	Type		
Housing/Protection			Make Model		
AERATION (Gases, I	Fe, & Mn Remo	oval)	Capacity (gpm)		
TypeAerator Condition	Capacity	y	Motor HP		
Aerator Condition	<u> </u>		Date Installed		
Bloodworm Presence Visible Algae Growth			Maintenance		
Protective Screen Co	ndition		Comments	L	
Comments					

PWS ID#	3424839
Date	6/17/04

MONITORING VIOLATIONS	MCL VIOLA	TIONS
-		
DEFICIENCIES: No deficiencies noted at the time of the		
Inspector Saniel Stidler Roberts c- amog	Title Env. Specialist I	Date <u>6/17/04</u>
Approved by	Title Environmental Manager	Date <u>6/17/04</u>

State of Florida Department of Environmental Protection Central District

SANITARY SURVEY REPORT

Plant Name	WOODBERR	Y FOREST	C	ounty	Marion	_ PWS ID # _	3424646
Plant Location _	WOODBERR CR 25 Belleview, FL					Phone	352-732-6027
Owner Name	Ocala Oaks Utilities, In	nc.				Phone	same
Owner Address	1343 NE 17th Road,	Ocala, FL 34470					
Contact Person	Michael Fitzgerald		Title	Manager		Phone _	same
This Survey Dat	Michael Fitzgerald e 6/17/04	Last Survey Date		1/25/04	Las	t C.I. Date _	7/23/98
PWS TYPE & C Community Non-transier Non-Community PWS STATUS Approved sy As builts (8/1) Unapproved SERVICE AREA Subdivision	LASS It Non-community unity Instem with approval no 3/85)	umber & date	AL So Ca Student W	GROUN SURFACE PURCHA Emerger Emerger JXILIARY Yes proceure proceu	R SOURC D; Number EE/UDI; So ASED from ncy Water (POWER S None opane (ellio Standby (k Autom n: Yes d Under Lo nent does	of Wells urce PWS ID # _ Source Capacity SOURCE Not Req t) W) atic Man No bad it operate?	uired ual 4 hrs/mo.
ODEDATION O	MAINTENANOE		{	⊠ Well p	umps		
	MAINTENANCE	7 Not required	Į	High S	ervice Pun	nps	
	or: X Yes No C		[nent Equip	ment	
_Mark March	ertification Class-Nun		Sa	itisfy 1/2 n	nax-day de	mand? \(Ye	es ∐No ∐Unk
C-8287			Co	omments ₋			
O & M Log: Operator Visitati Hrs/day: Required Days/wk: Required	Yes No Not Not on Frequency Acturired 3 Acturired	al al3	_1	Disinfection	n		
	ive Days? ⊠ Yes [d regularly? ⊠ Yes		W	hat additic	nal treatm	ent is needed	1 ?
Data missing fro	m MORs? ⊠ No □	Yes N/A	Fo	or control o	of what def	iciencies?	
	ice Connections ed192 Basis X		Flo	ow Measu		Flov	
	om MORs) 1546		Me	eter Size 8	kType!	Master Meter 2	2"
	MORs) 30000 gpc		Ba	ackflow Pr	evention D	evices: 🛛 Y	
	Capacity5400					one observed	
Comments			Co	oliform Sa	mpling Plai	ion Control P n: 🔯 Yes 🗍	Ño □N/A
COMET: SITE ID	PROJEC	T ID	_				

PWS ID#	3424646
Date	6/17/04

GROUND WATER SOURCE

	WATER SOURCE			
Well Numi	per	1		
Year Drille	ed .	1984		
Depth Drill	led	178'		
Drilling Me	thod	rotary		
Type of G	rout	neat cement		
Static Wat	er Level	40'		
Pumping \	Vater Level			
Design We	ell Yield			
Test Yield				
Actual Yie	ld (if different than rated capacity)			
Strainer		screen		
Length (or	utside casing)	155'		
Diameter ((outside casing)	4"		
Material (c	outside casing)	steel		
Well Conta	amination History	none		
Is inundati	on of well possible?	no		
6' X 6' X 4	" Concrete Pad	yes		
	Septic Tank	>200'		
SET	Reuse Water			
BACKS	WW Plumbing	>200'		
	Other Sanitary Hazard	none observed		
	Туре	Submersible		
	Manufacturer Name	Sta-Rite		
PUMP	Model Number	unk		
	Rated Capacity (gpm)	70		
	Motor Horsepower	5		
Well casin	g 12" above grade?	yes		
Well Casir	ng Sanitary Seal	ok		
Raw Wate	r Sampling Tap	yes		·
Above Gro	ound Check Valve	yes		
Fence/Hou	using	yes	1	
Well Vent	Protection	yes		
 		<u> </u>		 I

COMMENTS	 		•	

PWS	ID#	3424646
Date		6/17/04

CHLORINATION (Dis Type: ☐ Gas ☑ Hy Make <u>Stenner</u>	/po Capacity	/30_gpd	STORAGE FACILITIES (G) Ground (H) Hydropneumatic (E) Elevated (B) Bladder (C) Clearwell							
Chlorine Feed Rate _ Avg. Amount of Cl₂ ga	30%		Tank Type/Number	H1						
Avg. Amount of Cl ₂ ga Chlorine Residuals: F	as used	N/A	Capacity (gal)	3000						
Remote tap location _		\emote <u>0.4</u>	Material	steel						
DPD Test Kit: On	ı-site 🛛 Witl		Gravity Drain	Yes						
Injection Points Prrice	ne 🔲 Not or to H-tank	Used Daily	By-pass Piping	Yes						
Booster Pump Info _			Pressure Gauge	Yes						
Comments	· · · · · · · · · · · · · · · · · · ·		Sight Glass or Level Indicator	Yes						
Chlorine Gas Use	YES NO	Comments	Fittings for Sight Glass	Yes						
Requirements	120 10	Oomments	Protected Openings	Yes						
Dual System		·	PRV/ARV	PRV						
Auto-switchover			On/Off Pressure	40/60						
Alarms:			Access Padlocked	Yes						
Loss of Cl ₂ capability Loss of Cl ₂ residual Cl ₂ leak detection			Height to Bottom of Elevated Tank							
Scale			Height to Max. Water Level							
Chained Cylinders			Comments	L						
Reserve Supply										
Adequate Air-pak										
Sign of Leaks										
Fresh Ammonia										
Ventilation										
Room Lighting										
Warning Signs			HIGH SERVICE PUM	IPS						
Repair Kits			Pump Number							
Fitted Wrench			Туре							
Housing/Protection			Make							
			Model							
AERATION (Gases, F	e. & Mn Remo	oval)	Capacity (gpm)							
Type	Capacity	, ·	Motor HP							
Aerator Condition			Date Installed							
Bloodworm Presence Visible Algae Growth			Maintenance							
Protective Screen Co	ndition		Comments							
Comments										

PWS ID#_	3424646	
Date	6/17/04	

MONITORING VIOLATIONS		MCL VIOL	ATIONS	
				
7-1				
DESIGNATION				
DEFICIENCIES:		•		
		•		
No deficiencies noted at the time of	the inspection.		**	
		*		
,			· · · · · · · · · · · · · · · · · · ·	
			· · · · · · · · · · · · · · · · · · ·	
·				
1.11/1				
Inspector Daniel Stidler	TitleB	nv. Specialist I	Date	6/17/04
		,		
Roberto c. amas				

Approved by ______ Title <u>Environmental Manager</u> Date <u>6/17/04</u>

49th Street



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions General Information for the Month/Year of: January-04 A. Public Water System (PWS) Information PWS Name: 49th Street Village PWS Identification Number: 3424631 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive 340 Number of Service Connections at End of Month: Total Population Served at End of Month: PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road Ocala State: Zip Code: 34470 City: Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 mvfitzgerald@suburbanwater.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: 49 th Street Village Plant Telephone Number: (352) 369-4881 Plant Address: N.E. 28th Terrace City: Ocala State: FL Zip Code: 34470 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (ber subsection 62-699.310(4), F.A.C.): Licensed Operators Name assets License Class License Number Day(syShift(s) Worked Asean/chiefloherators Mark March C 8287 3 Days per week William Landers B 7327 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Signature and Date Printed or Typed Name

Page 1

PWS Id	entificat	ion Number	:	3424631		Plant Name:	49th Stree	t Villag	ge					
III. Dai	I. Daily Data for the Month Year of: January-04													
			og Virus Inactiv	iation/Remo			Free (Chlorine	e 📗	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):						_		,
			nal Maintained in	n Distributio					Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
1)pc c		12.00			CT Calculations,	or LIV Dose to I	Demonstrate I	Cour-Log						
120					OT Calculations	CT Calcu		our Log	7 11 43 III 40 4 Y	ation, at rapp	UVI	Oose		[1] 문제 학생 등, 하철 기억화 기 교
	Days Plant				1	1	Lowest CT	Γ				1	Lowest	
	Staffed	j	·		Lowest Residual	Disinfectant	Provided						Residual	
	or	[[Disinfectant	Contact Time	Before or	[1		İ	İ	Disinfectant	 .
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
1 2		24 hrs	28,500									ļ		
2	X	24 hrs	33,000		· -		ļ	!	<u> </u>			<u> </u>	1.2	
3		24 hrs	33,000					 			ļ		<u> </u>	
4	- V	24 hrs	34,000				 	-			ļ	 	12	
6	Х	24 hrs	24,500 24,500				 	├──	· ·		-	 	1.2	
7	X	24 hrs 24 hrs	30,500					 			 	 	1,2	
8	^_	24 hrs	30,500						 				1.2	
9	х	24 hrs	26,600				 	 				 	1.2	
10		24 hrs	26,600			 	 	1				<u> </u>	1.2	
11		24 hrs	26,600			 	 	 				<u> </u>		
12	Х	24 hrs	30,000			··	 	 				 	1.1	
13		24 hrs	30,000		-		 	† 			 			
14	Х	24 hrs	34,000					<u> </u>	 				1.2	
:15		24 hrs	34,000			-		<u> </u>	 					
16.7	Х	24 hrs	29,000					1					1.2	
17		24 hrs	29,000					1						
18		24 hrs	29,000											
. 19	Х	24 hrs	32,000										1.2	
20		24 hrs	32,000											
21	Х	24 hrs	30,000										1	
- 22		24 hrs	30,000					<u> </u>	ļ			ļ		
23,	X	24 hrs	38,000				<u> </u>	<u> </u>				<u> </u>	1.2	
24		24 hrs	38,000				<u> </u>	 	<u> </u>			<u> </u>		
2.5		24 hrs	39,000			ļ	ļ	 	<u> </u>		ļ	 		
.26	X	24 hrs	34,000		<u> </u>	<u> </u>	ļ	 			<u> </u>	 	1.1	
27		24 hrs	34,000				ļ	-				 	 	
28	X	24 hrs	22,000			_	 	-		 	 	 	1	
. 29	- v	24 hrs	22,000			 	 	 	 		 	 	1.1	
30 31	х	24 hrs	25,600		ļ	 	 	 	 		 	 	1.1	
Total	1 6 6 4 2 No.	24 hrs	25,600 935,500		<u> </u>		<u> </u>	<u> </u>	<u> </u>	·	L	<u>. </u>		1
		Notice of the	30,177	1										

39,000

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information for the Month Year of:	ebruary-04						
A. Public Water System (PWS) Information							
PWS Name: 49th Street Village				WS Identification	on Number:	3424631	
	-Transient Non-Comm	nunity	Transient Nor			Consecutive	
Number of Service Connections at End of Month: 9'	7		Total Population	on Served at Er	nd of Month:	340	
PWS Owner: AquaSource Utility, Inc.					7		
Contact Person: Michael Fitzgerald			Contact Persor		ea Manager - 1		
Contact Person's Mailing Address: 1343 NE 17th Road				cala Sta		Zip Code:	
Contact Person's Telephone Number: (352) 369-488			Contact Persor	Person's Fax l	Number:	(352) 732-32	213
	suburbanwater.com			·			
B. Water Treatment Plant Information							
Plant Name: 49 th Street Village				ant Telephone		(352) 369-48	
Plant Address: N.E. 28th Terrace			<u> </u>	cala Sta	ate: FL	Zip Code:	34470
Type of Water Treated by Plant: X Raw Ground Water		chased Finished Water	er				
Permitted Maximum Day Operating Capacity of Plant, gallons p	er day:	108,000				·	
Plant Category (per subsection 62-699.310(4), F.A.C.):	,		Plant Class (pe	er subsection 62	2-699.310(4) <u>,</u>	F.A.C.):	
Assensed Operators Name		License Glass	License	Umber 2			
Mark March		C	828			3 Days per week	
Other Operators William Landers		В	732	7		3 Days per week	
			ļ				
	·		<u> </u>	<u> </u>			
II. Certification by Lead/Chief Operator							
					.:		4.6 4.41
I, the undersigned water treatment plant operator licensed in ${\bf I}$	Florida, am the lead/	chief operator of the	ne water treatn	nent plant idei	ntified in Par	t I of this report. I	certify that the
information provided in this report is true and accurate to the	best of my knowled	ge. I certify that al	l drinking wat	ter treatment o	chemicals use	ed at thisplant confo	orm to NSF
International Standard 60 or other applicable standards refere	enced in subsection 6	2-555.320(3), F.A	.C. I also cert	ify that the fo	ollowing addi	tional operations re	cords for this
plant were prepared each day that a licensed operator staffed	or visited this plant	during the month in	ndicated above	e: (1) records	of amounts of	of chemicals used a	nd chemical feed
rates; and (2) if applicable, appropriate treatment process per	formance records. F	uthermore, I agree	to provide the	ese additional	l operations r	ecords to the PWS	owner so the
PWS owner can retain them, together with copies of this repo					•		
1 WO OWNER COMPT MICH. COPIES OF MICH COPIES OF MICH COPIES OF MICH.	,, at a convenient						
a.	Mark March			CS	8287		
	Printed or Typed Name	<u>, , , , , , , , , , , , , , , , , , , </u>			cense Number	•	
orginature and Date 1	Times of Types Ivanic	,		Di		•	

PWS Ic	lentificat	ion Numbe	г:	3424631		Plant Name:	49th Stree	t Villag	ge					
III. Dai	I. Daily Data for the Month/Year of: February-04													
			og Virus Inactiv	viation/Rem			Free (Chlorin	e \square	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	÷).	<u> </u>							ì
			ual Maintained in	n Dietributie		···			Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
Type of	Disinie	Ctant Residi	iai Maintaineu i	II DISHIDUUC	CT Calculations	as INC Dasa sail	Nama in metanta I	- L				momea C	I a control	Ginding Storage
	Days		16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		C1 Calculations	Of UV Dose, to 1		Out-1705	y mus macuv	ation, it App	UV	Dose		
1	Plant		1				Lowest CT						Lowest	
	Staffed	1			Lowest Residual	Disinfectant	Provided					<u> </u>	Residual	<u> </u>
	or				Disinfectant	Contact Time	Before or]	1	Disinfectant	
	Visited			·	Concentration	(T) at C	at First	l			Lowest	Minimum	Concentration	
	by		Net Quanity	Ì	(C) Before or at	Measurement	Customer	Temp.	1	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
1		24 hrs	25,600		ļ		<u> </u>	_				<u> </u>		
2	X	24 hrs	25,000		<u> </u>	ļ	ļ						1.1	
3	X	24 hrs	19,000		ļ	 				<u> </u>	<u> </u>		1.2	
. 4	X	24 hrs	24,000		ļ		<u> </u>	ļ	 	<u> </u>			1.1	
5		24 hrs	24,000				ļ	<u> </u>	ļ					
6	· X	24 hrs	21,000*		*	ļ 		<u>'</u>			<u> </u>	<u> </u>	1.1 `	•
7		24 hrs	21,000			ļ		<u> </u>	 					
8		24 hrs	21,000					<u> </u>	ļ					
9 ⊬	Х	24 hrs	17,500					<u> </u>					1.1	
10		24 hrs	17,500	ļ			<u> </u>	 				ļ	 	
11	X	24 hrs	21,000		ļ		.	<u> </u>		 	 	 	1.2	
12		24 hrs	22,000	<u> </u>	<u> </u>		ļ	 	∤			ł	11	
13	<u> </u>	24 hrs	24,600	<u> </u>		<u> </u>		├	ļ				1.1	
14*		24 hrs	24,600 24,600				-	├──	 		<u> </u>	<u> </u>	ļ	
15		24 hrs	19,000		 		 	├	 		<u> </u>	-	1.1	
16 17	X	24 hrs 24 hrs	19,000		 		 	 	 		ļ		1.1	
18:	 ^						+	 		*****			1.1	
19	├-^-	24 hrs 24 hrs	24,500 24,500	 	 	-	1	 -	 	 		 	1	
20	X	24 nrs 24 hrs	24,600		 	 	 	 -				 	1.2	
21	 ^-	24 hrs	24,600		 	 	 	├	<u> </u>		 	 	1,2	
22		24 hrs	24,700	 	 	 	 	+	<u> </u>	 	 		 	
23°	x	24 hrs	25,000		 	 	 	 	 			-	1.1	1
24		24 hrs	25,000	 	 		 	 	 	 	 	 	 	<u> </u>
25	x	24 hrs	23,500	 	 	 	· ·	 		 	 	 	1.4	
26	- ^-	24 hrs	23,500	 	 	 	 	 	 	 	 	 	1	
27	$\overline{\mathbf{x}}$	24 hrs	22,500	 	 	 	-	 	 	 		-	1.2	
28	 ^ -	24 hrs	22,500	 	 		+	 	+	 	 	 	***	
×29	 	24 hrs	22,500	 	 		 	†		 	 	-		
30		24 hrs	22,500	 	 	 	1	 	 	<u> </u>	 		T	
310	<u> </u>	24 hrs		 	1			 	†			 		
	town of		657,800		·		1.				·	•——		
Sattle Comment	No. A. R. Store	75.7	20.600	1										

25,600

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



See page 4 for instructions

 General Information for the Month/Year of: 	March-04								
A. Public Water System (PWS) Information									
PWS Name: 49th Street Village					PWS Identifi	cation Num	iber:	3424631	
PWS Type: X Community	Non-Transient Non-C	ommunity		Transient N	lon-Commun	ity		Consecutive	
Number of Service Connections at End of Month:	97			Total Popula	ation Served a	at End of M	onth:	340	
PWS Owner: AquaSource Utility, Inc.									
Contact Person: Michael Fitzgerald			(Contact Pers	son's Title:	Area Man	ager - Flori		
Contact Person's Mailing Address: 1343 NE 17th Roa	ıd				Ocala	State:	FL	Zip Code:	
	69-4881		(Contact Pers	son Person's I	ax Number	:	(352) 732-3	213
	<u>erald@suburbanwater.co</u>	<u>om</u>			· · ·				
B. Water Treatment Plant Information									
Plant Name: 49 th Street Village					Plant Teleph	one Numbe	r:	(352) 369-4	881
Plant Address: N.E. 28th Terrace	_				Ocala	State:	FL	Zip Code:	34470
Type of Water Treated by Plant: X Raw Groun	d Water	Purchased Finishe	d Wate	er					
Permitted Maximum Day Operating Capacity of Plant, g	allons per day:	50,000							
Plant Category (per subsection 62-699:310(4), F.A.C.):	•	•	1	Plant Class ((per subsection	n 62-699.3	10(4), F.A.	C.):	•
Cicensed Operators Nam	Para Control	License Cl	ass 🔻	License	Number !		Day(s)/Shift(\$7 Wor	ked *****
Mark M	arch	C		82	287	1	3	Days per week	
Office Orivinions and a second									
						<u> </u>			
II Contification by Lond/Chief Oneman									
II. Certification by Lead/Chief Operator									
I, the undersigned water treatment plant operator licens	sed in Florida, am the l	ead/chief operato	or of the	e water trea	tment plant	identified	in Part I o	f this report.	certify that the
information provided in this report is true and accurate									
International Standard 60 or other applicable standards									
plant were prepared each day that a licensed operator s									
rates; and (2) if applicable, appropriate treatment processing									
PWS owner can retain them, together with copies of the					nicse addine	mai oporac	.10113 10001	us to me i we	owner bo the
r w 5 owner can retain them, together with copies of the	is report, at a convenie	int location for at	ieasi u	en years.					
						00000			
C:	Mark March	T			-	C8287	r 1		
Signature and Date	Printed or Typed N	name				License N	umber		
DEP Form 62-555.900(3)Alternate		Page 1							

Means of Anchieving Four-Log Virus functional Control (Chloramines) Prec Chlorine Colorine Dioxide Ozone Combined Chlorine (Chloramines)	PWS Id	WS Identification Number: 3424631 Plant Name: 49th Street Village													
Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Qzone Combined Chlorine (Chloramines)	III. Dai	H. Daily Data for the Month/Year of: March-04													
Type of Districteant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide					viation/Remo	oval: *		Free C	Chlorin	e 🗍	Chlorine I	Dioxide	\Box	Ozone	Combined Chlorine (Chloramines)
Type of Distinctural Residual Maintained in Distribution System: Froe Chlorine Construction Constructio							e):	ш .							,
Days Plant Suffield or visited Plant Hours					n Distributio		.,.			Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
Days Plant Suffed of cr Visited Visi		4 1 1 7					or IIV Dose to I	Demonstrate I	Our-Log						
Pilot Saffied or Visited Port Saffied or Visited Port Saffied or Visited Port Saffied Or Visited Port Saffied Or Port Saffied P		Dove				O I Calculations,			- Cut, 250B	, Aug Higger	<u>unon, 11 (19</u> p)		Dose		
Saffed or or visited by by Classed Day of Operator Hours Peak Flow P				*			· · · · · · · · · · · · · · · · · · ·				<u> </u>			Lowest	
Or Viside Visid						Lowest Residual	Disinfectant		}						
Visited Day of Operator Hours Operator Hours Operator Hours Operator Hours Operator Oper									1			1		1	
Day of Operation Potent	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	i	
The control The control	1 1	by	1 1	Net Quanity	i	(C) Before or at	Measurement	Customer	Temp.	Ì	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Month 'X' Operation Produced, gal Rate, grd Flow, mg/L misutes mg-min/L C Applicable mg-min/L seo/cm/2 seo/cm/2 System, mg/L Operation	Day of										l .	1 ′			<u> </u>
24 hrs 22,500		•	9				1			_		1			
2		"X")			Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
3		77							<u> </u>						
4 X 24 hrs 11,000 5 24 hrs 11,000 6 X 24 hrs 25,500 7 24 hrs 25,500 8 X 24 hrs 21,000 9 24 hrs 21,000 310: X 24 hrs 23,500 241: 24 hrs 23,500 342: X 24 hrs 31,600 342: X 24 hrs 31,600 14: 24 hrs 31,600 1.1 14: 24 hrs 31,600 1.1 14: 24 hrs 31,600 1.2 14: 24 hrs 31,600 1.2 14: 24 hrs 27,000 1.2 31: 32 hrs 24,000 1.2 31: 32 hrs 24,000 1.3 31: 32 hrs 22,500 1.3 32: 32 hrs 25,000 1.3 32: 32 hrs 25,000 1.3 32: 32 hrs 26,500 1.2	A 3440 - V - A	X						 	<u> </u>			ļ		1.3	
5 24 hrs 11,000		v			<u> </u>						ļ			1.2	
6. X 24 hrs 25,500 1.4 <							ļ	 	<u> </u>	 	-			1.3	
7		v				,	ļ	 	 	 	 		├ ──	. 14	
S									 					1.4	
24 hrs 21,000		Y				· · · · · · · · · · · · · · · · · · ·		 	 	 				13	
10 X														1.5	
11		x						 	 	<u> </u>				1.3	
32		- / -						 	 					<u> </u>	
13		X						 	 	 	 	 		1.1	
14 24 hrs 31,600 1.2 15 X 24 hrs 27,000 1.2 16 X 24 hrs 24,000 1.3 17 X 24 hrs 22,500 1.3 18 24 hrs 25,000 1.3 20 24 hrs 25,000 1.3 21 24 hrs 25,000 1.3 22 X 24 hrs 26,500 22 X 24 hrs 26,500 23 24 hrs 23,000 1.2 23 24 hrs 23,000 1.2 25 24 hrs 23,000 0.5 26 X 24 hrs 25,000 26 X 24 hrs 22,500 27 X 24 hrs 22,500 28 24 hrs 22,000 29 X 24 hrs 27,000 31 X 24 hrs 27,000 31 X 24 hrs 19,500 70a 752,800								· · · · · · · · · · · · · · · · · · ·	· · · · · ·		<u> </u>	 			
15									 	1					
16 X 24 hrs 24,000 1.3 37 X 24 hrs 22,500 1.3 18 24 hrs 22,500 1.3 20 24 hrs 25,000 1.3 21 24 hrs 25,000 1.3 22 X 24 hrs 26,500 1.2 23 24 hrs 26,500 1.2 24 X 24 hrs 23,000 1.2 25 24 hrs 23,000 1.2 25 24 hrs 25,000 0.5 26 X 24 hrs 25,000 0.5 27 X 24 hrs 22,500 0.6 28 24 hrs 22,500 0.6 0.6 28 24 hrs 27,000 1.1 1.1 200* 24 hrs 27,000 1.1 1.1 31 X 24 hrs 19,500 1.2 1.2 Total 752,800 1.2 1.2 1.2 1.2		Х							T	1	1			1.2	
18	-	Х	24 hrs	24,000					1						
19	. 17	X	24 hrs	22,500										1.3	
24 hrs 25,000	2.18		24 hrs												
21 24 hrs 25,000 1.2 22 X 24 hrs 26,500 1.2 24 X 24 hrs 23,000 1.2 25 24 hrs 23,000 0.5 26 X 24 hrs 25,000 0.5 27 X 24 hrs 22,500 0.6 28 24 hrs 22,500 0.6 29 X 24 hrs 27,000 1.1 30 24 hrs 27,000 1.1 31 X 24 hrs 19,500 Total 752,800	*19	Х	24 hrs											1.3	
22 X 24 hrs 26,500 1.2 23 24 hrs 26,500 1.2 24 X 24 hrs 23,000 1.2 25 24 hrs 23,000 0.5 26 X 24 hrs 25,000 0.5 27 X 24 hrs 22,500 0.6 28 24 hrs 22,500 1.1 29 X 24 hrs 27,000 1.1 30 24 hrs 27,000 1.1 31 X 24 hrs 19,500 Total 752,800	20		24 hrs												
23 24 hrs 26,500 1.2 24 X 24 hrs 23,000 1.2 25 24 hrs 23,000 0.5 26 X 24 hrs 25,000 0.5 27 X 24 hrs 22,500 0.6 28 24 hrs 22,500 1.1 29 X 24 hrs 27,000 1.1 30 24 hrs 27,000 1.2 Total 752,800 1.2			24 hrs						ļ						
24 X 24 hrs 23,000 1.2 25 24 hrs 23,000 0.5 26 X 24 hrs 25,000 0.5 27 X 24 hrs 22,500 0.6 28 24 hrs 22,500 1.1 29 X 24 hrs 27,000 1.1 30 24 hrs 27,000 1.2 Total 752,800 1.2		X						ļ <u> </u>	<u> </u>					1.2	
25 24 hrs 23,000 0.5 26 X 24 hrs 25,000 0.5 27 X 24 hrs 22,500 0.6 28 24 hrs 22,500 1.1 29 X 24 hrs 27,000 1.1 30 24 hrs 27,000 1.2 Total 752,800 1.2				26,500				<u> </u>	<u> </u>	<u> </u>		<u> </u>			
26 X 24 hrs 25,000 0.5 27 X 24 hrs 22,500 0.6 28 24 hrs 22,500 1.1 29 X 24 hrs 27,000 1.1 30 24 hrs 27,000 1.2 31 X 24 hrs 19,500 Fotal 752,800	111	<u>X</u>			[<u> </u>	 	—			<u> </u>	ļ	1.2	
27 X 24 hrs 22,500 0.6 28 24 hrs 22,500 1.1 29 X 24 hrs 27,000 1.1 20 24 hrs 27,000 1.2 31 X 24 hrs 19,500 1.2 Fotal								├ ──	<u> </u>		 	<u> </u>		<u> </u>	
28 24 hrs 22,500 1.1 29 X 24 hrs 27,000 1.1 30 24 hrs 27,000 1.1 31 X 24 hrs 19,500 1.2 Total 752,800	1000									 	 				
29 X 24 hrs 27,000		Х					ļ	 		 	 	 	 	0.0	***
24 hrs 27,000		- V					 		1	 	 	 		11	
31 X 24 hrs 19,500 1.2 Total 752,800								-	 	 	 	 	 	1.1	
Total 752,800	-	v			 		<u> </u>	 	 -	 	 	-	 	12	
					 	1		<u> </u>	<u> </u>		<u> </u>	L	Ь	1,2	
					1										

31,600

Maximum :--

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



See page 4 for instructions

1. General Information for the Month/Year of:	April-04	······································		<u></u>	
A. Public Water System (PWS) Information					
PWS Name: 49th Street Village			PWS Identifi	ication Number:	3424631
	Non-Transient Non-Comr	nunity	Transient Non-Commun	nity 🔲 (Consecutive
Number of Service Connections at End of Month:	97		Total Population Served	at End of Month:	340
PWS Owner: AquaSource Utility, Inc.					
Contact Person: Michael Fitzgerald			Contact Person's Title:	Area Manager - Flori	
Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-			Contact Person Person's I	ax Number:	(352) 732-3213
	ld@aquaamerica.com		·		
B. Water Treatment Plant Information	···		In .		(0.00) 0.00
Plant Name: 49 th Street Village			Plant Teleph		(352) 369-4881
Plant Address: N.E. 28th Terrace Type of Water Treated by Plant: X Raw Ground W			City: Ocala	State: FL	Zip Code: 34470
Type of Water Treated by Plant: X Raw Ground W Permitted Maximum Day Operating Capacity of Plant, gallor		chased Finished Wat	er		
Plant Category (per subsection 62-699.310(4), F.A.C.):	is per day:	50,000	Plant Class (per subsection	n 62 600 210(4) F'A	C):
Licenset Operators Association 02-099.510(4), 1-A.C.).			Frant Class (per subsection	11 02-099.310(4), F.A.	C.): G)/shini(s):V/on/sdl=1=2==================================
Mark March		С	8287		Days per week
Olia Openios 2		<u> </u>	0207		Days per week
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed					
information provided in this report is true and accurate to t	he best of my knowled	ge. I certify that al	l drinking water treatme	nt chemicals used at	thisplant conform to NSF
International Standard 60 or other applicable standards refe	erenced in subsection 6	52-555.320(3), F.A.	.C. I also certify that the	e following additiona	al operations records for this
plant were prepared each day that a licensed operator staffe					
rates; and (2) if applicable, appropriate treatment process p					
PWS owner can retain them, together with copies of this re				nax operaziona recon	
2 W S S WHOL COMMITTED AND AND AND AND AND AND AND AND AND AN	port, at a convenient it	oution for at loast (ion yours.		
	Mark March			C8287	
Signature and Date	Printed or Typed Name	· · · · · · · · · · · · · · · · · · ·		License Number	
•					

PWS Id	lentificat	ion Numbe	r:	3424631		Plant Name:	49th Stree	t Villag	ge					
III. Dai	. Daily Data for the Month/Year of: April-04													
			Log Virus Inactiv	viation/Rem			Free (Chlorin	e	Chlorine I	Diovide	TT (Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	»)·			ч	CHIOTHE	JOXIGE	ш,	Jzone	Combined Chlorine (Chlorathines)
			ual Maintained i	n Distributio		٥).			Free Chl	!			11 ' (01)	:) [] (11 : 15: 11
Type o	Distille	Ciani Kesiui	iai Maintaineu i			10 Telephone 100 Company	eron services					mbinea C	hlorine (Chlor	
					CT Calculations	or UV Dose, to 1	Jemonstrate 1	rour-Log	Virus inactiv	ation, it App	licable*			
}	Days			<u> </u>		CI Calcu		T	1		UV.	Jose		병원 이번의 하고 한 승규와 프로그
	Plant Staffed				7	D	Lowest CT	1	· ·	**.			Lowest	
	or	1			Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or	1			1		Residual	
	Visited				Concentration	(T) at C	at First	1			Lowest	Minimum	Disinfectant Concentration	
	by		Net Quanity	1 .	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable		sec/cm2	sec/cm2	System, mg/L	Operation
1		24 hrs	19,500											
2	X	24 hrs	26,000										1.2	
~3*		24 hrs	26,000											
4,		24 hrs	26,000					ļ						
5.5	X	24 hrs	·28,000										1.2	
6	Х	24 hrs	28,000	<u> </u>		`	<u> </u>	<u> </u>	<u> </u>			,		•
7	X	24 hrs	25,000			<u> </u>	<u> </u>	<u> </u>				<u> </u>	1.3	
×8		24 hrs	25,000					<u> </u>						
- 9	X	24 hrs	32,300					1					1.3	
10		24 hrs	32,300					<u> </u>						
*1115°	- 37	24 hrs	32,300	.				 						
12)	Х	24 hrs	27,000				<u> </u>	 			<u> </u>		1.1	
18 14	X	24 hrs 24 hrs	27,000 21,500				 			ļ	-		10	
15		24 hrs	21,500				 	}	<u> </u>	 	 		1.2	
16	х	24 hrs	37,600				 	1			 		1 .	
- 17-4		24 hrs	37,600		· · · · · · · · · · · · · · · · · · ·		 				 	_	<u> </u>	
18.		24 hrs	37,700				 	1	 	 	 		-	
10	х	24 hrs	44,000		<u> </u>		 	 	 	 	 		1.1	
20		24 hrs	44,000		<u> </u>	<u> </u>	 	1				 	 	
21	x	24 hrs	30,000	<u> </u>	<u> </u>	 	 	t			 	 	1,2	
-,22		24 hrs	30,000		<u> </u>	1	†			 	1			
≈28 ¥	Х	24 hrs	40,000		· · · · · · · · · · · · · · · · · · ·	-	 	1					1.3	
2473		24 hrs	40,000				T	1						
25		24 hrs	41,000		· · · · ·			1		1			<u> </u>	
- 26	Х	24 hrs	37,000					1	1				1.2	
27.		24 hrs	37,000				1							
28,	Х	24 hrs	32,000				1						1.2	
294		24 hrs	32,000											
30	Х	24 hrs	37,000										1.4	
., 312 4		24 hrs						i	<u> </u>	<u> </u>	1			
Total			954,300]										
Average	1		31,810	Į										
Maximi	mi de s	COLUMN TO	44,000	J										

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



See page 4 for instructions I. General Information for the Month/Year of: May-04 A. Public Water System (PWS) Information PWS Name: 49th Street Village PWS Identification Number: 3424631 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 340 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road Zip Code: 34470 City: Ocala State: FL Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name: 49 th Street Village Plant Telephone Number: (352) 369-4881 Plant Address: N.E. 28th Terrace Ocala State: FL Zip Code: 34470 City: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699,310(4), F.A.C.): Lucensed Operators Name License Number Day(s)/Shift(s) Worked License Class steat/energicanoi Mark March C 8287 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this

PWS Ic	entificati	ion Number	:	3424631		Plant Name:	49th Street	t Villag	ge					
III Dai	II. Daily Data for the Month/Year of: May-04													
			og Virus Inactiv				Free (Chlorine		Chlorine I	Novido.	T 7 (Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	۸.	нас	-111O1111v		Cinornic	JOXIGE		920He	Combined Chlorine (Chloranines)
				<u></u>		:):			1 n				11 1 (011	
Type of	Disinted	ctant Residu	al Maintained in	n Distributio					Free Chl				hlorine (Chlor	
					CT Calculations,			our-Log	Virus Inactiv	ation, if Appl				
	Days					CT Calcu	lations				ועעו	Oose	i,	
1	Plant					· ·	Lowest CT	1		,			Lowest	·
}	Staffed				Lowest Residual	Disinfectant	Provided	1					Residual	
	OF				Disinfectant	Contact Time	Before or	1	l.	·			Disinfectant	
ļ	Visited		Not Oussite		Concentration	(T) at C	at First]	j .		Lowest	Minimum	Concentration	<u></u>
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement	Customer	Temp.	-11 -6	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C Water,	Applicable	mg-min/L	sec/cm2	mw sec/cm2	System, mg/L	Operation
1	12./	24 hrs	37,000	Raic, gpu	1 tow, mgr.	innucs	mg-mm)	 _	Аррисаон	ing-mave	SCC/CHIZ	Sec/Citiz	System, mg/L	Operation
2		24 hrs	37,000		 	 	 	 		 		 	 	
3	x	24 hrs	31,500				 	 	 	 			1,1	
4	X	24 hrs	31,500							 			1.1	
5	Х	24 hrs	38,500					-	<u> </u>	 			1	
6		24 hrs	38,500					 	,	 				
7	Х	24 hrs	36,000					t		 	-		1	
8		24 hrs	36,000		·			 	<u> </u>	<u> </u>	 	 	 	
9		24 hrs	36,000					 			1	 		
~ 10	Х	24 hrs	31,000			-	 	 		 			1.3	
11		24 hrs	31,000		~~~		 	1		\vdash				
12	X	24 hrs	22,500					1			T		1.2	
. 13		24 hrs	22,500											
14	Х	24 hrs	31,600					1					1.2	
15		24 hrs	31,600				1							
-16		24 hrs	31,600											
17	Χ_	24 hrs	31,500										0.6	
. 18		24 hrs	31,500											
. 19	X	24 hrs	38,000										1.2	
20		24 hrs	38,000											
21	X	24 hrs	32,600									<u> </u>	1.2	
22		24 hrs	32,600						<u> </u>			L		
23		24 hrs	32,600				<u> </u>	<u> </u>	<u> </u>	 	↓	<u> </u>		
24	X	24 hrs	33,000				<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	1.1	
25:		24 hrs	33,000			-	 			 	<u> </u>		<u> </u>	
26.	X	24 hrs	34,500				 	—		<u> </u>	 	<u> </u>	1	
27		24 hrs	34,500	<u> </u>		 			<u> </u>		<u> </u>	 		
28	X	24 hrs	40,000			ļ		╄	<u> </u>	 	1	├ ──-	1.1	
. 29	<u> </u>	24 hrs	41,000	<u> </u>	ļ	ļ		 	1	 	-	_		
305		24 hrs	41,000		 	1	 	 -	1	 	-	├──	 	
31.	X	24 hrs	36,500	<u> </u>	1	<u> </u>				<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	1	
Total	7.1		1,054,100	1										
Average			34,003	1										
Maxim	int t		41,000	1										

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



See page 4 for instructions

the Company of the Co	Y 04						
1. General Information for the Month/Year of:	June-04				 -		
A. Public Water System (PWS) Information							
PWS Name: 49th Street Village				PWS Identific		3424631	
PWS Type: X Community	Non-Transient Non-Comm	unity	Transient N	Non-Communit	ty	Consecutive	
Number of Service Connections at End of Month:	97		Total Popula	ation Served at	End of Month:	340_	
PWS Owner: AquaSource Utility, Inc.							
Contact Person: Michael Fitzgerald			Contact Pers	son's Title:	Area Manager - F		
Contact Person's Mailing Address: 1343 NE 17th Road			City:	Ocala	State: FL	Zip Code:	34470
Contact Person's Telephone Number: (352) 369-	-4881		Contact Pers	son Person's Fa	ax Number:	(352) 732-3	3213
Contact Person's E-Mail Address: <u>mvfitzger</u>	ald@aquaamerica.com		•				
B. Water Treatment Plant Information							
Plant Name: 49 th Street Village				Plant Telepho	ne Number:	(352) 369-4	1881
Plant Address: N.E. 28th Terrace					State: FL	Zip Code:	34470
Type of Water Treated by Plant: X Raw Ground V	Vater Purc	hased Finished Wate		•		·····	
Permitted Maximum Day Operating Capacity of Plant, gallo	ons per day: 5	0,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	,		Plant Class	per subsection	62-699.310(4), F	.A.C.):	
Licensed Operators Name Name		License Class					ked **
Lead/Chied energion Mark Marc	h	С	8:	287		3 Days per week	
Oneropelators: 352-						7.1	
	-						
		<u> </u>					
						····	
A STATE OF STREET			-				
			l		· · · · · · · · · · · · · · · · · · ·		
 Certification by Lead/Chief Operator 							
I, the undersigned water treatment plant operator licensed	in Florida, am the lead/s	hiaf aparatar of th	a viotor trac	tmont plant i	dontified in Dort	Lofthic report	Cortify that the
		-		-		-	
information provided in this report is true and accurate to							
International Standard 60 or other applicable standards re				-	_	-	
plant were prepared each day that a licensed operator staff							
rates; and (2) if applicable, appropriate treatment process	performance records. Fi	uthermore, I agree	to provide	these addition	nal operations re	cords to the PWS	owner so the
PWS owner can retain them, together with copies of this r	report, at a convenient lo	cation for at least t	en years.		_		
, ,	• •		•	-			
	Mark March				C8287		
Signature and Date	Printed or Typed Name				License Number		 -
•					-		

Date for the Month Year of June-04	PWS Id	entificat	ion Number	r:	3424631	·	Plant Name:	49th Stree	t Villag	je					
Means of Achieving Four-Log Virus Inactiviation/Removal: *	III. Dai	v Data f	or the Mon	h Year of		June-04					-				
Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: CT Calculations Other (Describe): Free Chlorine CT Calculations UV Dose Lowest Provided Disinfectant Contact Time Operating Day of Operator the (Place Plant in Produced, gal Produced, gal Rate, gpd Flow, mg/L 1 X 24 hrs 26,800 3 24 hrs 26,800 5 24 hrs 26,800 5 24 hrs 26,800 5 24 hrs 26,800 5 24 hrs 26,800 5 24 hrs 26,800 5 24 hrs 26,800 5 24 hrs 26,800 5 24 hrs 26,800 7 X 24 hrs 26,800 7 X 24 hrs 26,800 7 X 24 hrs 26,800 7 X 24 hrs 26,800 7 X 24 hrs 26,800 7 X 24 hrs 26,800 7 X 24 hrs 26,800 7 X 24 hrs 26,800 7 X 24 hrs 26,800 1.1					viction/Dom			Eros (Thlonin	. 13	Chlorino I	Viewide		2	Combined Chloring (Chloromines)
Type of Disinfectant Residual Maintained in Distribution System: Days Days Plant Staffed or Visited by Day of Operator Hours Operation Produced, gal Rate, gpd Rate, gpd Rate, gpd Talk Tal							->-	LI FICE (-morme		Chlorine	Jioxide	⊔ '	Jzone [Combined Chlorine (Chloramines)
Days Plant Staffed or Visited by Day of Plant in Month "X") Operation "X") Operat							e):			1					
Day of Operator the (Place Plant in Month "X") Operation Operation Operation 2 X 24 hrs 26,800 2 X 24	Type o	Disinfe	ctant Residu	ial Maintained i	n Distributio								mbined C	hlorine (Ch	
Plant Staffed or Visited by Day of Operator the (Place Plant in Water Operation Wonth "X") Operation Produced, gal Month is 3 - 24 hrs 26,800	200					CT Calculations			our-Log	Virus Inactiv	ation, if Appl				이 시하면 경계하다 되는 것이 모양 없다.
Staffed or Visited or Visited by Net Quanity by Operator the (Place Plant in Month "X") Operation Produced, gal Produced, gal 24 hrs 26,800 2 24 hrs 26,800 2 24 hrs 26,800 2 5 24 hrs 26,800 5 7 X 24 hrs 26,800 2 7 X 24 hrs 26,800 2 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 X 24 hrs 26,800 2 7 7 7 7 X 24 hrs 26,800 2 7 7 7 7 X 24 hrs 26,800 2 7 7 7 7 7 X 24 hrs 26,800 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Days					CT Calcu	ılations				UV I	Dose		
or Visited by Net Quanity Operator Hours (Place Plant in Month "X") Operation Day of Applicable T A Section 2 T A		Plant					1	Lowest CT			<u> </u>			Lowest	
Visited by Operator Hours (Place Plant in Water Peak Flow Month "X") Operation 3 2 4 hrs 26,800		Staffed			l	Lowest Residual	Disinfectant	Provided	•					Residual	
by Operator the Month (Place Month) X 24 hrs 36,500 X 24 hrs 26,800				•		Disinfectant	Contact Time	Before or					j	Disinfectar	nt
Day of Operator the Hours (Place Month) X 24 hrs 26,800 2 4 hrs 26,800 3 24 hrs 26,800 4 24 hrs 26,800 7 X 24 hrs 28,500		,			i				ľ			4			E .
the Month "X") Operation Produced, gal Rate, gpd Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 sec/cm2 System, mg/L Taking Water System Components Out of Operation Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L Sec/cm2 System, mg/L Taking Water System Components Out of Operation Operation Operation Operation System, mg/L Sec/cm2 System, mg/L Sec/cm2 System, mg/L Taking Water System Components Out of Operation Operation Operation Operation Operation System, mg/L Sec/cm2 Sec/cm2 System, mg/L Sec/cm2 Sec/cm2 System, mg/L Sec/cm2 Sec/cm2 System, mg/L Sec/cm2 Sec/cm2 Sec/cm2 System, mg/L Sec/cm2 Sec/c		-						•					ı	1	
Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 sec/cm2 System, mg/L Operation 1 X 24 hrs 26,800 1.1	-				~ . ~		_	_	1 1	•			_	3	-
1 X 24 hrs 36,500 1.1 2 X 24 hrs 26,800 1.1 3 24 hrs 26,800 1.1 4 24 hrs 26,800 1.1 5 24 hrs 26,800 1.1 6 24 hrs 26,800 1.1 7 X 24 hrs 28,500		`											L .	4	
2 X 24 hrs 26,800 1.1 3 24 hrs 26,800 0 0 4 24 hrs 26,800 0 0 5 24 hrs 26,800 0 0 7 X 24 hrs 28,500 1.1					Kate, gpa	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg	/L Operation
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4 24 hrs 26,800		^-				 		ļ	 _				-	1,1	
5 24 hrs 26,800					 -			<u> </u>	 				<u> </u>	 -	
6 24 hrs 26,800					 				-				<u> </u>		
7 X 24 hrs 28,500 1.1								\ ,			 		 		
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9 X 24 hrs 23,500		$\overline{\mathbf{x}}$		23,500				 				-	 	i i	
10 24 hrs 23,500								 							
11 X 24 hrs 32,000 1.1		X						 				-		1.1	
12 24 hrs 32,000	.12					······································									
13 24 hrs 32,000			24 hrs					1							
14 X 24 hrs 24,000 1	- 14	Х	24 hrs											1	
15 24 hrs 24,000	15		24 hrs	24,000								i			
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17 24 hrs 23,500			24 hrs					Ī							
18 X 24 hrs 31,000	18	X	24 hrs											1	
19 24 hrs 31,000			24 hrs												
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22 24 hrs 23,500					<u> </u>	<u> </u>			L				<u> </u>	<u> </u>	
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25 X 24 hrs 24,000 1.1		_ X _											<u> </u>	1.1	
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27 24 hrs 24,000		- ,			 		ļ	<u> </u>	ļ			ļ	<u> </u>	12-	
28 X 24 hrs 26,000 1.3 29 24 hrs 26,000		X						 	<u> </u>			-		1.3	
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		-^-	-	24,000	 			 	 			 	 	1.2	
31 24 hrs 802,500				802 500		1	<u> </u>		L	L	L	L	Щ	l	
Maximum 36,500	Average			26,750											

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



See page 4 for instructions

I. General Information for the Month Year of:	July-04				
A. Public Water System (PWS) Information					
PWS Name: 49th Street Village			PWS Identif	ication Number:	3424631
PWS Type: X Community	Non-Transient Non-Com	nmunity	Transient Non-Commun	nity 🔲	Consecutive
Number of Service Connections at End of Month:	97		Total Population Served	at End of Month:	340
PWS Owner: Aqua Utilities Florida					
Contact Person: Michael Fitzgerald			Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing Address: 1343 NE 17th		<u> </u>	City: Ocala	State: FL	Zip Code: 34470
	352) 369-4881		Contact Person Person's	Fax Number:	(352) 732-3213
· · · · · · · · · · · · · · · · · · ·	vfitzgerald@aquaamerica.con	<u>n</u>			
B. Water Treatment Plant Information					
Plant Name: 49 th Street Village				one Number:	(352) 369-4881
Plant Address: N.E. 28th Terrace			City: Ocala	State: FL	Zip Code: 34470
		urchased Finished Wat	er		
Permitted Maximum Day Operating Capacity of Pla		50,000	Int cot (1 c	(0 (00 n10/4) E	
Plant Category (per subsection 62-699.310(4), F.A.		License Class	Plant Class (per subsection		
Licensed Operators Ma			License Number	L)	ay(s)/Shth(s) Worked
Ma Ma	rk March	С	8287		3 Days per week
Chicker and state of					
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EDUCATION OF THE ACCURATE AND ACCURATE AND ACCURATE AND ACCURATE ACCURATE AND ACCURATE ACCURA		<u> </u>	<u> </u>	- 	
11. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator l	icensed in Florida, am the lead	d/chief operator of th	ne water treatment niant	identified in Part 1	of this report. I certify that the
information provided in this report is true and acci		_			-
International Standard 60 or other applicable stand					
plant were prepared each day that a licensed opera	-	_			
rates; and (2) if applicable, appropriate treatment p				onal operations rec	ords to the PWS owner so the
PWS owner can retain them, together with copies	of this report, at a convenient	location for at least	ten years.		
	Mark March			C8287	
Signature and Date	Printed or Typed Nam	ne		License Number	
DEP Form 62-555.900(3)Alternate		Page 1			

PWS Id	PWS Identification Number: 3424631 Plant Name: 49th Street Village													
III. Dai	III. Daily Data for the Month/Year of: July-04													
			og Virus Inactiv	iation/Remo			Free C	Chlorine	e \Box	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	٠)٠			ـــا		10/1140	О,		(,
	Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide													
Type of														
	整定基件等 企				C1 Calculations,	OF UV Dose, to I		our-Log	Virus inactiv	auon, ii Appi	UVI			
	Days		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> </u>	C1 Calcu		r	l	I	UVI	Jose	·	
	Plant Staffed	ľ			Lowest Residual	Disinfectant	Lowest CT Provided	l					Lowest Residual	·
	or				Disinfectant	Contact Time	Before or		1	1			Disinfectant	
	Visited]			Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by	1	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable		sec/cm2	sec/cm2	System, mg/L	Operation
~ :1 5%		24 hrs	24,000						<u> </u>	<u> </u>	1			
2	Х	24 hrs	37,000					1					1	
3		24 hrs	37,000						<u> </u>					
4		24 hrs	37,000											
5 .	Х	24 hrs	26,000	***************************************									1.1	
6	•	24 hrs	26,000	٠	1			•			,			,
7	X	24 hrs	30,000			[1.2	
8		24 hrs	31,000				I							
9	Х	24 hrs	41,000										1.3	
10		24 hrs	41,000				Ţ							
11	X	24 hrs	26,500										1.3	
12		24 hrs	26,500											
13	X	24 hrs	25,000									<u> </u>	1.2	
14		24 hrs	26,000											
. 15	X	24 hrs	27,600					ļ				1	1.1	
: 16		24 hrs	27,600				<u> </u>	ļ				<u> </u>		
17.		24 hrs	27,700					<u> </u>						
18	Х	24 hrs	22,500				1	<u> </u>					1.2	
19		24 hrs	22,500						<u> </u>	ļ		<u> </u>		
20:	X	24 hrs	22,000	ļ				 	ļ	ļ	ļ	<u> </u>	1.1	
21		24 hrs	23,000			ļ		<u> </u>		ļ	ļ	 	 	
22	X	24 hrs	24,600				ļ	<u> </u>	ļ	<u> </u>		<u> </u>	1.2	
* 23		24 hrs	24,600		ļ	 	<u> </u>	-	ļ	<u> </u>	 		 	
- 24		24 hrs	24,700	<u> </u>			ļ	<u> </u>	 	_		-	12	
25	X	24 hrs	23,000		<u> </u>			┞		ļ	ļ	<u> </u>	1.2	
26	<u> </u>	24 hrs	23,000	<u> </u>	ļ	 	 		 	<u> </u>		 -	1.1	
27	Х	24 hrs	18,300				<u> </u>	↓	 	1	<u> </u>	 	1,1	
28	<u> </u>	24 hrs	18,300	ļ	ļ		 			 		 		
29.	 ,,	24 hrs	18,300	<u> </u>		1	 	 	 	 	 	 	1.1	
30	X	24 hrs	22,000	ļ	<u> </u>	 	_	₩	1	 	 	 	1.1	
31	\$2AL ARYLLING	24 hrs	22,000		1	<u> </u>	<u> </u>		<u> </u>	I	<u> </u>	1	<u>. </u>	
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12AVCT826	Commence of the	A STATE OF THE STATE OF	ı 20.033	1										

41,000

Maximum

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



See page 4 for instructions

I. General Information	for the Month/Year of:	August-04						
A. Public Water Syste					1			
PWS Name:	49th Street Village				PWS Identific	cation Number:	3424631	
PWS Type:		Ion-Transient Non-Com	nunity	Transier	nt Non-Commun	ity	Consecutive	
	onnections at End of Month:	97	· · · · · · · · · · · · · · · · · · ·		ulation Served a			
PWS Owner:	Aqua Utilities Florida			· · · · · ·				
Contact Person:	Michael Fitzgerald			Contact P	'erson's Title:	Area Manager		
Contact Person's Mail			City:	Ocala	State: F			
Contact Person's Tele				Contact P	erson Person's F	ax Number:	(352) 732-	-3213
Contact Person's E-M	ail Address: <u>mvfitzgera</u>	ld@aquaamerica.com						
B. Water Treatment P	lant Information							
Plant Name:	49 th Street Village		-		Plant Telepho		(352) 369-	
Plant Address:	N.E. 28th Terrace			City:	Ocala	State: F	L Zip Code:	34470
Type of Water Treate			rchased Finished Wat	ter				
	Day Operating Capacity of Plant, gallor	s per day:	50,000				· · · · · · · · · · · · · · · · · · ·	
Plant Category (per s	ubsection 62-699.310(4), F.A.C.):	V .			ss (per subsectio			AND THE STATE OF T
	Names		License Glass	Lice	nse/Numberes		Days/Shitt(SPWe	Red Service
Miteral/Chief Operations	Mark March		С		8287		3 Days per wee	k
Office Organions	\$31							
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Anger and the second and the second								
46								
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			<u></u>	<u> </u>		<u> </u>		
II. Certification by Le	ad Chief Operator							
								T
	er treatment plant operator licensed							
information provided	in this report is true and accurate to	he best of my knowled	lge. I certify that a	ll drinking	g water treatme	nt chemicals u	used at thisplant cor	nform to NSF
International Standard	60 or other applicable standards ref	erenced in subsection	62-555.320(3), F.A	.C. I also	certify that the	e following ad	lditional operations	records for this
plant were prepared ea	ch day that a licensed operator staff	ed or visited this plant	during the month i	ndicated a	above: (1) reco	rds of amount	s of chemicals used	and chemical feed
rates: and (2) if applic	able, appropriate treatment process j	performance records	Futhermore, I agree	e to provid	le these additio	nal operations	s records to the PW	S owner so the
	them, together with copies of this re					1		
A 47 O WHOI CAII ICEAIII	mom, togother with copies of this is	port, at a convenient	countries for at roast	July yours.	•			
		Mark March				C8287		
Signature and Date	1.4.4.4	Printed or Typed Nam	e			License Numb	ber	

PWS I	lentificat	ion Number		3424631		Plant Name:	49th Stree	t Villag	ge							
III. Dai	ly Data f	or the Mont	h-Year of:	_	August-04											
			og Virus Inactiv	viation/Rem			Free Chlorine Chlorine Dioxide						Ozone Combined Chlorine (Chloramines)			
		et Radiation			Other (Describe	-)·	□ *		لسا	Cinomic I	JIONIGO	<u> </u>	320.RC	Combined Citi	orme (emera	111100)
						<u> </u>	Free Chlorine			orino	Co	mbined C	hlorine (Chlor	raminas)	Chlor	ine Dioxide
Type of Disinfectant Residual Maintained i			ii Distributio			Niller Deller	F F 252					morme (Cmor			ne Dioxide	
		CT Calculations, or UV Dose, to I				rour-Log	virus inactiv	auon, ii App	UVI	Name of the second				# 13 2		
	Days		·		<u> </u>	C1 Calcu		 	Γ	T	UVI	Jose I	•			
	Plant	1		1	l		Lowest CT	[Lowest			
	Staffed				Lowest Residual	Disinfectant	Provided			1	Į.		Residual			
	or Visited		4.1		Disinfectant	Contact Time	Before or		1.0	1		l	Disinfectant			
ł:	by		Net Quanity	1	Concentration (C) Before or at	(T) at C Measurement	at First Customer	T		Minimum	Lowest	Minimum UV Dose	Concentration	F 41		04'4'
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	Minimum CT	Operating UV Dose,	Required,	at Remote Point in	Emergency or Ab	norman Operaung ntenance Work tha	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	-	System Compone	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable		sec/cm2	sec/cm2	System, mg/L	Taking Water S	Operation	nis Out of
1	1./	24 hrs	22,000	ruic, gpu	1100, 1192	i iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	Ing marz	 ~	repplicable	IIIg-IIIIVE	BOOTOTAL	SCORINZ	System, mg/L	 	Operation	
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3	X	24 hrs	24,500		·			 		 			-	 		
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5		24 hrs	24,000	_			 		<u> </u>		 					
6	X.	24 hrs	23,600				 	.		 	,		1.1	,		
7		24 hrs	23,600			 	 	!		†						
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12		24 hrs	23,000					1								
13	Х	24 hrs	31,000										1			
14		24 hrs	31,000													
15		24 hrs	31,000													
- 16	Χ.	24 hrs	23,000										0.8			
*, 17		24 hrs	24,000	T												
£: 18	Х	24 hrs	26,000										1			
. 19		24 hrs	26,000													
20	Х	24 hrs	26,000										1			
21		24 hrs	26,000													
22		24 hrs	27,000													
23	Х	24 hrs	25,000										0.8			
24		24 hrs	26,000													
25	Х	24 hrs	26,000									<u> </u>	0.9			
26	<u> </u>	24 hrs	26,000	<u> </u>			<u> </u>	<u> </u>				ļ				
27	X	24 hrs	24,000	_			<u> </u>				<u> </u>		0.8	<u> </u>		
28		24 hrs	24,000	_			<u> </u>				<u> </u>	ļ				
29		24 hrs	24,000					1	<u></u>	<u> </u>	 _	ļ	<u></u>			_
*30 *	X	24 hrs	46,000			ļ	ļ	<u> </u>	<u> </u>	 	<u> </u>		0.9			_
31		24 hrs	46,000		<u> </u>	<u>L</u>	<u>L</u>	1	L	<u> </u>	<u> </u>		<u> </u>	<u> </u>		_
			821,900	1												
			26,513	4												
Maxim	ım	9.84	46,000	I												

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



I. General Information for the Month/Year o	f: September-04					
A. Public Water System (PWS) Information						· · · · · · · · · · · · · · · · · · ·
PWS Name: 49th Street Village				PWS Identifi	cation Number:	3424631
PWS Type: X Community	Non-Transient Non-C	ommunity	Transie	nt Non-Commun	ity	Consecutive
Number of Service Connections at End of Mon	th: 97		Total Pop	pulation Served a	at End of Month:	340
PWS Owner: Aqua Utilities Florida						
Contact Person: Michael Fitzgerald				Person's Title:	Area Manager - Flo	
	E 17th Road		City:	Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number:	(352) 369-4881		Contact I	Person Person's I	ax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.c	<u>com</u>				
B. Water Treatment Plant Information						
Plant Name: 49 th Street Village				Plant Teleph		(352) 369-4881
Plant Address: N.E. 28th Terrace		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City:	Ocala	State: FL	Zip Code: 34470
	Raw Ground Water	Purchased Finished Wa	ater			
Permitted Maximum Day Operating Capacity	or Plant, gallons per day:	50,000	Int Cu	/ 11 21	(2 (00 210(4) F	A20.
Plant Category (per subsection 62-699.310(4) Discrised Operators	, r.a.c.): v	License Class			on 62-699.310(4), F.	A.C.): D iy(s)/Shift(s) Worked
12d(the logation)			Late		L TO	· · · · · · · · · · · · · · · · · · ·
PATE TO A STATE OF THE PATE OF	Mark March	C		8287		3 Days per week
Other Coordinates			 	*-		<u> </u>
			 		·	
	11 11 11 11 11 11 11 11 11 11 11 11 11					
					1	
						
						
					1	
					-	
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant oper information provided in this report is true and International Standard 60 or other applicable plant were prepared each day that a licensed rates; and (2) if applicable, appropriate treatr PWS owner can retain them, together with co	I accurate to the best of my know standards referenced in subsection operator staffed or visited this planent process performance record	vledge. I certify that on 62-555.320(3), F ant during the month s. Futhermore, I agree	all drinking A.C. I also indicated a se to provide	g water treatme o certify that the above: (1) reco de these addition	ent chemicals used e following addition rds of amounts of c	at thisplant conform to NSF onal operations records for this chemicals used and chemical fee
r ws owner can retain them, together with co	pies of this report, at a convenie	an iocation for at leas	ten years.	•		
	Mark March				C8287	
Signature and Date	Printed or Typed N	lame			License Number	

PWS Id	entificati	ion Number	:	3424631		Plant Name:	49th Street	t Villag	е					
III. Dai	ly Data f	or the Mont	h/Year of:		September-04									
			og Virus Inactiv				Free C	hlorine		Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	e):			ليسميا			L4	لسما	,
Type of	Disinfec	ctant Residu	al Maintained it	n Distributio		,			Free Chl	orine		Combined C	Chlorine (Chlor	amines) Chlorine Dioxide
71		2.70				or UV Dose, to	Demonstrate F	our-Log						
	Days					CT Calcu						Dose		
	Plant		•	*.			Lowest CT					T	Lowest	
	Staffed		•.		Lowest Residual	Disinfectant	Provided			٠,			Residual	·
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose		Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
1	X	24 hrs	26,500		1.2			 					1	
2		24 hrs	26,500					ļ			<u> </u>		 	
3	Х	24 hrs	16,600		1.2		<u> </u>		ļ	<u> </u>	 		1.1	
4		24 hrs	16,600		ļ		 			 				
5	V.	24 hrs	16,700				<u> </u>			<u> </u>	<u> </u>			
6	X	24 hrs	59,000		1.1		1		<u> </u>	<u> </u>	<u> </u>		1	
7	X	24 hrs	35,000	**	1.6		 				<u> </u>		1	
8		24 hrs	37,000		1.5		ļ		 	ļ			1.1	
9	х	24 hrs 24 hrs	38,000				ļ					-	1	
10 11	^	24 hrs 24 hrs	38,000		1.1		<u> </u>		ļ				 	
12			38,000			<u>.</u>	-	<u> </u>			<u> </u>	┪	 	
13	х	24 hrs 24 hrs	39,000 35,000		1		-	 	<u> </u>		<u> </u>		1	
	^ -	24 nrs 24 hrs	36,000		· · · · · · · · · · · · · · · · · · ·		<u> </u>	 					1	
14 15	· X	24 hrs	46,000		1			-					1.1	
16		24 hrs	47,000		<u> </u>		<u> </u>	 					1.1	
17	х	24 hrs	38,000		1.3		1		 	 			1.1	
18		24 hrs	38,000		1.5	<u></u>	-	 			 		1	
19.		24 hrs	39,000		 		 	 -						
20	X	24 hrs	39,000	L	1.6	l		 	 		 	-	1.2	
21		24 hrs	39,000		1.0	1		 			 	1		
22	х	24 hrs	39,000		1.6			† · · · ·			 	—	1.4	
23		24 hrs	39,000						 	<u> </u>			<u> </u>	
24	х	24 hrs	27,000		2			t		 	1	—	1.4	
25		24 hrs	27,000				† · · · · ·	 					1	
26		24 hrs	28,000				 	†	 			 		
27 .	х	24 hrs	33,000		1.6	1	T	ì					1.4	
.28	х	24 hrs	32,000		1.8		 						1.3	
29	х	24 hrs	41,000		1.6	1	 	1					1.6	
30	Х	24 hrs	29,000	,	0.5	1	1						1.3	
31		24 hrs			1									
Total	The sale	\$ 500	1,038,900											
4 4 4 4 5	DEVICE THE STREET	AND DESCRIPTION OF THE PROPERTY.	24.620	1										

59,000

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



See page 4 for instructions

see page 4 for instructions	<u> </u>						
I. General Information for the Month/Year of: October-04			·				
A. Public Water System (PWS) Information							
PWS Name: 49th Street Village			cation Number:	3424631			
PWS Type: X Community Non-Transient Non-Comm	munity 🔲	Transient Non-Community Consecutive					
Number of Service Connections at End of Month: 97		Total Population Served a	at End of Month:	340			
PWS Owner: Aqua Utilities Florida		T					
Contact Person: Michael Fitzgerald		Contact Person's Title:	Area Manager - Flori				
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470			
Contact Person's Telephone Number: (352) 369-4881 Contact Person's E-Mail Address: mvfitzgerald@aguaamerica.com		Contact Person Person's I	ax Number:	(352) 732-3213			
· · · · · · · · · · · · · · · · · · ·	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
B. Water Treatment Plant Information		Int (T t		(252) 2(0, 499)			
Plant Name: 49 th Street Village Plant Address: N.E. 28th Terrace		Plant Telepho		(352) 369-4881			
	rchased Finished Wat	City: Ocala	State: FL	Zip Code: 34470			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50.000	<u></u>					
Plant Category (per subsection 62-699.310(4), F.A.C.): V	, , , , , ,	Plant Class (per subsection	n 62-699 310(4) F A	C.): D			
Hacensedioperators Name	License Class	Bicense Number	102 077.510(4), 1.A.	(\$/Shinks) Worked			
Mark March	С	8287		B Days per week			
Oho, Oho and San Barry Cohen	C		8253 3 Days per				
Daily Concil	<u>~</u>	0255	1	- waya par man			
II. Configuration by Land (Chin) Comment							
11. Certification by Lead/Chief Operator							
I, the undersigned water treatment plant operator licensed in Florida, am the lead	/chief operator of the	he water treatment plant	identified in Part I o	of this report. I certify that the			
information provided in this report is true and accurate to the best of my knowled	lge. I certify that al	ll drinking water treatme	nt chemicals used at	t thisplant conform to NSF			
International Standard 60 or other applicable standards referenced in subsection (
plant were prepared each day that a licensed operator staffed or visited this plant							
rates; and (2) if applicable, appropriate treatment process performance records. I							
PWS owner can retain them, together with copies of this report, at a convenient le		-	operations took				
1 110 0 11101 can retain atom, together with copies of this report, at a convenient is	coation for at loast	voi jouis.					
•							
Mark March			C8287				
Signature and Date Printed or Typed Name	e	· · · · · · · · · · · · · · · · · · ·	License Number				
Organical Carlo Tribot Of Typed Palls			Licondo i Aminori				
DEP Form 62-555.900(3)Alternate	Page 1						

III. Daily Data for the Month Year of: October-04	
	···
Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Ch	oramines)
Ultraviolet Radiation Other (Describe):	oranimics)
	<u> </u>
	lorine Dioxide
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	
Days CT Calculations UV Dose	
Plant Lowest CT Lowest	
Staffed Lowest Residual Disinfectant Provided Residual	
Or Disinfectant Contact Time Before or Disinfectant	
Visited Concentration (T) at C at First Lowest Minimum Concentration	
by Net Quanity (C) Before or at Measurement Customer Temp. Minimum Operating UV Dose at Remote Emergency or Abnormal Ope Day of Operator Hours of Finished First Customer Point During During of pH of CT UV Dose, Required, Point in Repair or Maintenance Wo	
the (Place Plant in Water Peak Flow During Peak Peak Flow, Peak Flow, Water, Water, if Required, mW- mW Distribution Taking Water System Com Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 sec/cm2 System, mg/L Operation	ponents Out of
X 24 hrs 34,000 2 1.8	
2 24 hrs 34,000 2 1.8	
3 24 hrs 34,000	
4 X 24 hrs 30,000 1.8	
5 24 hrs 31,000	
6 X 24 hrs 33,000 1:6	-
7 24 hrs 34,000	
X 24 hrs 35,000 1.8 1.3	
9 24 hrs 35,000	
24 hrs 36,000	
11 X 24 hrs 24,000 1.6 1.2	
24 hrs 23,000	
33 X 24 hrs 34,000 1.8 1.6	
14 24 hrs 34,000	
1.5 X 24 hrs 21,300 2	
(24 hrs 21,300)	
21 24 hrs 21,300	
18 X 24 hrs 20,000 2.2 1.6	
19 24 hrs 20,000	
20 X 24 hrs 26,000 1.2	
21 24 hrs 26,000	
22 X 24 hrs 27,000 1.3 1.2	
23 24 hrs 27,000	
24 24 hrs 28,000	
25 X 24 hrs 23,000 1.2 1.1	
26 24 hrs 23,000	
27 X 24 hrs 27,500 1.4 1.2	
28 24 hrs 27,500 1.3 1.2	
29 X 24 hrs 29,000 1.3 1.2 1.2 30 24 hrs 29,000	
24 hrs 29,000 24 hrs 29,000	
Total 876,900	
Avorage 28,287	
Maximum 36,000	

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions

I. General Information for the Month/Year of:	November-04				
A. Public Water System (PWS) Information					
PWS Name: 49th Street Village			PWS Identi	fication Number:	3424631
PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Commu		Consecutive
Number of Service Connections at End of Month:	97		Total Population Served	at End of Month;	340
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 732-			Contact Person Person's	Fax Number:	(352) 732-3213
	aquaamerica.com				
B. Water Treatment Plant Information	-				
Plant Name: 49 th Street Village				hone Number:	(352) 732-6027
Plant Address: N.E. 28th Terrace			City: Ocala	State: FL	Zip Code: 34470
Type of Water Treated by Plant: X Raw Ground W		rchased Finished Wat	er		·
Permitted Maximum Day Operating Capacity of Plant, gallon	is per day:	50,000	Into a Class Community	' (0 (00 210(4) E 4	
Plant Category (per subsection 62-699.310(4), F.A.C.): ** Licensed Operators Name	V		Plant Class (per subsect	ion 62-699.310(4), F.A	A.C.): D ' y(s)/Shift(s) Worked -
And the same of th					
Lead/Cher Operator Mark March		C	8287		3 Days per week
Other Congrators Barry Cohen		С	8253		3 Days per week
				+	
					
Commence of the Commence of Commence of the Co					
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed	in Florida, am the lead	/chief operator of th	ne water treatment plan	t identified in Part L	of this report. I certify that the
information provided in this report is true and accurate to	-	•	-		•
International Standard 60 or other applicable standards ref	_	•	~		•
plant were prepared each day that a licensed operator staff					
rates; and (2) if applicable, appropriate treatment process process				onal operations reco	ords to the PWS owner so the
PWS owner can retain them, together with copies of this re	eport, at a convenient l	ocation for at least	ten years.		
<u> </u>	Mark March			C8287	
Signature and Date	Printed or Typed Nam	e		License Number	

Page 1

PWS I	dentifica	tion Numbe	r:	3424631		Plant Name:	49th Stree	t Villag	ge					
III. Da	ly Data	for the Mon	th/Year of:		November-04									
			Log Virus Inacti	viation/Rem	oval: *		Free	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
T	Jltraviole	et Radiation	1		Other (Describe	e):						li		, , , , , , , , , , , , , , , , , , , ,
Type o	f Disinfe	ctant Resid	ual Maintained i	in Distributio			·		Free Chl	orine	C	ombined C	Chlorine (Chlor	ramines) Chlorine Did
		11.500000				or IIV Dose to	Demonstrate l	Four-Log				omomou C	Tomic (Cino	Chorne Die
	Days				O I CANCARAZIONO	CT Calci		Cour Log	, viras macus	ation, marph		Dose	1	
1	Plant	İ			1	1	Lowest CT	Ť		T	-	1		
	Staffed	•		1	Lowest Residual	Disinfectant	Provided	1	1.			i	Lowest Residual	1
	or	ł			Disinfectant	Contact Time	Before or	1	ĺ				Disinfectant	
1	Visited	1			Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
1 .	by	1	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	i	Minimum	Operating		at Remote	Emergency or Abnormal Operating Condit
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involve
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
1	Х	24 hrs	25,000		1.6								1.4	
2		24 hrs	25,000				<u> </u>	<u> </u>		<u></u>				
3	X	24 hrs	28,000		1.4			ļ					1.3	
4	X	24 hrs	24,000					L						
5	Х	24 hrs	27,600		1.8								1.4	
6	· ·	24 hrs	27,600	ļ	<u> </u>			`					`	•
7		24 hrs	27,700					<u></u>				ļ		
8	Х	24 hrs	29,000		1.6			 				<u> </u>	1.2	
10	v	24 hrs	29,000				 	├				<u> </u>		
11	Х	24 hrs	24,000		1.4	·	 	 				 	1.2	
12	X	24 hrs 24 hrs	25,000 34,000		1.2		ļ	<u> </u>				ļ		
-13		24 hrs	34,000	<u> </u>	1.2		 	 				 	1.1	
13		24 hrs	35,000		 	 	 	 		<u> </u>		 		
15	Х	24 hrs	32,000		1.1	-		 		<u> </u>		 	1 1	
16		24 hrs	31,000		1.1			┿┈──				 	1	
17	Х	24 hrs	32,000	 	1		 	 		-		 	0.9	
18		24 hrs	31,000		· -		<u> </u>	 			<u> </u>	 	0.9	
19	X	24 hrs	26,600		10		 	1		<u> </u>		 	1	
20		24 hrs	26,600				<u> </u>			 		 	-	
21		24 hrs	26,600				<u> </u>	 				 		
22	Х	24 hrs	27,000		0.8		 	†		<u> </u>		 	0.7	
~23	****	24 hrs	27,000											
24	X	24 hrs	24,000	Î ·	1		***						0.9	
_25		24 hrs	23,000											
26	X	24 hrs	28,000		1.2							<u> </u>	1	
27		24 hrs	28,000									<u> </u>		
28		24 hrs	28,000				<u> </u>			<u> </u>		<u> </u>		
29	X	24 hrs	22,000		1.2								1	
~ 30 .		24 hrs	22,000											
313		24 hrs			<u> </u>									
Total			829,700	1										
I A vergoe	44.2	\$ 50 mm 1 mm	27 657	1										

35,000

Maximum

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



I. General Information for the Month/Year of:	December-04						
A. Public Water System (PWS) Information	December 04						
PWS Name: 49th Street Village				PWS Identif	ication Number:	3424631	
	Ion-Transient Non-Comr	munity []	Transien	t Non-Commur		Consecutive	· · · · · · · · · · · · · · · · · · ·
Number of Service Connections at End of Month:	97				at End of Month:		
PWS Owner: Aqua Utilities Florida			Tour Top	diditori box vod	at Did of Monai.		······································
Contact Person: Brian Heath			Contact P	erson's Title:	Area Manager	- Florida	
Contact Person's Mailing Address: 1343 NE 17th Road	······································	.	City:	Ocala	State: FL		34470
Contact Person's Telephone Number: (352) 732-6	027			erson Person's l	A	(352) 732-3	
	aquaamerica.com		•				
B. Water Treatment Plant Information		·			The state of the s		
Plant Name: 49 th Street Village				Plant Teleph	one Number:	(352) 732-6	5027
Plant Address: N.E. 28th Terrace			City:	Ocala	State: FL		
Type of Water Treated by Plant: X Raw Ground Wa		chased Finished Wat					
Permitted Maximum Day Operating Capacity of Plant, gallon	s per day:	50,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	Λ,	•	Plant Clas	s (per subsection	on 62-699.310(4)), F.A.C.): `D	
Lacenseds Operations Name		License Class	Licer	ises Number		Day(\$)/Shift(\$).Wo	ked ***
Mark March		C		8287		3 Days per week	
Barry Cohen		С		8253	3 Days per we		(
A CONTRACTOR OF THE PROPERTY O							
				·			
					<u> </u>		
					<u></u>		
II. Certification by Lead/Chief Operator							
		•					
I, the undersigned water treatment plant operator licensed i	· · · · · · · · · · · · · · · · · · ·	-		-		-	-
information provided in this report is true and accurate to the	he best of my knowled	ge. I certify that al	l drinking	water treatme	ent chemicals us	sed at thisplant cont	form to NSF
International Standard 60 or other applicable standards refe	erenced in subsection (52-555.320(3), F.A	.C. I also	certify that the	e following add	ditional operations r	ecords for this
plant were prepared each day that a licensed operator staffe	ed or visited this plant	during the month in	ndicated al	bove: (1) reco	rds of amounts	of chemicals used	and chemical feed
rates; and (2) if applicable, appropriate treatment process p	erformance records. I	Futhermore, I agree	to provide	e these addition	onal operations	records to the PWS	owner so the
PWS owner can retain them, together with copies of this re					•		
	F 7		.				
	Mark March				C8287		
Signature and Date	Printed or Typed Name			_	License Number	er	
		-					

PWS Id	lentificat	tion Numbe	r:	3424631		Plant Name:	49th Stree	t Villag	ge					
III. Dai	Ix Data f	for the Mon	th/Year of		December-04									
			og Virus Inactiv	viation/Remo			Free (Chlorin	е П	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	·)·		J O. 111	~ Ш	Cinorino I) loxido	` لــا		Combined Cinornic (Cinoralnics)
			ual Maintained in	n Dietributio		·J			Free Chl	omino.	Co	mhinad C	hlorine (Chlor	ramines) Chlorine Dioxide
13pc 0	District	Lant Resid		II DISHIDUHO	CT Calculations,	Carling Dans And	Karawaaa y	e za ili ili ili				momea C	mornie (Cilioi	diffices) Chlorine Dioxide
					C1 Calculations,	CT Calcu		our-Log	virus macuv	auon, ii Appi	UVI	Dona		
	Days Plant			ļ		C1 Calcu	T	1	1	l	UVI	Juse		
	Staffed			•	Lowest Residual	Disinfectant	Lowest CT Provided			l .			Lowest	
•	or		1	İ	Disinfectant	Contact Time	Before or						Residual Disinfectant	·
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
2123	Х	24 hrs	21,000		1.4	ļ							· 1	
.2		24 hrs	22,000											
3	Х	24 hrs	26,000		1.6						<u> </u>		12	
4	ļ	24 hrs	26,000						ļ	L			ļ	
5	L	24 hrs	26,000			ļ <u>.</u>		<u> </u>						
6.	X	24 hrs	22,000		1.4			 	ļ	<u> </u>			1.2	•
7		24 hrs	23,000				1	<u> </u>						
- 8	Х	24 hrs	24,000	ļ <u></u>	1.3		 	<u> </u>	ļ		<u> </u>	ļ	1	
10	v	24 hrs	24,000	ļ <u> </u>			-	 					<u> </u>	
11	X	24 hrs 24 hrs	27,000 27,000		1		 	 	<u> </u>				0.9	
12	 	24 nrs 24 hrs	27,000	 -	······································		 -	 	ļ			<u> </u>		
13.	х	24 hrs	22,000	-	1.2		 	├	ļ			 	1	
14		24 hrs	23,000	 	1.2		 	 	 	-		-	'	
15	х	24 hrs	23,000		1.4		 	 	<u> </u>	 	 	 	1.2	
16		24 hrs	24,000		1.7			<u> </u>	 	 		 	<u> </u>	
17	х	24 hrs	23,600		1.2			 	 				1	
18		24 hrs	23,600	-	1,2		 	 	 				 	-
19		24 hrs	23,700	 		· · · · · · · · · · · · · · · · · · ·		1		 			·	
20	Х	24 hrs	23,000		1.4			— —	<u> </u>		· · · · · · · · · · · · · · · · · · ·		1.2	
21		24 hrs	24,000											
22	Х	24 hrs	17,000		1.2		T						1	
23		24 hrs	17,000					ĺ						
24	Х	24 hrs	30,000	1	1.4								1.2	
25		24 hrs	31,000											
26		24 hrs	31,000					1						
27	Х	24 hrs	25,000		1.3								1.1	
*28		24 hrs	25,000							L	ļ	 		
29	X	24 hrs	23,000		1.4		1	1	_		ļ		1.1	
30		24 hrs	23,000	ļ		ļ	ļ		ļ	<u> </u>	<u> </u>			·
31	X	24 hrs	29,300		1.2	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	l	<u> </u>	1	
Total			756,200	1										
Average			24,394	Ī										

31,000

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

PWS	S ID:	3424631	Plant Name:	49th Street Village
V.	Summary of Use of Polyi	mer Containing Acrylan	ide, Polymer C	Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *
	Is any polymer containing the me follows:	onomer acrylamide used at the v	vater treatment plan	ant? ✓ No
1	Polymer Dose ppm =			Acrylamide Level, %¹ =
	Is any polymer containing the mopolymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	nt plant?
	Polymer Dose ppm =			Epichlorohydrin Level, % ^t =
C.	Is any iron or manganese sequest	trant used at the water treatment	plant?	✓ No
	Type of Sequestrant (polyphosph	nate or sodium silicate):		
	Sequestrant Dose, mg/L of phosp	phate as PO ₄ or mg/L of silicate	as SiO ₂ =	
	If sodium silicate is used, the am	ount of added plus naturally occ	curring silicate, in n	mg/L as SiO ₂ = .

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



A. Public Water System (PWS) Information	
PWS Name: 49th Street Village PWS Identification Number: 3424631	
PWS Type: Community Non-Community Transient Non-Community Consecutive	
Number of Service Connections at End of Month: 97 Total Population Served at End of Month: 340	
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida	
Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code:	
Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6 Contact Person's E-Mail Address: beheath@aguaamerica.com	333
Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information	
Plant Name: 49 th Street Village Plant Telephone Number: (352) 787-0	
Plant Address: N.E. 28th Terrace City: Ocala State: FL Zip Code:	
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water	34470
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): D	· · · ·
Licensed Operators	ed of the second
Lead/Griefe Deraigness Mark March C 8287 3 Days per week	
Olieronemioss 2	
II. Certification by Lead'Chief Operator	
	C - d d
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.	
information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conf	
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 r	
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 a	
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS	owner so the
PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	
Mark March C8287	
Signature and Date Printed or Typed Name License Number	

PWS Id	entificat	tion Number	r:	3424631		Plant Name:	49th Stree	t Villag	e					
III. Dai	ly Data I	for the Moni	th/Year of:		January-05									
			og Virus Inactiv	viation/Remo			Free (Chlorine	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):			ш			ш.	رے ۔۔۔۔۔	
Type of	Disinfe	ctant Residu	ual Maintained in	n Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
	200 - 32 3		MAGNITURE.		CT Calculations,	or UV Dose to	Demonstrate I	our-Log			icable*	Momeo O		
	Days					CT Calcu					UVI			
	Plant						Lowest CT			,	11 1		Lowest	·
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or		:		Disinfectant	Contact Time	Before or						Disinfectant	·
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	_
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of the	Operator (Place	Hours Plant in	of Finished	D1- 71	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
Month	"X")	Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of
1.70.1.1		24 hrs	29,300	Raw, gpu	Plow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
2		24 hrs	29,300				 				 			
3	X	24 hrs	28,500		1		—						0.8	
4		24 hrs	28,500				 				-		V.0	
5	Х	24 hrs	24,000		1.4								1.2	
6		24 hrs	25,000	•		•		-	,			·		
7	Х	24 hrs	27,300		1.6								1.2	
- 8		24 hrs	27,300											
9		24 hrs	27,300				ļ							
10:	X	24 hrs	22,000		1.6								1.4	
11		24 hrs	22,000				<u> </u>				ļ			
12-	Х	24 hrs	25,000	ļ	1.4		<u> </u>	<u> </u>			ļ <u> </u>		1.2	
13 14	X	24 hrs	25,000 20,000		1.6			<u> </u>					1.4	
15		24 hrs 24 hrs	20,000		1.6		 -						1.4	
16		24 hrs	21,000					-			<u> </u>			
17%	X	24 hrs	26,500		1.4		 	 			<u> </u>		1.2	
18	- 12	24 hrs	26,500		1.7		 						1.2	
19	Х	24 hrs	22,600		1.6		 						1.2	
20		24 hrs	22,600				†	1						
21		24 hrs	22,600				<u> </u>							
22	Х	24 hrs	28,500		1.4								1.2	
23		24 hrs	28,500											
. 24	Х	24 hrs	22,000		1.6								1.2	
+25		24 hrs	22,000											
26	X	24 hrs	19,000		1.8		ļ	<u> </u>					1.4	
.27		24 hrs	19,000		1.		ļ	 						
28 29	X	24 hrs	24,600		1.6		 	 					1.2	
30		24 hrs 24 hrs	24,700 24,700		<u> </u>		 	-						
-31	х	24 hrs	20,000		1.6		 	 					1.4	
Total		24 its	755,300		1.0		<u> </u>	J		l			1.4	<u> </u>
Arranana	10 40 cm		733,300	ł										

29,300

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

WS ID:		3424631	Plant Name:	49th Street Villa	age	
V. Sun	nmary of Use of Polyi	ner Containing Acrylam	ide, Polymer C	Containing Epic	chlorohydrin, and Iron	or Manganese Sequestrant for the Year: *
A. Is an		onomer acrylamide used at the w	ater treatment plar	t?	✓ No	
Poly	mer Dose ppm =			Ac	crylamide Level, % ^t =	
	y polymer containing the momer are as follows:	onomer <u>epichlorohydrin</u> used at t	he water treatment	plant?	☑ No	
Poly	mer Dose ppm =			Er	oichlorohydrin Level, % ^t =	
C. Is an	y iron or manganese seques	trant used at the water treatment	plant?	✓ No		
Type	of Sequestrant (polyphosph	nate or sodium silicate):				
Sequ	estrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate a	s SiO ₂ =			
If so	dium silicate is used, the am	ount of added plus naturally occ	urring silicate, in r	ng/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions February-05 I. General Information for the Month Year of: A. Public Water System (PWS) Information 3424631 PWS Name: 49th Street Village PWS Identification Number: X Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 98 Total Population Served at End of Month: 343 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 City: Leesburg State: FL (352) 787-0980 (352) 787-6333 Contact Person's Telephone Number: Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: 49 th Street Village Plant Telephone Number: N.E. 28th Terrace State: Zip Code: 34470 Plant Address: City: Ocala FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Eicense Class License Number Day(s)/Shift(s) Worked Name Name Mad/Charlenging 3 Days per week Mark March 8287 II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March

Page 1

Printed or Typed Name

License Number

Signature and Date

PWS Id	WS Identification Number: 3424631 Plant Name: 49th Street Village														
III. Dai	III. Daily Data for the Month Year of: February-05														
			og Virus Inactiv	viation/Rem			Free (Chlorine	е П	Chlorine I)ioxide		Ozone	Combined Chlorine (Chloramines)	
		et Radiation			Other (Describe	e):		J11101111	٠ ــا	Cinornio Pionio					
			al Maintained in	n Distributio		.,. <u> </u>			Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide	
1,700 0		1 1 1 1 1 1 1		1 2131104110		or LIV Dose to I	Demonstrate F	ioural og				momed C	morine (emoi	Chlorine Blocker	
	Days				O1 Sulvinuiolis,			VIII LIVE	, virus macuv	auou, a rappi	UVI	Oose			
	Plant	1					Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or						Disinfectant		
1	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;	
Day of	Operator		of Finished	D 1 E	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves	
the Month	(Place "X")	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow,	Water, C	Water, if	Required,	mW- sec/cm2	mW sec/cm2	Distribution	Taking Water System Components Out of	
1	^/_	24 hrs	20,000	Raie, gpu	Piow, mg/L	minutes	mg-min/L	 	Applicable	mg-min/L	sec/citz	Sec/ciiiz	System, mg/L	Operation	
2	Х	24 hrs	23,500		1.4		 				<u> </u>		1.2		
3		24 hrs	· 23,500		1.1								1.2		
4	х	24 hrs	26,000		1.6	-	 						1,2		
5		24 hrs	26,000		· · · · · · · · · · · · · · · · · · ·								·		
6		24 hrs	26,000	,		•	1		· · · · ·			,			
7	X	24 hrs	22,000		1.8								1.2		
- 8		24 hrs	23,000												
9	Х	24 hrs	23,000		1.6								1.4		
10		24 hrs	24,000												
11	Х	24 hrs	26,000		1.6		<u> </u>	ļ					1.2		
12 13		24 hrs	26,000 27,000					 		ļ			<u> </u>		
14	х	24 hrs 24 hrs	25,000		1.4		<u> </u>	<u> </u>	-				1.2		
15	<u> </u>	24 hrs	26,000		1.7		 	 	 			 	1.2		
16.	Х	24 hrs	30,000		1.6		<u> </u>	 					1.4		
17		24 hrs	30,000				†	1		i					
18	Х	24 hrs	28,000		1.6								1.2		
19		24 hrs	28,000					T							
20		24 hrs	29,000												
21	Х	24 hrs	23,000		1.4								1.2		
22		24 hrs	24,000					<u> </u>	<u> </u>	L.		ļ			
23	Х	24 hrs	31,000		1.6			ļ				ļ	1.4		
24		24 hrs	31,000	<u> </u>	 		 	↓	↓				10		
-25	X	24 hrs	30,000		1.6		4	!	-		ļ	-	1.2		
26 27		24 hrs 24 hrs	31,000 31,000				 	<u> </u>			ļ	-	 		
28	Х	24 hrs	23,500		1.4	 		<u> </u>	-		 	 	1.2		
29	1-^-	24 hrs	23,300		1.4		 	 	1	 	 		1		
30		24 hrs			 		 	 	 						
2-31-		24 hrs					†		1						
Total			736,500			•	<u> </u>			t					
Average		15V. 16		1											

31,000

Maximum

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

	~ **			11212	***					
PW	S ID:	3424631	Plant Name:	49th Street V	illage					
IV.	Summary of Use of Poly	mer Containing Acrylam	de, Polymer C	Containing E	pichlorohydrin, and Iroi	n or Manganese Sequestrant for the Year: *				
A.	Is any polymer containing the m follows:	onomer acrylamide used at the w	ater treatment plan	t?	✓ No					
	Polymer Dose ppm =	!			Acrylamide Level, %'=					
B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? polymer are as follows:										
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =					
C.	Is any iron or manganese seques	trant used at the water treatment	olant?	✓ No						
	Type of Sequestrant (polyphospi	nate or sodium silicate):								
	Sequestrant Dose, mg/L of phosp	phate as PO ₄ or mg/L of silicate a	s SiO ₂ =							
	If sodium silicate is used, the an	nount of added plus naturally occu	ırring silicate, in n	ıg/L as SiO ₂ =						

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



1. General Information for the Month/Year of: March-05	
A. Public Water System (PWS) Information	
PWS Name: 49th Street Village PWS Identification Number: 3424	1631
PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecut	ive
Number of Service Connections at End of Month: 98 Total Population Served at End of Month: 343	
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida	
	Code: 34749
	2) 787-6333
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>	
B. Water Treatment Plant Information	
	2) 787-0980
	Code: 34470
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Unit attorned License Class Spicense Number Day(s)/Shift(s) Worked
Lead/Cheropotation Mark March C 8287 3 Days pe	er week
Comerce per la la companya del companya del companya de la company	
	
II. Certification by Lead Chief Operator	
	more I contifue that the
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 re	
information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant	
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 of the control of the contr	
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	
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the	e PWS owner so the
PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	
Mark March C8287	
Signature and Date Printed or Typed Name License Number	
DEP Form 62-555,900(3)Alternate Page 1	

PWS I	PWS Identification Number: 3424631 Plant Name: 49th Street Village													
HI Dai	III. Daily Data for the Month/Year of: March-05													
			og Virus Inactiv	vietion/Dom			Erron (Chlorine		Chianina I	N		<u> </u>	0. 11. 1011. (011)
		t Radiation			Other (Describe	->-	rice (>111OTH		Chlorine I	Jioxide		Ozone	Combined Chlorine (Chloramines)
			ual Maintained in			e): 			In au					
Type o	Disinie	ctant Residu	iai Maintained ii			**************************************			Free Chl			mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
					CT Calculations,	, or UV Dose, to J		our-Log	Virus Inactiv	ation, if App				[이 조기하면 조리 밤 이 호텔 및 이 기기
	Days				1	CT Calcu				<u>, , , , , , , , , , , , , , , , , , , </u>	UVI	Oose	·	
	Plant Staffed			·		D	Lowest CT						Lowest	
	or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
	Visited				Concentration	(T) at C	at First	1	l		Lowest	Minimum	Disinfectant Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	1	Minimum	Operating		at Remote	Emergency or Abnormal Operating Conditions;
Day of		Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution .	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
1		24 hrs	22,000											
2	Х	24 hrs	22,000		1.8								1.2	
3		24 hrs	23,000											
4	Х	24 hrs	27,000		1.6					<u> </u>	<u> </u>		1.2	
5		24 hrs	27,000					—	<u> </u>	<u> </u>				
6 7	x	24 hrs 24 hrs	· 28,000 25,000		1.4		 		ļ	,		ļ	,	,
8		24 hrs	25,000		1.4			 		ļ			11	
9	x	24 hrs	26,000		1.6				<u> </u>	 -	}		1.2	
10		24 hrs	27,000		1.0	·	<u> </u>	 		<u> </u>	 		1.2	
11 "	Х	24 hrs	32,000		1.4					 	 		1.2	
12		24 hrs	32,000		<u> </u>	 		†			 		7.2	
13		24 hrs	32,000			<u> </u>								
*14	Х	24 hrs	22,000		1.6						<u> </u>		1.2	
- 15		24 hrs	22,000											
. 16	Х	24 hrs	24,000		1.4								1.2	
17		24 hrs	24,000				ļ			<u> </u>				
- 18	X	24 hrs	25,600		1.6			↓	<u> </u>		ļ		1.4	
* 19		24 hrs	25,700		ļ		<u> </u>	 	 		ļ	<u> </u>		
20	х	24 hrs 24 hrs	25,700 21,000		1.6			₩		<u> </u>	 		12	
22		24 hrs	21,000	 	1.6		 	+	 	 -	 		1.2	
223	х	24 hrs	21,500		1.4			┼	 				1.2	
24	 ^	24 hrs	21,500		1,4		 	 	-		-	 	1,2	
25	Х	24 hrs	25,600	-	1.6			 	-		 	 	1.2	
26		24 hrs	25,600		1.0			 			 		-:	
27		24 hrs	25,600				 	 						
28	Х	24 hrs	29,000		1.8	1	 	1			 	1	1.4	
- 29		24 hrs	29,000					1						
30%	Х	24 hrs	35,000		1.6						1		1.2	
-31		24 hrs	36,000				Ī							1
Total	and the same		807,800	1							· · · · · · · · · · · · · · · · · · ·			
Average			26,058	1										

36,000

Maximum

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

WS ID:	3424631 P	lant Name:	19th Street Village	
V. Summary of Use of Poly	mer Containing Acrylamid	e, Polymer Co	ontaining Epichlorohydrin, and Iro	on or Manganese Sequestrant for the Year: *
A. Is any polymer containing the m	onomer acrylamide used at the wat	er treatment plant?	✓ No	
follows:	•	•	_	
Polymer Dose ppm =			Acrylamide Level, %1=	
B. Is any polymer containing the m	onomer epichlorohydrin used at the	water treatment p	lant?	
polymer are as follows:				
Polymer Dose ppm =			Epichlorohydrin Level, % ^t =	
C. Is any iron or manganese seques	trant used at the water treatment pla	ant?	☑ No	
Type of Sequestrant (polyphosp)	hate or sodium silicate):			
Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate as	SiO ₂ =		
If sodium silicate is used, the an	nount of added plus naturally occur	ring silicate, in mg	/L as SiO ₂ =	
		•		
* Complete and submit Part IV of	this report only with the monthly o	peration report for	December of each year and only for water tre	eatment plants using polymer containing acrylamide,
polymer containing epichlorohy	drin, and/or an iron and manganese	sequestrant.		
Acrylamide and epichlorohydrin	levels may be based on the polymo	er manufacturer's c	ertification or on third-party certification.	



See page 4 for instructions				
1. General Information for the Month/Year of: April-	05			
A. Public Water System (PWS) Information				
PWS Name: 49th Street Village		1	ication Number:	3424631
	ient Non-Community	Transient Non-Commu		Consecutive
Number of Service Connections at End of Month: 98		Total Population Served	at End of Month:	343
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's	rax Number:	(352) 787-6333
Contact Person's E-Mail Address: beheath@aquaame	erica.com			
B. Water Treatment Plant Information		ln: :		(2.52) 505 0000
Plant Name: 49 th Street Village			none Number:	(352) 787-0980
Plant Address: N.E. 28th Terrace		City: Ocala	State: FL	Zip Code: 34470
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Plant Class (per subsecti	on 62 600 210/4\ ₽	A.C.): D
Plant Category (per subsection 62-699.310(4), F.A.C.): V				A.C.): D MOVShiri(): Modside25-25: 1223
traditional Applications between the Control of the			o Majora da A	
	C C	8287		3 Days per week 3 Days per week
OHE CERTIFOR Bob Maxon		2810	1	J Days per week
		+		
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida	a, am the lead/chief operator of t	the water treatment plan	t identified in Part I	of this report. I certify that the
information provided in this report is true and accurate to the best of	f my knowledge I certify that a	all drinking water treatm	ent chemicals used	at thisplant conform to NSF
International Standard 60 or other applicable standards referenced i	n subsection 62-555 320(3) F	A.C. Lalso certify that the	ne following addition	onal operations records for this
plant were prepared each day that a licensed operator staffed or visit	ited this plant during the month	indicated above: (1) rece	orde of amounte of	chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performances	ned this plant during the month	niuicaicu auuve. (1) leu a ta marrida thasa additi	onal operations roo	ords to the DWS owner so the
			onai operations fec	olds to the L M B Owner So the
PWS owner can retain them, together with copies of this report, at a	a convenient location for at least	ten years.		
			C0207	
Mark M			C8287	
Signature and Date Printed	or Typed Name		License Number	
DEP Form 62-555.900(3)Alternate	Page 1		_	

PWS I	dentificat	tion Number	r:	3424631		Plant Name:	49th Stree	t Villag	ge					
		for the Mon			April-05									-
			og Virus Inactiv	viation/Rem	oval: *		Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								,
Type o	f Disinfe	ctant Residu	ıal Maintained i	n Distributio	on System:				Free Chl	orine	Co	ombined C	hlorine (Chlo	ramines) Chlorine Dioxide
3733					CT Calculations	, or UV Dose, to	Demonstrate 1	Four-Log			icable*		1000	
	Days					CT Calcu		 				Dose		[하고 기계 : 사람들 10 Pre Head Pre
	Plant			,			Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
ĺ .	or				Disinfectant	Contact Time	Before or		Ì			1	Disinfectant	
	Visited	1 1]	Concentration	(T) at C	at First	* *			Lowest	Minimum	Concentration	
l	by	.	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	1 .	Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of .
Month	"X") X	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
2	 ^ -	24 hrs	27,000	!	1.4		ļ		<u> </u>				1.2	
3		24 hrs 24 hrs	27,000				ļ							
4	х	24 hrs	28,000 26,000		1.6		 					<u> </u>		
5		24 hrs	27,000	 	1.6		ļ ·					ļ	1.2	
6	· x	24 hrs	20,000	 	1.4		<u> </u>			ļ		ļ		
7	-^-	24 hrs	21,000		1.4		 					ļ	1 .	
8	х	24 hrs	16,600	 	1.4	<u> </u>			 		ļ	ļ		
9		24 hrs	16,600	 	1.4	·	<u> </u>	 -			<u> </u>	 	1	
10	 	24 hrs	16,700	<u> </u>		ļ	 	 	<u> </u>			 	<u></u>	
11	x	24 hrs	49,000		1.2		 -	 						
12	<u> </u>	24 hrs	50,000		1.2		1	-		ļ .		 	0.8	
13	х	24 hrs	27,000		1			-		 		-	0.8	
14	- ^-	24 hrs	28,000	 -	<u> </u>	****	-	<u> </u>				 	U.8	
15	х	24 hrs	28,600	 	1		1	1	 	 	<u> </u>	 	0.9	
16		24 hrs	28,600	 			1			 		 	V.2	
47 5		24 hrs	28,700			-			 	 		<u> </u>		
18	X	24 hrs	31,000		0.6	 	<u> </u>	1		 		 	0.5	
19,3		24 hrs	32,000		0.0		 	 		 		<u> </u>	 	
20	X	24 hrs	34,000	· · · · · · · · · · · · · · · · · · ·	0.9		 	 	<u> </u>			 	0.8	
21		24 hrs	34,000				 	 	 		 	 -		
. 22	x	24 hrs	30,000		1		 	†	 	 	<u> </u>		0.8	
623	~~	24 hrs	30,000				† · · · · · · · · · · · · · · · · · · ·	 						
24		24 hrs	31,000				f	1					<u> </u>	
25	Х	24 hrs	16,000		0.8		 						0.6	
26		24 hrs	17,000					T					i	
27	Х	24 hrs	23,000		1								0.8	
*28		24 hrs	23,000				İ							
29 %	Х	24 hrs	30,000		1								0.8	
- 30%		24 hrs	30,000					T	[1	i i		
≈31		24 hrs					T		<u> </u>			T		
			826,800											
Agrarant	4.25	Service Control	27.560											

50,000

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

PW:	S ID:	3424631	Plant Name:	49th Street V	illage	
V.	Summary of Use of Polyi	ner Containing Acrylam	ide, Polymer C	Containing E	pichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: *
A.	Is any polymer containing the mo	onomer acrylamide used at the wa	ater treatment plan	t?	✓ No	
	Polymer Dose ppm =				Acrylamide Level, % ^t =	
В.	Is any polymer containing the mo- polymer are as follows:	onomer <u>epichlorohydrin</u> used at t	he water treatment	plant?	☑ No	
	Polymer Dose ppm =	·			Epichlorohydrin Level, % ^t =	
C.	Is any iron or manganese sequest	rant used at the water treatment j	plant?	✓ No		
	Type of Sequestrant (polyphosph	ate or sodium silicate):				
	Sequestrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate a	s SiO ₂ =	<u> </u>		
	If sodium silicate is used, the am	ount of added plus naturally occu	urring silicate, in n	ng/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions May-05 General Information for the Month/Year of: A. Public Water System (PWS) Information 3424631 PWS Identification Number: PWS Name: 49th Street Village Transient Non-Community Consecutive X Community Non-Transient Non-Community PWS Type: 343 Number of Service Connections at End of Month: Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager - Florida Brian Heath Contact Person: Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL. Zip Code: 34749 (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Telephone Number: Plant Name: 49 th Street Village State: FL Zip Code: 34470 City: Ocala Plant Address: N.E. 28th Terrace Purchased Finished Water X Raw Ground Water Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50.000 Plant Class (per subsection 62-699.310(4), F.A.C.): D Plant Category (per subsection 62-699.310(4), F.A.C.): License Number Day(s)/Shift(s) Worked Licensed Operators 2 License Class Skaid/enieueneimoie 3 Days per week 8287 Mark March C Other Operators 2 3 Days per week Bob Maxon C 2810 3 Days per week 7251 A Paul Thompson II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Printed or Typed Name Signature and Date

Page 1

PWS Id	PWS Identification Number: 3424631 Plant Name: 49th Street Village													
III. Dai	H. Daily Data for the Month/Year of: May-05													
			og Virus Inactiv	viation/Remo			X Free C	Chlorine	е П	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe		<u></u>				, 10,11IGO	L.,	,	(C.M.C.M.C.)
			ıal Maintained ir	n Dietributio		·)·		Ι¥	Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
Type of	Distille	Ctaint Reside	iai Maintaineu i	Distributio	CT Calculations,	or IIV Dogg 44 I	Nama in altrata I					momea C	morme (Cmor	
				*	C1 Calculations,	CT Calcu		om-rog	VII US III MCUV	auon, n App	UVI)ose		
	Days				1	C1 Calcu		r	<u> </u>	r		70sc	Y	
	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	
	or				Disinfectant	Contact Time	Before or				4		Disinfectant	. 1
1	Visited				Concentration	(T) at C	at First			}	Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
1.7		24 hrs	30,000											
2	Х	24 hrs	31,000		1.2				<u> </u>				1	
3		24 hrs	31,000					.						
4	Х	24 hrs	30,000		1		<u> </u>	<u> </u>	<u> </u>		ļ		0.8	
5 -		24 hrs	30,000					<u> </u>			ļ		<u> </u>	
. 6	X	24 hrs	28,600		`1		<u>'</u>	<u> </u>		<u> </u>	ļ		0.6	•
7		24 hrs	28,600				<u> </u>	ļ		Ļ				
8		24 hrs	28,600						<u> </u>					
9	X	24 hrs	24,000		11		<u> </u>						0.8	
10		24 hrs	25,000					ļ						
11	X	24 hrs	21,000		11		ļ			ļ			0.8	
12	7.	24 hrs	22,000							<u> </u>	ļ			
13	Х	24 hrs	27,000		11	· · · · · · · · · · · · · · · · · · ·	ļ		1		<u> </u>	<u> </u>	11	
14		24 hrs	27,000				<u> </u>	-		ļ	ļ			
15	37	24 hrs	28,000								 	<u> </u>	0.8	
16 17	X	24 hrs	22,000 24,000	<u> </u>	1.2	ļ	<u> </u>	 	-	 			1	
	X	24 hrs	31,000		0.8	ļ	<u> </u>				 		0.8	
18 ±		24 hrs 24 hrs	31,000		U.8	 	 	 	 	 	 	 	V.0	
20	х	24 hrs	33,000		1		 	-	 	<u> </u>	 	-	0.6	
21	├ ^-	24 hrs	33,000		 		 		 	 	 	 		
22		24 hrs	33,000		 			1	 			 		
23	x	24 hrs	25,000	 	0.6		+	1		1			0.5	
24		24 hrs	26,000	 	 		 	1		 	 -	 	†	
25	X	24 hrs	28,000	 	1		 	1	_	 	 	 	0.8	
-26	- ^` -	24 hrs	28,000	<u> </u>	 		 		1	1				
277	х	24 hrs	30,000	 	1				1	1			0.6	
28	 	24 hrs	30,000		 								1	
× 29		24 hrs	29,000		1	1	1		1		T			
30	х	24 hrs	21,000		1		1						0.8	
√31·~		24 hrs	21,000											
Total:	Water 1 to	at the second	856,800											
Average		100000	27,639]										

33,000

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

W	S ID:	3424631	Plant Name:	49th Street V	illage	
V.	Summary of Use of Polyr	ner Containing Acrylan	iide, Polymer C	ontaining E	pichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: *
A.	Is any polymer containing the mo	onomer acrylamide used at the v	vater treatment plan	?	✓ No	
	Polymer Dose ppm =				Acrylamide Level, %'=	
В.	Is any polymer containing the mo- polymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	plant?	☑ No	·
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =	
C.	Is any iron or manganese sequest	trant used at the water treatment	plant?	☑ No		
	Type of Sequestrant (polyphosph	nate or sodium silicate):				
	Sequestrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate	as SiO ₂ =			
	If sodium silicate is used, the am	ount of added plus naturally occ	curring silicate, in m	g/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



bee page 4 for instructions							
1. General Information for the Month/Year of:	June-05						
A. Public Water System (PWS) Information							
PWS Name: 49th Street Village				PWS Identifi	cation Number	er: 3424631	
	Ion-Transient Non-Comr	nunity	Transient	Non-Commun	ity	Consecutive	
Number of Service Connections at End of Month:	98		Total Popu	lation Served a	at End of Mon	nth: 343	
PWS Owner: .Aqua Utilities Florida							
Contact Person: Brian Heath				rson's Title:	Area Manag		
Contact Person's Mailing Address: PO Box 490310	·		City:	Leesburg		FL Zip Code:	
Contact Person's Telephone Number: (352) 787-0			Contact Pe	rson Person's F	ax Number:	(352) 787	-6333
	aquaamerica.com						
B. Water Treatment Plant Information							
Plant Name: 49 th Street Village				Plant Telepho		(352) 787	-0980
Plant Address: N.E. 28th Terrace			City:	Ocala	State:	FL Zip Code:	: 34470
Type of Water Treated by Plant: X Raw Ground W		chased Finished Wa	ter		·		
Permitted Maximum Day Operating Capacity of Plant, gallon		50,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class	(per subsectio	n 62-699.310	(4), F.A.C.): D	,
Licensed Operations Name Name		License Class				Day(s)/Shift(s) Wo	
Lead/Ghiel op Gallot. Mark March	· .	<u>C</u>		8287		3 Days per wee	
Other Descritors Bob Maxon		С		2810		3 Days per wee	
Paul Thompson	<u>n</u>	A	7	7251		3 Days per wee	<u> </u>
		<u></u>					
			<u> </u>				
			 				
			-		 		
			 		<u> </u>		
ACCESS OF THE PROPERTY OF THE							
II. Certification by Lead/Chief Operator							
	- F111 41 1 1	/ 1 ° C	1			D 17 011	×
I, the undersigned water treatment plant operator licensed in	n Florida, am the lead	cnief operator of t	ne water tre	atment plant	identified in	Part I of this report.	I certify that the
information provided in this report is true and accurate to the	ne best of my knowled	ge. I certify that a	ll drinking v	water treatme	nt chemicals	s used at thisplant cor	nform to NSF
International Standard 60 or other applicable standards refer							
plant were prepared each day that a licensed operator staffe							
rates; and (2) if applicable, appropriate treatment process p	erformance records. I	uthermore, I agree	to provide	these additio	nal operation	ns records to the PW	S owner so the
PWS owner can retain them, together with copies of this re	port, at a convenient le	ocation for at least	ten years.				
	Mark March				C8287		
Signature and Date	Printed or Typed Name			_	License Nun	nber	
DEP Form 62-555.900(3)Alternate		Page 1					

PWS Identification Number: 3424631 Plant Name: 49th Street Village														
III. Dai	II. Daily Data for the Month Year of: June-05													
			og Virus Inactiv	viation/Remo			X Free C	Chlorine	e II	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	-)•	<u> </u>	MICHIN	` ⊔	Cinornic	Jionide	Ц,)2011C	combined emornic (emoratimes)
			al Maintained in	n Distributio				X	Free Chl	orina		mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
Турсо	Partie	ctant reside	iai iviaintaintai	i Distributio	CT Calculations,	or TIV Dogo to	Dais indicate T					momea C	mornie (Cilioi	
	Days				C1 Calculations,	CT Calcu		our-Log	virus inacuv	ation, if App	UVI	Oose		
	Plant						Lowest CT	1		<u> </u>			Lowest	
)	Staffed				Lowest Residual	Disinfectant	Provided	} '	1		1	}	Residual	
	or		•	•	Disinfectant	Contact Time	Before or	1					Disinfectant	1
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
\	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
3.41-2.51 3.60	X	24 hrs	23,000		1.7		<u> </u>	 					0.6	
2	37	24 hrs	23,000					├ —-	ļ		ļ		<u> </u>	
3	Х	24 hrs	27,000		1.6		 	ļ	<u> </u>	ļ	<u> </u>		1.2	
. 4		24 hrs	27,000 28,500				 -	<u> </u>	 _		ļ			1
5	$\overline{\mathbf{x}}$	24 hrs 24 hrs	28,500		. ,		ļ	 	 -					
7		24 hrs	26,000		, 1		 	 -		<u> </u>	ļ		0.8	·
8	x	24 hrs	41,500		1.		<u> </u>	 -					14	<u> </u>
9		24 hrs	41,500	L	1.6				 	 	ļ		1.4	
10	x	24 hrs	26,000		1.2		 		 		ļ		1	
11		24 hrs	26,000	-	1.2		 	├──-		<u></u>			1	
12		24 hrs	27,000					├──	 					
13	Х	24 hrs	24,000		1.4		 		 		 		1.2	
14		24 hrs	24,000		1.7	·	 	 	 		 			
15	x	24 hrs	19,000		1.4	l	 	 	 	 	 	 	1	<u> </u>
. 16		24 hrs	19,000					 	 			— —		
-17	X	24 hrs	28,600		1.6			<u> </u>	 				1.2	
18:		24 hrs	28,600						<u> </u>	 -	<u> </u>			
19:		24 hrs	28,600				***				t			
20	х	24 hrs	22,000		1.4								1.2	
. 21		24 hrs	23,000				1							
22	X	24 hrs	22,000		1.6		1		1				1.4	
23		24 hrs	23,000							· · · · · · · · · · · · · · · · · · ·				
.24	Х	· 24 hrs	21,000		1.6		<u> </u>						1.2	
25		24 hrs	21,000								T			
26		24 hrs	22,000											
27	X	24 hrs	31,000		1								1.4	
.28		24 hrs	31,000											
≥29÷	X	24 hrs	22,000		1.4								1.2	
₹30		24 hrs	23,000			L	<u> </u>				ļ <u> </u>			
₹ 31, •		24 hrs				<u> </u>	<u> </u>		L	<u></u>	<u> </u>	L	<u> </u>	<u></u>
			775,300											
Average			25,843											

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

PWS ID:	3424631	Plant Name:	49th Street Vi	llage							
V. Summary of Use	of Polymer Containing	Acrylamide, Polyme	r Containing E	oichforohydrin, and Ire	on or Manganese Sequestrant for the Year: *						
A. Is any polymer contain follows:	ning the monomer acrylamide u	sed at the water treatment p	plant?	✓ No							
Polymer Dose ppm =				Acrylamide Level, % ^t =							
B. Is any polymer containing the monomer <u>epichlorohydrin</u> used at the water treatment plant? polymer are as follows:											
Polymer Dose ppm =				Epichlorohydrin Level, % ^t =							
C. Is any iron or mangane	ese sequestrant used at the water	r treatment plant?	☑ No								
Type of Sequestrant (p	Type of Sequestrant (polyphosphate or sodium silicate):										
Sequestrant Dose, mg/	/L of phosphate as PO ₄ or mg/L	of silicate as SiO ₂ =									
If sodium silicate is us	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =										

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions 1. General Information for the Month/Year of: July-05 A. Public Water System (PWS) Information PWS Name: 49th Street Village PWS Identification Number: 3424631 PWS Type: X Community Non-Transient Non-Community **Transient Non-Community** Consecutive Number of Service Connections at End of Month: 98 Total Population Served at End of Month: 343 PWS Owner: Aqua Utilities Florida Contact Person: **Brian Heath** Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: 49 th Street Village (352) 787-0980 Plant Telephone Number: Plant Address: N.E. 28th Terrace State: Zip Code: 34470 City: Ocala FL X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Dayls VShittist Worked Lead/Chief Operator Mark March C 8287 3 Days per week Gary Kissick 3 Days per week C 7846 Paul Thompson 7251 3 Days per week Α II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555,320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Page 1

Mark March

Printed or Typed Name

C8287

License Number

Signature and Date

PWS Ic	entificat	ion Number	r:	3424631		Plant Name:	49th Stree	t Villag	ge						
HI Dai	le Data f	or the Mon	th/Vone of		July-05										
			og Virus Inactiv	viation/Dom			X Free ('hlorin		Chlorine I	N:!!.	T 7		Combined Chlorine (Oblomaticae)
		t Radiation			Other (Describe	۸.	V LICE	J111O1111	г <u>Г</u>	Chiorine I	Jioxide	ا ليا	Ozone	Combined Chlorine (Chioramines
			ıal Maintained in	<u> </u>		s):		132	1 77 611						211 1 221 11
Type o	Disinie	ctant Residi	iai Maintaineo ii	n Distributio		77 au Jan 277	4		Free Chl			mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
			4		CT Calculations,			our-Log	Virus Inactiv	ation, if App					
	Days					CT Calcı	T				ו עט	Oose			
	Plant						Lowest CT	ľ					Lowest		
l '	Staffed or				Lowest Residual	Disinfectant	Provided				1		Residual		
}	Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First	ł	1		T	Minimum	Disinfectant		
ļ	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Lowest Operating	UV Dose	Concentration at Remote	Emergency or Abnormal (marating Conditions
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System C	omnoments Out of
Month	`"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable		sec/cm2	sec/cm2	System, mg/L	Operati	
1.	Х	24 hrs	19,000		1.4		1				†		1.2		<u> </u>
2		24 hrs	19,000				1	 		 	†				
3	X	24 hrs	25,000		1.4						T		1		
4		24 hrs	25,000								<u> </u>				
5		24 hrs	25,000					1							
6	X	24 hrs	26,000	•	1.4	•		T				· ·	1	•	
7		24 hrs	26,000												
- 8	Х	24 hrs	23,000		1.6								1.2		
9		24 hrs	23,000												
10		24 hrs	24,000				T								
11	X	24 hrs	23,000		1.4			<u> </u>					1.2		
12		24 hrs	25,000					<u></u>							
13	Х	24 hrs	20,000		1.2		1	<u> </u>		<u> </u>	<u> </u>		1	<u> </u>	
14:		24 hrs	20,000				ļ				<u> </u>				
15	X	24 hrs	28,000		1.4	ļ <u> </u>	<u> </u>						1	<u> </u>	
- 16		24 hrs	28,000				1	↓		<u> </u>	ļ		<u> </u>		
17		24 hrs	28,000		 		 	 		<u> </u>	ļ		ļ <u>.</u>		
;18 19	X	24 hrs	18,000		1.2	<u> </u>		-					1		
20	X	24 hrs	18,000		14	<u> </u>		├ ──	 	 	 	 	1 12	 	
21		24 hrs	31,000		1.4		 	┼──		 	 	 	1.2		
22	Х	24 hrs 24 hrs	31,000 29,000		14		 	┼──	 	 	 	 	1		
3.23		24 hrs	29,000		1.4	 	 	 		 	 		1		
24	-	24 hrs	30,000		 	<u> </u>	 	 		 	 		 		
25	х	24 hrs	29,500	<u> </u>	1.6		- 	 	 	 	 	-	1.2		
26		24 hrs	29,500		1.0		 	}	 	 	 	\vdash	1.2		
27	х	24 hrs	25,000		1.4	<u> </u>	 	┼──	 	 	 	 	1		
28		24 hrs	26,000		***		 	†	 	 	 	$\vdash \vdash$	t	t	
29	х	24 hrs	28,000	-	1.2		 	1	 		†~	 	1	<u> </u>	
30		24 hrs	28,000					1 	 		<u> </u>				
*31°		24 hrs	29,000		† — — — — — — — — — — — — — — — — — — —		 			T	 				
Total	1.4	17.20	788,000						-						
Average		to a second	25,419	1											
Maxim	m	- 10 -	31,000												

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

PW:	S ID:	3424631	Plant Name:	49th Street V	Village						
V.	Summary of Use of Poly	mer Containing Acrylam	ide, Polymer C	Containing I	Epichlorohydrin, and Iroi	n or Manganese Sequestrant for the Year: *					
A. Is any polymer containing the monomer acrylamide used at the water treatment plant? follows:											
	Polymer Dose ppm =				Acrylamide Level, % ^t =						
B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? polymer are as follows:											
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =						
C.	Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No							
	Type of Sequestrant (polyphosphate or sodium silicate):										
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate a	s SiO ₂ =								
	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =										

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

1. General Information for the Month/Year of: August-05		***************************************	
A. Public Water System (PWS) Information			
PWS Name: 49th Street Village		PWS Identific	cation Number: 3424631
PWS Type: X Community Non-Transient Non-Com	nmunity	Transient Non-Communi	ty Consecutive
Number of Service Connections at End of Month: 98		Total Population Served a	End of Month: 343
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath			Area Manager
Contact Person's Mailing Address: PO Box 490310		1	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's F	ax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com		······································	
B. Water Treatment Plant Information			
Plant Name: 49 th Street Village		Plant Telepho	
Plant Address: N.E. 28th Terrace			State: FL Zip Code: 34470
	urchased Finished Wat	er	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	1 62-699.310(4), F.A.C.): D
Licensed Operators Andrews Names	License Class	4	Dáy(6)/Shirh(é) Worked
Paul Thompson Ond Conditions Mark March	A	7251	3 Days per week
Otha Contains Mark March	С	8287	3 Days per week
Gary Kissick	С	7846	3 Days per week
			, , , , , , , , , , , , , , , , , , ,
			<u> </u>
		ļ	40
II. Certification by Lead/Chief Operator			
I, the undersigned water treatment plant operator licensed in Florida, am the lead	d/chief operator of the	he water treatment plant i	dentified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of my knowle	edge. I certify that al	ll drinking water treatmer	nt chemicals used at thisplant conform to NSF
International Standard 60 or other applicable standards referenced in subsection	62-555.320(3), F.A	C. I also certify that the	following additional operations records for this
plant were prepared each day that a licensed operator staffed or visited this plan			
rates; and (2) if applicable, appropriate treatment process performance records.			
PWS owner can retain them, together with copies of this report, at a convenient			and operations recover to that I was a mile to the
1 W 5 Owner can retain them, together with copies of this report, at a convenient	iocation for at least	ion yours.	_
			•
D. 1791			A7061
Paul Thompson Signature and Date Printed on Taxaed Non-			A7251 License Number
Signature and Date Printed or Typed Nan	iic		Freelise Milling

Page 1

PWS Ic	lentificat	ion Number	r:	3424631		Plant Name:	49th Stree	t Villag	ge					
III Dai	ly Data (or the Mon	th Vour of		August-05									
			og Virus Inactiv	riation/Dem			X Free (hlorin		Chlorine I	Vioreido		S	Combined Chloring (Chloromines)
		t Radiation			Other (Describe	۸.	M Fice (-111Q111I		Chlorine	JIOXIGE		Dzone	Combined Chlorine (Chloramines)
			ual Maintained in		Culer (Describe	:):		120	15 011				11 1 201	
Type o	Disinie					VI BLANDEVIN .		<u> X</u>					hlorine (Chlor	amines) Chlorine Dioxide
					CT Calculations			our-Log	Virus Inactiv	ation, if Appl				
ľ	Days					CT Calcu	1				UV	Oose		
1	Plant			1		-	Lowest CT						Lowest	·
1	Staffed				Lowest Residual	Disinfectant	Provided		1.		*		Residual	
	or Visited				Disinfectant	Contact Time	Before or		ł	ł	l _	1	Disinfectant	
1	by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Т			Lowest	Minimum	Concentration	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	Minimum CT	Operating UV Dose,	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	Required, mW	Point in Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable		sec/cm2	sec/cm2	System, mg/L	Operation
9:14:8	X	24 hrs	31,000		1.6		1						1.2	Ороганов
2		24 hrs	32,000	· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u> </u>			 		1.2	
3	Х	24 hrs	25,000		1.4			-			<u> </u>		1	
4	"	24 hrs	25,000								-		<u> </u>	
5	X	24 hrs	26,000		1.4								1.2	
6	•	24 hrs	26,000					 	!			<u> </u>		•
7.4		24 hrs	26,000				<u> </u>							
- 8	Х	24 hrs	23,000		1.4			-					1	
9-		24 hrs	23,000											
10 1	X	24 hrs	42,000		1.4		1						1.2	
11		24 hrs	43,000											
- 12	Х	24 hrs	34,000		1.4								1.2	
. 13		24 hrs	34,000				<u> </u>							
14		24 hrs	35,000				<u> </u>							
15	X	24 hrs	18,000		1.2							<u> </u>	1	
16		24 hrs	18,000	_				ļ				<u> </u>		
17	Х	24 hrs	24,000		1.4						ļ		1.2	
18		24 hrs	24,000			ļ			<u> </u>		<u> </u>	 		
19.	Х	24 hrs	29,000		1.2				<u> </u>		<u> </u>	ļ	1	
20		24 hrs	29,000					ļ		 	<u> </u>	 		
21 22	- 	24 hrs	29,000 22,000		1				<u> </u>			ļ	0.0	
23	Х	24 hrs 24 hrs	22,000		1			-					0.8	
23 · 24	x	24 hrs	23,000		1			-	 	 	 	 	0.6	
25		24 hrs	24,000		1	ļ		├	ļ	 	 	 	0.0	
26.	х	24 hrs	27,000		1	 	 	 	-	 	 	 	0.8	
27		24 hrs	27,000		1	ļ		 		 	 	 	0.8	
28		24 hrs	27,000		 	<u> </u>	 	 						
29	Х	24 hrs	12,000	-	0.8	 	+				 		0.6	
30	X	24 hrs	16,000		 			<u> </u>	 		t			
**30	X	24 hrs	13,000		1.2		1	 				 	1	
Total			809,000		·	·	-l				·		•	
Average			26,097											
Maxim	m 🔭	DE 177197	43,000	1										

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

W	S ID:	3424631	Plant Name:	49th Street Vi	llage					
V.	Summary of Use of Polyr	mer Containing Acrylam	ide, Polymer C	Containing E	oichlorohydrin, and Iroi	or Manganese Sequestrant for the Year: *				
A.	Is any polymer containing the mo	onomer acrylamide used at the w	vater treatment plan	t?	☑ No					
	Polymer Dose ppm =				Acrylamide Level, % ^t =					
B. Is any polymer containing the monomer <u>epichlorohydrin</u> used at the water treatment plant? polymer are as follows:										
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =					
C.	Is any iron or manganese sequest	trant used at the water treatment	plant?	✓ No						
	Type of Sequestrant (polyphosphate or sodium silicate):									
	Sequestrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate	as SiO ₂ =							
	If sodium silicate is used, the am	ount of added plus naturally occ	urring silicate, in m	ng/L as SiO ₂ =						

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions

oce page 1 for mistractions								
I. General Information for		September-05						
A. Public Water System	(PWS) Information					· <u>·</u>		
PWS Name:	49th Street Village			PWS Id	lentification Number	er:	3424631	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-Cor	mmunity	Con	secutive	
Number of Service Conr	nections at End of Month:	98		Total Population Se	rved at End of Mon	ith:	343	<u></u>
PWS Owner:	Aqua Utilities Florida							
	Brian Heath			Contact Person's Ti	tle: Area Manag	er		
Contact Person's Mailing	g Address: PO Box 490310			City: Leesbu			Zip Code:	34749
Contact Person's Teleph	one Number: (352) 78	7-0980		Contact Person Pers			(352) 787-6	
Contact Person's E-Mail	Address: beheath	@aquaamerica.com			1,			·····
B. Water Treatment Plan	nt Information							
Plant Name:	49 th Street Village		· · · · · · ·	Plant T	elephone Number:		(352) 787-0	980
	N.E. 28th Terrace			City: Ocala			Zip Code:	
Type of Water Treated I		Water Pu	rchased Finished Wate					
	y Operating Capacity of Plant, gall		50,000					
	section 62-699.310(4), F.A.C.):	<u>v</u> .		Plant Class (per sub	section 62-699.310	(4), F.A.C.):	: D	
Dicensed Operators	e Name	A Comment	License Class	License Numbe				kerika da Santa Santa
Aread/Cite/Operators	Paul Thomp		Α	7251			ys per week	
Onerchemors: 4384	Mark Mar		C	8287			ays per week	
	Gary Kissi		C	7846			ays per week	
	Out y Tribbi		<u> </u>	7010		<u> </u>	lys per week	· · · · · · · · · · · · · · · · · · ·
								
								
			•	<u> </u>				
	· · · · · · · · · · · · · · · · · · ·			<u> </u>				
								
Mariotetta (m. 1864) 1865 (m. 1865)				1				
II. Certification by Lead	/Chief Operator							
	treatment plant operator license his report is true and accurate to							
	or other applicable standards r							
	day that a licensed operator sta							
	e, appropriate treatment process							
	em, together with copies of this				iditional operation	ns records t	o die i wo	OWING SO LINC
1 W 5 6 Wher can retain th	em, together with copies of this	report, at a convenient i	ocation for at icast i	ich years.				
<u> </u>		Paul Thompson			A7251			
Signature and Date		Printed or Typed Name	e		License Nun	nber		

Page 1

PWS Id	'S Identification Number: 3424631 Plant Name: 49th Street Village													
III. Dai	y Data f	or the Mont	h/Year of:		September-05									
Means	of Achie	ving Four-L	og Virus Inactiv	iation/Remo	oval: *		X Free (hlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
lΠt	Itraviole	t Radiation			Other (Describe		L—J					LJ	اــــا	,
Type of	Disinfe	ctant Residu	al Maintained in	n Distributio		<u> </u>		X	Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
					CT Calculations	or UV Dose to	Demonstrate I						(0.00	
	Days					CT Calcu					UVI	Oose		
1 1	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
1 1	or				Disinfectant	Contact Time	Before or		1]	Disinfectant]
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	·
	by	1	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
1	77	24 hrs	22,000		<u> </u>		ļ		<u> </u>					
3	X	24 hrs	27,000		1.4								1	
4		24 hrs 24 hrs	27,000 27,000				 							
5	х	24 hrs	23,000		1.2			-	<u> </u>				0.8	
6	- '.	24 hrs	23,000		1,2			 			 	 	· U.8	
7	Х	24 hrs	50,000	\	1.3		 			_			0.8	
- 8		24 hrs	50,000				 		<u> </u>					
9	Х	24 hrs	35,000		1.4								1	
10		24 hrs	35,000											
- 11		24 hrs	35,000											
12	X	24 hrs	25,000		1.4								1.2	
13		24 hrs	25,000				<u> </u>							
14	X	24 hrs	27,000	 	1.6		<u></u>	ļ				ļ	1.2	
15		24 hrs	27,000	ļ	ļ		<u> </u>	 		ļ			 -	
16	X	24 hrs	27,000		1.4		<u> </u>			ļ	<u> </u>		1	
.17 .18		24 hrs	22,000				 	├ ──				├ ──	ļ	
19.	X	24 hrs 24 hrs	27,000 22,000		1.2	 	<u> </u>	 	<u> </u>	-	 -	 	 	
20		24 hrs 24 hrs	22,000		1.2		 	├	 	 			 	
21	X	24 hrs	23,000		1.4		 	 			-	-	1.2	
22		24 hrs	24,000		1.7			-		1	 	1	 ``-	
23	Х	24 hrs	22,000	 	1.6				 	 			1.2	11.00
24		24 hrs	22,000		1	 	 							
25		24 hrs	24,000	-								T		
26	Х	24 hrs	23,000		1.4								1	
27		24 hrs	24,000											
28	Х	24 hrs	20,000		1.2								1	
- 29		24 hrs	21,000				<u> </u>	<u> </u>						<u></u>
30	X	24 hrs	26,600		1.2		<u> </u>	Ļ	<u> </u>				1.2	
31	(1) 3, 20	24 hrs		<u> </u>	L	L	<u> </u>	<u> </u>				L	<u> </u>	<u> </u>
Total			807,600											
		76	26,920	1										
Maximi	m	公拉鞭 交	50,000	1										

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

PWS	S ID:	3424631	Plant Name:	49th Street V	/illage					
V.	Summary of Use of Polyi	ner Containing Acrylam	ide, Polymer C	Containing E	Epichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: *				
	Is any polymer containing the mo	onomer acrylamide used at the w	ater treatment plan	t?	✓No					
	Polymer Dose ppm =				Acrylamide Level, %1=					
	Is any polymer containing the mo polymer are as follows:	onomer <u>epichlorohydrin</u> used at t	he water treatment	plant?	✓ No					
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =					
C.	Is any iron or manganese sequest	trant used at the water treatment	plant?	☑ No						
	Type of Sequestrant (polyphosph	ate or sodium silicate):								
	Sequestrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate a	ıs SiO ₂ =							
	If sodium silicate is used, the am	ount of added plus naturally occ	urring silicate, in n	ng/L as SiO ₂ =						

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



oce page 4 for instructions							
	ctober-05						
A. Public Water System (PWS) Information							
PWS Name: 49th Street Village		· · · · · · · · · · · · · · · · · · ·		PWS Identif	ication Number	: 34246	31
	Transient Non-Com	nunity	Transien	t Non-Commur	nity	Consecutiv	/e
Number of Service Connections at End of Month: 98					at End of Monti	h: 343	
PWS Owner: Aqua Utilities Florida							
Contact Person: Brian Heath			Contact P	erson's Title:	Area Manager	·	
Contact Person's Mailing Address: PO Box 490310			City:	Leesburg			ode: 34749
Contact Person's Telephone Number: (352) 787-0980			Contact P	erson Person's	Fax Number:		787-6333
Contact Person's E-Mail Address: beheath@aqu	aamerica.com			· · · · · · · · · · · · · · · · · · ·			
B. Water Treatment Plant Information							
Plant Name: 49 th Street Village				Plant Teleph	one Number:	(352)	787-0980
Plant Address: N.E. 28th Terrace			City:	Ocala			ode: 34470
Type of Water Treated by Plant: X Raw Ground Water	Pur	rchased Finished Wa					
Permitted Maximum Day Operating Capacity of Plant, gallons pe	r day:	50,000			that are to the same of the sa		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Clas	s (per subsection	on 62-699.310(4	4), F.A.C.): [) .
Lacensed Operators Name	Mark Street	Dicense Class			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAM	Day(s)/Shift(s	Worked War and Market
Paul Thompson Oni-100 tail		A		7251		3 Days per	
One One a Mark March		С		8287	1	3 Days per	
Gary Kissick	1.14.14.14.1	С		7846		3 Days per	

				,		\	
			•				
II. Certification by Lead/Chief Operator							
I, the undersigned water treatment plant operator licensed in Fl	lorida am the lead	/chief operator of t	he water tr	eatment nlant	identified in F	Part I of this ren	ort I certify that the
information provided in this report is true and accurate to the b							
International Standard 60 or other applicable standards referen							
plant were prepared each day that a licensed operator staffed o							
rates; and (2) if applicable, appropriate treatment process perfo				e these addition	onal operations	s records to the	PWS owner so the
PWS owner can retain them, together with copies of this report	t, at a convenient le	ocation for at least	ten years.				
	ul Thompson				A7251		
Signature and Date Pri	inted or Typed Name	e		_	License Numb	ber	
	- -						

PWS Id	WS Identification Number: 3424631 Plant Name: 49th Street Village													
HI Dai	N Data I	or the Mont	h/Near of		October-05									
			og Virus Inactiv	viation/Remo			X Free C	hlorine	.	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):	11.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>ا</u>	Omornio 1	Nomico	LJ \)2011 0	Comonica Cinornia (Cinoralinios)
			ıal Maintained iı	n Distributio		· · · · · · · · · · · · · · · · · · ·	·	X	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
		A . Y. 177		19 A 2 2 2 1	CT Calculations,	or UV Dose, to	Demonstrate F							
	Days					CT Calcu					UVI			
	Plant						Lowest CT						Lowest	
1	Staffed				Lowest Residual	Disinfectant	Provided			1			Residual	
	OL			1.1	Disinfectant	Contact Time	Before or				1		Disinfectant	·
	Visited		N-4 Oits.		Concentration	(T) at C	at First	_		\	Lowest	Minimum	Concentration	
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	nU of	Minimum CT	Operating UV Dose,	UV Dose	at Remote Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	pH of Water, if	Required,	mW-	Required, mW	Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	1 -	sec/cm2	sec/cm2	System, mg/L	Operation
1		24 hrs	26,000				1							
2		24 hrs	26,000											
3	X	24 hrs	27,000		1.4								1	
4		24 hrs	28,000				<u> </u>				ļ			
5 6	X	24 hrs	26,000		1.4		<u> </u>					<u> </u>	1.2	
7	X	24 hrs 24 hrs	26,000 · 24,000	:	1.6	· · · · · · · · · · · · · · · · · · ·	 			ļ			1.4	
8		24 hrs	24,000		1.0	<u> </u>					 		1.4	
9."		24 hrs	25,000										<u> </u>	
10	<u> </u>	24 hrs	21,000		1.4					 			1.2	
11		24 hrs	21,000				1				,	-		
12	X	24 hrs	24,000		1.2								1	
13		24 hrs	24,000				ļ							
14	X	24 hrs	22,000		1.4	<u> </u>	ļ				<u> </u>		11	
15		24 hrs	22,000 22,000				 -							
≤ 16 - 17	X	24 hrs 24 hrs	23,000		1.5								1.2	
18		24 hrs	23,000		1.5								1.2	
19	x	24 hrs	24,000		1.5			-					1,2	
20	***	24 hrs	24,000											
21	X	24 hrs	21,000		1.2								1	
22		24 hrs	21,000											
₹23		24 hrs	21,000											
24	X	24 hrs	21,000		1.4	<u> </u>		ļ					1.1	
25 26		24 hrs	21,000		14		ļ	ļ	-	· ·			1.2	
27	x	24 hrs 24 hrs	24,000 25,000		1.4		 	-		 			1.2	
- 28	X	24 hrs	24,000		1.2		1	 -		 		 	1	
- 29		24 hrs	24,000				 							
> 30		24 hrs	24,000				<u> </u>							
- 31°	X	24 hrs	22,000		1.6								1.2	
			730,000										-	
Average	60日刊書	经验的 的 [1]	23 548											

28,000

Maximum

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

PWS ID:	3424631	Plant Name:	49th Street V	illage	
V. Summary of Use of Poly	mer Containing Acrylam	ide, Polymer C	Containing E	pichlorohydrin, and Iron	n or Manganese Sequestrant for the Year: *
A. Is any polymer containing the m follows:	nonomer acrylamide used at the w	ater treatment plan	nt?	✓No	
Polymer Dose ppm =				Acrylamide Level, %1=	
B. Is any polymer containing the n polymer are as follows:	nonomer <u>epichlorohydrin</u> used at t	he water treatment	t plant?	☑ No	
Polymer Dose ppm =				Epichlorohydrin Level, % ^t =	
C. Is any iron or manganese seque	strant used at the water treatment	plant?	☑ No		
Type of Sequestrant (polyphosp	hate or sodium silicate):				
Sequestrant Dose, mg/L of phos	sphate as PO ₄ or mg/L of silicate a	s SiO ₂ =			
If sodium silicate is used, the ar	nount of added plus naturally occ	urring silicate, in n	ng/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



I. General Information	for the Month Year of: November-05					
A. Public Water System	n (PWS) Information					
PWS Name:	49th Street Village		PW	VS Identifica	ation Number	: 3424631
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-	-Communit	у	Consecutive
	nnections at End of Month: 98		Total Population	n Served at	End of Month	h: 343
PWS Owner:	Aqua Utilities Florida			· ·		
Contact Person:	Brian Heath		Contact Person's	's Title:	Area Manager	
Contact Person's Maili			City: Lee	esburg S	State: F	L Zip Code: 34749
Contact Person's Telep			Contact Person	Person's Fa	x Number:	(352) 787-6333
Contact Person's E-Ma						
B. Water Treatment Pla	ant Information					
Plant Name:	49 th Street Village		Pla	ant Telephor	ne Number:	(352) 787-0980
Plant Address:	N.E. 28th Terrace		City: Oca	ala	State: F	L Zip Code: 34470
Type of Water Treated		rchased Finished Wa	ater			
Permitted Maximum I		50,000				
	bsection 62-699.310(4), F.A.C.): V		Pfant Class (per			
Licensed Operators	Name:	License Class	License Ni	imber		Day(s)/Shift(s) Worked
AltrayChoLocsator	Paul Thompson	A	7251			3 Days per week
Who cost no seemed	Mark March	С	8287			3 Days per week
	Gary Kissick	С	7846	5		3 Days per week
					···	
		L				
H. Certification by Lea	d/Chief Operator					
			.1		1 1: T	N AT CALL WAY TO MICHAEL
	r treatment plant operator licensed in Florida, am the lead					
	this report is true and accurate to the best of my knowled					
	60 or other applicable standards referenced in subsection (
plant were prepared each	ch day that a licensed operator staffed or visited this plant	during the month	indicated above:	: (1) record	ds of amount	s of chemicals used and chemical feed
rates; and (2) if applica	ble, appropriate treatment process performance records. 1	Futhermore, I agre	e to provide thes	se addition	al operation	s records to the PWS owner so the
	them, together with copies of this report, at a convenient l				•	
	, , , , , , , , , , , , , , , , , , , ,		•			
•	Paul Thompson				A7251	
Signature and Date	Printed or Typed Name	e	****	-	License Num	ber
DEP Form 62-555.900(3)Alternate		Page 1				

PWS Id	WS Identification Number: 3424631 Plant Name: 49th Street Village													
III. Dai	ly Data (or the Mont	h/Year of:		November-05							•		
			og Virus Inactiv	iation/Remo			X Free C	Chlorine	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):	l-marel					ш	L	,
Type of	Disinfe	ctant Residu	ial Maintained in	n Distributio				Х	Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
					CT Calculations,	or UV Dose, to	Demonstrate I							
	Days					CT Calcu				,	UVI	Oose		
	Plant						Lowest CT	Γ					Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	[
	ог				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
2	Х	24 hrs 24 hrs	21,000 28,000		1.4			 					1.2	
3		24 hrs	29,000		1.4		<u> </u>	-				<u> </u>	1.2	
4	x	24 hrs	23,000		1.4		 	 	<u> </u>			<u> </u>	1.2	
- 5		24 hrs	23,000		1.7		1	<u> </u>	·			-	1.2	
6		24 hrs	23,000				,			•		<u> </u>		
7	Х	24 hrs	20,000		1.4								1	
- 8		24 hrs	21,000			<u> </u>	<u> </u>							
9	Х	24 hrs	23,000		1.6								1.2	,
10		24 hrs	23,000											
11	X	24 hrs	24,000		1.4								1.2	
12		24 hrs	24,000											
13		24 hrs	24,000		ļ							<u> </u>		
14	Х	24 hrs	20,000		1.4		ļ					ļ	1	
15		24 hrs	21,000				ļ	<u> </u>			ļ		1.0	
16 17:	X	24 hrs	21,000 21,000		1.6	 	 	-					1.2	
18	X	24 hrs 24 hrs	22,000		1.4		 	 					1.2	
19	 ^- -	24 hrs	22,000		1.4		 	 	-		-		1.2	
20	-	24 hrs	22,000						<u> </u>					1
21	х	24 hrs	22,000		1.4		†	1					1.2	
22		24 hrs	22,000				†	t —						
23	Х	24 hrs	19,000		1.5			t					1.1	
24		24 hrs	19,000	ĺ										
25	Х	24 hrs	23,000		1.5								1.1	
26		24 hrs	23,000											
27		24 hrs	23,000											
* 28	Х	24 hrs	20,000		1.4			<u> </u>		<u> </u>	ļ		11	
-29		24 hrs	20,000						ļ		<u> </u>	1		
30≦	Х	24 hrs	20,000		1.6	<u> </u>	1	 _ _ 					1.3	
31	+6-2-3-2-2	24 hrs				1	1		<u> </u>	1	<u> </u>	l	<u> </u>	L
Total			666,000	l										
Average	1755-000		22,200	ı										

29,000

Maximum

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

PWS	S ID:	3424631	Plant Name:	49th Street V	illage	
IV.	Summary of Use of Poly	mer Containing Acrylami	de, Polymer C	Containing E	pichlorohydrin, and Iroi	n or Manganese Sequestrant for the Year: *
A.	Is any polymer containing the m follows:	onomer acrylamide used at the wa	iter treatment plan	t?	✓ No	
	Polymer Dose ppm =				Acrylamide Level, % ^t =	
В.	Is any polymer containing the m	onomer <u>epichlorohydrin</u> used at ti	ne water treatment	plant?	✓ No	
	polymer are as follows:					
	Polymer Dose ppm =				Epichlorohydrin Level, %1=	
C.	Is any iron or manganese seques	trant used at the water treatment p	lant?	✓ No		
	Type of Sequestrant (polyphospl	nate or sodium silicate):				
	Sequestrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate a	s SiO ₂ =			
	If sodium silicate is used, the am	ount of added plus naturally occu	rring silicate, in n	ng/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions								
1. General Information for the Month/Year of:	December-05							
A. Public Water System (PWS) Information								
PWS Name: 49th Street Village				PWS Identif	ication Number		3424631	
	on-Transient Non-Com	munity	Transient	Non-Commun	nity [Cons	ecutive	
Number of Service Connections at End of Month:	98		Total Popu	lation Served	at End of Montl	h: :	343	
PWS Owner: Aqua Utilities Florida								
Contact Person: Brian Heath			Contact Pe	rson's Title:	Area Manager			
Contact Person's Mailing Address: PO Box 490310			City:	Leesburg	State: F	L Z	Zip Code:	34749
Contact Person's Telephone Number: (352) 787-09	980		Contact Pe	rson Person's	Fax Number:		(352) 787-6	333
	<u>iquaamerica.com</u>							
B. Water Treatment Plant Information						-		
Plant Name: 49 th Street Village				Plant Teleph	one Number:	((352) 787-0	980
Plant Address: N.E. 28th Terrace			City:	Ocala	State: F	L	Zip Code:	34470
Type of Water Treated by Plant: X Raw Ground Wa		rchased Finished W	ater					
Permitted Maximum Day Operating Capacity of Plant, gallons	per day:	50,000						
'Plant Category (per subsection 62-699.310(4), F.A.C.):	V	•	Plant Class	(per subsection	on 62-699.310(4	i), F.A.C.):	D	,
Asicensed Operators Name Name		Liochse Class	incen	en inber		Day(s)/s	hitt(\$) Worl	AND COMPANY
Lead/Gue Operator Paul Thompson		A		7251			s per week	
Cine Classicis Mark March		С		8287	1		s per week	
Gary Kissick		C	-	7846			s per week	
					1			
						·		
II. Certification by Lead'Chief Operator								
I, the undersigned water treatment plant operator licensed in	Florida am the lead	/chief operator of	the system tre	otmont plant	identified in I	ort I of thi	a manant I	contify that the
information provided in this report is true and accurate to th								
International Standard 60 or other applicable standards refer								
plant were prepared each day that a licensed operator staffed								
rates; and (2) if applicable, appropriate treatment process pe	rformance records. I	Futhermore, I agre	e to provide	these addition	onal operations	s records to	the PWS	owner so the
PWS owner can retain them, together with copies of this rep	ort, at a convenient le	ocation for at leas	t ten years.		-			
	•		-		-			
	Paul Thompson				A7251			
	Printed or Typed Name			_	License Numb	oer		
		=						

PWS Id	lentificat	tion Number	r:	3424631		Plant Name:	49th Stree	t Villag	ge					
III Dai	ly Data !	or the Mon	th/Mear of		December-05		-							
			og Virus Inactiv	viation/Rem			X Free (hlorin	<u> </u>	Chlorine I	Diovide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe		<u> </u>	>111O1111		Cinornic	JIONIUC	L_J '	52011C	Combined Chlorine (Chloranines)
			ual Maintained in	n Distributio		. <u>,,,</u>		X	Free Chl	orine		mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
2) 0		- 18-t-			CT Calculations,	or IIV Dose to l	Demonstrate I				licable*	inomea C	Inorme (Cino	
	Days					CT Calcu	lations	Our 120g	, v mus muon v	анод негрр	UV	Dose		
	Plant				1		Lowest CT	<u> </u>	l	T		1	Lowest	
	Staffed]			Lowest Residual	Disinfectant	Provided	}					Residual	
1	or				Disinfectant	Contact Time	Before or	l				l	Disinfectant	
1	Visited	<u> </u>			Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by	ļ <u></u>	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator (Place	Hours	of Finished	Deal Plans	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves
the Month	"X")	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Taking Water System Components Out of
1	$\frac{x}{x}$	24 hrs	21,000	Kaie, gpu	1.4	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Operation
2		24 hrs	21,000		4.4		 	-	 	 		 	1,2	
3 -		24 hrs	22,000				 	 			 	 	 	
4		24 hrs	22,000					i			 			
₹5′	Х	24 hrs	21,000		1.6			· · · · ·					1.4	
6		24 hrs	21,000	•		•			,	-		,		
(7 %	X	24 hrs	25,000		1.4								1.2	
-8		24 hrs	25,000											
9	Х	24 hrs	21,000		1.4								1.4	
-10		24 hrs	22,000											
11	77	24 hrs	22,000				<u> </u>	<u> </u>	<u> </u>					
12 13	X	24 hrs	20,000		1.6	ļ					 	<u> </u>	1.4	
14:	X	24 hrs 24 hrs	20,000 18,000		1.6		ļ	ļ			<u> </u>		1.0	
15		24 hrs	18,000		1.0		 	.	<u> </u>				1.2	
16	X	24 hrs	22,000		1,4			├				 	1.2	
17		24 hrs	23,000		1.4		}				* *		1.2	
18		24 hrs	23,000				-							
19	Х	24 hrs	20,000	-	1.2			 					1	
20		24 hrs	21,000											
. 21	X	24 hrs	22,000		1.4							<u> </u>	1.2	
22		24 hrs	22,000											
23	X	24 hrs	23,000		1.4								1	
.24		24 hrs	23,000											
25::		24 hrs	24,000						<u> </u>					
26	Х	24 hrs	27,000		1.4			Ь—		<u> </u>	ļ		1.2	
27 28	v	24 hrs	27,000 22,000		14		 	<u> </u>		<u> </u>		 	1	
29	X	24 hrs 24 hrs	23,000		1.4				 	 	 	 	11	
30	X	24 hrs	22,000		1.6								1.4	
31		24 hrs	23,000		1.0		 	\vdash	 	 		 	1.4	
			686,000		I	<u> </u>		Щ.			·	L	<u> </u>	1
Average														

27,000

Maximum

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

W	S ID:	3424631	Plant Name:	49th Street Village	
V.	Summary of Use of Polyi	ner Containing Acrylam	ide, Polymer C	Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 200	5
A.	Is any polymer containing the mo	onomer acrylamide used at the w	vater treatment plan	ant? No	
	Polymer Dose ppm =			Acrylamide Level, % ¹ =	-
В.	Is any polymer containing the mo	onomer <u>epichlorohydrin</u> used at	the water treatment	nt plant? No	
	Polymer Dose ppm =	· · · · · · · · · · · · · · · · · · ·		Epichlorohydrin Level, % =	
C.	Is any iron or manganese sequest	trant used at the water treatment	plant?	✓ No	
	Type of Sequestrant (polyphosph	nate or sodium silicate):			
	Sequestrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate a	as SiO ₂ =		
	If sodium silicate is used, the am	ount of added plus naturally occ	urring silicate, in m	mg/L as SiO ₂ =	

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Bellaire



I. General Information for the Month/Year of: January-04				
A. Public Water System (PWS) Information				
PWS Name: Bellaire		PWS Identifi	cation Number:	3424000
PWS Type: X Community Non-Transient Non-Comm	nunity	Transient Non-Commun	nity	Consecutive
Number of Service Connections at End of Month: 216		Total Population Served a	t End of Month:	756
PWS Owner: AquaSource Utility, Inc.				
Contact Person: Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo	rida
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person Person's F	ax Number:	(352) 732-3213
Contact Person's E-Mail Address: <u>mvfitzgerald@suburbanwater.com</u>				
B. Water Treatment Plant Information				
Plant Name: Bellaire		Plant Teleph	one Number:	(352) 369-4881
Plant Address: 2400 S.E. 52nd Ave		City: Ocala	State: FL	Zip Code: 34471
Type of Water Treated by Plant: X Raw Ground Water Pur	rchased Finished Wa	iter		
	132,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection		
NEW TOTOLOGIC PROPERTY OF THE	Medicensor (Hiss)	Line is en se se la la la la la la la la la la la la la		
William Landers	В	7327		3 Days per week
(Mark March	С	8287		3 Days per week
				•
[Percent of the Control of the Contr				
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead/	ahiaf aparatar of th	a water treatment plant	identified in Part I	of this report. I certify that the
i, the undersigned water treatment plant operator needsed in Piorida, and the leads	cine operator of the	de water treatment plant	nt chaminals used s	et this plant conform to NSE
information provided in this report is true and accurate to the best of my knowled	ge. I certify that a	i drinking water treatme	nt chemicais used a	this plant comorn to 1831
International Standard 60 or other applicable standards referenced in subsection 6	2-555.320(3), F.A	.C. I also certify that the	following addition	al operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant of	during the month i	ndicated above: (1) recor	ds of amounts of cl	hemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. F	uthermore, I agree	to provide these addition	nal operations recor	rds to the PWS owner so the PWS
owner can retain them, together with copies of this report, at a convenient location				
Fr	•			
William Landers			B7327	
Signature and Date Printed or Typed Name			License Number	
Timed of Typed Name			21001100 1 (0111001	

PWS Id	/S Identification Number: 3424000 Plant Name: Bellaire														
III Dail	II. Daily Data for the Month/Year of: January-04														
				viation/Removal: *	<u>-</u>	Free C	Chlorine		Chlorine I	Dioxide		Ozone	Combined Ch	lorine (Cl	hloramines)
		t Radiation		Other (Desc	cribe):		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	" Ц	Omornio L	Jionide	LJ `		Combined Cr	norme (C	inoruminos)
T (D:		1361.1	D' - ' - 0				Free Chlo	orine	C	mbined C	hlorine (Chlor	amines)		Chlorine Dioxide
- Jpc 0.	Distinct		in the state of th	Jowest Resid Districter Lowest Resid Districter Concentrative (G) Before to District Districter Concentrative (G) Before to District District Districter Rate appl Statement	ions or UV Dose to	Demonstrate F	our-line	Virus Inactiv	tion if App	licable*	momed C		Francis y	3 1834	
	Dave				. CT Calc	ulations				∰ LUV	Dose	155			N K K
388	Plant 2			37 34 3 3 3 3 3 3 3 3		Lowest CT	102	1000	tralini i	2000		Lowest			
3.3	Staffed:			Lowest Resid	ual Disinfectant.	Provided						Residual	8.		
•	or 🎏		lid no.	Disinfectar	t Contact Time	Before or	en.	i in			770.5m	Disinfectant		##F	
3.2	Visited		14.4	Concentration	on (T) at C	at First	all in a			Lowest	Minimum	:Concentration	Nydana 20		i Privis - kiloriz
5.2	by.		Net Quanity	(C) Before o	at Measurement	Customer	Temp		Minimum	Operating	UV Dose	A at Remote	Resident		wasani an
Day of	Operator Stolene	Diameter	= 0) Finished	Deal Court State Court		a populity		ppi ole		UV Doses	Kedhited	Pom m	Emergency or	Abhomau	remine continue
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en a	X	24 hrs	86,000									1.2			
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9 1315		24 hrs	89,000							1.					
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2000	X	24 hrs	81,000									1.7			
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3	X	24 hrs	68,000	<u> </u>		_				ļ	ļ	1.3			·
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		24 hrs	62,000	<u> </u>		 				ļ					· · · · · · · · · · · · · · · · · · ·
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Mobile.	149-41		2,117,000												
A 37 35 35			69 200	1											

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



See page 4 for instructions I. General Information for the Month/Year of: February-04 A. Public Water System (PWS) Information PWS Name: Bellaire PWS Identification Number: 3424000 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 216 Total Population Served at End of Month: 756 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470 Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information Plant Name: Bellaire Plant Telephone Number: (352) 369-4881 Plant Address: 2400 S.E. 52nd Ave City: Ocala State: FL Zip Code: 34471 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 132,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Promise Commission of the comm Publiculte (4) asset the Unions Number of the Head Day (5) Shift (5) Divorked the Loui/Ohio Ohio Hio Mark March 8287 3 Days per week 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

C8287

License Number

Mark March

Printed or Typed Name

PWS Ide	entificat	ion Numbe	r:	3424000		Plant Name:	Bellaire										
III. Dail	y Data f	or the Mon	th/Year of:		February-04						<u> </u>						
			og Virus Inactiv				Free (Chlorine	: []	Chlorine	Dioxide			zone	Combined	Chlorine	(Chloramines)
						oe):							·				(
T C	D: . C	D . 1	134 :	n Distributio	~ .				Free Ch	lorine		Com	bined Cl	hlorine (Chlo	ramines)		Chlorine Dioxide
	:6v4y.,.	Care Care	Ner Quanty: Solution of the County of the Co	al estada	CT Calculation	s or LIV Dose to	Demonstrate	Four-Log	Virus Inact	vátion⊚if-An	plicable*		2	1777 3 A 2	14.2		Chiorine Dioxide
55.5	Dave **		Take S	200	*	CT Calc	ulations	1			A CONTRACT	UV Do	se .				
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58.31.	Staffed	50 A	1011		Lowest Residual	Disinfectant	Provided		77	***				Residual			
	∰or ै	Basin -	1192		Disinfectant	Contact Time	Before or				i brigat	* .	222	Disinfectant		ar II	
4	Visited		- W	**************************************	4 Concentration	T) at C &	at First		AND AND AND AND AND AND AND AND AND AND		Lowe	st I	Minimum	Concentration			
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E L	(PRES	Planto -	With	Penculawa	Diministration	CIPCINS PLANS	- De la moud	Water	Waterst	Required	ativ		mw	TOLKING HEAT	Repair of M	amerane.	Monthly in the last letting
a Comit	SHXDE	stoperation.	Estroduced real for	E COLO E DE LA	2000 SWOOTH	a sa dominasa	SOUP \$ TO INVEST	SEC.	A applicable	a la mis in hau	# (1886x/C)	030	scelcing.	Spaten and the	d Recyclist St	siennigolitis	គ្នាមួយទៅប់ពីស្វែង(វៀត្តមួយលើវែនិង
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Page 2

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



See page 4 for instructions I. General Information for the Month/Year of: March-04 A. Public Water System (PWS) Information PWS Name: Belleair PWS Identification Number: 3424000 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 216 Total Population Served at End of Month: 756 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Area Manager - Florida Contact Person's Title: Contact Person's Mailing Address: 1343 NE 17th Road Zip Code: 34470 City: Ocala State: Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information Plant Name: Belleair Plant Telephone Number: (352) 369-4881 Plant Address: 2400 S.E. 52nd Ave City: Ocala State: FL Zip Code: 34471 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 132,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Title (Sections) Pentons (1997) And the Pentons of the Penton of the Pe Talifeensellinungssale Letter and toak(e)/Sirrige) Worksile to ិទីទៅ/Ch(ទីកីហ៊ីមេស្រាស Mark March \mathbf{C} 8287 3 Days per week iceeOn amos II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March Signature and Date Printed or Typed Name License Number

Page 1

PWS	dentifica	tion Numbe	er:	3424000		Plant Name:	Belleair						CONTOLD	T IIIIOTTE		II LIX
III. Da	ilv Data	for the Mon	nth/Year of:		March-04											
Means	of Achie	eving Four-	Log Virus Inacti	viation/Rem			Free C	hlorine		Chlorine l	Diovide		Ozone	Combined	Chlorina	(Chloramines)
	Ultraviol	et Radiation	1			e):				Cinorine	Dioxide	Ш '	02011e	Combined	Jinorine	(Chloramines)
Type o	of Disinfe	ctant Resid	ual Maintained i						Free Chlo	rine		mhined (Chlorine (Chlor	remines)		Chlorine Dioxide
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	Davs				Talk Harry Again (196	CT Calcu	lations	date.	- List	uon, n yapp	IIV	Dose	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Marie .	
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1	Staffed			100	Lowest Residual	Disinfectant	Provided		2.4	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3.4.5	Residual		(ii yang	
	or i			Į.	; Disinfectant	Contact Time	Before or	1.43			i zam	*431 1.00	Disinfectant			
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Davoi	Operator	L.	Net Quanty	1	(C) Before or at	Measurement	Customer	Temp		Minimum	Operating	UV Dose	at Remote.	Phys. J.		
withe.	ma.			Penkar Invo	A Phirma Period	2001	Epon a la cons	OI.	TO LOU	- 64	UVcDose,	Required	Point in	- Emergency) Abnom	d Operating Conditions
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

I. General Information for the Month/Year of:	April-04						
A. Public Water System (PWS) Information							
PWS Name: Belleair				PWS Identifie	cation Number:	3424000	
	on-Transient Non-Comi	munity		t Non-Commur		Consecutive	
	216		Total Popu	lation Served a	t End of Month:	756	
PWS Owner: AquaSource Utility, Inc.							
Contact Person: Michael Fitzgerald				rson's Title:	Area Manager -		
Contact Person's Mailing Address: 1343 NE 17th Road			City:	Ocala	State: FL	1- 1	
Contact Person's Telephone Number: (352) 369-48			Contact Pe	erson Person's F	ax Number:	(352) 732-3	3213
Contact Person's E-Mail Address: mvfitzgeralc B. Water Treatment Plant Information	d@aquaamerica.com	_					
				Total or to		(0.50), 0.50	•
Plant Name: Belleair			Total	Plant Telepho		(352) 369-4	
Plant Address: 2400 S.E. 52nd Ave Type of Water Treated by Plant: X Raw Ground Wa	ton T n		City:	Ocala	State: FL	Zip Code:	34471
Type of Water Treated by Plant: X Raw Ground Wa Permitted Maximum Day Operating Capacity of Plant, gallons		rchased Finished Wa 132,000	iter				
Plant Category (per subsection 62-699.310(4), F.A.C.):	s per day:	132,000	Plant Class	c (per subsection	n 62-699.310(4)	EAC).	
Train Category (per subsection 02-097, 3 to (4), 1 to (2).		LOTA ALCONOMICA				edynovskih svo	
= Feau/Cine (Cherato) Mark March		С		8287		3 Days per week	
With Original States		<u> </u>	 	0207		3 Days per week	
			 	····	<u> </u>		
			 				
			 				
			 				
							
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	· · · · · · · · · · · · · · · · · · ·			·			
II. Certification by Lead/Chief Operator							
I, the undersigned water treatment plant operator licensed in	Florida, am the lead/	chief operator of the	he water tre	eatment plant i	dentified in Par	rt I of this report. I	certify that the
information provided in this report is true and accurate to the	-	-				_	
International Standard 60 or other applicable standards refer	_	- •	_			-	
plant were prepared each day that a licensed operator staffed							
rates; and (2) if applicable, appropriate treatment process pe			-	these addition	ial operations re	ecords to the PWS	owner so the PWS
owner can retain them, together with copies of this report, at	t a convenient locatio	n for at least ten ye	ears.				
Ci.	Mark March	···			C8287		
Signature and Date	Printed or Typed Name	e			License Numbe	er	

DEP Form 62-555.900(3)Alternate Page 1

PWS Ide	ntificat	tion Number	r:	3424000		Plant Name:	Belleair									
III. Dails	/ Data	for the Mont	th/Year of:		April-04				,							
			og Virus Inactiv	viation/Rem		****	Free	Chlorine		Chlorine I	Dioxide		Ozone	Combined C	hlorine (Chloramin	es)
		et Radiation			Other (Descri	ibe):										
Type of	Disinfe	ctant Residu	ıal Maintained i	n Distributio	on System:				Free Chl	orine	С	ombined (Chlorine (Chlo	ramines)	Chlorine	Dioxide
35	100			77	er CT Calculatio	ns, or UV Dose; to	Demonstrate:	Four-Log	Virus Inactiv	ation, if Appl	licable*	il, mak		1/2 · 14	Chlorine Abiograph Chelatine 110	
	Days			ilenija.	\$872. ·	CT Calci	llations 👫			74	₩2 Ž UV	Dose	173			
35	Plant		#1		134		Lowest GT		r 144		0.00	选	Lowest		· 美国	
	Staffed	1900 C			Lowest Residua	d Disinfectant.	Provided	1	201	37			Residual			A Tard
	OT 5	+10000		7	Disinfectant	Contact Time	Before or	15 00					Disinfectant			14.6
	Visited				Concentration	(1) at C.	at hirst	43.5		.25	Lowest	Minimum	Concentration			
David I	Onerator		Net Quanty		First Customer	i Weastrement	Customer	temp.		Minimum	Operating	DV Dose	ackemote			
	i i i i	Plans		Resistations	Diring Peak	7 T.	17-17-17	Water		i emilion	Fairway.	W#		e ven	Control Vision	New York and
CAR III	4	i denno	Tome-con	file of the	i internal	- ininties	ingamo7		Amilabia		Listers (17)	Lecom2	Svaten mili	7 Table 18 17	itelymeoralite (may)	Orani (ni
	X	24 hrs	,										1.2			
0.00	X	24 hrs	129,000										1.3			
型器 納利		24 hrs	129,000													
Maria		24 hrs	130,000							<u> </u>		<u> </u>				
	<u>X</u>	24 hrs	83,000					 				<u> </u>	1.4	<u> </u>		
	X	24 hrs	105,000		<u> </u>		 	1		 	.	 	1.3			
	X	24 hrs 24 hrs	125,000 96,000		 		ļ	╁╴┈┤				 	1.3			
9 3	$\frac{\lambda}{X}$	24 hrs	121,000		 		 	+		<u> </u>	 		1.3	 		
		24 hrs	121,000				 	11		 	 	+	1.3			
		24 hrs	122,000	 	 		 	+		<u> </u>	 	 	 	· 		
	X	24 hrs	82,000				 	1-1			+	+	0.6			
		24 hrs	82,000					1					f			
		24 hrs	69,000		1			1				1				
180 618	Х	24 hrs	100,000										1			
	X	24 hrs	134,000										1.1			
		24 hrs	134,000											<u> </u>		
SOFTER.		24 hrs	135,000				<u> </u>	1		 	<u> </u>	 	 _	 	<u> </u>	
9110	X	24 hrs	104,000		-		 	 		_	 		0.4			
	<u>X</u>	24 hrs	135,000	ļ	 		ļ	 		 	 	 	1.2			
14(2)	X	24 hrs	236,000	 	 		 	 		 	 	+	1.4	 	<u> </u>	
	X	24 hrs 24 hrs	129,000 156,000		 		+	11		┼─	 	+	1.4	+		
1585788		24 hrs	156,000		 		 	╅╾╌┤		 	 	+	1.4	+		
275		24 hrs	156,000	 	 	 	 	╁──┤		 	+	+	 	 		
	X	24 hrs	105,000				 	+			 	 	0.4	 		
277	$\frac{x}{X}$	24 hrs	91,000				 	1 -1			 	1	1.1	 		
2,000	X	24 hrs	87,000		1					T			1.2		1 _	
339,54	Х	24 hrs	179,000				1			<u> </u>			1.1			
230	X	24 hrs	91,000										1.3			
2.230	-	24 hrs								<u> </u>	1					
			3,622,000							-						
PARALOGIA			120,733	1												

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



I. General Information for the Month/Year of: A. Public Water System (PWS) Information PWS Name: Belleair PWS Identification Number: 3424000 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 756
PWS Name: Belleair PWS Identification Number: 3424000 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 216 Total Population Served at End of Month: 756
PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 216 Total Population Served at End of Month: 756
Number of Service Connections at End of Month: 216 Total Population Served at End of Month: 756
PWS Owner: AquaSource Utility, Inc.
Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida
Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com
B. Water Treatment Plant Information
Plant Name: Belleair Plant Telephone Number: (352) 369-4881
Plant Address: 2400 S.E. 52nd Ave City: Ocala State: FL Zip Code: 34471
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 132,000
Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):
Entreprise Class of Edition of Ed
Mark March C 8287 3 Days per week
Oug 20 mag 7 y 2 1 1
II. Certification by Lead/Chief Operator
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of my knowledge. 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 fee
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PW
owner can retain them, together with copies of this report, at a convenient location for at least ten years.
, o
Mark March C8287
Signature and Date Printed or Typed Name License Number

PWS Idea	ntificati	ion Number	r:	3424000		Pla	ant Name:	Belleair								
III. Daily	Data fo	or the Mont	:h/Year of:		May-04					·····						
Means of	Achiev	ving Four-L	og Virus Inactiv	iation/Remo				Free C	hlorine	: []	Chlorine I	Dioxide		Ozone	Combined Chlor	ine (Chloramines)
		t Radiation			Other (Des	cribe):										
	Disinfec	tant Residu	ıal Maintained ir	ı Distributio						Free Ch		Co	mbined C	hlorine (Chlor	ramines)	Chlorine Dioxide
*N**	Days		Net Quanty		TCT Calcula	tions, or	UV:Dose, to I	Demonstraté F	our-Log	Virus Inact	vation, if App	licable*		1.	America America	
	Days		dian.			10. 2787	CT Calcu	lations				UV)	Dose	i – atipidė.		
\$	Plant Staffed	34.5			Lawest Peci		Disimfortant *	Lowest CT.						Lowest		
	or d	0 145 179 16 N 172	- AU		Disinfecta	nt C	Contact Time	Before or			107			Residual Disinfectant		
	Visited				Concentrat	ion, 🎿	(T) at C	at First	1		440000	Lowest	Minimum	Concentration		
Jee .	. by		Net Quanity		g(G) Before o	orat, €N	Aeasurement	Customer	Temp		Minimum	Operating	UV Dose	at Remote	oka la in	and the second
Day of 1 C	perator	Hours	or Finished		11151 (01110)	ner	out During	During	-01=	# PH DIE		UVIDASE	Required	a Pom inast	- Emergency or Abr	ornal Operator Condition
Dayot C		Planter		Rate dada	1000		- Siz (110)	arealie and we			Kermiest.	-11 V			K salica Viniliari	Ormal-Operating, Condutor as Workshall mode stal impoperity during 22, stalo
	······································	24 hrs	91,600			A STATE OF THE PARTY OF			and the state of t				annoded like	- Commence of the Commence of	i i i i i i i i i i i i i i i i i i i	angonesii sarantu asaga 1910.
010E		24 hrs	91,700													
TO ST	X	24 hrs	88,000											1.1		
	X	24 hrs	78,000			_		ļ				ļ	<u> </u>	1.2		
	X X	24 hrs 24 hrs	94,000 113,000					<u> </u>	ļ					1.2	 	
	$\frac{\hat{x}}{x}$	24 hrs	135,000								+	 	 -	1.1		
8.87	-1-	24 hrs	135,000					 	 		 	 	 	1.2		
57 B 20 1 1 1		24 hrs	136,000		<u> </u>	\neg		 	1		1	 	1			
San age	X	24 hrs	101,000											1.3		
EMIRE	X	24 hrs	89,000											1.2		
	X	24 hrs	109,000							<u> </u>	 			1.1	<u> </u>	
98 1934 140 88	X	24 hrs 24 hrs	112,000 108,000		<u> </u>						 	 	 	1.1		
HIDS TO		24 hrs	108,000					<u> </u>	 		 	 	 	1.2		
165		24 hrs	109,000		<u> </u>				 				 			
	X	24 hrs	96,000		1				1		\top		<u> </u>	1.3		
	X	24 hrs	124,000											1.3		
	X	24 hrs	159,000											1.4		
200	X	24 hrs	102,000		 			 	 	<u> </u>			 	1.2	 	
	X	24 hrs	130,000		-			 	 -	 	+	 		1.3	 	
202212 - 2010		24 hrs 24 hrs	130,000 129,000		 	 		 		 	+	1		 	 	
	<u>x</u>	24 hrs	166,000		 			 	 	 	+	+	 	1.2		
2023	X	24 hrs	134,000		 	$\neg +$		 	 	-	1	†	1	1		
11200	X	24 hrs	101,000											1		
100 E		24 hrs	101,000						lacksquare							
15200	X	24 hrs	191,000					 	<u> </u>			<u> </u>		1		
307		24 hrs	191,000 191,000	ļ	 	-			├				 	 	 	
	X	24 hrs 24 hrs	191,000		 	-+		1	 	 	1	 	1	1		
		24 1115	3,791,300					1		<u> </u>			<u> </u>	· · · · · · · · · · · · · · · · · · ·		
			100.000	1												

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



See page 4 for instruction										<u> </u>	
I. General Information	for the Month/Year o	Jun	e-04								
A. Public Water Syster	n (PWS) Information										
PWS Name:	Belleair						PWS Identi	fication Numb	er:	3424000	
PWS Type:	X Community		ransient Non-Com	munity			ent Non-Comm			Consecutive	
Number of Service Co	nnections at End of Mon	th: 216				Total Po	pulation Served	at End of Mo	nth:	756	
PWS Owner:	AquaSource Utility, In	с.									
Contact Person:	Michael Fitzgerald						Person's Title:	Area Mana	ger - Flo		
Contact Person's Maili		E 17th Road				City:	Ocala	State:	FL	Zip Code: 34470	
Contact Person's Telep		(352) 369-4881				Contact	Person Person's	Fax Number:		(352) 732-3213	
Contact Person's E-Ma		mvfitzgerald@a	quaamerica.com			_					
B. Water Treatment Pl	ant Information										
Plant Name:	Belleair						Plant Telep	hone Number		(352) 369-4881	
Plant Address:	2400 S.E. 52nd Ave					City:	Ocala	State:	FL	Zip Code: 34471	
Type of Water Treate	d by Plant: X 1	Raw Ground Water	Pu	rchased Finish	ed Wa	ter					
	Day Operating Capacity		day:	132,000							
	ubsection 62-699.310(4)					Plant Cla	ass (per subsect	ion 62-699.31	0(4), F.A	A.C.):	ation to chall seems when which
##hichsel@iethols#		es engan e state		ii, juulket	08877	1,000	anse@Number=#		Da	i i e <mark>stosta</mark> (W coji jili kaca y i	
a ranzenokoke alas		Mark March		C			8287			3 Days per week	
						<u> </u>					
						<u></u>					
						<u> </u>					
North States No. 100 St. 100				1		<u> </u>					
	NGI: 60							100			
II. Certification by Lea											
I, the undersigned water	r treatment plant oper	ator licensed in Flo	rida, am the lead	chief operato	r of th	ie water t	treatment plan	t identified in	n Part I	of this report. I certify	that the
information provided in	n this report is true and	l accurate to the be	st of my knowled	lge. I certify	that al	l drinkin	g water treatm	ent chemical	s used a	at thisplant conform to l	ISF
International Standard	60 or other applicable	standards reference	ed in subsection (62-555.320(3)), F.A.	C. I also	certify that the	he following	addition	nal operations records for	or this
plant were prepared ear	ch day that a licensed	operator staffed or	visited this plant	during the me	onth ir	dicated	above: (1) rec	ords of amou	nts of c	hemicals used and chen	nical feed
rates: and (2) if annlica	hle annronriate treatr	ent process perfor	mance records	Futhermore I	aoree	to provid	le these additi	onal operatio	ns reco	rds to the PWS owner s	o the PWS
owner can retain them,							de alcoe adam.	onar operation			
owner can retain them,	together with copies (n uns report, at a c	onvenient meane	ni ioi at icast	ien ye	a13.					
		Ma	rk March					C8287			
Signature and Date		Prir	ited or Typed Nam	ie				License Ni	ımber	-	_

PWS I	dentifica	tion Number	er: .	3424000	Plant Name	e: Belleair					OTIAOLD	/ I INIGITED	WIEK
III. Do	ily Data	for the Mor	nth/Year of:	June-04									
Means	of Achie	ving Four-	Log Virus Inacti	viation/Removal: *	<u> </u>	T = 01.							
	Ultraviol	et Radiation	n			Free Chlo	orine C	hlorine Diox	kide		zone	Combined Chlo	orine (Chloramines)
	CD:			Other (Din Distribution System:									,
2 ype c) Disilik	Les Social	iuai iviaintaineu j	in Distribution System:			Free Chlori	ne	Con	nbined Cl	nlorine (Chlor	ramines)	Chlorine Dioxide
100 100 100 100 100 100 100 100 100 100	10 AU 20			CI Calc	ulations, or UV Dose,	to Demonstrate Four-	Log Virus Inactivation	on, if Applicab	le* 🎚	(€. (₹.⊈o:-			E TARRESTA SEZ
**************************************	Days				CT Ca	lculations	F 4654	10 (10 miles)	UV Do	ose 📜	** ***		
	Stoffed					Lowest CT					Lowest		
	or		W.	Lowest Re	esidual Disinfectan	ti Provided			(1)		Residual		
10 to 10 to	Staffed or Visited by Operator (Place	10.5		Disinie	tant Contact Lin	ie Before or			4.4	10.0	Disinfectant		
	diiby.		Net Ouanity	COICGIII	e or at Measurement	Tati-irst 4		TOTAL L	owest 1	Mmimum	Concentration		. Comment
Llay of	Operator	Hours	To Finished	SPECIES FIRST COS	tomer Point Durin	us recusionier lei		unmum Or	perating	UV Dose	at Remote -		e date i
atie y	(2)hce	Pariting	A Volet (ISM	adeal Down Laboring	raka Balana			الله المعالمة	VID0se	kequireds	Point m+1	Pa Engregoror A	normal Operating Conditions
Mylonth	\$ (\$X\$) M	#Operation	The Country of Pales	ruskio api - Ediplov n							UREDITER	Repulsion Manner	ance Work thereing the Talking
23.00 17.02	X	24 hrs	147,000					0.5	esentione 2	Procurs	0.8	www.especial	omponents (until 10) genum (1
115.00							1				0.8	 	
	X	24 hrs	89,250								0.9		
		24 hrs 24 hrs	89,250								<u> </u>	 	
		24 hrs	89,250										
BW 2	Х	24 hrs	89,250 80,000										
	X	24 hrs	92,000								0.6		
110	X	24 hrs	82,000								0.8		
100	X	24 hrs	90,000	 							0.7		
THE STATE OF	Х	24 hrs	83,600								1.4		
2010.00 1010.00		24 hrs	83,600			+					1.3		
13/8		24 hrs	83,700										
1911 1916 1916 1916 1916 1919 1919 1919	Х	24 hrs	77,000			+		}					
X106	X	24 hrs	52,000								1.4	 	
(Ma) (5%)	Х	24 hrs	163,000								1.3 1.3		
1000	X	24 hrs	50,000				- -				1.2	 	
1000	Х	24 hrs	68,600				- -				1.2		
		24 hrs	68,600										
200	- V	24 hrs	68,700										
221 TES	X	24 hrs	45,000								0.6		
	X	24 hrs 24 hrs	72,000								1.2		
773 S 707 S	$\frac{\hat{x}}{x}$	24 nrs 24 hrs	81,000								1.3		
	$\frac{\hat{x}}{x}$	24 hrs	92,000								1.2		
0.076	-^- -	24 hrs	75,000								1.4		
26 24 33	 	24 hrs	75,000 76,000										
2.2	х	24 hrs	56,000							I			
209	X	24 hrs	106,000			-					1.3		
(20)	X	24 hrs	80,000								1.1		
		24 hrs									1.1	-	
Lolai			2,515,800	<u></u>									
Astenne.	Section.	Problem in Co	83,860										

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



oce page 4 for instructions	·			
I. General Information for the Month/Year of: July-04				
A. Public Water System (PWS) Information				
PWS Name: Belleair		PWS Identif	ication Number:	3424000
PWS Type: X Community Non-Transient Non-Com	munity	Transient Non-Commu	nity 🔲	Consecutive
Number of Service Connections at End of Month: 216		Total Population Served	at End of Month:	756
PWS Owner: Aqua Utilities Florida				
Contact Person: Michael Fitzgerald		Contact Person's Title:	Area Manager - Fl	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail Address: mvfitzgerald@aguaamerica.com				
B. Water Treatment Plant Information				
Plant Name: Belleair		Plant Teleph	one Number:	(352) 369-4881
Plant Address: 2400 S.E. 52nd Ave		City: Ocala	State: FL	Zip Code: 34471
	rchased Finished Wa	ater		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection	on 62-699.310(4), F.	.A.C.):
Elicensed () populois and the second	ad icensectass	<u>Zine bitezinez kumberak</u>		<u>#M(8/\$</u> ffff#) Works/Ff ff# #::38 %
Transling Operator Mark March	С	8287		3 Days per week
্পূর্ব ব্যবস্থার ক্রি				
		<u> </u>		
	<u> </u>	<u> </u>	<u> </u>	
II. Certification by Lead/Chief Operator				
	<u> </u>			
I, the undersigned water treatment plant operator licensed in Florida, am the lead/	chief operator of the	he 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 knowled	ge. I certify that al	ll drinking water treatme	ent chemicals used	at thisplant conform to NSF
International Standard 60 or other applicable standards referenced in subsection 6	52-555.320(3), F.A	.C. I also certify that the	e following addition	onal operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant				
rates; and (2) if applicable, appropriate treatment process performance records. F				
owner can retain them, together with copies of this report, at a convenient locatio			nai opciations rece	ords to the r ws owner so the r ws
owner can retain them, together with copies of this report, at a convenient locatio	ii ioi at least tell ye	ars.		
			0000	
Signature and Date Mark March Printed or Typed Name			C8287	
Signature and Date Printed or Typed Name	e		License Number	

PWS Ic	lentificat	tion Number	r:	3424000		Plant Name:	Belleair									
III Dai	ly Data f	for the Mont	th/Vaor of		July-04											
			og Virus Inactiv				Free (Chlorine		Chlorine I	Diovido	1	Ozone	Combined Ch	lorino ((Chloremines)
		et Radiation			Other (Describe	a).	гисс с	,111O1111		Chiornie	Dioxide	<u> </u>	J2011e	Combined Ch	norme (Cinoramines)
				n Distributio		· <u>´</u>			Free Ch	orina		mhinad (hlorine (Chlor	ominac)		Chlorine Dioxide
1 ypc 0	Distille	Lesc.	an Mankamed i	ii Distributio	CT Calculations	or IIV Dose to	Demonstrată E	our Loo	Mirne Insetin	meion if Ann	Ifachiat	illibilied C	morme (Cmor	ammes)	Late Company	Citiorine Dioxide
200144.			47	Tiple	C1 Calculations	CT Calcu	lations	Out-Log	y mus macan	ация, и трр	icable ***	Doce	var.			
	. Days::. Plant					71,425	Lowest CT		20 . 22				Louwest			
	Staffed				Lowest Residual	Disinfectant	Provided	. 1			3 3 3		Lowest >Residual			
	or				Disinfectant	Contact Time	Before or			1000			Disinfectant	- 1. - 1.		
	Visited	124 July 19			Concentration	, (T) at C ⊴	at First				Lowest	Minimum	Concentration		19	
	by		Net Quanity	al-Side	(C) Before or at	Measurement	Gustomer :	Temp.	- 3 6.	Minimum	Operating	UV Doše	at Remote			
Dayot	Operator	Hours,	e of timehed		Eirst Customer	Point During	**During	of	PHOSE	(0)	UV Dose,	Required,	Point in 3	skyllergency of	Abnorma	LOperating Conditions
			100 H	reak riow	An initial (sak)	A CIK HOW	* CBU LION	Wate.	EVA CENT	akequired	THE WAY	49DW	Santration	Kelenigo Vanii	chance M	rous inotality of the selections
	X	24 hrs	86,000	SOLVENIA SELECTION			San Raining pa		aw hintegera	37012-1101/1-2	W. C. C. C. L. C.	nocequi2#	1.1	(1998/A1GE9)/8(GI	unikeliniko)	Chlorine Dioxide
	X	24 hrs	68,700				 	<u> </u>		 	 	 	1.1			
603 M		24 hrs	68,700						· · · · · ·	 	 		1			
3339		24 hrs	68,700											····		***************************************
215	Х	24 hrs	29,000										1.1			
746 Mil	X	24 hrs	127,000										1			
Barrier.	X	24 hrs	74,000										1.1			
4.00	X	24 hrs	81,000	ļ									1.2			
	X	24 hrs	88,000	 									1.3			
		24 hrs	88,000		<u> </u>					 	<u> </u>			<u> </u>		
	Х	24 hrs 24 hrs	88,000 57,000		<u></u>	 				 	 -		12			
		24 hrs	58,000								 		1.2			
	Х	24 hrs	76,000			l					 		1.2	 		
= 16 3	X	24 hrs	89,000								 		1,2			
9 1/198	Х	24 hrs	74,000		<u> </u>					 	 	<u> </u>	1.3			
207/8		24 hrs	74,000													
**************************************		24 hrs	74,000													
3319	X	24 hrs	52,000										1.2			
2007 2008 2000 2000 2000 2000 2000 2000	Х	24 hrs	60,000										1.2			
2	X	24 hrs	62,000				<u> </u>				ļ	ļ	0.1			
	X	24 hrs	85,000	<u> </u>	 	_	ļ	ļ			 		1.2	ļ		
25	X	24 hrs	83,600			 	<u> </u>	ļ	<u> </u>	ļ		<u> </u>	1.3			
##25.60		24 hrs 24 hrs	83,600 83,600			 	 	├—		 	<u> </u>	 		 		
#26#	х	24 hrs	60,000	-						 	 		1			
27278	X	24 hrs	44,000		 	 	 	 	 	 	 	 	0.9			
200 x 20	X	24 hrs	55,500		· · · · · · · · · · · · · · · · · · ·			 		 	†	 	1	 		
29/4		24 hrs	55,500	<u> </u>				1			 		1			
100	X	24 hrs	69,000								<u> </u>		1.1			· · · · · · · · · · · · · · · · · · ·
Service.		24 hrs	69,000													
Homes Aveze												_				
No. WEST	1		71 997	ı												

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



See page 4 for instructions

oce page + for monuctions					
1. General Information for the Month/Year of:	August-04				
A. Public Water System (PWS) Information					
PWS Name: Belleair			PWS Identif	fication Number:	3424000
	Von-Transient Non-Com	munity	Transient Non-Commu	inity	Consecutive
Number of Service Connections at End of Month:	216		Total Population Served	at End of Month:	756
PWS Owner: Aqua Utilities Florida	-				
Contact Person: Michael Fitzgerald			Contact Person's Title:	Area Manager - Flo	rida
Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4			Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail Address: mvfitzgera	ld@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Belleair	" 		Plant Telepl	none Number:	(352) 369-4881
Plant Address: 2400 S.E. 52nd Ave			City: Ocala	State: FL	Zip Code: 34471
Type of Water Treated by Plant: X Raw Ground W	ater Pu	rchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallor	ns per day:	132,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsecti	on 62-699.310(4), F.A	A.C.) C
Licensed Operators in the second seco		AND INTEREST OF THE PROPERTY OF THE	en unconservambales.		
Mark March		С	8287		3 Days per week
Wing Operacias see					
Committee (Application Committee Com					
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed is	n Florida, am the lead/	chief operator of th	e water treatment nlant	identified in Part I	of this report. I certify that the
information provided in this report is true and accurate to the	•	-	-		- · · · · · · · · · · · · · · · · · · ·
			_		-
International Standard 60 or other applicable standards refe					
plant were prepared each day that a licensed operator staffe	-	_	, ,		
rates; and (2) if applicable, appropriate treatment process p	erformance records. F	futhermore, I agree	to provide these addition	onal operations recor	ds to the PWS owner so the PWS
owner can retain them, together with copies of this report, a	at a convenient location	n for at least ten ye	ars.		
•		-			
	Mark March			C8287	
Signature and Date	Printed or Typed Name	e	······································	License Number	
		-			

DEP Form 62-555.900(3)Alternate Page 1

PWS I	dentificat	tion Number	n: -	3424000		Plant Name:	Belleair									
III. Da	ily Data t	for the Mon	th/Year of	-	August-04											
			og Virus Inactiv	iation/Rem			Free C	hlorine		Chlorine I	Dioxide		Ozone	Combined Ch	lorine (C	Chloramines)
		et Radiation			Other (Describ	e):			_							
Type o	f Disinfe	ctant Residu	ual Maintained in	n Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)		Chlorine Dioxide
	77.79		128	TOP A	CT Calculations	, or UV Dose, to I	Demonstrate Fo	our-Log	Virus Inactiv	ation, if Appl	licable*		The state of the s	tie.		Chlorine Dioxide
	Days	aras.	344		Aller and the	* CT Calcu	lations : 📜 🐫	% 35. 20	g versa	. 492	LVU	ose				C. 18
bear.	Plant	199		# 244			Lowest CT		7.384		773 ps		Lowest .			igidio 📆 🚃
	Staffed				Lowest Residual	Disinfectant	Provided	*		1.44		.	Residual			m vi
	Or				Disintectant	Contact Time	Before or	3.394				A6.12	Disintectant			S.
	VISHCU	diam'r so's	Net Quanity		*(C) Refore or at	Measurement	Customer	Temp	10.3	Minimim	Operating	TIV Doce	or Remote.	and the second		
Day of	Operator	Hours	of Finished		First Customers	Point During	Duving	0	of the Horse	A CT	.UV Dose	Required	Point in	Emergenever	Abnormat	Onemine Conditions
othe	Place	(MEDication 2)	el/davater	JPeak Plow	Manne Deskar	trakenk Flower	Peak Flow	Water	Waterwalk	Required	amiv.	sis nW	Distribution	Repair out Manie	manceswo	nicien nivitratione
Monti		A STREET HOLD	efficiosalità la	direct of	Hange milities	d doministry 4	ampenio/Es		/Applicable	ing midle	al section 2 p	300/(Smb)/	System move.	Winer system	n Conjectio	ពីនេសាសាសា <u>ត</u> េពីនៅស
AND AND ADDRESS OF THE PARTY OF	<u> </u>		1 0,,000													·
20	X	24 hrs	56,000		ļ								0.6			
3	X	24 hrs	61,000 84,000		ļ		1				 	ļ	0.8			
3	X	24 hrs 24 hrs	65,000				 			· · · · · · · · · · · · · · · · · · ·	 		0.6			
5 6	X	24 hrs	79,300		 	 	 				 		0.9			
		24 hrs	79,300							 	<u> </u>		0.0	<u> </u>		<u> </u>
Tara		24 hrs	79,300		 											
E COL	X	24 hrs	55,000	<u> </u>	 	}					}		1	<u> </u>		
		24 hrs	59,000		 						1		1			
esius	X	24 hrs	59,000			1							0.8			
	X	24 hrs	63,000										1			
	X	24 hrs	69,300								<u> </u>	ļ <u>.</u>	1.2			
		24 hrs	69,300							<u> </u>						
	<u> </u>	24 hrs	69,300							ļ	ļ	ļ	1.2			
15 (18)		24 hrs	66,000		ļ					 			1.1			
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		24 hrs	74,000				 	-		<u> </u>	 	 	1.2			
200		24 hrs	59,000	 	 	 	 			 	†		1.2			
	1	24 hrs	59,000	 			—			†						
70.5	1	24 hrs	59,000	T	1	 				<u> </u>	I					
	Х	24 hrs	55,000										1.1			
E (2)		24 hrs	61,000										1.2			
76		24 hrs	56,000										1.1			
		24 hrs	51,000							<u> </u>	1	ļ	0.9			
	X	24 hrs	67,000		 	_	 	<u> </u>		 	ļ	ļ	1			
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9.70		24 hrs	67,000 71,500		 	 	 	-		 	 	}	1			
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(345-201) (457-241)		24 nrs	2,052,800	 	1			<u> </u>	<u> </u>	1	<u> </u>	<u> </u>				
			66 210	1												

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



See page 4 for instructions

I. General Information for the Month/Year of:	September-04							
A. Public Water System (PWS) Information								
PWS Name: Belleair				PWS Identif	ication Numl	ber:	3424000	
	Non-Transient Non-Com	munity	Transien	t Non-Commu	inity		Consecutive	
Number of Service Connections at End of Month:	216		Total Popu	lation Served	at End of Mo	onth:	756	
PWS Owner: Aqua Utilities Florida	· · · · · · · · · · · · · · · · · · ·							
Contact Person: Michael Fitzgerald	·			erson's Title:	Area Mana	ger - Florid	la	
Contact Person's Mailing Address: 1343 NE 17th Road		<u> </u>	City:	Ocala	State:	FL	Zip Code:	
Contact Person's Telephone Number: (352) 369-			Contact Pe	erson Person's	Fax Number:		(352) 732-3	213
	ald@aquaamerica.com							
B. Water Treatment Plant Information								
Plant Name: Belleair					ione Number		(352) 369-4	
Plant Address: 2400 S.E. 52nd Ave	 		City:	Ocala	State:	FL	Zip Code:	34471
Type of Water Treated by Plant: X Raw Ground V		rchased Finished Wa	iter	<u></u>				
Permitted Maximum Day Operating Capacity of Plant, gallo	ons per day:	132,000	<u> </u>					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			s (per subsecti				
Leternson Devotors Leternson Control of the Contr		ELEGISMECHES	1					
Mark March	1	C	ļ	8287	_	3	Days per week	
(i) in a least of the second o	·							
			 					
			<u> </u>		 			
					-			
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					-			
			 					
			 		+			
								
II. Certification by Lead/Chief Operator							•	
I, the undersigned water treatment plant operator licensed information provided in this report is true and accurate to International Standard 60 or other applicable standards ref plant were prepared each day that a licensed operator staff rates; and (2) if applicable, appropriate treatment process owner can retain them, together with copies of this report,	the best of my knowled ferenced in subsection 6 fed or visited this plant of performance records. F	ge. I certify that al 62-555.320(3), F.A. during the month in outhermore, I agree	Il drinking of the control of the co	water treatme ertify that the ove: (1) recor	ent chemical e following a rds of amou	s used at t additional nts of che	hisplant confo operations re micals used a	orm to NSF cords for this nd chemical feed
	Mark March				C8287			
Signature and Date	Printed or Typed Name	2			License Nu	ımber	•	

DEP Form 62-555.900(3)Alternate Page 1

PWS Id	WS Identification Number: 3424000 Plant Name: Belleair																
III Dai	ly Data i	for the Mont	h/Year of:		September-04							<u>,</u>					
			og Virus Inactiv				Free C	hlorine		Chlorine D	Dioxide	TT	Ozone	Combined C	Chlorine (Chloramine	s)
		et Radiation			Other (Describe	·):						السما			(-,
Type of	Disinfe	ctant Residu	ıal Maintained ir	n Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines)		Chlorine D	ioxide
THU.	32.	5. 1.	Net Quanty	i i kraja	CT Calculations,	or UV Dose, to L	Demonstrate F	our-Log	Virus Inactiv	ation, if Appl	icable*					3 i i i i i i i i i i i i i i i i i i i	1 25
	.Days.			Tita.		CT Calcul	ations 🚁	į. Le			UVI)ose					
	Plant					40.4944	Lowest CT-				. 1000 1000		Lowest	, '`-',	Ŋ.	7.	Tankii Tan
	Statted			A 80 7	Lowest Residual	Disinfectant .	Provided		33,1	14.		7	Residual			7.	. Value
	Visited				Concentration	Contact 1 line	of Kirct			100	Lowert	Monimum	Disintectant				
e de la companya de l	e by	2.0	Net Quanty	4.32	(C) Before or at-	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remotes				
Dayof	Operator	Hours	Ne of Pinished s		First Customer #	Point During	During	of	(6)110£	is of	WW Dose,	Required	4 Point in a	Emergencyo	e Abnorma	h@perating G	nditions, d
Day of Libe	Place	Planting	G. Walder	Peakillov	Dimini Park	realendy.	Per Colony	Water	EWgras if	Requireds	b in View	L WY	Distribution	Reportation	jjennike i	diction of	restricting
MAXOUUS.	X	24 hrs	44,000	Kalosepula	Lowest Residual Disinfectunt Concentration (C) Before or at First Custonics Drump Polis 1 30 mm/	a sommules para			MAPP MERIOD	Singulari di Sa	Missec Cm24	2500/cm25	asystem and in	Manage Aver	am (50m(s)	(encoloristic)	emion Te
	$\frac{\hat{x}}{x}$	24 hrs	52,000		1.3								0.8	 			
	X	24 hrs	43,000		1.6	-							0.6	 			
2.24		24 hrs	43,000										 				
KINSTON		24 hrs	44,000														
1464	X	24 hrs	70,000														
7.88	X	24 hrs	63,000		1.2								1.1				
907	X	24 hrs 24 hrs	31,000 91,000		1.4						ļ	<u> </u>	1.2	ļ			
	X	24 hrs	70,000		1.3				<u></u>	ļ			1.2				
2011	- 1	24 hrs	70,000		1.5						 		1.2	<u> </u>			
10023	X	24 hrs	68,000		1.4		_						1.6				
	X	24 hrs	68,000		1.3								1.3				
	Х	24 hrs	28,000		1.1								1				
and it	X	24 hrs	57,000		1.2								1.2	<u> </u>			
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(1000) N	Х	24 hrs	62,000		1.2			ļ			ļ <u> </u>		1.2				
(2)		24 hrs	62,000		1.2								 	 			
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2/2		24 hrs	67,000	<u> </u>				 -		·							
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200=1	Х	24 hrs	48,000		1.5								1.3				
4550	X	24 hrs	71,000		1.4		ļ						1.3				
39t =		24 hrs	1.704.000		l	<u> </u>	L		l	<u> </u>		l	<u> </u>	<u> </u>			
Ucinitis Actual			1,796,900 59,897	}													
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



I. General Information for the Month/Year of: Octob	per-04					
A. Public Water System (PWS) Information						
PWS Name: Belleair			PWS Identification	on Number:	3424000	
PWS Type: X Community Non-Tran	sient Non-Community	Transient	Non-Community		Consecutive	
Number of Service Connections at End of Month: 216		Total Popu	lation Served at En	d of Month:	756	
PWS Owner: Aqua Utilities Florida						
Contact Person: Michael Fitzgerald		Contact Per	rson's Title: Are	ea Manager - Flor	ida	
Contact Person's Mailing Address: 1343 NE 17th Road		City:	Ocala Stat		Zip Code: 34470	
Contact Person's Telephone Number: (352) 369-4881		Contact Per	rson Person's Fax N	Number:	(352) 732-3213	
Contact Person's E-Mail Address: mvfitzgerald@aqu	aamerica.com					
B. Water Treatment Plant Information						
Plant Name: Belleair		Plant Telephone 1	Number:	(352) 369-4881		
Plant Address: 2400 S.E. 52nd Ave	City:	Ocala Sta	te: FL	Zip Code: 34471		
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished	Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per da	y: 132,000					
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class	(per subsection 62	2-699.310(4), F.A	.C.) C	
Anticenser perdors a Maray and a maray a Name of the	The state of the s		di Ximahori e e	. Zf.odda	(b)/Siffi(a)/Whiteed Total	
Mark March	С		8287	3 Days per week		
Other Operations Barry Cohen	C		8253		3 Days per week	
4.1 / 1.2 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3 / 1.3						
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed in Florid	a am the lead/chief operator o	f the water tre	atment plant iden	itified in Part I o	of this report. I certify that the	
information provided in this report is true and accurate to the best of			-		=	
<u>.</u>	• •	_				
International Standard 60 or other applicable standards referenced						
plant were prepared each day that a licensed operator staffed or vis						
rates; and (2) if applicable, appropriate treatment process performa		-	these additional of	operations record	ds to the PWS owner so the PWS	
owner can retain them, together with copies of this report, at a con-	venient location for at least ten	years.				
Mark I	March		C8	3287		
Signature and Date Printed	or Typed Name		Lie	cense Number		

PWS Identification	/S Identification Number: 3424000 Plant Name: Belleair														
III. Daily Data	for the Mont	th/Vear of:		October-04						-					
Means of Achie	ving Four-I	og Virus Inactiv				Free Ch	lorine		Chlorine I	Dioxide		Ozone	Combined Ch	lorine (C	hloramines)
	et Radiation			Other (Describe	:):						<u> </u>	осоно Ц			,
				`				Free Ch	orine	Co	mbined C	Chlorine (Chlor	amines)	TTC	Chlorine Dioxide
2 2 2 2 3 3 3				CT Calculations,	or UV Dose, to I	Demonstrate Fo	ur-Loe	Virus Inactir	vation if Appl	icable*		L	2 34 3 3 40 MZ		143.2 12 12 14 15 14 15 14 15 14 15 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15
Days				a Herri	Free Chlorine Combined Chlorine (Chloramines) Combined Chlorine Combined Chlorine (Chloramines) Combined Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Chlorine Combined Chlorine Chlorine								7.5		
Plant			77.7	**************************************		Lowest CT	F. P. District	4 77 174	1000	***		Lowest		20.00	
Staffed	Bara,			Lowest Residual.	Disinfectant.	Provided =	100	, ili) — XX	1 and 1			Residual		Marson Company	ria yr yr
or	6 101	kt. " Th		Disinfectant	Contact Time	Before or					18	Disintectant.	4.0		1 1 to
Visited				- Concentration	(T) at C	at First	4 25	124		Lowest	Minimum	Concentration		a di	de de
Total Course	4	Net Quanty		Elect Cuctomer	Measurement Pour During	Customer	temp		Minimum	auperating	Denime I	at Remote	Trans	A 5-30 01 /	and the second
and program	a lamon sa	Water	Peak Flow	and anymorper Carl	Peak How 5	De la la la la la la la la la la la la la	Vice 1	Walter	Renmed			Tish hamoo			
Month (1990)	i Diversitore	a Produced paid	Rain and		annines a la	ing hin		. The blo	Sile milit		sse/enc	Section 2	with the same of t	i (2000.0) -	មន្ត្រី ប្រជាជាក្រុម (ប្រជាជាក្រុម) មន្ត្រី ប្រជាជាក្រុម (ប្រជាជាក្រុម)
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	24 hrs	63,000													
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II:01:	24 hrs	59,000						<u> </u>					1		
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受制的基	24 hrs	59,500											<u> </u>		
X X	24 hrs	52,000		1.6	<u></u>				ļ			1.4	ļ		
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ZO X	24 hrs	44,000		1.1	l	1			1	1	 	1			
22 X	24 hrs	51,000		1.3	l							1.2			
W2025 X	24 hrs	58,600		1.4								1.3			
2000	24 hrs	58,600													
	24 hrs	58,600				11			<u> </u>	<u> </u>	<u> </u>	<u> </u>			. <u>-</u>
25 X	24 hrs	53,000		1.8		ļi			ļ	<u> </u>		1.4	 		·
X X	24 hrs	77,000	ļ	1.6		 			 	 	├	1.2	 		
28 X	24 hrs 24 hrs	91,000 56,000	 	1.8	 	┼──┤			 	 	┼──	1.2	-		
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SE 00.2	24 hrs	57,000		1.0	 	1			 	†	 	† <u> </u>	1		
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TEXATE STATE OF		1,831,600			-										
AND STREET		59.084	1												

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



See	page	4	for	instr	uctions
000	Pub	•	101	111041	avuono

I. General Information for the Month/Year of:	November-04						
A. Public Water System (PWS) Information						-	
PWS Name: Belleair			PW	S Identification N	lumber:	3424000	
PWS Type: X Community	Non-Transient Non-Com	munity	Transient Nor	-Community		Consecutive	
Number of Service Connections at End of Month:	216		Total Population	Served at End of	f Month:	756	
PWS Owner: Aqua Utilities Florida							
Contact Person: Brian Heath			Contact Person's	s Title: Area M	1anager - Flor	rida	
Contact Person's Mailing Address: 1343 NE 17th R			City: Oca	ala State:	FL	Zip Code:	
	732-6027		Contact Person	Person's Fax Num	iber:	(352) 732-3	213
	eath@aquaamerica.com						
B. Water Treatment Plant Information							
Plant Name: Belleair			Pla	nt Telephone Nun	nber:	(352) 732-6	027
Plant Address: 2400 S.E. 52nd Ave			City: Oca	ala State:	FL	Zip Code:	34471
Type of Water Treated by Plant: X Raw Gro		rchased Finished Wa	ater				
Permitted Maximum Day Operating Capacity of Plant		132,000					
Plant Category (per subsection 62-699.310(4), F.A.C.			Plant Class (per	subsection 62-69	9.310(4), F.A	i.C.) C	
tricansed Operators are stated to the filter of the control No		Elélinediky/(Classia)	MARKET BEFORE N	mboon to the state		(6) (8) (1) (6) (6) (6)	
	March	С	8287			3 Days per week	
(Olden Gigarators - Barry	Cohen	С	8253			3 Days per week	
The second secon							
		l	<u> </u>				
Il Cartification by I as I/Chiaf On austan							
II. Certification by Lead/Chief Operator							
I, the undersigned water treatment plant operator lice							
information provided in this report is true and accura	te to the best of my knowled	lge. I certify that a	ll drinking water	r treatment chem	nicals used a	t thisplant conf	orm to NSF
International Standard 60 or other applicable standar							
plant were prepared each day that a licensed operator							
rates; and (2) if applicable, appropriate treatment pro							
owner can retain them, together with copies of this re				c additional oper	iations recoi	us to the 1 Wo	owner so the r ws
owner can retain them, together with copies of this re	eport, at a convenient location	in for at least ten ye	ais.				
	Morle Morah			C8287	7		
Signature and Date	Mark March Printed or Typed Nam				se Number		
Signature and Date	Printed or Typed Nam	C		Licens	e minner		

Page 1

PWS Identification Number: 3424000 Plant							Belleair								
III. Dai	III. Daily Data for the Month/Year of: November-04														
			og Virus Inactiv			<u></u>	Free C	hlorine	Chlorine	Dioxide		Ozone	Combined Cl	hlorine (Ch	loramines)
		et Radiation			Other (Describ	e):	لسا			, p 10:2:44	ш		comomou o.	mormo (On	ioruminos)
Type of	Disinfe	ctant Residu	ıal Maintained it	n Distributio	on System:			Fr	ee Chlorine	Co	ombined C	Chlorine (Chlor	amines)		hlorine Dioxide
Dayott	30	144.4	No. 18 April 18 April 18	14.14.3	CT Calculations	s, or UV Dose, to	Demonstrate F	our-Log Virus	Inactivation, if Ap	plicable*	· 25.			43.541.24	hlorine Dioxide
2	. Days			3.41	W 9079	CT Calcu	lations	îta 3	Wa Wa	₹ UV	Dose				
175	Plant					\$2 to \$2.	Lowest CT					Lowest		25.5	
[基本]	Staffed				Lowest Residual	Disinfectant	Provided		44.0		(3)	Residual			
	Visited				Disinfectant	Contact Time	Before or					Disintectant			\mathcal{X}_{i}
1	Cbv.sc	10000	Net Quanity		(C) Before or at	Measurement	Customer	Fam. Like	e diament	Lowest	Minimum	Concentration	16 a la	4. B.	Name of the last
Day of	Operator	Hours	2 of Emished		& First Gustomer	Point During	During	TO THE SECOND	inga Penar	MIV Dose	Renimed	Pointana a	Emergention	Abnormal ()	and the Condition
the	(Place	Selant ne		Pakillova	a Dimma Parka	Peak how	Péliation.	Water	iednis – Reminer	Silm V	e inV	Distribution	Resimon Mini	en ances Were	din envalue Taking
Month	(X () ()	AOperation	alboote; talk	REAL PROPERTY OF	relovy, myje z	tale minutes and	0003000/1	Becklin Pays	nteois ingmu	ases/gin	sevens.	System (mg/t	Wit Bysin	i (Componen	s@armicgemino.
	X	24 hrs	51,000			 				. .					
	$\frac{X}{X}$	24 hrs 24 hrs	56,000 84,000		1.2	 	 				ļ	1.1			
U. O. St.	X	24 hrs	88,000		1.3	 	 			-}	 	1.1			·
	X	24 hrs	47,000		1.2	 	 				 	1 1	 		
Baka.		24 hrs	47,000				1				 	 	 -		
836 (3) 62:1780 688(2)		24 hrs	47,000			1					 	 			
	X	24 hrs	47,000		1.2						 	1			
1005	Х	24 hrs	58,000		1.1							1			
	Х	24 hrs	68,000		1							0.8			
建筑的	X	24 hrs	71,000		0.9						<u> </u>	0.6			
	Х	24 hrs 24 hrs	72,000 72,000		1.4	}	<u> </u>			-}		1			
		24 hrs	73,000			 	 			 	 	 -	ļ		- -
#5.00k #21.0#	X	24 hrs	46,000		1.1	}	-			_	 	0.7			
	Х	24 hrs	56,000		1.4	 				-	 	1 - 0.7			
對於	X	24 hrs	77,000		1.3	1						1			
建 图8數	X	24 hrs	81,000		1.6						†	1.2			
E 1988	Х	24 hrs	72,000		1.4							1.1			
72015		24 hrs	72,000	ļ	ļ	1	ļ								
100 St.	_X	24 hrs	74,000		1.5	 	ļ				 	1	ļ		
200 A	X	24 hrs 24 hrs	74,000 49,000	 	00	 				+	 	0.5	<u> </u>		
W04*1		24 hrs	50,000	 	0.8	 	 		 		 	0.5	 		
	X	24 hrs	91,000		1.1	 				+	 	1			
26%	X	24 hrs	65,300		1.2	 	 					1	 		
100		24 hrs	65,300		 	 	†				 	 			· · · · · · · · · · · · · · · · · · ·
建28年		24 hrs	65,300								 		 		
(129)	X	24 hrs	61,000		0.9							0.6			
	X	24 hrs	57,000		1	ļ <u>.</u>	L					1			
		24 hrs	1.024.000			1	<u> </u>				1	<u> </u>	<u> </u>		
			1,936,900 64,563	1											
May ton	(44)	<u>.</u>	91,000	ł											
and the same and the same	washing the Avenue		/,,000	J											

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



See page 4 for instructions

I. General Information for the Month/Year of:	December-04			-	
A. Public Water System (PWS) Information					
PWS Name: Belleair	·		PWS Identifi	cation Number:	3424000
PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Commu	nity	Consecutive
Number of Service Connections at End of Month:	216		Total Population Served a	at End of Month:	756
PWS Owner: Aqua Utilities Florida			·		
Contact Person: Brian Heath			Contact Person's Title:	Area Manager - Flor	rida
Contact Person's Mailing Address: 1343 NE 17th Road	i		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 73	2-6027		Contact Person Person's I	ax Number:	(352) 732-3213
Contact Person's E-Mail Address: beheat	n@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Belleair	Plant Teleph	one Number:	(352) 732-6027		
Plant Address: 2400 S.E. 52nd Ave			City: Ocala	State: FL	Zip Code: 34471
Type of Water Treated by Plant: X Raw Ground	l Water	rchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, ga	illons per day:	132,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection		
Zalicense (20) Senting 22 and Salar 1 commercial Name		Sa License Classica	Treering Minifeday	Property of the Park	
Mark Ma	rch	С	8287		3 Days per week
Office (Vine rigits Barry Col	nen	С	8253		3 Days per week

				<u> </u>	
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator license	ed in Florida, am the lead	chief operator of th	e water treatment plant	identified in Part I o	of this report. I certify that the
information provided in this report is true and accurate					
International Standard 60 or other applicable standards					
plant were prepared each day that a licensed operator st					
rates; and (2) if applicable, appropriate treatment process			_	nai operations recor	ds to the PWS owner so the PWS
owner can retain them, together with copies of this repo	rt, at a convenient locatio	n for at least ten ye	ars.		
	Mark March			C8287	
Signature and Date	Printed or Typed Nam	<u> </u>		License Number	

DEP Form 62-555.900(3)Alternate Page 1

PWS Io	WS Identification Number: 3424000 Plant Name: Belleair															
III. Dai	III. Daily Data for the Month/Year of: December-04															
Means	of Achie	ving Four-L	og Virus Inactiv	viation/Rem	oval: *		Free	Chlorine		Chlorine l	Diovide		Ozone	Combined Chlo	rine (Chloramines)	
ПΠ	Jitraviole .	et Radiation	1		Other (Describe	e):				Ciliornic	DIOXIGE		Ozone	Combined Cino	ine (Chioramines)	,
Type of	Disinfe	ctant Residu	ual Maintained in	n Distributio					Free Chl	orine		ombined (Chlorine (Chlor	ramines)	Chlorine Die	ovido
	-highlig			\$455 Jan.	CT Calculations	or UV Dose to:	Demonstrate:	Four-Los	Virus Inactiv	ation if Ann	licable*	omomea C	Informe (Cino	ammes)	Chlorine Did	oxide
	Days a.	and held our xx xx.		122012		CT Calcu	lations .				UV	Dose				
d water	Plant				A street and	1000	Lowest CT		1978		4.1.1.41	Taring	N Kontout			
	Staffed	2 Development			Lowest Residual	. Disinfectant	Provided	4					Residual	IN FRANCE	2 (1994)	
40 ALTONOMY	***OT			, Two	Disinfectant	Contact Time	Before or			55.00 C			Disinfectant			
	Visited		1	1.000	Concentration	(T) at C	at First	益	14.3	× /:	Lowest	Minimum	Concentration	li 🔐 - Art. 👍		
Day of	Operator		of Finished		(C) Before or ar	Measurement	Customer	Temp.		Minimum	@perating	UV Dose	at Remote	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		di ili
the	Place	100		Peak Flow	Security of the security of th	Peak Blooks			pH of		27.07.6 7.7 1026	Required,	Point in	Emergency or Ab	iomal Oreannessor	dations,
Month		Operations	Podevergn	Rate end	lov men	mining.		To the	Annicables	ano min/l			SCARSTON CONTRACTOR	1. Keesur an Okumen	ire>y/ni funiti hyota.	a lalante
	X	24 hrs	51,000		1.1	St. 21.2 S. Landson and St. Carlotte			STORY CONTRACTOR	000055000000 <u>0</u>	COMMANDO	The state of the s	0.9	Manage 1227/07/2017/03	Hillianiche zwarzanie):	3310015
100000000000000000000000000000000000000		24 hrs	62,000		1.2							†	1 1			
	X	24 hrs	65,600		1.1								I			
		24 hrs	65,600										I			
01.000 PM		24 hrs	65,600													
Barbara Maria	<u>X</u>	24 hrs 24 hrs	78,000 54,000		1.1			-			ļ	↓	1.1			
	X	24 hrs	61,000		1.1		 	-			 _	 	0.8			
	X	24 hrs	64,000		1.1			\vdash				 	1			
	X	24 hrs	72,000		0.8			1				 -	0.5			
		24 hrs	72,000										0.5			
		24 hrs	71,000									1	·			
學98對	X	24 hrs	52,000		0.8								0.5			
	X	24 hrs	68,000		1								0.6			
関節を設	X	24 hrs	59,500		1.2								1			
3006	77	24 hrs	59,500						_							
医前皮膜 CSUSS	X	24 hrs	75,000		1			1					0.8			
100 (SEE		24 hrs 24 hrs	75,000 75,000		 		-	 		ļ	<u> </u>		ļ			
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11000	X	24 hrs	66,000		1			1			-	 	1		.,	
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217-	X	24 hrs	57,000		1.8						-		1.4			
N/25#4		24 hrs	57,000													
688		24 hrs	56,000													
建 2000	X	24 hrs	63,000		2.2+								1.5			
2000 (K SE	V	24 hrs	63,000													
2000 2000	X	24 hrs	65,000		2.2+							1	1.6			
37108	X	24 hrs 24 hrs	66,000 71,000		0.7		 			 		_	 			
TO HE	724		1,989,800		1 0.7	L	<u> </u>	1	L	L	<u> </u>		0.5	L		
Zweenge	- A 5 V		64,187													

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

WS ID:	3424000	Plant Name:	Belleair									
V. Summary of Use of Po	olymer Containing	Acrylamide, Polymer	Containing	Epichlorohydrin, and Iror	or Manganese Sequ	estrant for the Year: *						
A. Is any polymer containing the follows:	e monomer acrylamide us	sed at the water treatment pla	ant?	✓ No								
Polymer Dose ppm =				Acrylamide Level, % =								
B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? polymer are as follows:												
Polymer Dose ppm =				Epichlorohydrin Level, % ^t =								
C. Is any iron or manganese seq	uestrant used at the water	treatment plant?	✓ No									
Type of Sequestrant (polypho	osphate or sodium silicate	e):										
Sequestrant Dose, mg/L of p	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =											
If sodium silicate is used, the	If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =											

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



I. General Information for the Month/Year of:	January-05									
A. Public Water System (PWS) Information										
PWS Name: Belleair		PWS Identi	fication Number:	3424000						
	Non-Transient Non-Community	Transient Non-Commi		onsecutive						
Number of Service Connections at End of Month:	216	Total Population Served	at End of Month:	756						
PWS Owner: Aqua Utilities Florida										
Contact Person: Brian Heath		Contact Person's Title:	Area Manager - Florida							
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749						
Contact Person's Telephone Number: (352) 787-0	·	Contact Person Person's	Fax Number:	(352) 787-6333						
	aquaamerica.com									
B. Water Treatment Plant Information										
Plant Name: Belleair Plant Telephone Number: (352) 787-0980										
Plant Address: 2400 S.E. 52nd Ave		City: Ocala	State: FL	Zip Code: 34471						
Type of Water Treated by Plant: X Raw Ground W		Water	·							
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 132,000										
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsecti	on 62-699.310(4), F.A.C.)	C						
I TALE AND EXPLANATION OF THE COMMISSION		The state of the s								
Mark March	C	8287	3 D	ays per week						
Open Coleman States										
			 							
										
			 							
										
II. Certification by Lead/Chief Operator										
	- Platin and all all 11.6	Cit	:1 .:C 1: D .x Cd	· · · · · · · · · · · · · · · · · · ·						
I, the undersigned water treatment plant operator licensed in										
information provided in this report is true and accurate to the										
International Standard 60 or other applicable standards refe										
plant were prepared each day that a licensed operator staffe										
rates; and (2) if applicable, appropriate treatment process pe	erformance records. Futhermore, I agr	ee to provide these addition	nal operations records t	o the PWS owner so the PWS						
owner can retain them, together with copies of this report, a			•							
	Mark March		C8287							
Signature and Date	Printed or Typed Name		License Number							

PWS Io	lentificat	ion Number	:	3424000		Plant Name:	Belleair									
III Dai	v Data f	or the Mont	h/Year of:		January-05	·										
Means	of Achie	ving Four-L	og Virus Inactiv				Free C	hlorine		Chlorine I	Diovide		Dzone	Combined Chi	orine (C	hloramines)
Πī	Itraviole	et Radiation	og i muo muoni		Other (Describe	e):			لــا	Cinorino	JIONIUC	Ц,	20116	Combined Citi	ornic (C	moramines)
Type of	Disinfe	ctant Residu	al Maintained in	Distributio	n System:				Free Chl	orine	T Co	mbined Cl	ılorine (Chlora	mines)		Chlorine Dioxide
19625	**************************************	46	2.00	Agrico XVIII	CT Calculations	or UV Dose, to l	Demonstrate F	our-Log	Virus Inactiv	ation if Apol	icable*	anomed C		mmes)		Chlorine Dioxide Oreusting Conditions of float-line Section 1
	Days			* Tr 	e de la companya de l	CT Calcu	lations	3 / 57 (A	, (AM 25) (Au)	700	"t UV I	Dose				
	Plant			100		200	Lowest CT		(21 /26) (1)		. 13		Lowest			
	Staffed				Lowest Residual	Disinfectant	*Provided	. 75		216.3			Residual		18 20 N MAL	
	OF				Disinfectant	Contact Time,	Before or	774		111742	200 S.	ara Gr	Disinfectant	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		
de de	hv		Net Quanty	2	Concentration	(I) at C	Cuctomer	Temn			Lowest	Minimum	Concentration		30.16	
Day of	Operator	i Hours	of Finished	444	First Customer 3	Point During	Corner	of	pH of Water	Numinum Territoria	TV Dose	Remired	at Kemote			
the	guher	Plantin :	Water Water	T de iou	During Peaks	Pook Flower	Literature 1	Waters		Kenuirei	e i mwe sa		Distribution	า เการ์	nance W	
Monte	(620	#Operations	CProducation		MANIFICATION AND LOSS	animures	Fringanii/I	(0.11)	Applicable	100 1007	essec/cm2*	\$ 55 /ein?	Sister in the	Valley Section	Compone	nik (vidsort) samonésii
		24 hrs	71,000							<u> </u>	<u> </u>					
	v	24 hrs	72,000	 			├ ──┤				 -	 				
	X	24 hrs	74,000		1.4	ļ	 				 	 _	1			
	X	24 hrs	73,000		1.8	ļ	 			-	 	<u> </u>	1.2			
10 6 5	X	24 hrs	46,000		1.6					 	 	<u> </u>	1.4			
3 474		24 hrs	46,000													
	X	24 hrs	92,000		1.4								1.2			
		24 hrs	93,000				 			L	 					
	X	24 hrs 24 hrs	59,000		1.8	ļ	 			 -	ļ		1.4			
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		24 hrs	60,000		1.7		 			 	 	 	1.2			
	Х	24 hrs	58,000		1.6				······································	-	 	 	1.2			
		24 hrs	58,000									 				
18416 B		24 hrs	58,000													
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400	X	24 hrs	71,000	ļ	1.2	ļ					<u> </u>	ļ	11			
22V		24 hrs	71,000	 	 	 	 			 	 	-				
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		24 hrs	66,000	 		 	 			1	 	 	 			
	х	24 hrs	68,000	 	1.4	1	 			 	 	 	1.2			
ខេត្តម			2,026,000		·	<u> </u>							·	<u> </u>		
Value of the		L. C.N.	65 355	7												

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

PWS ID:	3424000	Plant Name:	Belleair		
V. Summary of Use of Poly	mer Containing A	crylamide, Polymer	Containing	Epichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: *
A. Is any polymer containing the n	nonomer acrylamide use	d at the water treatment pla	nt?	✓ No	
follows:					
Polymer Dose ppm =				Acrylamide Level, % ^t =	
B. Is any polymer containing the m	nonomer <u>epichlorohydri</u>	n used at the water treatmen	t plant?	✓ No	
polymer are as follows:					
Polymer Dose ppm =				Epichlorohydrin Level, %t=	
C. Is any iron or manganese seque	strant used at the water	treatment plant?	☑ No		
Type of Sequestrant (polyphosp	hate or sodium silicate)	:			
Sequestrant Dose, mg/L of pho-	sphate as PO ₄ or mg/L o	f silicate as SiO ₂ =			
If sodium silicate is used, the a	mount of added plus nat	urally occurring silicate, in	mg/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions General Information for the Month/Year of: February-05 A. Public Water System (PWS) Information **PWS Name:** Belleair PWS Identification Number: 3424000 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 218 Total Population Served at End of Month: 763 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 State: Zip Code: 34749 City: Leesburg FL Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Belleair Plant Telephone Number: (352) 787-0980 Plant Address: 2400 S.E. 52nd Ave Ocala State: FL Zip Code: 34471 City: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 132,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) C The like is to the second SECULOSIONIMINATES SESSIONIMINATES ได้เกิดเกิดที่สู่คนการ 8287 3 Days per week Mark March C more than to sell a II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March C8287 Signature and Date Printed or Typed Name License Number

PWS Identifica	tion Number	r:	3424000		Plant Name:	Belleair								_	
III. Daily Data	For the Mont	h/Vor.of		February-05											
		og Virus Inactiv	rintian/Domo			F. C.	OL1		011 : 7						
Illtraviole	et Radiation	og virus machv	nation/Reind	Other (Describe	۸.	Free C	Chlorine	Ш	Chlorine I	Dioxide		Ozone	Combined Cl	nlorine (C	hloramines)
							- 	E CII							
Type of Dismit	Ctarit Nesidi		Distributio	CT Coloulations	ININ A			Free Chl	orine	Co	ombined Cl	nlorine (Chlora	amines)		Chlorine Dioxide
Door.			7 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C1 Calculations	OT Calci	Demonstrate i	rour-Log v	Trus Inactiv	ation, 11 Appl	icable		12.44	8.7754	76.5	37.4
Plant				CONC.	14 19 4 1	I amazi CT		T	22		Lose in the				
Staffed	Wilde.	No. 2	n in in	Lowest Residual	Disinfectant	Provided	234	Ji Gra	16.54	44.25	\$ - Q	Lowest			a Phase
* or	a: 11 - 7	7 		Disinfectant	Contact Time	Before or						Disinfectant			y it was the
Visited	0.4			Concentration	(T) at Cal	at First			4	Lowest	Minimum	Concentration		la lovesta	edi L i
allowed Operator		Net Quanity		(C) Before of at	Measurement	Customer	Temp		Minimum	Operating	UV Dose	at Remote 🗜			44 8
Alica Piss	1	300	page 1	ris asiomer.	10mE Juring	201100C	0 1	il of welco		V Dose,	Required,	##Pointin	Emergency of	Abnormali	Operating Conditions (
Daylof Operato	Opening	Protected val	Trails From	nation makes		E Tirk min		antendia.					2 (GDI (1-7)	ienines va	
2006EE	24 hrs	58,000				To be a first of the state of t	and the state of t	ili in at mile till til til fårligsen					1.00	The state of the s	
X X	24 hrs	63,000	2.8									2			
X	24 hrs	58,000	1.8									1.4			
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Z	24 hrs	66,000		 		 	\vdash				 -				
X	24 hrs	60,000	1.4				 -			<u></u>		1.2			
	24 hrs	60,000				 	1 1				 	1.2			
X	24 hrs	65,000	1.4			1	 					1			
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	24 hrs	61,000	1.4			 	 				<u> </u>	1.2			
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12 X X X X X X X X X	24 hrs	80,000	1.4			<u> </u>						1.2			
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2000 (c) 4 m	24 nrs 24 hrs	68,000	1.4				├── ┼			ļ ———	 	1.2			
es x	24 hrs	59,000	1.6			 	 			 -		1.2	 		
F82698	24 hrs	60,000				 	1					1.2			
	24 hrs	60,000									1 -				
X28 X	24 hrs	55,000	1.8									1.4			
1 2 2 2 E	24 hrs						$\perp \Box$								
25 X 25 X 28 X 29 X	24 hrs 24 hrs					 	1								
เลย		1,885,900				<u> </u>		·	l	I	1		l		
		67.354													

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

W:	S ID:	3424000	Plant Name	: Belleair				
V.	Summary of Use of Poly	mer Containing	Acrylamide, Poly	mer Containing	Epichlorohydrin, and Iro	n or Manganese Sequ	estrant for the Year: *	
A.	Is any polymer containing the m	nonomer acrylamide	used at the water treatme	nt plant?	✓ No			
	Polymer Dose ppm =				Acrylamide Level, %t=			
В.	Is any polymer containing the molymer are as follows:	onomer epichlorohy	drin used at the water tre	atment plant?	✓ No			
	Polymer Dose ppm =				Epichlorohydrin Level, %t=			
C.	Is any iron or manganese seques	strant used at the wat	er treatment plant?	☑ No				
	Type of Sequestrant (polyphosp.	hate or sodium silica	ite):					
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/	L of silicate as SiO ₂ =					
	If sodium silicate is used, the an	nount of added plus	naturally occurring silica	te, in mg/L as SiO ₂ =	=			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions I. General Information for the Month/Year of: March-05 A. Public Water System (PWS) Information Belleair PWS Name: PWS Identification Number: 3424000 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 218 Total Population Served at End of Month: 763 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: State: Leesburg FL Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Belleair Plant Telephone Number: (352) 787-0980 Plant Address: 2400 S.E. 52nd Ave City: Ocala State: FL Zip Code: 34471 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 132,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Participation of the second of An altitracyalgumiter for the track of the problem Lens/Chruaujaenne Mark March \mathbf{C} 8287 3 Days per week ให้เรียงออกเหาะรัฐ II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March C8287 Signature and Date Printed or Typed Name License Number

PWS Iden	tificati	on Number		3424000		Plant Name:	Belleair										
		or the Mont			March-05												
			og Virus Inactiv	iation/Remo	val: *		Free C	hlorine	e	Chlorine I	Dioxide		Ozone	Combined C	hlorine (Chloramine	:s)
		t Radiation			Other (Describe	e):						_				•	
Type of D	isinfec	tant Residu	al Maintained in	Distribution	n System:				Free Chl	orine	Co	mbined C	hlorine (Chlora	amines)		Chlorine I	Dioxide
		4 TAV	1.12×1.31 (1.78)	40.	Lowest Residual Disinfectant Concentration (C) Before or at First Customers During Feek	, or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiv	ation, if Appl	icable*	×J. By	AL DELLA				1100
	Days :		. Birs		T .	CT Calcu	lations		and provided	400	UV)	Dose :			-,		
S	Plant !						Lowest CT		3460	2.0	Photo:		Lowest	3		,	i v
د	or Carica				Disinfectant	Contact Time	Provided .				100		Residual	riche di Fordela			
l v	isited	9. 137		4.32.4	Concentration	(T) at C	at First	y 38.		Sin.	Lowest	Minimum	Concentration		1.00		
*44 ALE	by .	tion,	Net Quanity		1 (C) Before or at	Measurement	Customera	Temp.	A STATE OF THE STA	Minimum	Operating	UV Dose	at Remote :	Inches.			in.
Day of O	erator	Hours	t of finished	- 7	First Customer	Point During	During	of	pH of Water	O.	UV Dose	Required,	* «Point in 3	#Emergency o	r Abnorma	Dépending 6	onditions
Davot O	Mace !			(2) (3) (1)	During Peak		22100 6 04	Water		sterio real a		nW*	Distributions	RaisineOcVill	illerenne V	Mishing myd	iks lidelig
KEEK	HAND BU	24 hrs	55,000		1				1600 Transition (2)		ansercenza	wsecrem2	ASVISIEM AND IS	Service respect	misemno	rentrong	research ==
NO OFF	X	24 hrs	135,000		1.6							 	1.2				
		24 hrs	135,000														
W/485	X	24 hrs	75,000		1.4								1.2				
		24 hrs	75,000									ļ					
	$\frac{1}{x}$	24 hrs 24 hrs	75,000		1.0						ļ	ļ					
	<u>^</u>	24 hrs	43,000 43,000		1.6		}		<u> </u>			 -	1.4				
	X	24 hrs	70,000		1.8		 			 	 	 	1,2				
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3000	X	24 hrs	82,000		1.6		T						1.2				
E124		24 hrs	82,000														
	 _	24 hrs	83,000		 							ļ					
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17.8		24 hrs	55,000		1.7	 				 		 	1				
	X	24 hrs	65,300		1.6			-	 	 	†		1.2	f			
是加列		24 hrs	65,300]		1					
3202		24 hrs	65,300														
	X	24 hrs	47,000		1.4		ļ	ļ		ļ	ļ	 	1.2				
222	X	24 hrs	59,000		1.2	<u></u>	 				ļ	 	1				
12.1	^-	24 hrs 24 hrs	59,000 59,000	<u> </u>	1.0		 			 	 	 	1.4				
	$\overline{\mathbf{x}}$	24 hrs	56,000	 	1.8		 			 	 	+	1.2				
\$3000 B		24 hrs	56,000	<u> </u>	1	-	 		 	 	1	 	1	 			
		24 hrs	57,000				t	-									
=238==	X	24 hrs	53,000		1.6				Ĺ				1.2				
900		24 hrs	54,000				ļ				<u> </u>						
	<u>X</u> _	24 hrs	84,000	<u></u>	1.6	 	ļ	ļ		 	 -	 	1.4				
Tikozi	X	24 hrs	85,000 2,099,900	ļ 	1.4	<u> </u>	1	L	L	l	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	1.2				
Arthur Control			2,099,900 67,730	1													

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

WS	S ID:	3424000	Plant Name:	Belleair			
V.	Summary of Use of Poly	mer Containing Acrylan	nide, Polymer (Containing E	pichlorohydrin, and Iron	n or Manganese Sequestrant for the Year: *	
A.	Is any polymer containing the me	onomer acrylamide used at the	water treatment plan	nt?	✓ No		
	follows:						
	Polymer Dose ppm =	_			Acrylamide Level, % =		
В.	Is any polymer containing the m	onomer epichlorohydrin used at	the water treatmen	t plant?	☑ No		
	polymer are as follows:						
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =		
C.	Is any iron or manganese seques	trant used at the water treatmen	t plant?	✓ No	•		-
	Type of Sequestrant (polyphospl	hate or sodium silicate):					
	Sequestrant Dose, mg/L of phos		as SiO ₂ =				
	If sodium silicate is used, the an	nount of added plus naturally oc	curring silicate, in	mg/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

I. General Information for the Month/Year of: April-05				

A. Public Water System (PWS) Information		Invio vi ila		20
PWS Name: Belleair		·	cation Number: 342400	
PWS Type: X Community Non-Transient Non-Com	munity	Transient Non-Commun		ve
Number of Service Connections at End of Month: 218		Total Population Served a	at End of Month: 763	
PWS Owner: Aqua Utilities Florida		Ia		
Contact Person: Brian Heath		Contact Person's Title:	Area Manager - Florida	1 24740
Contact Person's Mailing Address: PO Box 490310		· · · · · · · · · · · · · · · · · · ·		de: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's F	ax Number: (352)	787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com				
B. Water Treatment Plant Information				
Plant Name: Belleair	· ·-	Plant Telepho		787-0980
Plant Address: 2400 S.E. 52nd Ave		City: Ocala	State: FL Zip Co	de: 34471
	rchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 62-699.310(4), F.A.C.) C	
The envolvations of the state of the London Control of the state of th			n er ferday (syashii(g)	
Mark March	С	8287	3 Days per	
Oliga Operators Bob Maxon	С	2810	3 Days per	week

II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead	/chief operator of th	ne water treatment plant i	identified in Part I of this repo	rt. I certify that the
information provided in this report is true and accurate to the best of my knowled				
International Standard 60 or other applicable standards referenced in subsection				
plant were prepared each day that a licensed operator staffed or visited this plant				
rates; and (2) if applicable, appropriate treatment process performance records. l			nal operations records to the P	WS owner so the PWS
owner can retain them, together with copies of this report, at a convenient location	on for at least ten ye	ars.		
Mark March			C8287	
Signature and Date Printed or Typed Nam	ne	- : 	License Number	
-				

PWS Ide	ntificati	ion Number	:	3424000	Plant Name:	Belleair								
III. Daily	Data fo	or the Montl	h/Year of:	April-05										
				iation/Removal: *		Free Chlo	rine	Chlorine D	ioxide	По	zone	Combined Ch	lorine (Cl	nloramines)
		t Radiation	Ü	Other (Descril	oe):					<u> </u>	Ц			
Type of	Disinfec	tant Residu	al Maintained in	2011 11 10 11			Free Ch	lorine	Co	ombined Ch	lorine (Chlora	mines)	\Box	Chlorine Dioxide
		7.4	5.00	Lowest Residua Lowest Residua Disinfectant Concentration (C) Before 6: at First Customer Peak Engys Rate grad Rate grad 1.6	ns, or UV Dose, to I	Demonstrate Four-	Log Virus Inacti	vation, if Appli	cable*			25.	1300	
	Davs	- 1		100	. CT Calcu	lations	******* *** **************************	\$1.00 K	. UV	Dose 💯 🗀				
[3.]	Plant				440	Lowest CT	11. 79497:153	14.3	25		Lowest			
	Staffed	1.		Lowest Residua	* Disinfectant	Provided				1000	Residual			1.00 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 - 1.00 -
	or 🐙	74. in	T. Trusta	Disinfectant 💆 🛴	Contact Time	Before of			des V	4.5	Disinfectant		97 - X.	
	Visited			Concentration	(T) at G	at First	at last 1		Lowest.	Minimum	Concentration		1 142	354
	by	- 4	2 Net Quanty	(C) Before or at	Measurement	Customer Te	nps	Minimum	-Operating	UV Dose	at Remote		dia dia dia dia dia dia dia dia dia dia	
	olicialo.	0,00	a supplied			3,0000	TE DE OF VOIC	14 F 7 - (SI	U// D086	Required.	A LOUIS DE	Emergency in	Abnormal (reguige conditions
Month		Or The	in moral side					2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			-5-nextering(r)	i gestings-April		
Day of L	Х	24 hrs	37,000	1.6		Laboret - Company and Control of St.			100000000000000000000000000000000000000	222222	1.2	A Commission of the Commission	221	
翻忆。		24 hrs	37,000					 						
44014		24 hrs	38,000									-		
發射性	X	24 hrs	112,000	1.6							1.4			
	X	24 hrs	80,000	1.8							1.4			
	_X	24 hrs	59,000	1.6		<u> </u>				ļi	1.2			
			59,000		<u> </u>	ļ		- -		4				·
40) 66	Х	24 hrs 24 hrs	70,000 70,000	1.8		1				 	1.4			
		24 hrs	70,000			 			 	 		<u> </u>		
in a	Х	24 hrs	59,000	1.6	 	 		 		 	1.4			· · · · · · · · · · · · · · · · · · ·
30074	X	24 hrs	70,000	1.8		 		 	l	+	1.2			
300	X	24 hrs	67,000	1.6		1		-	· · · · · · · · · · · · · · · · · · ·	 	1.4			
		24 hrs	68,000		1	 				 				
100 5.7	Х	24 hrs	88,600	1.8						1	1.2			
[][6.K		24 hrs	88,600											
		24 hrs	88,700											
	X	24 hrs	93,000	1.6		<u> </u>		ļ			1.4			
F. 1974		24 hrs	93,000			 			 	 				
44.2	X	24 hrs	97,000	1.6	 				ļ	1	1.2			
50) () 50) [7	X	24 hrs	98,000 92,000	1.8	<u> </u>	 		 -	-	+	1.4			
		24 hrs 24 hrs	92,000	1.5	 	 		 	 	 	1.4			
2019		24 hrs	92,000			 	- 	 	-					
	Х	24 hrs	54,000	1.4		 		<u> </u>			1.2			
2000		24 hrs	54,000	A1		1	 	+		1 -				
100 gran	x	24 hrs	62,000	1.6		1	_	1			1.2			
1000 (Sept		24 hrs	62,000											
(100))	Х	24 hrs	74,000	1.2							I			
0.0072		24 hrs	74,000											
	······································	24 hrs		<u> </u>						1	<u> </u>	<u>L</u>		
100	#4 <u>1</u> 2		2,198,900											

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

WS ID:	3424000	Plant Name:	Belleair					
V. Summary of Use of Poly	mer Containing Acrylan	iide, Polymer	Containing	Epichlorohydrin, and Ir	on or Manganese Sec	questrant for the Year	* *	
A. Is any polymer containing the n follows:	nonomer acrylamide used at the	vater treatment pl	ant?	✓ No				
Polymer Dose ppm =				Acrylamide Level, %t=				
B. Is any polymer containing the n polymer are as follows:	nonomer <u>epichlorohydrin</u> used at	the water treatme	nt plant?	☑ No				
Polymer Dose ppm =			·	Epichlorohydrin Level, %t=				
C. Is any iron or manganese seque	strant used at the water treatmen	plant?	✓ No					
Type of Sequestrant (polyphosp	ohate or sodium silicate):							
Sequestrant Dose, mg/L of pho	sphate as PO ₄ or mg/L of silicate	as SiO ₂ =						
If sodium silicate is used, the a	mount of added plus naturally oc	curring silicate, ir	mg/L as SiO ₂ =					

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instruction	S										
I. General Information	for the Month/Yes	ır of:	May-05								
A. Public Water System	n (PWS) Informati	on									
PWS Name:	Belleair							fication Numb	er:	3424000	
PWS Type:	X Community		on-Transient Non-Com	munity			ent Non-Commi			Consecutive	
Number of Service Co			218			Total Pop	oulation Served	at End of Mo	nth:	763	
PWS Owner:	Aqua Utilities Flor	ida									
Contact Person:	Brian Heath						Person's Title:	Area Mana			
Contact Person's Mail		Box 490310				City:	Leesburg	State:	FL	Zip Code:	
Contact Person's Telep		(352) 787-09				Contact I	Person Person's	Fax Number:		(352) 787-0	6333
Contact Person's E-Ma		beheath@a	quaamerica.com							<u></u>	·····
B. Water Treatment Pl	ant Information										
Plant Name:	Belleair		-				Plant Telepl	none Number	<u>:</u>	(352) 787-	
Plant Address:	2400 S.E. 52nd Av					City:	Ocala	State:	FL	Zip Code:	34471
Type of Water Treate		Raw Ground Wa		rchased Finish	ed Wa	ater					-
Permitted Maximum			s per day:	132,000							
Plant Category (per si			V				ıss (per subsecti				
Soficensel of Perose				medicionis a C	a\$3		<u>เคราให้กับกับค</u> ร		10)	1/(9/7 117 (6), Wa	
- Lega ChrokOpanor		Mark March		C			8287	<u> </u>		3 Days per weel	
ារមន្តហ្គំនេកហេតុ៖		Bob Maxon		C			2810			3 Days per weel	
		Paul Thompson		A			7251			3 Days per weel	K
											· · · · · · · · · · · · · · · · · · ·
7.											
74.1.1 (A)											
										<u> </u>	
					-						
II. Certification by Lea	ad/Chief Operator										
I, the undersigned water	r treatment plant o	perator licensed in	Florida, am the lead	chief operator	r of tl	he water t	reatment plant	identified in	n Part I	of this report.	certify that the
information provided in											
International Standard											
plant were prepared ea											
rates; and (2) if applica							e tnese additio	nai operatio	ns reco	ras to the PWS	owner so the P w S
owner can retain them,	together with copi	es of this report, at	t a convenient locatio	n for at least t	en ye	ears.					
			Mark March					C8287			
Signature and Date			Printed or Typed Nam	e				License Nu	ımber		

PWS Id	entificat	tion Number	r:	3424000		Plant Name:	Belleair									
III. Dail	y Data f	or the Mont	h/Year of:		May-05											
			og Virus Inactiv	iation/Remo			X Free C	Chlorine		Chlorine I	Dioxide		Ozone	Combined Ch	lorine (Chlor	aminec)
		et Radiation			Other (Describe	e):	٠٠٠٠٠ ا		لــا	Cinornic	JIOAIGC	L. '	Ozone	Combined Cir	ionio (Cinoi	annies)
	Disinfe	ctant Residu	al Maintain allia	n Distributio	- C			X	Free Chl	orine	Co	mbined C	hlorine (Chlora	mines)	Chle	orine Dioxide
	rilani.		Net Quanty of timesed		Linust Residual Disinfectant Concentration (C) Before otal Erist Gustonics	s or UV Dose to	Demonstrate F	our-Loe	Virus Inactiv	ation if Appl	icable*			unnes)	Cinc	Affic Dioxide
	Davs			5.23 2	1330 - HW21	CT Calcu	lations 🔻	142		- 141 vej	נעט יי	Dose	the spire	anje i jed		
	Plant	77.00		7.4	第一" " 第166.		Lowest CT	1955		481.7	4)		Lowest			
	Staffed	Berring V.			Lowest Residual	Disinfectant	Provided	127		100 A			Residual			
7	or "				Disinfectant	Contact Time	Before or				362	1.13	Disinfectant	SS - SE,		
	AIRICA	THE PERSON NAMED IN COLUMN		- 5275	Concentration	(T) at C	at First			7	Lowest	Minimum	Concentration	Cont.	Maria Maria	
Jay of	Dy Davidson	Hours	Net Quanty		s (C) Before of at	Measurement	Customer	lemp		Minimum	Operating	UV Dose	at Remote			
The A	by Operator (Clace)	3		a D		Parent	D		Da to evence			Required:	Point in a	Emergency or	Vinormal Oper	ning (sonditions)
a Day of the Market Mar	- X0 F		a reduction	Rine Fra	AMPROVATE TO		danie minut.		. Health				5.00			i Pose
A 1 (1998)		24 hrs												and the second of the second s	Maria Maria de Cara de	Control of the state of the sta
223	X	24 hrs	75,000		1								0.6			
		24 hrs	75,000													
	<u> </u>	24 hrs	51,000		0.6	<u> </u>		1			ļ		0.4			
	X	24 hrs 24 hrs	51,000 75,600		0.8	<u> </u>	-				_	ļ				
		24 hrs	75,600		0.8	 	-	\vdash			 	 	0.4			
		24 hrs	75,600								· · · · · · · · · · · · · · · · · · ·	 		 -		
98 0.	X	24 hrs	40,000		ī		1					 	0.8			
9 40#		24 hrs	40,000				1				<u> </u>	<u> </u>				
	X	24 hrs	44,000		1.2								I			
#31 <u>0</u> 0		24 hrs	44,000					L								
10 (CAST)	X	24 hrs	59,600	<u></u>	1.4	<u> </u>						<u> </u>	I			
21 Age 48 15 3		24 hrs	59,600 59,600		 	 		├ ─┤			<u> </u>	<u> </u>	}			
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400		24 hrs	74,000													
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25253 24263	_^_	24 hrs 24 hrs	96,000 96,000		1.2	-	 	├		 	 	 	1			·
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29		24 hrs	108,000				T			† 	 	 				
30.6	X	24 hrs	123,000		1.2								1			
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[de:			2,770,100													
ave ere			89,358	1												

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

WS ID:	3424000	Plant Name:	Belleair		
V. Summary of Use of Poly	mer Containing Acrylan	iide, Polymer	Containing E	pichlorohydrin, and Iron	or Manganese Sequestrant for the Year: *
A. Is any polymer containing the m				✓No	
Polymer Dose ppm =				Acrylamide Level, %1=	
B. Is any polymer containing the molymer are as follows:	ionomer <u>epichlorohydrin</u> used at	the water treatme	nt plant?	✓ No	
Polymer Dose ppm =				Epichlorohydrin Level, %t=	
C. Is any iron or manganese seques	strant used at the water treatment	plant?	✓ No		
Type of Sequestrant (polyphosp	hate or sodium silicate):				
Sequestrant Dose, mg/L of phos		as SiO ₂ =			
If sodium silicate is used, the ar	nount of added plus naturally oc	curring silicate, in	mg/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions I. General Information for the Month/Year of: June-05 A. Public Water System (PWS) Information PWS Name: Belleair PWS Identification Number: 3424000 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 763 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: Zip Code: 34749 Leesburg State: FL. Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Belleair Plant Telephone Number: (352) 787-0980 Plant Address: 2400 S.E. 52nd Ave lCity: Ocala State: FL Zip Code: 34471 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 132,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) \mathbf{C} Misenseolis perainis 22 Sussiana and an an Anime Resi E Marcense Number with Engage A page day (system) (shwhite) a page a pag Lend/Chia/Chia/alia#i Mark March 8287 3 Days per week ไม่ใต้เต็บปังเคยเกิดจะ **Bob Maxon** \mathbf{C} 2810 3 Days per week Paul Thompson Α 7251 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March C8287 Signature and Date License Number Printed or Typed Name

DEP Form 62-555.900(3)Alternate Page 1

PWS Identificati	ion Number	:	3424000	Plant Name:	Belleair										
III. Daily Data fo			June-05								**************************************				
		og Virus Inactiv	iation/Removal: *		X Free (Chlorine		Chlorine D	ioxide		Ozone	Combined Cl	hlorine (C	hloramines)	
Ultraviole	t Radiation		Other (Descr	ibe):											
Type of Disinfed	ctant Residu	al Maintained in	Distribution System: CT Calculation Lowest Residual Disinfectant Concentration (C) Before 9/2 Priss Custome Paledon Distribution System Paledon Distribution State Sta			X	Free Chlo	orine	Co	ombined C	hlorine (Chlora	mines)		Chlorine Dio	xide
\$ 10 B	Prince Con	i i i i i i i i i i i i i i i i i i i	CT Calculation	ons, or UV Dose; to	Demonstrate I	our-Log Vi	rus Inactiva	tion, if Appli	cable* 🚁	de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la		oth) Mala	(31.0) (40)	· · · · · ·	Tage of the
Days!				CT Calc	culations	195	77.54	297	ÜV	Dose 🐷	ret i	di T			478 (747 ₄).
Plant					Lowest CT						Lowest			Armiros IV Astronomio	A Table
Staffed	Carlos V.		Lowest Residu	al Disinfectant	Provided			syke yil	30 C		Residual	(1954) 7. February			13:00
Viena	2.1		Lisinieciant	Contact Lime	Before of		10.0		i I owed	A	Disintectant s			en en en en en en en en en en en en en e	\$25
by		Net Ougnity	(C) Before or	it. Measurement	# Customer	Temn	733	Minimum	Operating	IIV Dose	and Remote.	CTION .	esola d	-	Z
Day of Operator	Hours	of Finished	First Custome	Point During	During	stor pi	of Water	CT &	JUV Dose	Required	Point in 2	a Emergency or	Abrormal	Operating Cond	litions,
Sile M. Place	Planting		Peduction Cleaning Pedu	Peak Flow	Paktion	Water	, 11 E	, kivijina i	in W	mX	Dispibution	Kaparon Viin	(entiree W	ik that Involve	Fraking.
	a Operation 2		askiesorii sattovinia	FF THINKS	ing min/t		And health	Singanings.	Sevem2	set/on2	istatem anovit	VALUE STATE	n Comiór	nsignation.	
X X	24 hrs	68,000	1		4	├ ──-}		-		 	1	 			_
X X	24 hrs 24 hrs	116,000 86,000	1.2							+	1.2				
	24 hrs	86,000	1.4			 				 	1.2				
	24 hrs	86,000			 	 -			-						
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X X	24 hrs	58,000	1.2	<u> </u>	1			_		 	1.2				
3 X X	24 hrs	61,000	1								0.8				
9,57	24 hrs	61,000													
X X	24 hrs	51,000	1.4								1.2				
MINES 2019/34	24 hrs	51,000				 				 	<u></u>				
2/2.24	24 hrs	52,000				├ ──-		_		 	1				
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2000	24 hrs	68,000	1.2			1					† · · · · ·	<u> </u>			
Alemania.	24 hrs														
		1,827,000													
Samuel Stringer Autor Commence Commence	The second second second	4	1												

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

ws	S ID:	3424000	Plant Name:	Belleair				
V.	Summary of Use of Polyn	mer Containing Acrylam	ide, Polymer (Containing I	Epichlorohydrin, and Iro	n or Manganes	e Sequestrant for the $\overline{ m Y}$ ea	r: *
A.	Is any polymer containing the me	onomer acrylamide used at the w	ater treatment plan	nt?	No			
	follows:							
	Polymer Dose ppm =				Acrylamide Level, % ^t =			
B.	Is any polymer containing the m	onomer <u>epichlorohydrin</u> used at	the water treatmen	t plant?	✓ No			
•	polymer are as follows:							
	Polymer Dose ppm =				Epichlorohydrin Level, %'=			
C.	Is any iron or manganese seques	trant used at the water treatment	plant?	☑ No				
	Type of Sequestrant (polyphospl	hate or sodium silicate):						
	Sequestrant Dose, mg/L of phos		as SiO ₂ =					
	If sodium silicate is used, the an	nount of added plus naturally occ	curring silicate, in	mg/L as SiO ₂ =				

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions I. General Information for the Month/Year of: July-05 A. Public Water System (PWS) Information PWS Name: Belleair PWS Identification Number: 3424000 PWS Type: X Community Non-Transient Non-Community **Transient Non-Community** Consecutive Number of Service Connections at End of Month: 218 Total Population Served at End of Month: 763 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Zip Code: 34749 FL (352) 787-0980 Contact Person's Telephone Number: Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Belleair (352) 787-0980 Plant Telephone Number: Plant Address: 2400 S.E. 52nd Ave Zip Code: 34471 City: Ocala State: FL. Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 132,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Electronic Following Francisco Committee & TABLE OXISTALLA Districtioning A LOT TABLES ្រីទីក្រុងCharl (ប្រធានាស្វាន វ Mark March 8287 3 Days per week Mid: Certainis: - - - -Gary Kissick C 7846 3 Days per week Paul Thompson Α 7251 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March C8287 Signature and Date Printed or Typed Name License Number

PWS Identificat	S Identification Number: 3424000 Plant Name: Belleair													
III Daily Data	I. Daily Data for the Month/Year of: July-05													
		og Virus Inactiv				X Free Cl	lorine	Chlorine I	Dioxide		Ozone	Combined Ch	lorine (Chloramines)	
[] Illtraviole	et Radiation	-		Other (Describe	۸.	_	-			L				
Type of Disinfe	ctant Residu	al Maintained in	Distribution	n System:			X Free (Chlorine	Co	mbined Cl	nlorine (Chlora	mines)	Chlorine Dio	xide
-15ig. g	Sept. Tal.	34.5.6	ánga Kalán	CT Calculations	or UV Dose, to I	Demonstrate Fo	ur-Log Virus Ina	ctivation, if Appl	icable*					
Days			ti Yylundi d	waters	2 CT Calcul	ations 💮 📑			UV	Dose 🖖		i i		ndra Were Gast 1187
Plant			7.38			Lowest CT				7 - 10	Lowest			
Staffed			1.23	Lowest Residual	Disinfectant	Provided			and the second		Residual		Jans	
or a				Disinfectant	Contact Time	Before or					Disinfectant			eren en en frak Sistematik
Visited		N. O.	47.2	Concentration	(T) at C	at First		到 、 对	Lowest	Minimum	Concentration			1,000
David Goento	Hours	of Function	TO THE STATE OF	and Colombia	Pont Inting	During	remp	TOTAL	A DATE OF THE PARTY OF THE PART	D V DOSC	Doint in 3-8		Abnormal Continue Conc	litions
The Min.	The lane in a	Eliwa Z	-Pederkwa	Divine Parkets	E Peak Pritter	Pediction.	Variet 2006	Requireda		Man W	Erstributions	ReferenceMain	and was paramonive	Taking
Aprilla 1888	acoperations	Valuesit val	e Raile spain			all same (e.g.	COF Montes	ole line-minus	3550500	realCm2	Statem mysta	Waterstate	erica (captio e inscinio di	ation
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	24 hrs	51,000	 	1						 	0.8			
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THE STATE OF THE S	24 hrs	83,000				 			 					
Tabl	277	1,996,000					····			1	1	•		
Western.		64,387]											

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

WS :	ID:	3424000	Plant Name:	Belleair				
V. S	Summary of Use of Poly	mer Containing Acrylam	ide, Polymer C	Containing E	pichlorohydrin, and	l Iron or M	anganese Sequestrant for the Y	ear: *
	s any polymer containing the m follows:	onomer acrylamide used at the w	rater treatment plan	t?	✓ No			
F	Polymer Dose ppm =				Acrylamide Level, %'=			
	Is any polymer containing the m polymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	plant?	✓ No			
E	Polymer Dose ppm =				Epichlorohydrin Level, %	6 ¹ =		
C. I	Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No				
7	Type of Sequestrant (polyphosp)	hate or sodium silicate):						
[5	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate	as SiO ₂ =					
I	If sodium silicate is used, the an	nount of added plus naturally occ	urring silicate, in n	ng/L as SiO₂ =				

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instruction								 				
I. General Information			August-05	-				·····	<u> </u>			
A. Public Water Syster		tion										
PWS Name:	Belleair							PWS Identif		ıber:	3424000	
PWS Type:	X Community		Non-Transient No	on-Comm	unity			ent Non-Commu			Consecutive	
Number of Service Co			218				Total Po	pulation Served	at End of M	onth:	763	
PWS Owner:	Aqua Utilities Flo	rida										
Contact Person:	Brian Heath							Person's Title:	Area Man			
Contact Person's Maili		Box 490310					City:	Leesburg	State:	FL	Zip Code:	
Contact Person's Telep		(352) 787					Contact I	Person Person's	Fax Number	r:	(352) 787-6	5333
Contact Person's E-Ma		beheath(@aquaamerica.co	<u>om</u>								· · · · · · · · · · · · · · · · · · ·
B. Water Treatment Pla	ant Information											
Plant Name:	Belleair							Plant Teleph	none Numbe	er:	(352) 787-0	
Plant Address:	2400 S.E. 52nd A						City:	Ocala	State:	FL	Zip Code:	34471
Type of Water Treated		X Raw Ground			chased Finish	ed Wa	iter					
Permitted Maximum I			ons per day:	1	32,000							
Plant Category (per su			V		17/ 41/ V 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************		ass (per subsection				
ar-titemesil@rointos=					a License G	ass.	Little	neo Minisor			vio istiio) wa	
alesionetonesion		Paul Thomps			A			7251			3 Days per week	
Cing Obstance - Tele		Mark Marc			C			8287			3 Days per week	
		Gary Kissio	ck		C			7846			3 Days per week	
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II Cartification 1 -1	1/Ch: . C O											
II. Certification by Lea	 											
I, the undersigned water	r treatment plant o	perator licensed	l in Florida, am th	ne lead/cl	hief operato	r of th	ne water t	reatment plant	identified	in Part I o	of this report. I	certify that the
information provided in												
International Standard												
plant were prepared eac												
rates; and (2) if applica												
								e mese additio	niai operan	ons recor	us to the FWS	owner so the L M S
owner can retain them,	together with cop	ies of this report	, at a convenient	iocation	for at least	ten ye	ars.					
			Paul Thompson						A7251			
Signature and Date			Printed or Type	ed Name					License N	lumber		

PWS Id	entificat	ion Number	:	3424000		Plant Name:	Belleair										
III Dail	v Data f	or the Montl	h/Year of		August-05												
			og Virus Inactiv				X Free C	hlorine		Chlorine D)ioxide		Ozone	Combined	Chlorine	Chloramines)	
		t Radiation	-6		Other (Describe		٠٠		لــا			<u> </u>		J			
	D	4 4 D 11	al Maintained ir	n Distribution	<u> </u>			X	Free Chlo	orine	Пс	ombined C	hlorine (Chlor	amines)		Chlorine Dic	oxide
	142		official integral	V - 1 - 1 - 1 - 1 - 1	CT Calculations CT Calculations Lowest Residual Disinfectant Concentration sc(a) Before or at ansatz Castome Dising Personal	, or UV Dose ∗to l	Demonstrate Fo	our-Log V	irus Inactiva	tion if Appl	cable*			## # # # # # # # # # # # # # # # # # #			Ziat I.
100	Days	*	100	2/2/200		CT Calcu	lations (1)	100	Salar te	4.770	: UV	Dose		100		5	
	Plant				77.		Lowest CT	6.4	1000			1.75	Lowest				
¥2,44	Staffed	287 GB			Lowest Residual	Disinfectant	Provided	6	73	1			Residual				100
	or			a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	Disinfectant	Contact Time	Before or			1000	a and		Disinfectant	27.0			
	Visited		S. 54-346		Concentration	(T) at C	at First		Sept.		Lowest	Minimum	Concentration				
iDay of a the the the the the the the the the the	Operator	E House	Net Ollamiy		With Delore of Mi	Point Down	*Customer	Temp	LI ATAVA	Minimum	Operating	UVIDOSE	at Kemote				
the	Prist.	elman.	all value	Penk Blow	Dilinio Periodi		PARTING	Water		Remined			Distribution	Strengt or M		a di di	Mislano.
avionti.		Operion	antroduced value	tere out	Allowament and	Animales	nig=milvt	8	At all colors	me minus	Second.	307/9117	System mo/I	Veilersy	Sie in Commit	mance of the bridge	nina i
	Х				ı								0.6				
320,000		24 hrs	66,000				ļ				<u> </u>						
	X	24 hrs	60,000		0.8		ļ				<u> </u>	 	0.6				
0.000	X	24 hrs 24 hrs	60,000 60,000		0.8		<u> </u>				 	-	0.8				
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7/		24 hrs	60,000			 	1					 -				·	
	Х	24 hrs	53,000		1		1 1					 	0.8	_			
	Х	24 hrs	56,000		1.2							1	1				
	Х	24 hrs	59,000		1.4								1				
		24 hrs	60,000														
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		24 hrs	65,000				1							<u> </u>			
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M 10:3		24 hrs	88,000				1						1	· · · · · · ·			
EHIO)E	Х	24 hrs	79,600		1.6								1.4				
7/04		24 hrs	79,600														
22 F		24 hrs	79,600		<u> </u>		_							<u> </u>			
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300 300	V	24 hrs	67,000 63,000	 	1.2	 	 				 	 	1	 			
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200	x	24 hrs	63,000	 	1.4			- 		 -		1	1	1			
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E 20	Х	24 hrs	92,000		1.4								1				
3 403	X	24 hrs	50,000		1.2						<u> </u>		1				
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Detail =		201	2,069,800	-													
AVGINECE CONTRACTOR			66,768	1													

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

PWS	S ID:	3424000	Plant Name:	Belleair									
IV.	Summary of Use of Poly	mer Containing Acrylam	ide, Polymer (Containing I	Epichlorohydrin, and Iron	n or Manganese	Sequestrant for	the Year: *					
A.	Is any polymer containing the mofollows:	onomer acrylamide used at the w	ater treatment plan	nt?	No								
	Polymer Dose ppm =				Acrylamide Level, %t=								
В.	B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? polymer are as follows:												
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =								
C.	Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No									
	Type of Sequestrant (polyphospl	hate or sodium silicate):											
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate a	as SiO ₂ =										
	If sodium silicate is used, the an	nount of added plus naturally occ	urring silicate, in	mg/L as SiO ₂ =									

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



DEP Form 62-555.900(3)Alternate

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

See page 4 for instruction	1S								
I. General Information	for the Month/Year of:	September-05							
A. Public Water Syste	m (PWS) Information								
PWS Name:	Belleair				PWS Identif	ication Numbe	er:	3424000	
PWS Type:	X Community	Non-Transient Non-Com	munity [Transie	nt Non-Commu	ınity	Co	nsecutive	
	onnections at End of Month:	218		Total Pop	ulation Served	at End of Mon	th:	763	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact P	erson's Title:	Area Manage	er		
Contact Person's Mail				City:	Leesburg		FL	Zip Code:	
Contact Person's Tele	<u> </u>	37-0980		Contact P	erson Person's	Fax Number:		(352) 787-6	333
Contact Person's E-M		h@aquaamerica.com							<u> </u>
B. Water Treatment P	lant Information								
Plant Name:	Belleair				Plant Teleph	none Number:		(352) 787-0	1980
Plant Address:	2400 S.E. 52nd Ave			City:	Ocala	State:	FL	Zip Code:	34471
Type of Water Treate			rchased Finished Wa	ter					
	Day Operating Capacity of Plant, g	allons per day:	132,000						
	ubsection 62-699.310(4), F.A.C.):	V			ss (per subsecti			С	
Lieguszakoneginyse			Filtronko (Hass-F	SEPRIME	ide Numb ers (i		f Dayley	Shift(s))Woo	kvir z Esi
Levar Chie Operation	Paul Thor	pson	Α		7251		3 Da	ays per week	
Office Operation Africal	Mark Ma	rch	С		8287			ays per week	
	Gary Kis	sick	С		7846		3 D	ays per week	
						<u> </u>			
11:52:00								<u> </u>	
				<u> </u>					
				<u> </u>	- <u></u>				
H C :: 1 1	NOLL CO								
II. Certification by Le	ad/Chief Operator								<u> </u>
I, the undersigned water	er treatment plant operator licens	ed in Florida, am the lead/	chief operator of th	ie water tr	eatment plant	identified in	Part I of th	is report. I	certify that the
_	n this report is true and accurate		-		•			-	-
	60 or other applicable standards								
	ch day that a licensed operator st								
	able, appropriate treatment proce				tnese additio	nai operation	s records i	o me Pws	Jwher so the P w
owner can retain them	together with copies of this repo	rt, at a convenient location	n tor at least ten ye	ars.					
		Paul Thompson				A7251			
Signature and Date		Printed or Typed Name	e			License Nun	nber		

PWS Identifica	ation Number	:	3424000		Plant Name:	Belleair										
III. Daily Data	for the Mont	h/Year of:	Sei	ptember-05							·····					
		og Virus Inactivi	iation/Removal:	*		X Free C	hlorine	: []	Chlorine D	Dioxide		Ozone	Combined Ch	lorine (Chloramines)	
Ultravio	let Radiation	_	☐ Ot	ther (Describe)) :						·					
Type of Disinf	ectant Residu	al Maintained in	Distribution Sy	ystem:	_	-	Х	Free Chl	orine	Co	mbined C	hlorine (Chlora	mines)		Chlorine Dioxi	ide
W.L.		Ner Quanty	and the same	CT Calculations,	or UV Dose, to	Demonstrate Po	our-Log	Virus Inactiv	ation, if Appli	icable*	Ball Project	4	- A.C.			ye. Xan
Days				1900	CT Calci	ılations	(galla)	2.1.2		- 15/1 - TUVJ	Dose			7/25A		2.0
Plant			âri. 🔛			Lowest CT			12.80			Lowest		15	i 4 () Mi rodo a la colonia. Si 19 ⁸ i Propinsi di	West Sea
Staffed			,Lo	owest Residual	Disinfectant !	Provided		71 N	Part I	a	P. Wiles	Residual		tara.v		30
OF	100			Disintectant	Contact Time	Before.or	Name and	44.74	21, 114			Disinfectant		**************************************	-5	
VISICA ThV		Net Quantity	Jeans C	Nefore or at	Measurements	at riist #Sustamer	Temn	1 200	Minimum	# Onerating	IV Dose	at Remote			1.00	
Day of Operato	n et Hours	Cof Hunshed at	1745 LF	irsi Cusiomer &	Point During	Donne	of	pH of Water	CT	NaDose.	Required.	G. Point in	Emergencyon	Abnorma	i Operating Condit	ions,
ite # Place	hem ne	e vices	aPeak How	Doming Ke Is	Feato Flow	Paranher.	Water,		Required	mW.	mW	Distribution	Reparativant	enance V	Zita in the other	aking
Voniti = Xiii	Citation?	in den	State (grafie)	idow missi		Tilly mindle		Windowskills	\$100 militar	350 Em2	eceriem2	Systems in plan	Valendale	r Editus (ion/ X
Days Plant Staffer or Visitec by Dev 91 Operate the Additional Add	24 hrs	00,000									ļ	2				
X	24 hrs 24 hrs	61,000 62,000		2.8		+			 	 -						
X X	24 hrs	62,000				 			 							
X X	24 hrs	62,000		3.5	-				 		 	2.4				
X	24 hrs	51,000		3.5								2.4				
	24 hrs	52,000									<u>. </u>					
X X	24 hrs	50,000		2.5								2				
	24 hrs	75,000		1.8		ļ				<u> </u>		1.4				
	24 hrs	75,000				<u></u>	<u> </u>			<u> </u>	<u> </u>					
12 F X	24 hrs 24 hrs	76,000 82,000		1.6		<u> </u>		<u> </u>	+	 		1.2				
	24 hrs	82,000		1.0		+		<u> </u>	 		 	1.2				
X	24 hrs	93,000		1.4				 	 	<u> </u>	 	1.2				
	24 hrs	93,000				1				1						
1516 X	24 hrs	120,000		1.6								1.4				
3017	24 hrs	120,000														
3.5	24 hrs	120,000				_						ļ				
Maro III. X	24 hrs	81,000	 	1.2	ļ	 		<u> </u>	 		 	1				
X	24 hrs	81,000		1.6		+		 	 	 	+	1.4			- · · · · · · · · · · · · · · · · · · ·	
X	24 hrs 24 hrs	63,000 63,000	 	1.0		+		 		 	 	1.4			 	
X	24 hrs	76,000	 	1.4	 	 			1	 	 	1.2				
122 F21	24 hrs	76,000				T		 		<u> </u>		1				
100 SS 100	24 hrs	76,000														
■ 260 X	24 hrs	96,000		1.2								1				
2525	24 hrs	96,000				4			ļ	-	ļ	 	 			
28 X	24 hrs	60,000	 	1.4	ļ	_	 	 	 	 	 	1.2				
2.0) X	24 hrs 24 hrs	61,000 54,000	-	1.2		 	 	 	-	-	1-	1			· · · · · · · · · · · · · · · · · · ·	
	24 hrs	34,000	 	1.2	 	+	┼──	 	 	1	+	 				
		2,285,000	 		1			<u> </u>					1,			
Calumi		76.167	1													

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

PWS ID:	3424000	Plant Name:	Belleair			
IV. Summary of Use of Poly	ymer Containing Acrylan	iide, Polymer (Containing E	pichlorohydrin, and Iroi	n or Manganese Sequestrant for the Year: *	
A. Is any polymer containing the	monomer acrylamide used at the	water treatment pla	nt?	✓ No		
follows:						·
Polymer Dose ppm =				Acrylamide Level, % ^t =		
B. Is any polymer containing the	monomer epichlorohydrin used at	the water treatmen	t plant?	✓No	_	
polymer are as follows:						
Polymer Dose ppm =				Epichlorohydrin Level, %'=		
C. Is any iron or manganese seque	estrant used at the water treatmen	t plant?	☑ No			
Type of Sequestrant (polyphos	phate or sodium silicate):					
Sequestrant Dose, mg/L of pho	sphate as PO ₄ or mg/L of silicate	as SiO ₂ =				
If sodium silicate is used, the a	mount of added plus naturally oc	curring silicate, in	mg/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions										
I. General Information f	or the Month/Year of:	October-05								
A. Public Water System	(PWS) Information									
PWS Name:	Belleair					PWS Identif	fication Numb	er:	3424000	
PWS Type:	X Community	Non-Transient Non-Com	munity	7	Transi	ent Non-Commi	unity	\Box	Consecutive	
	nections at End of Month:	218			Total Po	pulation Served	at End of Mor	nth:	763	-
	Aqua Utilities Florida									
Contact Person:	Brian Heath				Contact	Person's Title:	Area Manag	ger		
Contact Person's Mailin					City:	Leesburg	State:	FL	Zip Code:	
Contact Person's Teleph					Contact	Person Person's	Fax Number:		(352) 787-6	333
Contact Person's E-Mai	I Address: <u>beheath@</u>	aquaamerica.com								
B. Water Treatment Pla	nt Information									
Plant Name:	Belleair					Plant Telep	hone Number:		(352) 787-0	
Plant Address:	2400 S.E. 52nd Ave				City:	Ocala	State:	FL_	Zip Code:	34471
Type of Water Treated			rchased Finishe	d Wa	ter					
	Day Operating Capacity of Plant, gallo	ons per day:	132,000							
	osection 62-699.310(4), F.A.C.):	V				ass (per subsecti				The state of the s
Malioenseal Circumois and	Managarasa kirikasa kirikament		PHARTEONS (S)			រីសែខ) (million និ		Øi∈ZD8)(s)/s#fii(s) Wij	region of the
Ventament) For a Child State of the Child State of	Paul Thomps	on	A			7251			3 Days per week	
OHERONGERORS - HEESE	Mark March	1	С			8287			3 Days per week	:
	Gary Kissic	K	С			7846			3 Days per week	
"我们是有 是一个	•									
										_
					Ĭ					
II. Certification by Lead	I/Chief Operator									
I the undersigned water	treatment plant operator licensed	in Florida, am the lead	chief operator	r of th	e water i	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 knowled	loe I certify t	hat al	l drinkin	a water treatm	ent chemicals	s used :	at thisplant conf	orm to NSF
information provided in	0 or other applicable standards ref	the best of my knowled	ige. Teerniy (IIAL AI		s costification	o following a	ddition	al operations re	cords for this
International Standard o	or other applicable standards re-	erenced in subsection (02-333.320(3)	, г.А.	C. Taise	certify that th	to Comming a	uuiiioi	lai Operations ic	d abamical food
plant were prepared each	h day that a licensed operator staff	ted or visited this plant	during the mo	nth ir	idicated	above: (1) reco	oras of amour	its of c	nemicais used a	na chemicai ieea
	ole, appropriate treatment process					de these addition	onal operation	ns reco	rds to the PWS	owner so the PW
owner can retain them, t	together with copies of this report,	at a convenient locatio	n for at least t	en ye	ars.					
		Paul Thompson					A7251			
Signature and Date		Printed or Typed Nam	ie				License Nu	mber		
@										

PWS Identific	ation Number		3424000	Plant Name:	Belleair						, , , , , , , , , , , , , , , , , , , ,	
W D '' D '	6 4 1	1.01 C										
III. Daily Data			October-05		121 p 0					· · · · · · · · · · · · · · · · · · ·		
			iation/Removal: *		X Free Ch	lorine	Chlorine I	Dioxide		Dzone	Combined Chlo	orine (Chloramines)
	let Radiation		Other (Descr	ibe):								
Type of Disin	ectant Residu	ial Maintained in	Distribution System:			X Free C	Chlorine	Co	mbined Cl	nlorine (Chlora	ımines)	Chlorine Dioxide
Days Plant Staffe	4 / 144	3.134	CT Calculati	ons, or UV Dose, to	Demonstrate For	ir-Log Virus Inac	tivation, if Appl	icable*	\$1P/5			
Days				OT Calci	ulations	- And	9,0	UVI	Dose.			
Plant					Lowest CT				#1	Lowest		
Staffer		Mar Var	Lowest Residu	al Disinfectant	Provided			l i di		Residual	A 14	i i i i i i i i i i i i i i i i i i i
or v			Disinfectant	Contact Time	Before or					Disinfectant		A
by by		Net Outpub	Concentrano	n ×(I) at C	at First		1,724	Lowest	Minimum	Concentration		
Day of Operate	or W. Hours	A Crinished		Point During	100	Walland & Wa	er Von	Operating.	D v Dose	at Kemote		Marino Samo Alberta
tie a piplac	Planting	Water Water	Pakinow Silbinio Peak	STREET BOOK	Per Bowli		Real Property			Distribution		
Or Visite by Daylor Operate the Second Months	Operation	Printed	Listribution System: CT Calculate Lowest Residu Disinfectant Concentratio s(C) Before or Fractions Peak reference Britis Britis Belger	ni niniteses	inite minut	Cont Manufical	le meminu	Sec/em/2	or cm2	System in the	Williassystem	ollomat Operating Conditions once work that nyolves, laking ampanens tour ox observations
10 (E.S.)	24 hrs	- 1,700										
2102.6 2	24 hrs	54,000										
X	24 hrs	53,000	1.4		\bot					1.2		
4	24 hrs	54,000			<u> </u>			<u> </u>				
X X	24 hrs	51,000	1.8	 	┩					1.2		
X	24 hrs	55,000	1.6		 		<u> </u>	 		1.2		
Sales X	24 hrs 24 hrs	55,000 55,000	1.6		 		_	 -		1.4		
	24 hrs	56,000			 			 				
X X	24 hrs	58,000	1.4		1 -1			 		1.2		
	24 hrs	54,000	1.6	 	 			 	<u> </u>	1.4		
X July X	24 hrs	62,000	1.4					 		1.4		
2000	24 hrs	63,000	<u> </u>		 			 		1.2		
X X	24 hrs	69,000	1.2		 		1 -			<u> </u>		
4115 E	24 hrs	69,000			1 1		1	1 ~				
M16.4	24 hrs	69,000										
3417 X	24 hrs	67,000	1.2							11		
Mari 3750	24 hrs	67,000										
X X	24 hrs	76,000	1.2				1	 		1		
# 1/3 X	24 hrs	76,000						<u> </u>				···
200 X	24 hrs	55,000	1.3							1.1	ļ	
1237.	24 hrs	55,000										
- V	24 hrs	55,000 49,000	14		 	-		 		12	ļ	
X 22 X	24 hrs 24 hrs	49,000	1.4					 	 	1.2	ļ	
X	24 hrs	57,000	1.6		+		 	+	 	1.4	 	
	24 hrs	57,000	1.0	-	1		1	 	 	1.4		
	24 hrs	30,000	1.4	 	+ +		- 	 	 	1		
X 28 X	24 hrs	30,000	1.4	- 	 			 				
4,200	24 hrs	30,000			1			1	 		<u> </u>	
X	24 hrs	43,000	1.2		1	1		1		ı		
Donail GEE		1,727,000				•						
Average		55,710										
Maxinum' 7		76,000]									

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

ws	S ID:	3424000	Plant Name:	Belleair									
V.	Summary of Use of Poly	mer Containing Acrylam	ide, Polymer (Containing E	pichlorohydrin, and	Iron	or Manganese S	Sequestrant for the Year: *					
A.	. Is any polymer containing the m follows:	onomer acrylamide used at the w	rater treatment plan	nt?	✓ No								
	Polymer Dose ppm =				Acrylamide Level, % ^t =								
В.	Is any polymer containing the m polymer are as follows:	s any polymer containing the monomer <u>epichlorohydrin</u> used at the water treatment plant? No No											
	Polymer Dose ppm =				Epichlorohydrin Level, %	′° ^t =							
C.	. Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No									
	Type of Sequestrant (polyphospl	hate or sodium silicate):											
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate	as SiO ₂ =										
	If sodium silicate is used, the arr	nount of added plus naturally occ	urring silicate, in a	ng/L as SiO ₂ =									

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

See page 4 for instructions									
I. General Information for the Month/Year of: November-05									
A. Public Water System (PWS) Information									
PWS Name: Belleair		PWS Identification Number: 3424000							
PWS Type: X Community Non-Transient Non-Commun		Transient Non-Commu		Consecutive					
Number of Service Connections at End of Month: 218		Total Population Served a	at End of Month:	763					
PWS Owner: Aqua Utilities Florida									
Contact Person: Brian Heath		Contact Person's Title: Area Manager							
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749					
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's I	Fax Number:	(352) 787-6333					
Contact Person's E-Mail Address: beheath@aquaamerica.com									
B. Water Treatment Plant Information									
Plant Name: Belleair		Plant Teleph	one Number:	(352) 787-0980					
Plant Address: 2400 S.E. 52nd Ave		City: Ocala	State: FL	Zip Code: 34471					
	ased Finished Wat	ter							
	2,000								
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection							
	Musense Glass at	edicationis extinibute an		av@XShifi(@).iWorksola s statutation					
Paul Thompson	Α	7251		3 Days per week					
Mark March	C	8287	3 Days per week						
Gary Kissick	С	7846	3 Days per week						
Outy Kissiok									
II. Certification by Lead/Chief Operator									
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at 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 duri									
rates; and (2) if applicable, appropriate treatment process performance records. Futh owner can retain them, together with copies of this report, at a convenient location for			nai operations reco	ords to the PWS owner so the PWS					
Paul Thompson			A7251						
Signature and Date Printed or Typed Name			License Number						
- 21									

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

PWS Identific	ation Number	-	3424000		Plant Name:	Belleair								
III. Daily Data	a for the Mont	h/Vear of:		November-05										
		og Virus Inactiv				X Free Cl	alorine	Chlorine I)iovide	 	Ozone	Combined Cl	lorine (Chloramin	les)
	olet Radiation			Other (Describe	·)·	K The Ci	norme		JIOXIGE	Ш `	520He	Combined Ci	norme (Cinoralini	ics)
m cn::			Distribution		·)·		X Free	Chlorino	Co	mbinod C	hlorine (Chlora	minoo)	Chlorine	Diovido
Type of Disin	incceant restut	Net Quanty (2007)	Distribution	CT Calculations	or IIV Dose to	Demonstrate E		activation, if Appl						Dioxide
			Managara (San	4.23.546	CT Calc	ulations	di-Log viida i	accivation, if Appr	LIVI	Dose				*:
Plant				7,9574	W 4.0	I owest CT	- a - 1 - 1 - 1 - 1	1 202		* 40.0	Loviget	147) 1471		
Days Plant	ad 📑 🗀	8452.)		Lowest Residual	Disinfectant	Provided			\$. b	(4) (1) (4) (1)	Residual			44.V
or				Disinfectant	Contact Time	Before or	100				Disinfectant	100	- G	
Visite	d			Concentration	(T) at C	at First			Lowest	Minimum	Concentration		Aug Ag	188
L by		Net Quanity		(C) Before or at	* Measurement	Customer	Temp	Minimum	Operating	UV Dose	at Remote			
Day of Operation		Total	Open Comme	Lucius Gustomer	Stoling Suring	During	or peror	Vicinity (CI)	UV Dose	Required,	Com In Sec	Emergency of	Abnormal Operating	Conditions
Month State	o oremone	e Broduced coal	Cate op is	(C) Before or at First Customer During Real Howany to	minutes	ang min	e .	and marinda	300 OH 22	50 om 2				
X X	24 hrs	52,000		1.6							1.2		Abrormal Operating enance Workshalan	42
X	24 hrs	54,000		1.4							1.2			
3 E X	24 hrs	61,000		1.4										
数4 X 数5%	24 hrs	68,000		1.6						<u> </u>	1.4			
14 (6 kg	24 hrs	69,000 69,000							ļ					
X	24 hrs 24 hrs	65,000		1.6					 		1.2			
A A	24 hrs	66,000		1.0		+			-	-	1.2			
9 X	24 hrs	87,000		1.4		+			 		1.2			
10. X	24 hrs	66,000		1.4		1				-	1.4			
X X	24 hrs	85,000		1.4							1.2			
0.0246	24 hrs	85,000												
24 (346	24 hrs	86,000								<u></u>				
X 14 X	24 hrs	72,000		1.6							1.2			
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116 X	24 hrs	70,000		1.4					 		1.2			
##18# X	24 hrs	75,000		1		+			<u> </u>	 	0.6			
193	24 hrs	75,000								†	Ü.0		· · · · · · · · · · · · · · · · · · ·	
\$420 B	24 hrs	75,000			<u> </u>					_				
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\$6000E	24 hrs	71,000												
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1124 8	24 hrs	73,000		ļ		 			L	<u> </u>				
X X	24 hrs	79,000		1.1		 			 	 	0.6			
226 8 527 8	24 hrs 24 hrs	79,000 79,000				 			 -	 	ļ			
28 X	24 hrs	48,000	 	 	 	 			 	 	0.5			
32999 A	24 hrs	48,000	 -	<u> </u>					1	-	1 0.5			
#30% X		57,000		1.5						1	1.1		 	
RECTAL	24 hrs													
Modelle est to		2,100,000												
Averege		70,000	ĺ											
Miximum		87,000	j											

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

W	S ID:	3424000	Plant Name:	Belleair		-				
V.	Summary of Use of Polyi	mer Containing Acry	lamide, Polymer	Containing E	pichlorohydrin, and Iron	or Manganese	Sequestrant for th	ie Year: *		
A.	Is any polymer containing the me follows:	onomer acrylamide used at	the water treatment pla	int?	✓ No					
	Polymer Dose ppm =				Acrylamide Level, %t=					
B. Is any polymer containing the monomer <u>epichlorohydrin</u> used at the water treatment plant? polymer are as follows:										
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =					
C	. Is any iron or manganese seques	trant used at the water treati	ment plant?	✓ No						
	Type of Sequestrant (polyphospl	hate or sodium silicate):								
	Sequestrant Dose, mg/L of phos		cate as SiO ₂ =							
	If sodium silicate is used, the an	nount of added plus naturall	y occurring silicate, in	mg/L as SiO ₂ =						

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

I. General Information for the Month/Year of: December	er-05					
A. Public Water System (PWS) Information			——————————————————————————————————————			
PWS Name: Belleair		PWS Identi	fication Number:	3424000		
PWS Type: X Community Non-Transier	nt Non-Community	Transient Non-Comm		Consecutive		
Number of Service Connections at End of Month: 218		Total Population Served	at End of Month:	763		
PWS Owner: Aqua Utilities Florida						
Contact Person: Brian Heath		Contact Person's Title:	Area Manager			
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749		
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's	Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaameric	ca.com					
B. Water Treatment Plant Information						
Plant Name: Belleair		Plant Telep	hone Number:	(352) 787-0980		
Plant Address: 2400 S.E. 52nd Ave		City: Ocala	State: FL	Zip Code: 34471		
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished Wa	ater				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000					
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsect				
HELICONICOL DESIGNATIONS AND ADDRESS OF THE ADDRESS	Library Classification	ि मिल्लाहर आर्मिक्ट	E STRAN	(s/Shiù(s) volkaled kare e e		
Paul Thompson	A	7251	3 Days per week			
(Other Operators	C	8287	3 Days per week			
Gary Kissick	C	7846	3 Days per week			
				·		
U C						
II. Certification by Lead/Chief Operator						
I, the undersigned water treatment plant operator licensed in Florida, a	m the lead/chief operator of the	he water treatment plant	identified in Part I of	f this report. I certify that the		
information provided in this report is true and accurate to the best of n	ny knowledge. I certify that a	Il drinking water treatme	ent chemicals used at	thisplant conform to NSF		
International Standard 60 or other applicable standards referenced in s						
plant were prepared each day that a licensed operator staffed or visited						
rates; and (2) if applicable, appropriate treatment process performance		, .				
	•	-	mai operations record	is to the Fws owner so the Fws		
owner can retain them, together with copies of this report, at a conven	ient location for at least ten ye	ears.				
Paul Thon			A7251			
Signature and Date Printed or	Typed Name		License Number			

PWS Ide	entificat	ion Number		3424000		Plant Name:	Belleair									
III. Dail	v Data f	or the Mont	h/Year of:	_	December-05											
Means o	f Achie	ving Four-I	og Virus Inactiv				X Free C	hlorine	Ch	lorine I	Dioxide		Ozone	Combined (Thlorine (C	hloramines)
		t Radiation			Other (Describe	e):	<u> </u>		L., O.,	normo 2	>10x1uo	L_J `		Comonica	omornio (C	morummos)
T C	D c		1361.11	n Distribution				X	ree Chlorin			mbined C	hlorine (Chlor	aminec)		Chlorine Dioxide
1,000		ASSESSED TO	an iviamitance ii		CT Calculation	s or IN/Dose to	Danionetrata E	Our Too Min	Tee Cinorii	ic Sif A ==1	iosbla*	monica C	morme (Cinoi	L annes)		Cinornie Dioxide
	n			24 . 152×	C1 Carcagasion	CT Calc	ulations	our-rog vi	us macuyaudi	11, 11 Appa	icabic .	lose ""	1. 71	#i====;;		ž vieto
2	_ Lays Plant	en frid			ACT ACT		Transfer	1 12	- 3	944		Just 1997	t , \bar{A}			
in a	Staffed	South and the			Louiset Residual	Districtions	Drovided			3 E	(4)		Lowest			
3.5			and the second		Disinfectant	Contact Time	* Refore or	G.24	128				Disinfectant			7.7
1102	Visited	lisa kali		iti	Concentration.	(T) at Case	at First			Y THE	as Lowest	Minimum	Concentration			erokas .
To the same of the	by.	1700	Net Quanty	Contract of	I(C) Before or at	Measurement	Customer	Temp!	M	Linimum a	_Operating	UV Dose	at Remote	r en an		
	Operator	ent Hours :	(a) A mished	A 10 A 10	First Customer	- Point During	During	e of pH	of Water	CT A	OUV Dose	Required,	#Printer #	. Emergency.	or Abnormal	Operating Conditions
	al lace	a Pauling		Reaktions	Minimal (A) (c	Rejectova	Peak Dow.	Yateg at		Council A		_my	e Distribution	Repairordyll	menance Va	ik jarinvõlva kaline
SECTION 1		Pupciahon	57 000	PER CHENTRAL	== vittom mare	succidentes a	a mormout		policables sin) Finding Is	SSE(40)2-0	esec/em25	System nig/la	#Water Sys	Cint Composit	Chlorine Dioxide
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		24 hrs	64,000				-	-					 	 		
	X	24 hrs	61,000		1.4	 		 				 	1.2			
116		24 hrs	61,000		1.7	 	+	 -			ļ <u>.</u>	 	1.2	 		
7	Х	24 hrs	55,000		1.4	<u> </u>	-	 			ļ-·		1	 		
- 3		24 hrs	56,000			 						 	-			
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100		24 hrs	56,000			1			$\neg \neg$		<u> </u>	l			·	
		24 hrs	56,000													
72	X	24 hrs	44,000		1.6						1		1.2			
	Х	24 hrs	48,000		1.4								1.2			
Y.	Х	24 hrs	63,000		1.4								1			
		24 hrs	64,000											<u> </u>		
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		24 hrs	59,000	 	 	 	+	 			 	 	 	 		
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		24 hrs	58,000		1.0	 	-	 			 	 	1	 		
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		24 hrs	55,000													
Tour			1,754,000													
Averse			56,581	1												
MEXICA	ne i		64,000													

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

WS ID:	3424000	Plant Name:	Belleair				
V. Summary of Use of Pol	ymer Containing Acry	lamide, Polymer	Containing l	Epichlorohydrin, and I	lron or Mangan	ese Sequestrant for the	Year: * 2005
A. Is any polymer containing the follows:	monomer acrylamide used at	the water treatment p	ant?	✓ No			
Polymer Dose ppm =				Acrylamide Level, % ^t =			
B. Is any polymer containing the polymer are as follows:	monomer <u>epichlorohydrin</u> use	ed at the water treatme	ent plant?	✓ No			
Polymer Dose ppm =				Epichlorohydrin Level, %t=	=		
C. Is any iron or manganese sequ	estrant used at the water treat	ment plant?	✓ No				
Type of Sequestrant (polyphos	sphate or sodium silicate):						
Sequestrant Dose, mg/L of pho	osphate as PO ₄ or mg/L of sili	cate as SiO ₂ =					
If sodium silicate is used, the	amount of added plus naturall	y occurring silicate, i	n mg/L as SiO ₂ =				

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Belleview Hills Estates



See page 4 for instruction	ıs				
I. General Information	for the Month/Year of: January-04				
A. Public Water System	m (PWS) Information				
PWS Name:	Belleview Hills Estates		PWS Identifica	ation Number:	3424839
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Communi	ty	Consecutive
Number of Service Co	onnections at End of Month; 240		Total Population Served at	End of Month:	504
PWS Owner:	AquaSource Utility, Inc.				
Contact Person:	Michael Fitzgerald			Area Manager -	
Contact Person's Mail				State: FL	
Contact Person's Tele			Contact Person Person's Fa	x Number:	(352) 732-3213
Contact Person's E-M					
B. Water Treatment Pl	lant Information				
Plant Name:	Belleview Hills Estates		Plant Telephor		(352) 369-4881
Plant Address:	14481 S.E. 59th Ct		City: Summerfield	State: FL	Zip Code: 34491
Type of Water Treate		urchased Finished Wa	ater		
	Day Operating Capacity of Plant, gallons per day:	288,000			
	subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection		
	The transfer of the second second second second second second second second second second second second second	#Hittoonse@hiss.			HEAVENSHINGS WILLSET
Elisakulliskojesakom	***************************************	В	7327		6 Days per week
Ohn Orlandsz	Mark March	С	8287		6 Days per week
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		L			
II. Certification by Lea	ad/Chief Operator				
	··· · · · · · · · · · · · · · · · · ·	144.0			. T. C. J
	er treatment plant operator licensed in Florida, am the lead				
	n this report is true and accurate to the best of my knowled				
	60 or other applicable standards referenced in subsection 6				
plant were prepared ea	ch day that a licensed operator staffed or visited this plant	during the month i	ndicated above: (1) records	s of amounts	of chemicals used and chemical feed
	able, appropriate treatment process performance records. I				
	, together with copies of this report, at a convenient location		-	•	
	William Landers			B7327	
Signature and Date	Printed or Typed Nam	ie		License Numb	er

PWS Identifi	cation Numbe	er:	3424839		Plant Name:	Belleview l	Hills Es	states							
III. Daily Dat	ta for the Mon	ith/Year of:		January-04	<u>. </u>										
		Log Virus Inactiv	viation/Rem			Free C	hlorine		Chlorine D	Dioxide		Ozone	Combined Cl	nlorine (Cl	nloramines)
	iolet Radiatior			Other (Describ	e):	 -			-					•	ĺ
Type of Disir	C		n Distributio					Free Chlo	rine	Co	ombined C	Chlorine (Chlora	amines)		Chlorine Dioxide
Day of Plan Staffin Day of	# 9 /1007 9	W	will limb	CT Calculations	s, or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiva	tion, if Appl	icable*	Transpir	334.7 D. F. F.		ragnistic.	Pering Cordings
Day	sala. Sala			Joseph Markey	CT Calcul	lations '	143		744. I	UV	Doše	Augustina (1			
Plan	r Table	1941				Lowest CT	11.7				1275	Lowest			
Staffe	ed 💮 💮	Leading:		Lowest Residual	Disinfectant	Provided a						Residual 🛬			
or		Amer July		Disinfectant	Contact Time	Before or		121				Disinfectant	i. 2		i i i
Visit	ed			Concentration	(T) at C	at First			. W.	Lowest.	Minimum	Concentration	The Difference	April 1	a to the
Day of Opera	or House	NECOURANTY	146	First Outcomer	Measurement	Customer	Temp.		∋Minimum 7e2	Uperating	U.V.Dose	at Remote	34 A		and the
100	. Taran		reak flow	Sel During Pelik Is	To Reside for		Water	at Voice and	Remodi	mw.	170		Partie (Partie)	3000000000	
Month 450	in Openion	Produced scale	Rife and	D 000-109/1	ninne,	meaning		Amplicate	for min	500 mg	20/61192	To the same		i Chincina	
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490	24 hrs	65,000			ļ										
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	24 hrs	55,000			 						1	 			-
X X		49,000		ļ	 						 	1	* *************************************		
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	24 hrs	51,000		 	1		$\vdash \lnot \lnot$			 	1	 			·
26. X		52,000		 	<u> </u>							1.2			····
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28 X		52,000										1.2			
10) X		53,000										1.6			
X		42,000	<u> </u>			ļ				ļ		1.2	ļ		
ARRIE X	24 hrs	55,000		<u> </u>	J				L	<u> </u>		1.1	\		
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AND TOUR		51,903 70,000	1												
TAXIAN MARKATALI PROPERTY.	Commence of the Commence of th	# /V,UUU	1												

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



See page 4 for instructions I. General Information for the Month/Year of: February-04 A. Public Water System (PWS) Information PWS Name: Belleview Hills Estates PWS Identification Number: 3424839 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 240 Total Population Served at End of Month: 504 PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person: Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road State: Zip Code: 34470 City: Ocala FL Contact Person's Telephone Number: (352) 369-4881 (352) 732-3213 Contact Person Person's Fax Number: mvfitzgerald@suburbanwater.com Contact Person's E-Mail Address: B. Water Treatment Plant Information (352) 369-4881 Plant Name: Belleview Hills Estates Plant Telephone Number: Summerfield State: Zip Code: 34491 Plant Address: 14481 S.E. 59th Ct City: FL X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 288,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): TEST TOSTANO PARTATORA TESTA TOSTANO PARTATORA ibligarski (Tiganos 🗆 💢 🚎 ali 📆 📆 🚉 🚉 📆 Crounse Class // ស្រែក (ម៉ាក្រុម (ស្រែក្រុម (ស្រែក្រុម (ស្រែក្រុម (សេក្រុម (សេក្រុម (សេក្រុម (សេក្រុម (សេក្រុម (សេក្រុម (សេក 7327 6 Days per week William Landers В C 8287 6 Days per week Mark March ើម<u>៉ាត្</u>មខ្មែរបើស្នែងក II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. B7327 William Landers License Number Printed or Typed Name Signature and Date

PWS Identifica	ation Number	r:	3424839		Plant Name:	Belleview I	Hills Es	tates							
III. Daily Data	for the Man	th/Year of:		February-04			·····								
		og Virus Inactiv				Free C	hlorine	П	Chlorine D	Dioxide		Dzone	Combined Ch	lorine (Ch	ıloramines)
	let Radiation			Other (Describe	·):									,	
Type of Disinf	ectant Residu	ual Maintained ir	n Distribution	n System:			Γ	Free Chlo	orine	Cor	mbined C	hlorine (Chlor	amines)	C	Chlorine Dioxide
	i ja ja	gregoria de la composición dela composición de la composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición dela composición dela composición dela composición dela composición dela composici		CT Calculations,	or UV Dose, to D	emonstrate Fo	our-Log	Virus Inactiv	ation, if Appli	icable.	· · · · · · · · · · · · · · · · · · ·		÷		niorine Dioxide
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Plant			P arti			Lowest CT	ý.		111		2004 - 2004 - 1	Lowest			
Staffed				Lowest Residual.	Disinfectant	-Provided -						Residual		erione Carrier	
or				Disinfectant 🛎	Contact Time	Before or	1374			A.	See See See See See See See See See See	Disinfectant		4 4 6 1 7 5 7 8 8 8 8	· · · · · · · · · · · · · · · · · · ·
Visited				Concentration	2.84(1) at C	at First				Lowest	Minimum	Concentration	100		342 - 34 S
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Tie Strace	Planting	S TVAIGE T	Peak Flow	During Peak	Penkillow 1	Peak Flow	Water	Watersit	ton hedd			as Distribution		(a) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	Pening Conditions and
(Margir 100000	1.00000000	Transcal and	Rafe ggi	To Bloom to 12.	all announces are	ame innutive	iko i	Airpleane	eme main (es e/em/	z zeniz	NSW SERVICE A	Water's year	Contraction of	in our of opening the
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Manufacture X	24 hrs	42,000									·	1.4			
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X	24 hrs	40,000										1.3			
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4915)E	24 hrs	46,000											ļ		
1 1/61X X	24 hrs	51,000							<u> </u>	<u> </u>		1.3			
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2022	24 hrs	63,000			 				1	———			†		
23 X	24 hrs	37,000			 					<u> </u>		1.3			
512411 X	24 hrs	26,000										1.5			
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A. Company		46,310	<u> </u>												

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



See page 4 for instruction	ıs							
I. General Information	for the Month/Year of:	March-04						
A. Public Water System								
PWS Name:	Belleview Hills Estates				PWS Identifie	cation Number:	3424839	
PWS Type:	X Community	Non-Transient Non-Com	nmunity	Transi	ient Non-Commun	nity	Consecutive	
Number of Service Co	onnections at End of Month:	240		Total Po	pulation Served a	t End of Month:	504	
PWS Owner:	AquaSource Utility, Inc.							
Contact Person:	Michael Fitzgerald			Contact	Person's Title:	Area Manager - Flo		
Contact Person's Mail				City:	Ocala	State: FL	Zip Code:	
Contact Person's Tele				Contact	Person Person's F	ax Number:	(352) 732-33	213
Contact Person's E-Ma	ail Address: <u>mvfitzg</u>	erald@suburbanwater.com						
B. Water Treatment Pl	ant Information							
Plant Name:	Belleview Hills Estates				Plant Telepho		(352) 369-4	
Plant Address:	14481 S.E. 59th Ct			City:	Summerfield	State: FL	Zip Code:	34491
Type of Water Treate			urchased Finished W	ater			· · · · · · · · · · · · · · · · · · ·	
	Day Operating Capacity of Plant, ga	illons per day:	111,000	-				
	ubsection 62-699.310(4), F.A.C.):					n 62-699.310(4), F.		
	S POTENTIAL AND THE PROPERTY OF THE PROPERTY O							
			C		8287		6 Days per week	
Office Oppositions	Tom Fel	ton	С	<u> </u>	2241		6 Days per week	
			<u> </u>				····	
								
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				+				
	<u> </u>		<u> </u>			<u> </u>		
II. Certification by Le	nd/Chief Operator							
		1. 70. 11 .1 1	1/ 1 · C	1 .		1 Call Deat	- California - T	andification dis
	er treatment plant operator licens							
	n this report is true and accurate							
	60 or other applicable standards							
plant were prepared ea	ch day that a licensed operator st	affed or visited this plant	t during the month i	indicated	above: (1) recor-	ds of amounts of o	chemicals used a	nd chemical feed
rates; and (2) if applica	able, appropriate treatment proce	ss performance records.	Futhermore, I agree	e to provi	de these additior	nal operations reco	ords to the PWS o	owner so the PWS
owner can retain them.	, together with copies of this repo	ort, at a convenient location	on for at least ten y	ears.				
		Mark March				C8287		
Signature and Date		Printed or Typed Nan	ne			License Number		

PWS I	lentifica	tion Numbe	r:	3424839		Plant Name:	Belleview	Hills E	states								
III. Da	ly Data	for the Mon	th/Year of:		March-04												
			og Virus Inactiv	viation/Rem			Free C	Chlorine		Chlorine I	Dioxide	Ozone	П	Combined (hlorine (Chloramines)	-
						e):											
Туре о	f Disinfe	ctant Residu	ual Maintained i	n Distributio	on System:				Free Chle	orine	Co	mbined Chlorine	(Chlora	amines)	-T $-$ T $-$	Chlorine Dioxid	e
	i Qu		J. Chinasa . Albi		CT Calculations	, or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiva	tion if Apol	icable*			immos) Šķa sa i	12100	Cilionile Diexid	
	Davs		1.2		115,7 11,177	CT Calcu	lations 🚓		that it is		g. UV I	Dose 11	7.25 v 32.				
2	Plant -		4 1 10 E	``* *	7512		Lowest CT		1	ar year of the second		Lo	vest		94. 14.3		
	Staffed				Lowest Residual	Disinfectant :	Provided *	3		178	15.36 27.5 M.S.	Res	idual		Cyc	i ende	
	or :		2,6,4	528	Disinfectant ***	Contact Time,	Before or					Disin	fectant	. 4 . 4 . 4			.,
	Visited				Concentration	(I) at C	at First				Lowest	Minimum Conce	ntration			54.000	
Devoi	Operator	Hours			C) Delote of at	Point During	Director	C		VIIIIIIIIII	=Operating a	La La Carlo	mote			187 (1975)	
illo.	(Pho	e Plant in S		Teak Flow-	s DumpPen.	Perk Hby	Peak Flow	W	a.Waterint	Required		TAVE DISE	billion 2		N. T. W	and the state of the	
Month	4 279) 1	Operation)	gipange.it En	Ne mit	Flow myt	as minutes	migmild.	70	Anjustine.	merium/L	Severn2 k	Section System	a mezilla	Water Syst	an Çörüşəy	A como one mo	
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1 260	X	24 hrs	74,000			 	 	 - 					1.5				
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200		24 hrs	74,000														
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	X	24 hrs	60,000		<u> </u>	<u> </u>			L	L		<u> </u>	.2				
5 001			1,867,000														

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



See page 4 for instructions I. General Information for the Month/Year of: April-04 A. Public Water System (PWS) Information **PWS Name:** Belleview Hills Estates PWS Identification Number: 3424839 X Community PWS Type: Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: 504 240 Total Population Served at End of Month: PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Area Manager - Florida Contact Person: Contact Person's Title: Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: Zip Code: 34470 (352) 732-3213 Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com B. Water Treatment Plant Information (352) 369-4881 Plant Name: Plant Telephone Number: Belleview Hills Estates Zip Code: 34491 Summerfield State: FL Plant Address: 14481 S.E. 59th Ct City: X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): TEROTIS CAS - TENT TOTAL Number - TEL SEA SEDATOS HÁS WARENTE A SE entitatival energias. The transfer of the Table 1997 of the Table Jan Pontal Organism 8287 6 Days per week Mark March C 2241 6 Days per week Diage Operations Tom Felton II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Printed or Typed Name Signature and Date



See page 4 for instructions

I. General Information for the Month/Year of					
A. Public Water System (PWS) Information					**************************************
PWS Name: Belleview Hills Estate				ication Number:	3424839
PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Commu		Consecutive
Number of Service Connections at End of Mo			Total Population Served	at End of Month:	504
PWS Owner: AquaSource Utility, I	nc.				
Contact Person: Michael Fitzgerald			Contact Person's Title:	Area Manager - Flo	
	E 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number:	(352) 369-4881		Contact Person Person's I	Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Belleview Hills Estate	es		Plant Teleph		(352) 369-4881
Plant Address: 14481 S.E. 59th Ct			City: Summerfield	State: FL	Zip Code: 34491
		rchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity		111,000	DI (CI (1 ::	(0 (00 010(1) F)	
Plant Category (per subsection 62-699.310(4)			Plant Class (per subsection	on 62-699.310(4), F.A	V.C.):
Consecutions - District - Lines of			(4) Battleense Sunniver 24		
Townellist Organical	Mark March	C	8287		6 Days per week
OfferChedities (#C+1)	Tom Felton	С	2241		6 Days per week
				<u> </u>	
					
				 	
				-	
<u> </u>				 	
				 	
Managaria Managaria da Managaria da Managaria da Managaria da Managaria da Managaria da Managaria da Managaria		<u> </u>			
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant oper information provided in this report is true an International Standard 60 or other applicable plant were prepared each day that a licensed rates; and (2) if applicable, appropriate treatments owner can retain them, together with copies	d accurate to the best of my knowled standards referenced in subsection 6 operator staffed or visited this plant of nent process performance records. F	lge. I certify that al 52-555.320(3), F.A. during the month in outhermore, I agree	I drinking water treatme C. I also certify that the adicated above: (1) recort to provide these addition	nt chemicals used a following addition ds of amounts of ch	t thisplant conform to NSF al operations records for this nemicals used and chemical feed
	Mark March			C8287	
Signature and Date	Printed or Typed Name	e		License Number	

PWS I	dentifica	tion Numbe	er:	3424839		Plant Name:	Belleview H	ills Estates					
III. Da	ily Data	for the Mon	th/Year of:		April-04				<u> </u>				
			Log Virus Inacti	viation/Rem			Free Ch	lorine	Chlorine Di	ioxide	Ozone	Combined Cl	nlorine (Chloramines)
		et Radiation			Other (Describ	be):			_				,
	CD: C		136	n Distribution				Free (Chlorine	Combi	ined Chlorine (Chlo	ramines)	Chlorine Dioxide
					CT Calculation	is, or UV Dose, to	Demonstrate Fo	ur-Log Virus Ina	ctivation; if Applic	cable* visit		Secondary State	Chlorine Dioxide
72	Days	300				CT Calc	culations			UV Dose			
1	Plant			3.0	5.247		Lowest CT				Lowest		
	Staffed		34.P**		Lowest Residual	Disinfectant	Provided		\$ (25 m)		Residual	1	
Dayor Manager Park Park Park Park Park Park Park Par	OF	98.5		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Disinfectant	Contact Time	Before or			:4:9#5 # 1.	Disinfectant	10 To 10 To	Software A Transport
	Visited	25.0	Na Cusanti		Concentration	(1) at C	at First	a lage		a-Lowest Mi	nimum Concentration	and the same	M. Wales Comme
Davior	Operator	Homs	Section shed		LEnst Chistomer	Point Drings	During	ora Santa			Doge askenoe	Emer windows	
600	l diace	i pina	F 15 15 15 11 11 11 11 11 11 11 11 11 11	Peak Flow	Solom Park	and calculations		vine 1. Winer.	Regulati	w	Ava Bonnan	l de la constant	eathre Workshiftelingsbye Tran
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وري:	X	24 hrs	77,000				1			-	0.8		
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- 10 J	X	24 hrs	50,000								1.3		
建级	Х	24 hrs	70,000								1.2	<u> </u>	
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Total			2,101,000										
Treversit	2011111413	2,545,7	70.033	7									

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

PWS I	lentificat	tion Numbe	r:	3424839		Plant Name:	Belleview	Hills E	states							
HI Do	lu Data	for the Mon	th/Vanua6		May-04											
			Log Virus Inacti				F-00 (Chlorine		Chlorical	0::		0	0 -1: 10:1	. (01.1	
		et Radiation		VIALION/REING	Other (Describ	۵).	Free C	CHIOTHIE	٠ اــا	Chlorine I	Dioxide	' لــا	Ozone	Combined Chlo	rine (Unioran	ines)
				<u></u>	_ `				I n or							
Type o	Disinte	ctant Resid	ual Maintained i	n Distributio	on System:			Sant -	Free Ch	lorine	Co	ombined (Chlorine (Chlo	ramines)	Chlorin	e Dioxide
Marie				2004	C1 Calculations	c, or UV Dose, to I	Jemonstrate I	Four-Log	Virus Inactr	vation, if App	licable	- 12 T		1 7		
	Days:			3.2.7 T-123684-F		CI Calcu	lations	1 1951	140	100	: ::XUV	Dose :	200 N			
, and a	Plant S				Ar amailte		Lowest C1						Lowest			
	ואניווסני	/ 100 m			Disinfectant	Contact Time	Refore or	Sep. 44			197	1-14	Residual			
Y. 11	Visited	i de la la la la la la la la la la la la la			Concentration	T) at C	at First	124	310		₹ I owest	Minimum	Concentration			1.300 70
	by	201	Net Quanity		(C) Before or at	Measurement	*Customer	Temp.		Minimum	Operating	LIV Dose	at Remote S	24		
Day of	Operator	Barious	af Emished		First Customer	a Point During	During	of	a pilot	100	tity Dose	Reculred	Point in	a Pinenzarovica	normal Operatio	Conditions
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. 25	X	24 hrs	62,000										0.6			
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

1. General Information for the Month/Year of: June-04	
A. Public Water System (PWS) Information	
PWS Name: Belleview Hills Estates PWS Identification Number: 3424839	<u> </u>
PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 240 Total Population Served at End of Month: 504	
PWS Owner: AquaSource Utility, Inc.	
Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 3	4470
Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 3 Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-32	
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com	
B. Water Treatment Plant Information	· · · · · · · · · · · · · · · · · · ·
Plant Name: Belleview Hills Estates Plant Telephone Number: (352) 369-48	
Plant Address: 14481 S.E. 59th Ct City: Summerfield State: FL Zip Code: 3	
Type of Water Treated by Plant:	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000	·
Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):	
And Conservation of the Co	árlaði á ta
Mark March C 8287 6 Days per week	
Tom Felton C 2241 6 Days per week	
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II. Certification by Lead/Chief Operator	<u></u>
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 c	ertify that the
information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conformation provided in this report is true and accurate to the best of my knowledge.	
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 recommends to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operations are considered to the following additional operation are considered to the following addition	
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 an	chemicai ieed
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS over	ner so the PWS
owner can retain them, together with copies of this report, at a convenient location for at least ten years.	
Mark March C8287	
Signature and Date Printed or Typed Name License Number	

DEP Form 62-555.900(3)Alternate Page 1

PWS	Identifica	tion Numbe	r:	3424839		Plant Name:	Belleview I	Iills Est	tates						
III. D	aily Data	for the Mon	th/Year of:		June-04										
			Log Virus Inacti				Free Cl	hlorine		Chlorine I	Dioxide	777	Ozone	Combined Chloris	ne (Chloramines)
		et Radiation			Other (Descril	be):			ш		,,,,,,,	LJ `	Jane	Comonida Cinor	(Cilioralimos)
Type	of Dininfo	otont Docid	ual Maintainad i	n Distributio	on Courtemen				Free Chi	orine	TT Co	mhined C	hlorine (Chlor	amines)	Chlorine Dioxide
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i.	Stäffed			1442, 324	Lowest Residual	Disinfectant	Provided :			100	100	254162	Residual		
W.X	or			70	Disinfectant	Contact Time	Before or		ALCOHOL TO		1	194.94	Disinfectant		
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	PI	Bar Damen		Periodical	E-181 CUSTOME	Politicaling	During				ZUV Dose	(edinen	Pointing	Emerger vol. Abro	imal Operaline Colonions
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions General Information for the Month/Year of: July-04 A. Public Water System (PWS) Information Belleview Hills Estates PWS Name: PWS Identification Number: 3424839 PWS Type: X Community Consecutive Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 504 240 PWS Owner: Agua Utilities Florida Contact Person: Michael Fitzgerald Area Manager - Florida Contact Person's Title: Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL. Contact Person's Telephone Number: (352) 732-3213 (352) 369-4881 Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@aguaamerica.com B. Water Treatment Plant Information (352) 369-4881 Plant Name: Belleview Hills Estates Plant Telephone Number: Summerfield State: Zip Code: 34491 Plant Address: 14481 S.E. 59th Ct City: FLType of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): IT'S Livers Cases = Lang Lipscons From the Will the First Bay (6) Shifts Will keel - 34 Triconessing partitions of the experience of the Centl/Class Chisterton 6 Days per week 8287 Mark March C មារជាមក បំពុកនាវិទាស II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March Printed or Typed Name License Number Signature and Date

PWS I	lentificat	ion Numbe	r:	3424839		Plant Name:	Belleview	Hills Es	states							
III I)a	ly Data f	for the Man	th/Year of:		July-04					-						
			Log Virus Inacti				Free (Chlorine	· T	Chlorine I	Dioxide	\Box	zone	Combined Chl	orine (Ch	loramines)
		et Radiation			Other (Describe	e):		•				<u>`</u> '		00000	(011	.014
	cn: . c	n .v	136111	in Distribution					Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	C	nlorine Dioxide
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions I. General Information for the Month/Year of: August-04 A. Public Water System (PWS) Information PWS Name: Belleview Hills Estates PWS Identification Number: 3424839 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Total Population Served at End of Month: Number of Service Connections at End of Month: 240 504 PWS Owner: Aqua Utilities Florida Michael Fitzgerald Contact Person: Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Zip Code: 34470 Ocala State: FL Contact Person's Telephone Number: (352) 369-4881 (352) 732-3213 Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@aguaamerica.com B. Water Treatment Plant Information Plant Name: Belleview Hills Estates Plant Telephone Number: (352) 369-4881 Plant Address: 14481 S.E. 59th Ct Summerfield State: City: FL Zip Code: 34491 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) C Here a Commence of the control of th Hidearye Number and manage 25 th Day (6) Abid (6) AV o (6) il 29 (decidence Oracino Mark March \mathbf{C} 8287 6 Days per week iterope ereikari II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March Signature and Date Printed or Typed Name License Number

PWS Id	entificat	ion Numbe	r:	3424839		Plant Name:	Belleview 1	Hills E	states							
III. Dail	y Data f	for the Mon	th/Year of:		August-04									_ ,		
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</u></td><td></td><td>1.3</td><td></td><td></td><td></td></tr><tr><td></td><td>X</td><td>24 hrs</td><td>64,000</td><td></td><td></td><td>ļ</td><td></td><td></td><td></td><td></td><td><u></u></td><td></td><td>1.2</td><td></td><td></td><td></td></tr><tr><td>20</td><td>X</td><td>24 hrs</td><td>76,000</td><td></td><td><u> </u></td><td> </td><td></td><td></td><td></td><td></td><td><u> </u></td><td></td><td>1.2</td><td></td><td></td><td></td></tr><tr><td></td><td>X</td><td>24 hrs</td><td>72,500</td><td></td><td>_</td><td> </td><td><u> </u></td><td></td><td><u> </u></td><td>ļ</td><td> </td><td><u> </u></td><td>1.1</td><td></td><td></td><td></td></tr><tr><td>3226</td><td>_</td><td>24 hrs</td><td>72,500</td><td> </td><td> </td><td> </td><td></td><td>ļ</td><td><u> </u></td><td> </td><td></td><td><u> </u></td><td> </td><td> </td><td></td><td></td></tr><tr><td></td><td>X</td><td>24 hrs</td><td>46,000</td><td></td><td></td><td> </td><td></td><td> </td><td> </td><td> 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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

I. General Information	far the Month/Voer of	September-04				
A. Public Water System		September-04				
PWS Name:	Belleview Hills Estates			Invio vi		242422
PWS Type:		I Tour -i N C			ication Number:	3424839
	nnections at End of Month:	Non-Transient Non-Comp	nunity [Transient Non-Commu		Consecutive
PWS Owner:	Aqua Utilities Florida	240		Total Population Served	at End of Month:	504
Contact Person:	Michael Fitzgerald			Contact Demonio Title	A rea Marray Pl	: 1-
Contact Person's Maili				Contact Person's Title: City: Ocala	Area Manager - Flo State: FL	
Contact Person's Teler		991		Contact Person Person's		Zip Code: 34470 (352) 732-3213
Contact Person's E-Ma		ld@aguaamerica.com		Contact Person Persons	rax Nulliber.	(332) 132-3213
B. Water Treatment Pl		Target Grant Control Control	·			
Plant Name:	Belleview Hills Estates			Plant Telent	one Number:	(352) 369-4881
Plant Address:	14481 S.E. 59th Ct			City: Summerfield		Zip Code: 34491
Type of Water Treate		ater Pu	rchased Finished Wa		a journe.	2.5 0000. 31131
	Day Operating Capacity of Plant, gallor		111,000			
	absection 62-699.310(4), F.A.C.):	V		Plant Class (per subsecti	on 62-699.310(4), F.	A.C.) C
Mala leans at Querators w	Sungkies Company		andricense. Glass w	Tarisaise Minibanto		aven smilligevorked states and states
Carl/Cline/Qrearing	Mark March		С	8287		6 Days per week
Olive Characolis 552.					***********	
L						
				<u></u>		
H. C. d'Continue la La	1/C1: CO					
II. Certification by Lea	la/Cnier Operator					
I, the undersigned wate	r treatment plant operator licensed is	n Florida, am the lead/	chief operator of the	he 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	ne best of my knowled	ge. I certify that a	ll drinking water treatme	ent chemicals used	at thisplant conform to NSF
International Standard	60 or other applicable standards refe	erenced in subsection 6	2-555.320(3), F.A	.C. I also certify that the	e following addition	nal operations records for this
	ch day that a licensed operator staffe					
	ble, appropriate treatment process p					
	together with copies of this report,			=	nar operations reco	res to the 1 We owner to the 1 We
omior our rotain mon,	togother with copies of this report, a	a convenient iocation	ii ioi ai ioasi icii ye	ALD.		
		Mark March			C8287	
Signature and Date		Printed or Typed Name	9		License Number	

PWS Id	lentificat	tion Number	г:	3424839	Plant Name: Belleview Hills Estates								
III. Dai	ly Data (for the Mon	th/Year of:	September-0	4		·	· · · · · · · · · · · · · · · · · · ·				<u>-</u>	
				viation/Removal: *		Free Chl	orine	Chlorine I	Dioxide		Ozone	Combined Chl	orine (Chloramines)
		et Radiation		Other (Describ	e):		_	•		ш			` ,
Type of	f Disinfe	ctant Residu	ual Maintained i	n Distribution System:			Free C	hlorine	Co	ombined C	hlorine (Chlor	amines)	Chlorine Dioxide
3471 E		47-1-21-2	A Company	Lowest Residual Disinfectant Concentration (C) Before or at First Concentration (B) Before or at First Concentration (C) Before or at First Concentration (B) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before or at First Concentration (C) Before Or at First Concentration (C) B	s, or UV Dose, to	Demonstrate Fou	r-Log Virus Inac	tivation, if Appl	icable*	A CONTRACTOR	for the same of		Torrise Dioxide
	Davs				CT Calc	ulations	M. 7.		I LUV	Dose	i i i i i i i i i i i i i i i i i i i		<u> </u>
	Plant	(2005.) I			Santaekeli.	Lowest CT			King I	79.5	Lowest	***	
	Staffed	i i i		Lowest Residual	Disinfectant	Provided		Mari .	7-34.7°	Supplied the	Residual		
3.0	- or			Disinfectant	Contact Time	Before or		The state of	de l'and	ing a large of the	Disinfectant	77.0	And Control
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10.70	ink.	Planian	Water E	Peak now to continue Peaks	Peak Flow	a partirity a	aren - Warenti	tomine).	m ŵ	anv.	in anti-	i de la companion	อก - พระวันโดย กรรมระบบไทย
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	Х	24 hrs	25,000	1.4	ļ						1.4		
	v	24 hrs	26,000	16	 	 		- 			1.4		
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	Х	24 hrs	59,000	1.4	 	† t			 	 	1.3		
		24 hrs	59,000										
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	X	24 hrs	56,000	1.5	 	<u> </u>					1.3		
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			47,367										

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



See page 4 for instructions

to Company to the control of the con			· · · · · · · · · · · · · · · · · · ·
1. General Information for the Month/Year of: October-04			
A. Public Water System (PWS) Information			
PWS Name: Belleview Hills Estates			cation Number: 3424839
PWS Type: X Community Non-Transient Non-Community		Transient Non-Commun	
Number of Service Connections at End of Month: 240		Total Population Served a	t End of Month: 504
PWS Owner: Aqua Utilities Florida			
Contact Person: Michael Fitzgerald			Area Manager - Florida
Contact Person's Mailing Address: 1343 NE 17th Road			State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person Person's F	ax Number: (352) 732-3213
Contact Person's E-Mail Address: <u>mvfitzgerald@aquaamerica.com</u>			
B. Water Treatment Plant Information			
Plant Name: Belleview Hills Estates		Plant Telepho	one Number: (352) 369-4881
Plant Address: 14481 S.E. 59th Ct		City: Summerfield	State: FL Zip Code: 34491
	d Finished Wat	ter	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,00			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	
	cense (3) assum	Alemanic entre le contité de la contité de l	The state of the s
Mark March	C	8287	6 Days per week
Barry Cohen	С	8253	6 Days per week
II. Certification by Lead/Chief Operator			
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief	operator of the	e water treatment plant i	dentified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of my knowledge. I			
International Standard 60 or other applicable standards referenced in subsection 62-555			
plant were prepared each day that a licensed operator staffed or visited this plant during	o the menth in	diested shows (1) recor	do of amounts of chamicals used and chamical feed
plant were prepared each day that a licensed operator started or visited this plant during	g me monui m	dicaled above. (1) lecon	us of amounts of ellerificats used and ellerificat feet
rates; and (2) if applicable, appropriate treatment process performance records. Futher			ial operations records to the PWS owner so the PW
owner can retain them, together with copies of this report, at a convenient location for a	at least ten yea	ars.	
Mark March			<u>C8287</u>
Signature and Date Printed or Typed Name			License Number

PWS Identific	ation Numbe	r:	3424839	Plant Name:	Belleview Hi	lls Estates							
III. Daily Data	for the Mon	th/Year of:	October-	-04									
			viation/Removal: *		Free Chl	orine	Chlorine I	Dioxide		zone	Combined Chl	orine (Chloramines)	
	olet Radiation		Other (De	escribe):		L	,		ш `	ري ٠٠٠٠٠		,	
- CD: -	C D . 1	13.5	D:			Free C	nlorine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxide	
		Sec Pulish 5	CT Calcu	lations or UV Dose to	Demonstrate Fou	r-Log Virus Inac	ivation if Ann	licable*				Chlorine Droxide	
Days Plant Staffed or Visite Lov Day of Oregot All All All All All All All All All Al		Project Control of the Control of th	71,20 (274, 21, 31	CT Calc	culations			₩ "D UV I	Dose	1,51	January 1970		
Plant					Lowest CT	34 3354	74 ×	3 ,170 (3).	- Œ	Lowest			
Staffe	a s		Lowest Re	sidual Disinfectant	Provided*		Signati	3		Residual			AUP.
or	' gigge di		Disinfect	tant Contact Time	Before or					Disinfectant	946.		
Visited	d Alexandria		Concentra	ation (T) at C	≥ 2. at First		786	Lowest	Minimum	Concentration		ika X	
102	482	Net Quanity	(C) Before	or att i Measurement	Customer I	amp (a little)	Minimum	Operating	UV Dose	ataRemote			
Lay of Cocrat	or - Hours	ar of bunshed	200	omer Pom Dimpe		ol - In ollor		UV Dose	Required	= =Point in the	Elementation of the	bnormal Operaling Condition	4
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22	24 hrs	60,000											
Section of the second		1,860,000											
\$425\$J\$\$		60,000											

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



DEP Form 62-555,900(3)Alternate

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

See page 4 for instructions I. General Information for the Month/Year of: November-04 A. Public Water System (PWS) Information Belleview Hills Estates 3424839 PWS Name: PWS Identification Number: PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 504 Aqua Utilities Florida PWS Owner: Contact Person's Title: Area Manager - Florida Contact Person: Brian Heath Zip Code: 34470 Ocala State: FL Contact Person's Mailing Address: 1343 NE 17th Road City: Contact Person Person's Fax Number: (352) 732-3213 (352) 732-6027 Contact Person's Telephone Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 732-6027 Belleview Hills Estates Plant Telephone Number: Plant Name: Summerfield State: Zip Code: 34491 City: FL Plant Address: 14481 S.E. 59th Ct X Raw Ground Water Purchased Finished Water Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) C Titicanse Class (4 2 Ticense Mumber 4 Te 1 2 Te 1 Day(s)/Shif(s) Worker The ensule particles of the ensured states and exempt the engineering and Chel Cistrator Mark March \mathbf{C} 8287 6 Days per week 8253 6 Days per week Barry Cohen II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March C8287 Printed or Typed Name License Number Signature and Date

PWS Id	entificat	ion Number	r:	3424839							
III. Dail	v Data f	or the Mont	h/Year of:	November-04	4						
				viation/Removal: *		Chlorine	Chlorine Di	oxide (Dzone Co	ombined Chlorine	(Chloramines)
□ υ	ltraviole	t Radiation		Other (Describ	ne):	1			_	monica Cinorine	(Cinoramines)
Type of	Disinfe	ctant Residi	ıal Maintained i	n Distribution System:		Free C	lorine	Combined C	hlorine (Chlorami	nes)	Chlorine Dioxide
	dunie, k	******	44 (44 / 1/4 / 1/4 / 1/4	CT Calculation	s, or UV Dose, to Demonstrate I	our-Log Virus Inac	ivation, if Applic	able!	Past Carles	tara (I)	Chlorine Dioxide
igi.Kim	_Days_	ing the said	Prike selita	e distribution lange to	CT Calculations		起當機構	UV Dose			
	Plant			Lowest Residual Disinfectant Concentration (C) Before'or at First Customer Peak flow Plant God Rate God History	Lowest CT			Acceptant Company of C	- Lowest-		
	or			Lowest Residual	Disinfectant Provided				Residual		
	Visited			Concentration	(T) at C at First		di saidi	Lowest Minimum	Concentration		
14 m	by	MARKET SEV	Net Quanity	* (C) Before or at	Measurement Customer	Temp.	Minimum	Operating UV Dose	at Remote		Professional Control of the Control
Layou	Operator	Hours	of Finished	First Customer	Point During - During a	of a seption	age 1	UVIDose Required	Point in E	mergency of Abhorn	al Operating Conditions to
						Water Water 1	e Regimes		Distribution Re	palicije Vlanika slive	Mod Challing of the Taland
	Χ	24 hrs	60,000	Distribution System: CI Calculation Lowest Residual Disinfectant Concentration (c) Before or at First Customer Peak blow The property of the property					0.7	-verrace)wramiczenie	anzostania presiden
	Х	24 hrs	49,000	1.2					1		
	_X	24 hrs	47,000	1.5					1.2		
	$-\frac{X}{Y}$	24 hrs	52,000	1.4	·				1.1		
	-	24 hrs	38,000	1.3		ļļ			0.8		
37/33		24 hrs	57,000	1.2	 				1		
	X	24 hrs	41,000	1		 	 		0.6		
197690 15980 122791 201908 18911	Х	24 hrs	44,000	0.8					0.6		
103	X	24 hrs	47,000	1					1		
and the state of t	_X	24 hrs	46,000	1.2					1		
	X	24 hrs	50,000	1.2	ļ <u>.</u>		┼		0.6		
		24 hrs 24 hrs	44,000 43,000	1.1					0.7		
	x	24 hrs	31,000	1	 				0.6		
16	Х	24 hrs	45,000	0.8			 		0.5		
	X	24 hrs	53,000	1.5					1		
	X	24 hrs	51,000	1.3					1.1		
	X	24 hrs	36,000	1.5	 	 			1		
	X	24 hrs 24 hrs	75,000 56,000	1.2	 	 	+		1		
150 150 160 160 160 160 160 160 160 160 160 16		24 hrs	56,000	1.3	 		 		 		
1402 m	X	24 hrs	44,000	1.4			- 		I		
202	Х	24 hrs	41,000	1.2					0.8		
	X	24 hrs	58,000	1.2					1		
#12/64 B	<u> </u>	24 hrs	54,000	1.2	 	 	1 1		0.9		
127 127 1270	х	24 hrs 24 hrs	54,000 40,000	1		 	+		0.7		
710	$\frac{\hat{x}}{x}$	24 hrs	45,000	1.1		 			0.7		
1830	X	24 hrs	59,000	1			1		0.8		
กลักเ	140 810 401	24 hrs									
		THE RESERVE OF THE PARTY OF THE	1,473,000	ı — · · · — · ·							

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



See page 4 for instructions

I. General Information for the Month/Year of: December-04		And the state of t	
A. Public Water System (PWS) Information			
PWS Name: Belleview Hills Estates		PWS Identific	cation Number: 3424839
PWS Type: X Community Non-Transient Non-Comm	munity	Transient Non-Commun	ity Consecutive
Number of Service Connections at End of Month: 240		Total Population Served at	t End of Month: 504
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 732-6027		Contact Person Person's Fa	ax Number: (352) 732-3213
Contact Person's E-Mail Address: beheath@aquaamerica.com			
B. Water Treatment Plant Information			
Plant Name: Belleview Hills Estates		Plant Telepho	one Number: (352) 732-6027
Plant Address: 14481 S.E. 59th Ct		City: Summerfield	State: FL Zip Code: 34491
	rchased Finished Wa	ter	
	111,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	
Licenscole peracus de la la la la la la la la la la la la la	Find Treating (Class)	and define the property of the second	TENHENTE EINE DAMEN MINES, Winder Hall Eine eines
Mark March	С	8287	6 Days per week
Barry Cohen	C	8253	6 Days per week
		<u> </u>	
H. Carlifferdian by Land Ching Comment			
II. Certification by Lead/Chief Operator			
I, the undersigned water treatment plant operator licensed in Florida, am the lead/	chief operator of th	e water treatment plant i	dentified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of my knowled	ge. I certify that al	l drinking water treatmen	t chemicals used at thisplant conform to NSF
International Standard 60 or other applicable standards referenced in subsection 6	52-555.320(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 of			
rates; and (2) if applicable, appropriate treatment process performance records. F			
owner can retain them, together with copies of this report, at a convenient location			ar operations records to the range of the range
owner can retain them, together with copies of this report, at a convenient location	ii ioi ai icasi icii ye	шэ.	
Mark March			C8287
Signature and Date Printed or Typed Name	<u> </u>		License Number
Timos of Typos Number	-		

PWS I	dentifica	tion Numbe	r.	3424839		Plant Name:	Belleview	Hills E	states							
III. Da	ily Data	for the Mon	th/Year of:		December-04											
			Log Virus Inacti	viation/Rem			Free C	Chlorine		Chlorine I	Dioxide	0:	zone	Combined C	hlorine (Chloramines)
	Ultraviol	et Radiation	ı		Other (Describe	ibe):										
Type o	f Disinfe	ctant Resid	ual Maintained i	n Distributi	on System:				Free Chl	orine	Co	ombined Ch	lorine (Chlor	amines)		Chlorine Dioxide
Dayou			-5.794017356	34.45331817	CT Calculations	or UV Dose, to	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	licable*	34				Operating Squattors
14. 14.	Days_			M. Ta	de Ville	CT Calcu	lations	9			₽≝ UV	Dose				1822 Edward
	Plant						Lowest CT		3 74		(A)	3. 70	Lowest			
i i	Staffed				"Lowest Residual	Disinfectant	Provided			i iliy			Residual			
\$. 5	or ?	11			Dismfectant	Contact Time	Before or	200					Disinfectant			
2.52	Visited				Concentration	(1) at C	at First	. X			Lowest:	Minimum	Concentration	Name of the last		
4	A STATE		Net Ottanity		(C) Before of all	Measurement	customer	Temp.		Minimum	Operating	J. V. Dose:	ar Kemote	33 76 6		
		Biera an Sa		real made		100	Partition	Water		Remned					tenance V	
Month		Committee	een nooilea	Take Sirks			in earth in		-conficting	incaring)		Sevenius.	Section mest	Tyn Syl	y Come	າວູກຂາ ປົນທ້ານຄົນໄດ້ ແລະ ເຄື່ອນສະໄ
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240	X	24 hrs	54,000		2.5								2			
24.	Х	24 hrs	66,000		1.7								1.5			
	X	24 hrs	40,000	 	1.8	<u> </u>	ļ	ļ					1.4			
		24 hrs	40,000	!	<u> </u>		 				ļ	\perp		<u> </u>		
	X	24 hrs	42,000		1 1	ļ	ļ	<u> </u>			<u> </u>	<u> </u>	11			
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7.1	X	24 hrs	60,000		1 1 -	 	 	 -		 	 -		1.1	 		
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5 100	X	24 hrs	45,000	 	1.4	 	 	 			 	╁┈┈┼	0.8	 		
167		24 hrs	45,000	 	1.4	 	 	 		<u> </u>		 	0.0	 		
	X	24 hrs	38,000	-	0.8	 	 	 	····	<u> </u>	<u> </u>	 	0.7			
		24 hrs	55,000	<u> </u>	1	† · · · · ·			\vdash				0.7			
	Х	24 hrs	36,000		0.7								0.6			
Well 6	Х	24 hrs	52,000		0.9								0.9			
	Х	24 hrs	49,000		1.2	L							1			
		24 hrs	50,000			<u> </u>					<u> </u>	<u> </u>				
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20	X	24 hrs	40,000	ļ <u></u>	1	ļ		 	 			↓	0.8			
	X	24 hrs	43,000	 	! -		<u> </u>	 	ļ		 	 	0.6	 		
	X	24 hrs	44,000	 		 	 	┼	 		├		0.8	 		
	X	24 hrs 24 hrs	41,000 49,000	 -	1 1	 	 	┼	 	 	 	+	0.8	 		
	$\frac{\hat{x}}{x}$	24 hrs	46,000	 	1.1	 	 	 -	 		 		0.7	-		
773		24 hrs	46,000	}	1.1	 	 	1	1		 	11	0.7			
7-32)	Х	24 hrs	60,000	 	0.7	 	 	†	\vdash		 	+ -	0.6			
	X	24 hrs	35,000	t	1	 	 	1			†	1	0.6			
197	X	24 hrs	53,000	<u> </u>	1	<u> </u>							0.7			
	Х	24 hrs	53,000	<u> </u>	1.1								0.8			
	Х	24 hrs	55,000		1.2								0.8			
řiozii -			1,462,000													
A STATE	C. Harri		47,161]												

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

WS	S ID:	34214839	Plant Name:	Belleview Hi	lls Estates		
V.	Summary of Use of Polyr	mer Containing Acrylam	iide, Polymer C	Containing E	pichlorohydrin, and Iron	n or Manganese Sequestrant for the Year: *	
A.	Is any polymer containing the me follows:	onomer acrylamide used at the v	vater treatment plant	t?	☑No		
	Polymer Dose ppm =				Acrylamide Level, % =		
В.	Is any polymer containing the me polymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	plant?	✓ No		
	Polymer Dose ppm =				Epichlorohydrin Level, % =		
C.	Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No			
	Type of Sequestrant (polyphosph	nate or sodium silicate):					
	Sequestrant Dose, mg/L of phosp	phate as PO ₄ or mg/L of silicate	as SiO ₂ =				
	If sodium silicate is used, the am	ount of added plus naturally occ	curring silicate, in m	ng/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

Le Company of the Com				
I. General Information for the Month/Year of: January-05				
A. Public Water System (PWS) Information				
PWS Name: Belleview Hills Estates			cation Number:	3424839
PWS Type: X Community Non-Transient Non-Comm	nunity	Transient Non-Commu		Consecutive
Number of Service Connections at End of Month: 240		Total Population Served :	at End of Month:	504
PWS Owner: Aqua Utilities Florida	· · · · · · · · · · · · · · · · · · ·			
Contact Person: Brian Heath		Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's I	ax Number:	(352) 787-6333
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>				
B. Water Treatment Plant Information				
Plant Name: Belleview Hills Estates			one Number:	(352) 787-0980
Plant Address: 14481 S.E. 59th Ct		City: Summerfield	State: FL	Zip Code: 34491
	chased Finished Wa	iter		
	111,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Hitatricensection erations at the transfer of the state of the second control of the sec	Liteblike O'skell	ani a lancense Miniber est		ay(s)(\$\dit(s) Wolkfall Healthin
Mark March	C	8287		6 Days per week
Oktos Celeratory Entering				
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	······			
			<u> </u>	
H. Cadifordia I. Landolliaco and				
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead/o	chief operator of th	he 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	ge. I certify that al	ll drinking water treatme	nt chemicals used	at thisplant conform to NSF
International Standard 60 or other applicable standards referenced in subsection 6				
plant were prepared each day that a licensed operator staffed or visited this plant of				
rates; and (2) if applicable, appropriate treatment process performance records. Fi				
			nai operations reco	ilds to the 1 w3 owner so the 1 w3
owner can retain them, together with copies of this report, at a convenient location	i for at least ten ye	ears.		
) /) /			C8287	
Mark March			License Number	
Signature and Date Printed or Typed Name	;		Piccuse Manipel	

PWS I	dentificat	tion Numbe	r:	3424839		Plant Name:	Belleview H	Iills Es	tates							
III. Da	ily Data f	for the Mon	th/Year of:	J	anuary-05		·, ··									
			Log Virus Inacti				Free Ch	lorine		Chlorine I	Dioxide		Ozone	Combined Chlo	rine (Chlora	mines)
		et Radiation			Other (Describe	e):			LJ						(,
Type o	f Disinfe	ctant Resid	ual Maintained i		C				Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines)	Chlor	ine Dioxide
i W	200		NetQuanty: OB Finisped Yass: 59,000 60,000	vesti i salaktika	CT Calculations	. or UV Dose, to	Demonstrate Fo	ur-Log	Virus Inactiv	ation if App	licable*	an animal a	48.98.62.423	amines)	and the constant	and the same
	Davs		F44.4.4.4.	35004-9830	5 to - 18 1460	ell i CT Calcu	ilations	3.47	a. 2222	and Congr	UVI	Dose				el junet
	Plant			Section 1		73.000	Lowest CT			Mark III	2		Lowest	2.0	But	
1.22	Staffed				Lowest Residual	" Disinfectant	Provided					Was in	Residual	12 352	Takin u	36 141
	* cor			anga. Kili	Disinfectant .	Contact Time	Before or				2 MA		Disinfectant			
	Visited.				Concentration =	(T) at C	at First	dir.			Lowest	Minimum	Concentration			
	DY .	an in	Net Quanty		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote:			ide dis
	A Place			e ik akwa	Tanan di Salas		Destruction 1	OI :			v Dosev	ktequired.	Point in	t mercelley design	normal Operal	ne Conditions
Month		Division (in	Anorio Sir En	Telesal I	r mangyan Titan mail	minia =		0	Ameliensie			2200110				nestana Termina
	Х	24 hrs	59,000	e	1.2			Serie Marie - 1	- 70 <u>75 16</u> 60 55 55 55 56 56 56 56 56 56 56 56 56 56		i mili Artenia Alderia II.	Elekanominak Ester	1			
		24 hrs	,							i						
j.	Х	24 hrs	57,000		1								0.7			
	X	24 hrs	56,000		1.2		1						0.9			
2.0	X	24 hrs	38,000		1.1							<u> </u>	0.9			
0.00	X	24 hrs	51,000		1.2	ļ	-			ļ	ļ	 	0.9			
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	^_	24 hrs	59,000	 	1.2		1 1		· · · · · · · · · · · · · · · · · · ·	ļ	 	 	1			
	X	24 hrs	48,000		1.1	 	 			 	 		0.9			
	X	24 hrs	46,000		1.2	· · · · · · · · · · · · · · · · · · ·	1			† .	<u> </u>		0.9			
	Х	24 hrs	55,000		1.2								0.8			
	Х	24 hrs	43,000		1								0.8			
	X	24 hrs	51,000		1								0.7			
(5) (5) (5) (5) (5) (6)	X	24 hrs	47,000		1								1			-
	X	24 hrs	53,000		1.2	ļ							1	<u> </u>		
	<u> </u>	24 hrs	53,000	<u> </u>		<u> </u>	1			ļ	<u> </u>					
	X	24 hrs	47,000		1.4	ļ	1			ļ	<u> </u>		1 1			
100 A	X	24 hrs 24 hrs	42,000 44,000	 	1.7	 	1		<u>_</u>	 	 	-	1.1	-		
<u> </u>	X	24 hrs	54,000		1.7	 	 			 	 		1.1			
546/S.	X	24 hrs	47,000	 	1.6					 	 	1	1.2			
		24 hrs	47,000			<u> </u>	1									
22	X	24 hrs	47,000		1.4								1			
	X	24 hrs	41,000		1.4								1			
#2 26	X	24 hrs	44,000		1.2								1			
2	X	24 hrs	51,000	 	1.1	1				1		 	0.8	<u> </u>		
16 0.4 14 <u>2</u> 0 2	X	24 hrs	52,000		1.2		1			 			1 12			
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rick) Nordi		L 4 III 5	1,504,000	 	1.2	<u> </u>				<u> </u>		J	<u> </u>	<u> </u>		
		75.55	40.516	1												

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

PWS	ID:	3424839 Pla	nt Name:	Belleview Hi	lls Estates		
V.	Summary of Use of Polyi	mer Containing Acrylamide	, Polymer C	ontaining E	pichlorohydrin, and Iron	or Manganese Sequestrant for the Year: *	
A.	Is any polymer containing the me	onomer acrylamide used at the water	treatment plan	t?	✓No		
	follows:						
	Polymer Dose ppm =				Acrylamide Level, % ^t =		
В.	Is any polymer containing the me	onomer epichlorohydrin used at the	water treatment	plant?	✓ No		
	polymer are as follows:				□ •		
	Polymer Dose ppm =				Epichlorohydrin Level, %t=		
C.	Is any iron or manganese seques	trant used at the water treatment plan	nt?	✓ No			
	Type of Sequestrant (polyphospl	nate or sodium silicate):					
	Sequestrant Dose, mg/L of phosp	phate as PO ₄ or mg/L of silicate as S	iO ₂ =				
	If sodium silicate is used, the am	ount of added plus naturally occurri	ng silicate, in n	ng/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions I. General Information for the Month/Year of: February-05 A. Public Water System (PWS) Information PWS Name: **Belleview Hills Estates** PWS Identification Number: 3424839 PWS Type: Consecutive X Community Transient Non-Community Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 801 267 PWS Owner: Aqua Utilities Florida Brian Heath Contact Person: Area Manager - Florida Contact Person's Title: Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Contact Person's Telephone Number: Contact Person Person's Fax Number: (352) 787-6333 (352) 787-0980 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Belleview Hills Estates Plant Telephone Number: (352) 787-0980 Plant Address: 14481 S.E. 59th Ct Summerfield State: Zip Code: 34491 City: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Exerced Operations and the second of the sec Lond Charle pensor Mark March C 8287 6 Days per week AND TO PERMIT OF THE PARTY OF T **Bob Maxon** $\overline{\mathbf{c}}$ 2812 6 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Signature and Date Printed or Typed Name

PWS I	lentifica	tion Numbe	r:	3424839		Plant Name: Belleview Hills Estates									
111 12.	I. Date	Con the Ad-	th/V sau C		February-05										
1	C A 1 :		th/Year of:	• • • • • • • • • • • • • • • • • • • •	1 4		E Chi		OL 1	· · · ·			0 1: 1011	. (011	
Means	OI ACILIE	eving Four-i	Log Virus Inacti	Viation/Remo	oval: *	>-	Free Chl	orme	Chlorine I	Dioxide		Ozone	Combined Chlor	Chlorine Dioxide Chlorine Dioxide Ornell Cherning Conductor Chlorine Dioxide Chlorine Dioxi	
ببيإ	on: . c	et Kadiation	116:	<u> </u>	Other (Descrit	bej:		T 5 0							
1 ype o	t Disinte	ctant Resid	ual Maintained i	in Distributio	on System:			Free Ch	lorine	Co	mbined C	hlorine (Chloi	ramines)	Chlorine Dioxide	e
				2.52	C1 Calculation	is, or UV Dose, to I	Demonstrate Fou	r-Log Virus Inacti	vation, if App	licable*		1			
	Days	7366,438	4	(100 m) €	34.42. 65. 64.5	Clacu	ations	Market State Control	4.1	, L DV I	Jose 📉	8 - 3×1			# :
	Plant						Lowest CT		100			Lowest	*	7	
in the second	Station			10000000000000000000000000000000000000	Lowest Residual	Dismrectant :	Provided	1ai ka	II in	147,00		Residual			and a
	Visited	(eleje			Concentration	T) at C	at First	441	350	Louiest	Minimum	Concentration	on the		
	by		Net Quanity		(C) Before or at	Measurement	Customer T	emp .	Minimum	Operating	HIV Dose	at Remotes	100	Acres 14	
Day of	Operator	Hours	oftmished		Furst Gustomer	Poin Diring.	During -	of F Bollot	MOL.	UVD oses	Required	Pointing	Emergenesor Abi	iormali Operating Condition	15.
Haji 📆	(Rlbs-	(4) (1) (1) (1) (1) (1) (1) (1)	Wife-Co.	Best 1900	Dunle Kalk	Park lower	Design of E		Tesuniti	Timber 1	mv.	a lausurious on	Renation Valueta	rasvorumentivotias laiv	ing.
	建数多端	Organia.	Production 211	Mile Tabel	Section in the	initia		(Applicable	ameanni/L	Stayletty.	(00) (FT) Z	Systematical	ill (vine-Seein)	maraigis quol Tatalli	
	X	24 hrs	30,000			1.2			<u> </u>			1			
	X	24 hrs	46,000			1						0.8			
	X		44,000						<u> </u>						
514	Х	24 hrs 24 hrs	52,000 53,000			0.8						0.6			
2022	х	24 hrs	41,000			0.6									
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	X	24 hrs	44,000			1.1			 	 		0.9	-	·	
	X	24 hrs	45,000		·	0.9						0.6			
i iii	X	24 hrs	48,000			1			 		<u> </u>	0.8	·		_
\$33.8 So 36 F	Х	24 hrs	40,000			1		<u> </u>	1		ļ ———	0.8			
	Х	24 hrs	40,000			1.2						1			
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34	Х	24 hrs	56,500			0.9						0.7			
(6)	Х	24 hrs	50,000		,	0.5						0.3			
	X	24 hrs	59,000												
E SAME	X	24 hrs	57,000			0.9	ļ		 		L	0.6			
	X	24 hrs	58,000			1	ļ <u> </u>				ļ	0.6			
411.3	X	24 hrs	58,000			1 , ,	_				<u> </u>				
, A.F.	X	24 hrs 24 hrs	52,000 34,000			0.6	 -				<u> </u>	0.9 0.5			
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	X	24 hrs	45,000			1.4			 	 		1	l		
1007		24 hrs	46,000			1			 						
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1763 1776 1876		24 hrs													
		24 hrs													
il e ail			1,328,500												
Established and a stringer	A CONTRACTOR OF THE PARTY OF TH	*****	17 116												

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

WS	S ID:	3424839	Plant Name:	Belleview Hi	lls Estates						
V.	Summary of Use of Polyn	ner Containing Acrylan	ıide, Polymer (Containing E	pichlorohydrin, and Iron	or Manganese Sequestrant for the Year: *					
A.	Is any polymer containing the mo	onomer acrylamide used at the v	water treatment plar	nt?	✓No						
	Polymer Dose ppm =	. 			Acrylamide Level, % ^t =						
B. Is any polymer containing the monomer <u>epichlorohydrin</u> used at the water treatment plant? polymer are as follows:											
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =						
C. Is any iron or manganese sequestrant used at the water treatment plant?											
	Type of Sequestrant (polyphosphate or sodium silicate):										
	Sequestrant Dose, mg/L of phosp	phate as PO ₄ or mg/L of silicate	as SiO ₂ =								
	If sodium silicate is used, the am	ount of added plus naturally oc	curring silicate, in r	ng/L as SiO ₂ =							

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions . General Information for the Month/Year of: March-05 A. Public Water System (PWS) Information PWS Name: Belleview Hills Estates PWS Identification Number: 3424839 PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 267 801 PWS Owner: Aqua Utilities Florida Brian Heath Contact Person: Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 City: Leesburg State: FL. Contact Person's Telephone Number: Contact Person Person's Fax Number: (352) 787-0980 (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: Belleview Hills Estates Plant Telephone Number: Summerfield State: Plant Address: 14481 S.E. 59th Ct Zip Code: 34491 City: Type of Water Treated by Plant: X Raw Ground Water **Purchased Finished Water** Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Weinself Christians and the second and the second control of the s Land/Chial Ontaine Mark March C 8287 6 Days per week Ter Operators Bob Maxon $\overline{\mathbf{c}}$ 2812 6 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Page 1

Mark March

Printed or Typed Name

C8287

License Number

Signature and Date

PWS Identification Number: 3424839			Plant Name: Belleview Hills Estates										
III. Da	ly Data_f	for the Mon	th/Year of:	March-05	· · · · · · · · · · · · · · · · · · ·	<u> </u>							
				iviation/Removal: *		Free Chlo	rine	Chlorine I	Dioxide		Ozone	Combined Chlo	orine (Chloramines)
		et Radiation		Other (Descri	be):					ٔ لیا			(=====================================
	C-5: - C		13.4				Free Ch	lorine	Co	mbined C	Chlorine (Chlor	amines)	Chlorine Dioxide
\$27 37 J	Laugus.	district and	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	In Distribution System: CT Calculatio CT Calculation Distribution System: Concentration Con	ns or UV Dose to	Demonstrate Four-	Log Virus Inacti	vation if App	licable!				
40002	Trave	10.77	ere Con	y a sappaint abide t	. CT Calcu	lations	27 () 2 () () () () () () () () (UV	Dose	7	erios line	
7.77	Plant			10.500 (10.500 AUT)	03/10/2019	Lowest CT	5 .1 4.1.3.	(-)	Straw C	British (Lowest		
en,	Staffed	25		Lowest Residua	I Disinfectant	Provided		1		7 700	Residual *		
	or 🕏	#14# M.		Disinfectant	Contact Time	Before or					Disinfectant	50.	-388-84-4
100	Visited		distribution of	Concentration	(T) at C;	≯at First		200	Lowest	Minimum	Concentration	aris is	
200	a by		Net Quanity	di protector a (C) Belore or a	Measurement	Customer Te	np.	Minmum	Operating	UV Dose	at Remote		
Day of	distant	10005	Oktomshed		Rome During	During W	(1) 対象	(1)	UV Dose	Required	Rometo	i i i i energo (al	normal Operating Conditions
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3.0		24 hrs	53,000	1.2				†	+	 	 		
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	X	24 hrs	59,000	1.2							1		
		24 hrs	59,000										
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and his	X	24 hrs	52,000	1.4							1.2		
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	x	24 hrs	45,000	1.2		 		+	 	 	1.1		
	X	24 hrs	42,000	1.5	 			1	 	}	1.2	· · · · · · · · · · · · · · · · · · ·	
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	Х	24 hrs	44,000	1.5				1			ı		
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100	Х	24 hrs	45,000	1.2							1		
224	Х	24 hrs	44,000	1.2							1		
25,2	Х	24 hrs	43,000	1.4							1.2		
第26歲	Х	24 hrs	54,000	1.4							1.4		
277		24 hrs	54,000						ļ		<u> </u>		
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ioni			1,494,000 48,194	4									
147.Xen () R	S		48,194	4									

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

PWS	S ID:	3424839	Plant Name:	Belleview Hi	lls Estates							
V.	Summary of Use of Polyr	mer Containing Acrylam	ide, Polymer (Containing E	pichlorohydrin, and Iron	or Manganese Sequestrant for the	e Year: *					
A.	A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No follows:											
	Polymer Dose ppm =				Acrylamide Level, % ^t =							
В.	Is any polymer containing the mo- polymer are as follows:	onomer <u>epichlorohydrin</u> used at t	he water treatment	t plant?	☑No		-					
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =							
C. Is any iron or manganese sequestrant used at the water treatment plant?												
	Type of Sequestrant (polyphosph	nate or sodium silicate):										
	Sequestrant Dose, mg/L of phosp	phate as PO ₄ or mg/L of silicate a	us SiO ₂ =									
	If sodium silicate is used, the am	ount of added plus naturally occ	urring silicate, in r	ng/L as SiO ₂ =								

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions I. General Information for the Month/Year of: April-05 A. Public Water System (PWS) Information PWS Name: Belleview Hills Estates PWS Identification Number: 3424839 **X** Community PWS Type: Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 267 Total Population Served at End of Month: 801 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Plant Telephone Number: (352) 787-0980 Belleview Hills Estates Summerfield State: FL Zip Code: 34491 Plant Address: 14481 S.E. 59th Ct City: X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Land San Land Carlot Ca Tresponding and the second of the second second 6 Days per week Control house in the control of the Mark March 8287 6 Days per week $\overline{\mathbf{c}}$ 2810)iiga (triatilos) **Bob Maxon** II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March C8287 Printed or Typed Name License Number Signature and Date

PWS Identificat	tion Numbe	r:	3424839		Plant Name:	Belleview I	Hills Est	tates							
III. Daily Data	for the Mon	th/Year of:		April-05											
Means of Achie			viation/Rem	oval: *	· · · · · · · · · · · · · · · · · · ·	Free C	hlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine	(Chloramines)
Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dose, to Demonstrate Four Log Virus Inactivation, at Applicable* Days Plant Combined Chlorine (Chloramines) CT Calculations, or UV Dose, to Demonstrate Four Log Virus Inactivation, at Applicable* CT Calculations, or UV Dose Plant Combined Chlorine (Chloramines) CT Calculations UV Dose Plant Combined Chlorine (Chloramines) CT Calculations UV Dose Plant Combined Chlorine (Chloramines) Contact Time Applicable* Contact Time Applicable* Contact Time Applicable Contact Time Applica															
Type of Disinfe	ctant Residu	ual Maintained i	n Distributio	on System:				Free Chl	orine	Пс	ombined C	hlorine (Chlor	amines)		Chlorine Dioxide
1 3 4 1 3 3 2	***	a - Alexandra		CT Calculations	or LIV Dose to	Demonstrate Fo	our-Log A	/irus Inactiv	ation ≀if App	licable*	3,	Latera de la su	La area e	Territation	
Dave		45 37 Mar. 197	1000		CT Calc	ulations	4 4 3 2	0.70		UV	Dose		Water.	di.	
Plant	ityk ist i .			STORY OF		Lowest CT			100	1150gs	(C. 1984)	Lovest	William .	, and a second	i direk
Staffed	M. C. 1		#10-1 1934: 32-1	Lowest Residual	Disinfectant:	Provided *					1,74	Residual			
Practice of the	A const			Disinfectant 🛎	Contact Time	Before or		- 5.7		Marrie 78		Disinfectant	Mr	io e nei	A SECTION AND A SECTION ASSESSMENT
Visited				Concentration	(T) at C	at First			25	, Lowest	Minimum	Concentration		v.000	الافامة والأشاء والأوراث
- ADV		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	rat Remote	2.00	and the	
	10000		aper House	ras distorie	Pome Juning	Pak Dungs		- 100 95 - 100 - 100		10 Y 10 Y	icequired,	Point in	Emergency	or Automi	ir operating Conditions
	Cara-mark	lench von End			in in the	ene an inte		Annie in		ee/en/	34.3(411)	Sales in Li			กลายเป็นการเป็นสุดใหก
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	24 hrs	59,500													
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X	24 hrs	52,000		1.2		1			<u> </u>	<u> </u>	 	1.2			
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27 X	24 hrs	54,000		1.2								1			
28 X	24 hrs	60,000		1.2								1			
1029/20 X	24 hrs	57,000	<u> </u>	1.2					ļ	<u> </u>		1			
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	24 hrs	1,796,800	 		1				l	1		<u> </u>	L		
		50.803	1												

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

PWS	S ID:	3424839	Plant Name:	Belleview Hi	lls Estates					
IV.	Summary of Use of Polyi	mer Containing Acrylam	iide, Polymer (Containing E	pichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: *				
A.	Is any polymer containing the mofollows:	onomer acrylamide used at the v	vater treatment plan	nt?	No					
	Polymer Dose ppm =				Acrylamide Level, % ^t =					
B. Is any polymer containing the monomer <u>epichlorohydrin</u> used at the water treatment plant? polymer are as follows:										
	Polymer Dose ppm =				Epichlorohydrin Level, %t=					
C.	Is any iron or manganese seques	trant used at the water treatment	plant?	☑ No						
	Type of Sequestrant (polyphospi	nate or sodium silicate):								
	Sequestrant Dose, mg/L of phosp	phate as PO ₄ or mg/L of silicate	as SiO ₂ =							
	If sodium silicate is used, the am	ount of added plus naturally occ	curring silicate, in	mg/L as SiO ₂ =						

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions I. General Information for the Month/Year of: May-05 A. Public Water System (PWS) Information PWS Name: Belleview Hills Estates PWS Identification Number: 3424839 PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 801 267 Aqua Utilities Florida PWS Owner: Contact Person: Brian Heath Area Manager - Florida Contact Person's Title: Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749 Contact Person's Telephone Number: (352) 787-6333 (352) 787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Telephone Number: (352) 787-0980 Plant Name: **Belleview Hills Estates** Summerfield State: FL Zip Code: 34491 Plant Address: 14481 S.E. 59th Ct City: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) C whicher Disputs will be the second of the Maniell willingerise (1985) 44 6 Days per week Lead/Chiel/Cinecitor Mark March 8287 6 Days per week **Bob Maxon** C 2810 india Chaerakas, 6 Days per week Paul Thompson Α 7251 II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Signature and Date Printed or Typed Name

Page 1

PWS Iden	PWS Identification Number: 3424839					Plant Name: Belleview Hills Estates											
III. Daily	Data f	or the Mon	th/Year of:		May-05								· · · · · · · · · · · · · · · · · · ·				
			Log Virus Inacti				X Free (Chlorine	. [Chlorine I	Dioxide		Ozone	Combined C	hlorine (C	hloramines)
[[] TILE		at Dadiation			Other (Describ	ne):						ш	<u></u>		`	•	•
Type of F	licinfe	ctant Decid	137.14.1 11	n Distributio	on System:			X	Free Ch	lorine	Co	mbined (Chlorine (Chlor	amines)		Chlorine Di	oxide
Type of L	/13HHC	Ciam iCSiu			On System.	n or LTV Doce to	Domonetrata I	Enur You	Agent Inort	untionic take	licable*	momea (E	l see see see see		emoniie Bi	Maria de
			Nel Quanty To Sussied 3.9		Cr Carculation	CT Calc	plations	i odratog	VII US AIRICU	acout a sapp	ler seriv	lose					
	Days			remotive agree	Commercial States		I amout CT	-161		1			,		######################################	1000	
			an res		Louget Decidual	Diemfactant	Provided						Pacidual				200
	OF	English Ser			Disinfectant	Contact Time	Before or	24					Disinfertant		- 6	3250	
135	/isited			CALL CALL	Concentration	(T) at C	at First	15.00	Transfer of the		Lowest	Minimum	Concentration	7-	2		
	by		Net Quanity	11.00	(C) Before or at	Measurement	Gustomer	Temp		Minimum	Operating	tUV.Dose	at Remote	201			e baa
Day of O	perator	Hours	4 of Finished W.	3500	First Customer	Point During	During 7	of	ptlof	LECT LE	UV Dose	Required	Point in	 Emergency or 	Abnormal	Operating Con	ditions 🕶
- U.S.	mke:	a Hanisiis	Watch	Peak Flow	- y Dignig Reik	Felk Town	i Perk Floor	Wale	Wile	Reguled,	inWs	DW	Distribution	Repair of Main	nenen es We	della dinvalv.	at talong
Montile -		#Operations	POSTIBERI PATR	Role ppi	erelijowemy, te	a a destruction de la company	ang-min/La	Herit	-Applicable		-50V/611245	Esevienia.	#System mp/LE	A STANSON OF THE STAN	in Company	nistenierose) p	aution##
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	$\frac{\Lambda}{X}$	24 hrs	45,000	-	1.4						 		1.4				
	X	24 hrs	58,500		1.4		- 	-		 	 		1.2	}			
		24 hrs	58,500		1.7					1	 		1.2				
	х	24 hrs	56,000		1.4		 					 	1.2				
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	X	24 hrs	63,000		1.4		<u> </u>						1.2				
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	X	24 hrs	56,000		1.6								1.4				
		24 hrs	56,000									<u> </u>					
	X	24 hrs	68,000		1.4	<u> </u>							1.2				
	X	24 hrs	41,000		1.4						<u> </u>		1.2				
	Х	24 hrs	66,000		1.4		<u> </u>	1		ļ			1.2				
2009	X	24 hrs	67,000	ļ	1,2				<u></u>	-	 	ļ	1				
20	X	24 hrs	62,000		1.2					1	+		1 12	 			
	<u>X</u>	24 hrs	57,000 57,000	 	1.4	-	 	1			 	 	1.2	 		·	
	v	24 hrs 24 hrs	79,000		1.4		- 				 	 	1,2				
	X	24 hrs 24 hrs	50,000		1.4			1	 			-	0.4				
25	X	24 nrs 24 hrs	74,000		0.7	1	-	+			 	 	0.4				
2.0	$\frac{\lambda}{X}$	24 hrs	69,000		0.7	1	 	1	ļ	+	1	 	0.4	 	•		
	X	24 hrs	119,000		1.2	<u> </u>	+	+		-	1	 	0.4	 			
25	$\frac{\lambda}{X}$	24 hrs	90,000	1	1	1		1			1	 	1	1			
FR (20)		24 hrs	91,000	†	†			1	 	 	1	 	 	<u> </u>			- 1.2
319)	Х	24 hrs	101,000	1	1		 	1		1	 	<u>† </u>	0.6				
	X	24 hrs	49,000		0.9	-1		i					0.6		****		
i Frai HET			2,032,000		•				•								
MANAGRAS =	112 ayıldı. 142 ayıldı.	war,	65,548														
Whisiniiii			119,000	1													

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

PWS ID:	3424839	Plant Name:	Belleview Hills Estates			
IV. Summary of Use of Po	lymer Containii	ng Acrylamide, Polymer	Containing Epichlorohydrin, ar	nd Iron or Manganes	se Sequestrant for the Year:	÷
A. Is any polymer containing the	monomer acrylamic	le used at the water treatment pl	ant?			
follows:						
Polymer Dose ppm =			Acrylamide Level, % ^t =	-		
B. Is any polymer containing the	monomer epichloro	hydrin used at the water treatme	ent plant?			
polymer are as follows:						
Polymer Dose ppm =			Epichlorohydrin Level,	% ^t =		
C. Is any iron or manganese sequ	estrant used at the v	vater treatment plant?	☑No			
Type of Sequestrant (polypho	sphate or sodium sil	icate):				
Sequestrant Dose, mg/L of ph	osphate as PO ₄ or m	g/L of silicate as SiO ₂ =		-		
If sodium silicate is used, the	amount of added plu	is naturally occurring silicate, in	mg/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

I. General Information for the Month/Year of: June-05				
A. Public Water System (PWS) Information				
PWS Name: Belleview Hills Estates		PWS Identif	ication Number:	3424839
PWS Type: X Community Non-Transient Non-Com	munity	Transient Non-Commu		Consecutive
Number of Service Connections at End of Month: 267	<u> </u>	Total Population Served		801
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contact Person's Title:	Area Manager - Flo	orida
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com				
B. Water Treatment Plant Information			•	
Plant Name: Belleview Hills Estates		Plant Teleph	one Number:	(352) 787-0980
Plant Address: 14481 S.E. 59th Ct		City: Summerfield	State: FL	Zip Code: 34491
	urchased Finished Wa	nter		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Finistication of the artifolds and the second of the secon	and occurrence as a second	a mediumiya sarenda la ala		wsyspustware a franch
Mark March	С	8287		6 Days per week
(O)though genion Bob Maxon	С	2810		6 Days per week
Paul Thompson	A	7251		6 Days per week
		 		
		 		
			-	
	L			
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead				
information provided in this report is true and accurate to the best of my knowled				
International Standard 60 or other applicable standards referenced in subsection of	62-555.320(3), F.A.	.C. I also certify that the	following addition	nal operations records for this
plant were prepared each day that a licensed operator staffed or visited this plant	during the month in	ndicated above: (1) reco	rds of amounts of c	hemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance records. I				
owner can retain them, together with copies of this report, at a convenient location		-	operations i coo	
the controlled to the copies of the report, at a controlled to the	101 at 10abt toll yo			
Mark March			C8287	
Signature and Date Printed or Typed Nam	ie		License Number	
I miles of Types Man				

PWS Id	lentifica	tion Numbe	er:	3424839		Plant Name:	Belleview l	Hills Est	tates								
III Dai	ly Data	for the Mon	th/Vear of:	Tur	ne-05												
			Log Virus Inactiv				X Free C	'hlorine	ТТ	Chlorine I	Diovide		Ozone	Combined Chl	orine (Chloramines)	
		et Radiation			her (Describ		M Hee	All Of IIIC		Cinorine L	JIOXIGC	Ш,	52011C	Combined Cin	ornic (Cinoralinics)	
Tuna	Dising.	atant Danid				·		I⊽ I	Free Chl	orina	77 6	Sambinad C	hlorine (Chlor	ominac)		Chlorine Dioxid	da
Type of	Disinie	ctant Resid		n Distribution S	ystem:	1010 - 1 I		^	riee Cni	OTINE	Line Library 1	Joindinea C	morme (Cmor	ammes)		Ciliofine Dioxid	JE .
			periodical contracts		a A aiculations	CT Calcu	Jemonsuale r	our-Log N	Anus Inacus	auon, n App	licable	/ Dose		Laren ant district "			a sent
2;14.2	Days	lar yes	55. H 13. F 40	22 (12 (12 (12 (12 (12 (12 (12 (12 (12 (15 APT - Calcu	ianons I terres		entre en er En graf Sansa	AND THE	CONTRACT.	TOUSCIPEE					
15.23	Plant			1750 A 1	Double	n	Lowest C1		Mai (Na)	3			Lowest		- KAND		
per per	Statieti,	10.38		The state of the s	Disinfectant	Contact Time	* Before or	25.77				1000	Diginfectant				
	Visited	lenger files			Concentration	(T) at Co.	at First	4	77		Lowest	Minimum	Concentration		. 25		
2. 5	by by	504 F	Net Quanity	**************************************) Before or at	Measurement	Customer	Temp	distribution and the second	Minimum	-Operatin	JUV Dose	at Remote	a la designation			Guzi
Dayou	Operator	My Hours 4 4	a cold inished		nei Cheiomei	Point During	During	ol,	plot	i ch	DIVIE)	Required.	ne Point in	Emergency or A	bnorma	Operating Conduc	ns.
	22,500,000		[2	oP≨it injug	Duning Paikur	F Peak flow,	alkerker inov	Water	Witer	Required	317.77/2	e i s miw	Distributions.	Repair ou Mainte	vin¢≎W	សម្រើប្រើសៀមវត្តិស្តីស្តី នៅ	(g)life:
Youth		Operations			1600 100/16	sessininii(6)	#nog to not	# City	apple bis	High Second File	EVENT?	Wsel/cm2	System night	- Waci Syleni	Conto	Chlorine Dioxid	905.
	X	24 hrs	67,000			1				 	ļ		*				
2.5	X	24 hrs	64,000		1.1	ļ				1			0.5 0.5				
	X	24 hrs 24 hrs	47,300 47,300		1.2	<u> </u>				 	 		0.5				
	_^	24 hrs	47,300		1.4	<u> </u>	 					-	0.8				
	X	24 hrs	69,000		1					 	 	1	0.5				
1	$\frac{x}{x}$	24 hrs	74,000		0.9	-				<u> </u>	t		0.5				
No.	X	24 hrs	63,000		1					1			0.5				
5401	Х	24 hrs	51,000		1					<u> </u>	İ .	<u> </u>	0.4				
. الآل	Х	24 hrs	49,000		1.1							1	0.4				
	Х	24 hrs	56,000		1.2								0.6				
		24 hrs	56,000														
	X	24 hrs	57,000		1								0.4			· · ·	
	X	24 hrs	50,000		1						ļ		0.6				
15%	X	24 hrs	54,000		1					ļ	ļ <u>.</u>		0.5				
163	X	24 hrs	66,000		0.9	ļ				ļ	ļ		0.5				
3017	X	24 hrs	83,000	<u> </u>	2.2	ļ	 	 		 	 	+	0.9				
	X	24 hrs	58,500		1.6					 	-	-	1	 			
(6)	 ,,-	24 hrs	58,500	 	2.2	1	 	 		 	1	+ -	1.4				
(1) (1)	X	24 hrs 24 hrs	62,000 58,000		2.3	 	 	 		1	 	+	0.8				
7.7	X	24 hrs	55,000	 	2	1	 				1	+	0.8				
	X	24 hrs	66,000	 	1.9	1		 		 	 		0.8	 			
2/5	X	24 hrs	97,000	 -	1.7		-			1	†		0.8				
25	X	24 hrs	57,000	 	1.6	1		 		†	 	-	1				
76-	1	24 hrs	57,000			1				T		—	1				
	х	24 hrs	63,000	 	1.5	1		1			1		1				
2.723	Х	24 hrs	55,000		1.7								1				
44,22	Х	24 hrs	60,000		1.6								1				
WINDOW!	Х	24 hrs	54,000		1.5								0.7				
13162		24 hrs								1			<u> </u>				
นกูดใ			1,801,900														
(AVENUA			60,063	1													
Mercim	iiii		97,000	1													

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

WS	S ID:	3424839	Plant Name:	Belleview H	ills Estates					<u> </u>		
V.	Summary of Use of Poly	mer Containing Acrylar	mide, Polymer	Containing E	Epichlorohydrin, and	Iron or I	Manganese	Sequestrar	it for the Y	ear: *		
A.	. Is any polymer containing the me	nonomer acrylamide used at the	water treatment pla	nt?	✓ No							
	follows:										_	
	Polymer Dose ppm =				Acrylamide Level, % ^t =							
В.	Is any polymer containing the m	nonomer <u>epichlorohydrin</u> used a	it the water treatmer	it plant?	✓ No							
	polymer are as follows:											
	Polymer Dose ppm =				Epichlorohydrin Level, %	,t						
C.	. Is any iron or manganese seques	strant used at the water treatmer	nt plant?	☑ No								
	Type of Sequestrant (polyphospl	hate or sodium silicate):										
	Sequestrant Dose, mg/L of phos	sphate as PO ₄ or mg/L of silicate	e as SiO ₂ =									
	If sodium silicate is used, the an	mount of added plus naturally or	ccurring silicate, in	mg/L as SiO ₂ =				· · · · · · · · · · · · · · · · · · ·				

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions I. General Information for the Month/Year of: July-05 A. Public Water System (PWS) Information PWS Name: Belleview Hills Estates PWS Identification Number: 3424839 PWS Type: X Community Non-Transient Non-Community **Transient Non-Community** Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 267 801 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Belleview Hills Estates Plant Telephone Number: (352) 787-0980 Plant Address: Summerfield State: 14481 S.E. 59th Ct City: FL Zip Code: 34491 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) ekonerik distalakine. Altreatise (1988 and His Diperise Number 2-3) /2 20 Mile (2008) (1980) (1990) (1990) (1990) Low/Charome Gary Kissick 6 Days per week 7846 Signing a Daguar Mark March C 6 Days per week 8287 Paul Thompson 7251 Α 6 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Page 1

C7846

License Number

Gary Kissick

Printed or Typed Name

Signature and Date

PWS Id	S Identification Number: 3424839 Plant Name: Belleview Hills Estates										
III. Da	ly Data	for the Mon	nth/Year of:	July-05	·		<u> </u>				
				viation/Removal: *	X Fr	ee Chlorine	Chlorine D	ioxide	Ozone Comb	ined Chlorine (Chloramines)	
🔲 t	Jltraviol	et Radiation	n	Other (Describe):						
Type o	Disinfe	ctant Resid	ual Maintained i	in Distribution System:		X Free	Chlorine	Com	bined Chlorine (Chloramines) Chlorine Dioxide	
1 1117			May MA CH	- CT Calculations,	or UV Dose, to Demonst	rate Four-Log Virus I	nactivation of Appli	cable.		Chlorine Dioxide Chlorine Dio	
16. a	Days	Value 1			CT Calculations			UV Dos	e	Service Control of th	
150	Plant	N. 24.			Lowest	cr =			Lowest		
	Staffed	1000		Lowest Residual	Disinfectant Provid	led			Residual -		
	or			Disinfectant #	Contact Time Before	or a	Tille,		Disinfectant	An San San San San San San San San San Sa	
- die	v isited		Net Opanity	Concentration (C) Refore or and	(1) at C at Fi	Star Tame	Minimi	Lowest IV	Imimum Concentration	ii wa a a a a a a a a a a a a a a a a	
Dayor	Operator	Hours	and Finished	First Customer	Points During 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ст -:	TRY Take JR	equired Pointing at Marie	gen vor Almormal Ore sting Conditions	
a die s	T To	s Plantin		Paralleller Dimese	Pen nov Tent	ow was wan	7m kannen		and distribution reason	o viiminine vaidinenene siine	
a (ditt)		a Cheration	Facility 4-20	CONTRACTOR OF THE PROPERTY OF	frames then	DI GA AMI	Miles meminis	2.00TD	safiar in Security in the French	er Krigar ei menachteoneach partitati	
		2.11.2	02,000	1 *** {							
	X	24 hrs	76,000	1.4					1		
<u> </u>	X	24 hrs	79,000	1.2					1		
	X	24 hrs 24 hrs	79,000 74,000	1.4							
	X	24 hrs	89,000	1.6			_		1.2		
7.7	X	24 hrs	79,000	1.4					1.2		
	X	24 hrs	49,000	1.6					1.4		
	<u>x</u>	24 hrs	71,500	1.2					1		
105		24 hrs	71,500								
	Х	24 hrs	79,000	0.7					0.4		
	X	24 hrs	68,000	1					0.4		
	X	24 hrs	56,000	0.9					0.3		
	X	24 hrs	64,000	0.6					0.3		
	X	24 hrs	99,000	0.4					0.2		
7.5	X	24 hrs	66,500 66,500	1.2							
Wei Trans	Х	24 hrs 24 hrs	76,000	1.4							
9	X	24 hrs	70,000	1.4					0.8		
	X	24 hrs	88,000	1.6		- - 			1.2		
	X	24 hrs	74,000	1.5					1		
	Х	24 hrs	71,000	1.3					0.8		
	Х	24 hrs	72,500	1.6					1		
E324)		24 hrs	72,500								
(25)	X	24 hrs	61,000	1.4					0.8		
276	X	24 hrs	95,000	1.4					0.8		
	X	24 hrs	44,000	1.2				 	0.6		
	<u>X</u>	24 hrs 24 hrs	53,000 56,000	1.3					0.7		
16.4(0)	- X	24 hrs	89,000	1.7	-	- - -		 	1 1		
1 22 <u> </u>		24 hrs	89,000	1.7	-	- - -					
Majori.	744	24 (113		 				L			
Switz	J.		72 903	1							

99,000

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

WS	S ID:	3424839	Plant Name:	Belleview Hills Estates	
V.	Summary of Use of Polyr	ner Containing Acrylam	ide, Polymer C	Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
A.	Is any polymer containing the mo	onomer acrylamide used at the w	vater treatment plan	nt?	
	Polymer Dose ppm =			Acrylamide Level, %'=	
В.	Is any polymer containing the mo- polymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	nt plant?	
	Polymer Dose ppm =			Epichlorohydrin Level, %¹=	
C.	Is any iron or manganese sequest	trant used at the water treatment	plant?	✓ No	
	Type of Sequestrant (polyphosph	nate or sodium silicate):			
	Sequestrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate	as SiO ₂ =		
	If sodium silicate is used, the am	ount of added plus naturally occ	urring silicate, in r	mg/L as SiO ₂ =	

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See naa	о <i>д</i> і	tor	Inch	uctione
See page	レコ	101	mou	uvuviis

I. General Information for the Month/Year of: August-05			
A. Public Water System (PWS) Information			
PWS Name: Belleview Hills Estates		PWS Identific	ation Number: 3424839
PWS Type: X Community Non-Transient N	Ion-Community	Transient Non-Commun	
Number of Service Connections at End of Month: 267		Total Population Served at	End of Month: 801
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath			Area Manager
Contact Person's Mailing Address: PO Box 490310			State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's Fa	x Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.s B. Water Treatment Plant Information	<u>com</u>		
Plant Name: Belleview Hills Estates		Plant Telepho	ne Number: (352) 787-0980
Plant Address: 14481 S.E. 59th Ct		City: Summerfield	
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished Wa		State. PL Zip Code. 34471
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	101	
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	1 62-699.310(4), F.A.C.) C
Bur Stocker, Money and real and another than the second second second second second second second second second	TELEVITERA ES CARCA		No the state of the constant o
Sary Kissick	С	7846	6 Days per week
Outs On Mark March	С	8287	6 Days per week
Paul Thompson	A	7251	6 Days per week
II. Certification by Lead/Chief Operator			
I, the undersigned water treatment plant operator licensed in Florida, am	the lead/chief operator of t	he water treatment plant io	dentified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of my			
International Standard 60 or other applicable standards referenced in sub			
plant were prepared each day that a licensed operator staffed or visited the	is plant during the month i	ndicated above: (1) record	ls of amounts of chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process performance re			al operations records to the PWS owner so the PWS
owner can retain them, together with copies of this report, at a convenien	t location for at least ten ye	ears.	
O			C7846
Gary Kissick Signature and Date Printed or Ty			License Number
Signature and Date Printed or Ty	peu Maine		Piocine Million

PWS I	dentific	ation Numbe	er.	3424839		Plant Name:	Belleview I	Hills Estates							
III. Da	ily Data	for the Mon	th/Year of:		August-05										
			Log Virus Inacti				X Free C	hlorine	Chlorine	Dioxide	110	Ozone	Combined Chl	orine (Chlora	mines)
	Ultravio	let Radiation	1		Other (Describ	e):								·	<u> </u>
Type o	f Disini	fectant Resid	ual Maintained	in Distribution	on System:			X Fre	e Chlorine	C	ombined C	hlorine (Chlor	amines)	Chlori	ine Dioxide
	100			% C	CT Calculations	, or UV Dose, to	Demonstrate F	our-Log Virus	nactivation, if App	olicable*	Alamana a		water that		na i
	* Days		14 4 46.	1 KgZ 3 KG 3	San Marketin	CT Calc	culations	225/2	An Table	. X≅≲UV.	Dose	150			
Corto June La Variation	Plant		1.4(7.4)		Tourset David.	Distriction	Lowest CI				7	Lowest	7.3	Half year St.	
	10				Disinfectant	Contact Time	Before or		7/4		押	Disinfectant			iid Iid
	Visited	1 - : : : : : : : : : : : : : : : : : :			Concentration	(Dat C	at First			Lowest	Minimum	Concentration	79.58 H. 48		a Managara
15	į bγ.	Sec.	A Net Quanity 3	1114	r(C) Before or at	Meisirtemen	t Customer	Temp:	Minimum	Operating	UV Dose	at Remote		er Anto	944
a Day O	Upon in	r 4 H louis mil	ne binished		= Inst Customera	Solus 9 minis	E saloniones				s sedmed	Pomen.	Discrete 201/	Onomial Opera	ng Conduons
Name		Figure 100 is	PARTIES TO SERVICE	e (ente god)	Lowest Residual Districtant Concentration (C) Before or afficultion Concentration Concentration Concentration Concentration Concentration Concentration Concentration Concentration Concentration Concentration Concentration	an in the second		C. Appl	esse memini	າ ເລືອດຖານ ເຂົ້ອເຂົ້ອການ	- Allah	ST SEEDING	Vince (va) in	Caffeen accou	
	<u> </u>	24 hrs	1		1.5							1			
	X	24 hrs	94,000		1.6							1			
	X	24 hrs	54,000	 	1.5	 	 				 	1			
	X	24 hrs 24 hrs	90,000 67,000	 	1.4					 	 -	0.8			
- 765 F	X	24 hrs	77,000	 _	1.4	 				-	 	1			
		24 hrs	77,000	<u> </u>		†						 	<u> </u>		
	X	24 hrs	44,000		1.3							0.8			
77.22	Х	24 hrs	82,000		1.3]	0.8			
	X	24 hrs	57,000	ļ	1.3					 	 -	0.7			
	X	24 hrs 24 hrs	103,000 41,000	├	1.2	 				 	 	0.7			
	X	24 hrs	83,500	 	1,4	 	 				 	1	 		
		24 hrs	83,500	 							<u> </u>	<u> </u>	 		
20.50	X	24 hrs	72,000		2.1							1.6			
	X	24 hrs	54,000		1.8	_						1.3			
	X	24 hrs	50,000 60,000	 	2.2						 	1.2 1.7			
100 E	X	24 hrs 24 hrs	71,000	 	1.4	 					 	0.8			
7 200	<u> </u>	24 hrs	71,000	 	1.7	†	·			 	 	U.U.		·	
	Х	24 hrs	74,000		1.2							1	<u> </u>		
	X	24 hrs	40,000		1.6							1.2			
	X	24 hrs	68,000		1.3					ļ <u> </u>		0.8			
	X	24 hrs	82,000	 -	1.4	\					 	0.9			
	X	24 hrs 24 hrs	40,000 48,000	 	1.3	 				 	 -	0.7 0.9	 		
250 100 100 100 100 100 100 100 100 100 1	X	24 hrs	56,000	 	1.3	 	+			 	 	0.9	 		
		24 hrs	56,000							1	 		†		
779)	X	24 hrs	37,000		1.2							0.7			
302	X	24 hrs	74,000		1.2					1		0.6			
5.4	X	24 hrs	46,000	 	1.3					<u></u>	1	0.8	L		
A STORY		-,	1,999,000 64,484	-											

103,000

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

PWS ID:	3424839	Plant Name:	Belleview Hi	Ils Estates			
IV. Summary of Use of Poly	ner Containing Acryla	mide, Polymer	Containing E	pichlorohydrin, and Iron	or Mangan	ese Sequestrant for the Y	ear: *
A. Is any polymer containing the m				✓ No			
follows:							
Polymer Dose ppm =	,			Acrylamide Level, % ^t =			
B. Is any polymer containing the m	onomer <u>epichlorohydrin</u> used :	at the water treatmer	nt plant?	✓ No			
polymer are as follows:							
Polymer Dose ppm =	_			Epichlorohydrin Level, %t=			
C. Is any iron or manganese seques	trant used at the water treatme	nt plant?	✓ No				
Type of Sequestrant (polyphospl	nate or sodium silicate):	·					
Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicat	te as SiO ₂ =					
If sodium silicate is used, the an	ount of added plus naturally o	ccurring silicate, in	mg/L as SiO ₂ =				

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instruction	S					*		
I. General Information	for the Month/Year of:	September-05						
A. Public Water System	n (PWS) Information							
PWS Name:	Belleview Hills Estates				PWS Identi	fication Numbe	er: 3424839	
PWS Type:	X Community	Non-Transient Non-Com	munity	Trai	sient Non-Comm	unity	Consecutive	
Number of Service Co	nnections at End of Month:	267		Total	Population Served	at End of Mon	th: 801	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath			Conta	ct Person's Title:	Area Manage	er	
Contact Person's Mail				City:	Leesburg	State:	FL Zip Code:	34749
Contact Person's Tele				Conta	ct Person Person's	Fax Number:	(352) 787-6	333
Contact Person's E-Ma	ail Address: beheatl	@aquaamerica.com						
B. Water Treatment Pl	ant Information							
Plant Name:	Belleview Hills Estates				Plant Telep	hone Number:	(352) 787-0	980
Plant Address:	14481 S.E. 59th Ct			City:	Summerfiel	d State:	FL Zip Code:	34491
Type of Water Treate	d by Plant: X Raw Ground	Water Du	rchased Finished	Water				
Permitted Maximum	Day Operating Capacity of Plant, ga	llons per day:	111,000					
Plant Category (per s	ubsection 62-699.310(4), F.A.C.):	V			Class (per subsecti			
	omaki <u>ka</u> balik kazika 1		a Uniconspicus		noens@kumhten		Taky (SykShiri) (STWo)	
- Lend/Clinic Opinions	Gary Kiss	ick	С		7846		6 Days per week	
Olijer Oiganikie Z zac.	Mark Ma	rch	С		8287		6 Days per week	
	Paul Thom	pson	A		7251		6 Days per week	
	£							
	4							
				L				
II. Certification by Lea	ad/Chief Operator							
I, the undersigned water	r treatment plant operator license	d in Florida, am the lead/	chief operator of	of the wate	r treatment plant	tidentified in	Part I of this report. I	certify that the
information provided i	n this report is true and accurate t	o the best of my knowled	ge. I certify that	at all drink	ing water treatme	ent chemicals	used at thisplant confe	orm to NSF
	60 or other applicable standards							
	ch day that a licensed operator sta							
	ble, appropriate treatment proces							
					vide these addition	Jilai operation	s records to the r wo t	When so the I w
owner can retain them,	together with copies of this repo	n, at a convenient locatio	n tor at least tei	i years.				
		Comprised to				C7946		
Cianatura and Data		Gary Kissick				C7846 License Nun		
Signature and Date		Printed or Typed Nam	t			License Nun	HOCI	

PWS Identifica	S Identification Number: 3424839 Plant Name: Belleview Hills Estates													
III. Daily Data	I. Daily Data for the Month/Year of: September-05													
			viation/Removal: *	X Free Chlorine	Chlorine Di	ioxide	Ozone	Combined Chloris	ne (Chloramines)					
	let Radiation		Other (Describe)						(0)					
					Free Chlorine	Combined	Chlorine (Chlora	mines)	Chlorine Dioxide					
	Exercise s		CT Calculations	CT Calculations CT Calculations Lowest CT Disinfectant: Provided Contact Lime Before or CCD at Case at First Measurements Customer Jemp and Survey Contact Lime Before or Contact Lime Before o	irus Inactivation, if Applic	able*	[Switzenson							
Days			PLINITE TO BANDONS	CT Calculations	Company of the Company	UV Dose								
Plant				Lowest CT			Lowest .							
Staffed			Lowest Residual	Disinfectant Provided			Residual	Marie Military						
or s		0.000	Disinfectant C	Contact Time Before or			Disinfectant							
VISICO		Ne O. William	Concentration Concentration			Lowest Minimur	n Concentration							
Day of Operato	190005	of Emished		Pome dianess to Diene		Vilvanie Remine		- Foreign Company	mal Operating Conditions Se-					
die deko-	Diameter 1		ารอง ของ 🏳 เปิดตากระได้เรื่อง	SERVICE PROPERTY OF THE PROPER		No.	Displanton	Passing Visiting	Votalisidnyntise en inte					
Mende (1280)	(a) resulting	espantesteat	Tene (1937) Row-101/19	sindiniir≨si 🖟 rangsimii/Akara C‡	Application arguista	e Geografia	Swift myter	Paya System Ost	ngarsas Compedigación d					
X	24 hrs	72,000	1.4				0.8							
X	24 hrs	57,000	1.2				0.7							
X	24 hrs	60,000	1.2				0.7							
	24 hrs	60,000	14				1 00 1							
A V	24 nrs	/0,000	1.4				0.9	***						
X	24 lils	51,000	1.3				0.8							
X	24 hrs	43,000	1.2				0.7							
X X	24 hrs	79,000	1.3				0.7							
X X	24 hrs	49,000	1.4				1							
	24 hrs	49,000												
X	24 hrs	48,000	1.3				0.8							
X X	24 hrs	70,000	2.2				1.8							
X X	24 hrs	64,000	2.2				1.8							
MASS X X	24 hrs 24 hrs	75,000 47,000	1.9				1.4							
	24 hrs	80,000	1.8				1.6	 						
Selve X	24 hrs	80,000	1.0				1							
X X	24 hrs	74,000	1.6				1.1							
X	24 hrs	38,000	1.7				1.2							
X X	24 hrs	59,000	1.7				1.2							
X	24 hrs	41,000	1.6				1.2							
38622386 X	24 hrs	69,000	1.9				1.5							
X X	24 hrs	66,000	1.5				1 1							
2533	24 hrs	66,000					+							
X 23 X	24 hrs	58,000	1.4				0.9							
274 X	24 hrs 24 hrs	61,000 36,000	1.2				0.7							
X	24 hrs	59,000	1.2				0.7	··· <u>··</u>						
X X	24 hrs	49,000	1.2				0.8							
318138	24 hrs	1 .5,000												
Skileton (1,771,000												
SAME TO WAR TO		59.033	1											

80,000

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

W	S ID:	3424839	Plant Name:	Belleview H	lls Estates		
V.	Summary of Use of Poly	mer Containing Aci	ylamide, Polymei	Containing E	pichlorohydrin, and Iron	or Manganese Sequestrant for the Yea	r: *
A.	. Is any polymer containing the m	onomer acrylamide used	at the water treatment p	lant?	✓No		
	follows:						
	Polymer Dose ppm =				Acrylamide Level, % ^t =		
В.	. Is any polymer containing the m	onomer <u>epichlorohydrin</u> u	sed at the water treatm	ent plant?	✓No		
	polymer are as follows:						
	Polymer Dose ppm =				Epichlorohydrin Level, %t=		
C.	. Is any iron or manganese seques	strant used at the water tre	atment plant?	✓ No			
	Type of Sequestrant (polyphosp						
	Sequestrant Dose, mg/L of phos		ilicate as SiO ₂ =				
	If sodium silicate is used, the an	nount of added plus natur	ally occurring silicate, i	n mg/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions General Information for the Month/Year of: October-05 A. Public Water System (PWS) Information PWS Identification Number: 3424839 PWS Name: Belleview Hills Estates Community PWS Type: **Transient Non-Community** Consecutive Non-Transient Non-Community Total Population Served at End of Month: 801 Number of Service Connections at End of Month: 267 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 Leesburg State: City: (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Telephone Number: (352) 787-0980 Plant Name: **Belleview Hills Estates** Summerfield State: Zip Code: 34491 FL Plant Address: 14481 S.E. 59th Ct City: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 111,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) C Afficence desperations as a state of the state of the Name of the stat โรงเล่ง(Chisa (Catagoria) รา Gary Kissick 7846 6 Days per week Mark March 8287 6 Days per week io Oponios 7251 6 Days per week Paul Thompson Α II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C7846 Gary Kissick License Number Printed or Typed Name Signature and Date

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates																
III Daily Data	I. Daily Data for the Month/Year of: October-05															
			viation/Removal: *			X Free C	hlorine		Chlorine D	ioxide	TT (Ozone	Combined C	Chlorine (Chloramines)	
	olet Radiation			r (Describe	e):	_								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Type of Disinf	fectant Residi	ual Maintained i	n Distribution Syst	tem:			X	Free Chlo	rine	Co	mbined C	hlorine (Chlor	amines)		Chlorine Dio	xide
Days Plante Staffer Visite Basel Dayof Jayot Adie Montas	S. Iri	Named Plan	Lowe Phil	Calculations	or UV Dose, to	Demonstrate Fo	our-Log Vi	irus Inactiva	tion, if Appli	cable*		Lowest Residual Disinfectant Concentration af Remote	SUF 1	-,'3742').''/		a Calaba
Days	293	27191.132	100	A STATE OF STATE	CT Calcu	ulations	Living and		1.30	EUV.I	Oose 🚛 🐺			1007 XX 4.7		And the track to
Plant	T King		Lowe PDS Con (C) I First Flow Blow Blow Blow Blow Blow Blow Blow B			Lowest CT				5.00		Lowest 1	Life -			
Staffed	1 100 100		Lowe	st Residual	Disinfectant .	Provided:		ie in di	- 10	10 6.0	er Bulge	Residual		Spirital of the second	2 15	333
Visited		el legion	Con	entration	Contact 1 Ime	Delore of	45 MF			A A S	V.	Disintectant	157 and 67			2500
den a cal graby a	Plous Planting	Net Quanity	(C) E	Sefore or at #	Measurement	Customer	Temp.		Minimum	Operating	IIV Dose	at Remote			i i i i i i i i i i i i i i i i i i i	
Day of Operator	n House	a old mished as	es page First	Customer	Point During	During	i of a	apH of	CT	UV-Doses	Required	at. Point in	Energency	r Abnorma	Operating Cond	litions
The Whee	Hitting (Wita	eleak Boy = 2200	ing Reak	H PHR 1009	Reservoir	Wiler	Waler, ii	Respired	nī <u>W</u> ⇔.	mW.	Distribution	Regardos Vall	itenance V	Arteinaturiyota	Taking.
Month w Xen	Openion	EMPRODUCED FALS			mini(S2)			Apolle pipe		eses/gm22	Seso/emize	Company of the Company of the Company	WoodState	m Comeo	មានបី <u>ហ</u> ៀប៉ីក្រុ	attivit"
Map A	24 hrs 24 hrs	64,000 64,000		1.1	 	1						0.7	· · · · · · · · · · · · · · · · · · ·			
	24 hrs	40,000		1	 	 		+			 	0.6	,			
X X X X X X X X X X	24 hrs	61,000		1.1	1			-				0.7				
X X	24 hrs	56,000		1.2		1						0.8				
X X	24 hrs	48,000		1.2								0.7				
X	24 hrs	54,000		1.1		1						0.7				
X	24 hrs	56,000		1.2								0.8				
	24 hrs	56,000			 											
X Y	24 hrs	56,000	<u> </u>	1.1								0.6				
X X	24 hrs 24 hrs	77,000 44,000		1.1		 					 	0.6				
X X	24 hrs	85,000		1.6		1	-					1.2				
X X	24 hrs	49,000		1.4								0.9				
X X	24 hrs	70,000		1.4								1				
53165	24 hrs	70,000														
2007/80 X	24 hrs	69,000		1.1								0.7				<u></u>
X	24 hrs	41,000		1.2	ļ						ļ. ——	0.8				
20) X	24 hrs 24 hrs	53,000 80,000		1.3		1 1						0.8				
X	24 hrs	59,000	 	1.1	1	-	-				1	0.8				
X 20 X X	24 hrs	55,000	 	1.3	 	1					 	0.7				
23:	24 hrs	55,000			† ·····	 					1	<u> </u>				
X	24 hrs	52,000		1.3								0.8	i			
X	24 hrs	46,000		1.3								0.9				
26 X	24 hrs	47,000		1.2								0.8			·	
X X	24 hrs	41,000		1.2		ļ	 _					0.8				
X X	24 hrs	56,000		1.3	<u> </u>		 -				-	0.9				
30 X	24 hrs 24 hrs	66,000 66,000	 	1.4	 	1	 				 	1	 			
X	24 hrs	53,000		1.2	-	-						0.8			······	
Tanii A	24 113	1,789,000		4-4-		_1	L1				1	1 0.0	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Overes and		57.710	1													

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

WS ID:	3424839	Plant Name:	Belleview Hil	ls Estates			
V. Summary of Use of Poly	mer Containing Acry	lamide, Polymer	Containing E	pichlorohydrin, and Ir	on or Manganese Seque	strant for the Year: *	
A. Is any polymer containing the n	nonomer acrylamide used at	the water treatment pl	lant?	No			
Polymer Dose ppm =				Acrylamide Level, %t =			
B. Is any polymer containing the n polymer are as follows:	nonomer <u>epichlorohydrin</u> us	ed at the water treatme	ent plant?	✓ No			
Polymer Dose ppm =				Epichlorohydrin Level, % =			·
C. Is any iron or manganese seque	strant used at the water treat	ment plant?	✓ No				
Type of Sequestrant (polyphosp	hate or sodium silicate):						
Sequestrant Dose, mg/L of pho-	sphate as PO ₄ or mg/L of sil	icate as SiO ₂ =					
If sodium silicate is used, the ar	nount of added plus natural	y occurring silicate, in	n mg/L as SiO ₂ =				

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

I. General Information for the Month/Year of:	November-05										
A. Public Water System (PWS) Information											
PWS Name: Belleview Hills Estates				PWS Identific	cation Number	3424839					
	Non-Transient Non-Comm	nunity	Tr	ansient Non-Commur	nity [Consecutive					
Number of Service Connections at End of Month:	267		Tota	l Population Served a	t End of Montl	h: 801					
PWS Owner: Aqua Utilities Florida											
Contact Person: Brian Heath				act Person's Title:	Area Manager	r					
Contact Person's Mailing Address: PO Box 490310			City			L Zip Code: 34749					
Contact Person's Telephone Number: (352) 787-0			Con	act Person Person's F	ax Number:	(352) 787-6333					
	aquaamerica.com										
B. Water Treatment Plant Information											
Plant Name: Belleview Hills Estates				Plant Telepho		(352) 787-0980					
Plant Address: 14481 S.E. 59th Ct			City	Summerfield	State: F	L Zip Code: 34491					
Type of Water Treated by Plant: X Raw Ground W		rchased Finished	Water								
Permitted Maximum Day Operating Capacity of Plant, gallor		111,000									
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	A-11-	Plan	t Class (per subsectio	n 62-699.310(4	4), F.A.C.) C					
De Inicased Operators at mandate to compare the Damese.		at diffeensa Chis		Efteroxe-Number 15		EFEDAVIOVS INTERSEMENTAVO I POPULATIONAL					
Gary Kissick		С		7846		6 Days per week					
Olifon Olifonios : Mark March		С		8287		6 Days per week					
Paul Thompso	n	A		7251		6 Days per week					

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A Alter Control			_								
			_	*****							
		· · · · · · · · · · · · · · · · · · ·			L						
II Contification by Lead/Chief Operator											
II. Certification by Lead/Chief Operator											
the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF international Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.											
	Gary Kissick				C7846						
Signature and Date	Printed or Typed Name				License Num	ber					

PWS I	dentifica	tion Number	er:	3424839		Plant Name:	Belleview Hill	s Estates			_				
III. Da	ily Data	for the Mor	nth/Year of:		November-05										
			Log Virus Inactiv				X Free Chlo	rine	Chlorine l	Dioxide		Ozone	Combined Ch	lorine (('hloramines)
		et Radiation			Other (Describe	e):			j	DIORIGO	L1		Comonica Cir	ioimo (c	omorumies)
	CD: : C						· · · · · · · · · · · · · · · · · · ·	X Free C	hlorine	T Co	mhined (Chlorine (Chlor	amines)	\Box	Chlorine Dioxide
des. e e S	i distant		ede de la la la la la la la la la la la la la	The Second	CT Calculations	or UV Dose to	Demonstrate Four-	or Virus Inac	tivation if App	licable*	Marian.	I Come			
14. /** No. 144. (Days		200 C	1.14.72	(Alternity)	山山 CT Calcu	ilations				Dose				
	Plant			e a la la la la la la la la la la la la l	400	\$02.5	Lowest CT		all all all	74 HA	S. T. V	Lowest			, sakrádál úl.
	Staffed	1.01			Lowest Residual	Disinfectant	Provided 1					Residual	7.745		
o egi Mara	≥ or	24.4			Disinfectant	Contact Time,	Before or					Disinfectant			
	Visited				- Concentration	(T) at Ci	at First			Lowest	Minimum	Concentration	4.		a Section
Day of	by	4.6	Net Quanity		c(C) Before or at.	Measurement	Customer Ter	ip.	Minimum	Operating	UV Dose	at Remote			
	The State of the S	515-1-1-1-1 10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	01.9115160	DATE:	The Calsonic	1 - 150 m Dinantal		PH OF		1. V. 1309C	Required	Par Ponting	emergency or	Abnormal	Operating Conditions
Monii	100	Dispersion.	i Produkti Sil	se Rate on As	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			2000				3.50.10.10.10.1		Pampin	Chlorine Dioxide
	Х	24 hrs	43,000		1.2							0.8	Barrier Commission Commission		dama vi amalika bili balan da kaban da kaban da kaban da kaban da kaban da kaban da kaban da kaban da kaban da
<u>)</u>	Х	24 hrs	56,000		1.2							0.7			
it štija	Х	24 hrs	40,000		1.4							1			
894	X	24 hrs	47,000		1.4							1			
	X	24 hrs	59,000		1.2		 					1			
16.5	77	24 hrs	59,000			ļ	-			ļ		<u> </u>			
1.7 1.8	X	24 hrs 24 hrs	48,000		1.4		 			<u> </u>	 	1 1			
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	X	24 hrs	54,000		1.4		+ +		-	<u> </u>	 	1 1			
- j -		24 hrs	66,000		2.2		 			 	 	2			
ŢĎ.	Х	24 hrs	53,000		2		 			 -		1.6			
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		24 hrs	58,000		2.2							1.9			
116		24 hrs	52,000		2.1							1.8			
=1/g#	X	24 hrs	47,000		2.1							1.8			
	X	24 hrs	51,000		1.5						ļ	1,1			· <u>·</u>
	X	24 hrs	36,000		1.6		<u> </u>				ļ	1.2			
\$110k \$20%	Х	24 hrs	63,000	-	1.6		 		· · · · · · · · · · · · · · · · · · ·	<u> </u>	!	1.2			
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- 20 ST	X	24 hrs	52,000		1.2		 		+	+	 	0.7			
	X	24 hrs	56,000		1.6	 		<u> </u>		 	 	1.2	-		
122	X	24 hrs	50,000		1.6				- 	†	1	1.2			
25	X	24 hrs	58,000		1.6							1.1			
		24 hrs	56,000		1.6						İ	1.2			
227		24 hrs	56,000												
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29	X	24 hrs	50,000		1.5	ļ	ļ				1	1 1			
	X	24 hrs	44,000	ļ	1.6	`	 			-	 	1.2	-		
		24 hrs	1.502.000			<u> </u>			<u> </u>	.I	<u> </u>	_l	<u> </u>		
hogir V			1,592,000	-											
veri.	ninis		***	1											
.\Veri	() (ini)		53,067 66,000	1											

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

PWS	S ID:	3424839	Plant Name:	Belleview Hi	lls Estates	
IV.	Summary of Use of Polyi	mer Containing Acrylami	de, Polymer (Containing E	pichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: *
A.	Is any polymer containing the me	onomer acrylamide used at the wa	ater treatment plan	it?	☑ No	
	Polymer Dose ppm =				Acrylamide Level, % ^t =	
В.	Is any polymer containing the monopolymer are as follows:	onomer <u>epichlorohydrin</u> used at t	he water treatment	plant?	✓ No	
	Polymer Dose ppm =				Epichlorohydrin Level, %t=	
C.	Is any iron or manganese seques	trant used at the water treatment	olant?	✓ No	-	
	Type of Sequestrant (polyphosph	hate or sodium silicate):		-		
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate a	s SiO ₂ =			
	If sodium silicate is used, the am	nount of added plus naturally occu	urring silicate, in r	ng/L as SiO ₂ =		

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

I. General Information for the Month/Year of: Decemb	er-05		
A. Public Water System (PWS) Information			
PWS Name: Belleview Hills Estates		PWS Identific	cation Number: 3424839
PWS Type: X Community Non-Transie	ent Non-Community	Transient Non-Commun	
Number of Service Connections at End of Month: 267		Total Population Served a	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title:	Area Manager
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's F	ax Number: (352) 787-6333
Contact Person's E-Mail Address: <u>beheath@aquaameri</u>	<u>ca.com</u>		
B. Water Treatment Plant Information			
Plant Name: Belleview Hills Estates		Plant Telepho	
Plant Address: 14481 S.E. 59th Ct		City: Summerfield	State: FL Zip Code: 34491
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished Wa	ater	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	
Constitution of the contract of the second o	HAALLIST ALLIEOTSE CASSE	i i kang kumbar 🔩	The Assettions (s) Smiths Worked a Market of
Gary Kissick	C	7846	6 Days per week
Mark March	C	8287	6 Days per week
Paul Thompson	A	7251	6 Days per week
II. Certification by Lead/Chief Operator			
n. Certification by Lead-Chief Operator			
I, the undersigned water treatment plant operator licensed in Florida,	am the lead/chief operator of the	he water treatment plant i	dentified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of r	my knowledge. I certify that a	ll drinking water treatmen	at chemicals used at thisplant conform to NSF
International Standard 60 or other applicable standards referenced in			
plant were prepared each day that a licensed operator staffed or visited			
rates; and (2) if applicable, appropriate treatment process performance			ai operations records to the Pw5 owner so the Pw5
owner can retain them, together with copies of this report, at a conven	ilent location for at least ten ye	ears.	
Com. Wina	ai ale		C7846
Gary Kiss Signature and Date Printed or	r Typed Name		License Number
Printed or	турса глаше		Picelize infilinei

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

PWS Identifica	tion Numbe	r:	3424839		Plant Name:	Belleview F	Iills Estates			****				
III. Daily Data	for the Mon	th/Year of:		December-05	· · · · · · · · · · · · · · · · · · ·									
Means of Achie	eving Four-l	Log Virus Inacti				X Free Ch	lorine	Chlorine I	Dioxide		zone	Combined Chlo	rine (Chlora	mines)
	et Radiation		_	Other (Describ	e):	ـــــا	l			ш °		000		
Type of Disinfe	ctant Resid	ual Maintained i	in Distributio	n System:			X Free (Chlorine	Cor	nbined Cl	nlorine (Chlor	amines)	Chlori	ine Dioxide
4	ASSESSMENT OF CHRIST OF ALL	A CONTRACTOR CONTRACTOR AND AND ASSESSMENT	Cultural resources of a state out of the state of the sta		s, or UV Dose, to	Demonstrate Fo								
Days		157		1,100,000	CT Calc	ulations 4	14.37 14.47	- 11 11 1		ose 🔝	r i i i i i	Apric garrey or 40 February 1997	i ji da	· · · · · · · · · · · · · · · · · · ·
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Staffed"	444			Lowest Residual	Disinfectant	, Provided			44.1-6.0		Residual			
or a corma				Disinfectant 3.	Contact Time	Before or			2.136 He (C		Disinfectant			
Staffed or Visited by Daylor (PLAS MARTS SEXE)		Net Quantity		Concentration	Measurement	at First	reigin in	10.25334	Lowest	Minimum	Concentration		alli atti ti	
Day of Operator	Hours	=0.Finished		Bust Customer	Point Doring		Sof Late		Appearing FIV Dave	UV Dose	at Kemote			1
Tax Teess	Roma Pilandin Pilandin	Waters	Peak Flows	During Penk	Peak Flow		Whiter Water	Required		Man W.	Distribution	Research extension		
(0.00 (1.00 (1.00))	Mission	BETO INCATED IN	A PACE TO SE	Trought.	Susminute 200		Fig. Applied	Training T	2.7/Fif2	se emzi.	System my/L	Waren Vereni C	០៣១០៣៩៤៩(ម៉ា	orene nional
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X X	24 hrs	60,000	 	1.5		 		- 	 		1.2		-	
APPENDED X	24 hrs	34,000	 	1.6		1 1					1.2			
\$ X	24 hrs	63,000		1.5		1 1					1			
X	24 hrs	49,000		1.6							1.1	 		
MODEL X	24 hrs	65,000		1.6							1.2			
10010 X	24 hrs	65,000				↓								
X X	24 hrs 24 hrs	65,000 49,000		1.4	ļ	1			<u> </u>		1			
X X	24 hrs	61,000		1.4	 	1			 		1.2			
XISM X	24 hrs	45,000	 	1.6	 	 			 		1.3			
X VERBER X	24 hrs	60,000		1.3							0.9			
Y	24 hrs	57,000		1.3							0.9	-		
	24 hrs	57,000												
X X	24 hrs	58,000		1.2							0.8			
X X	24 hrs	56,000		1	1	1 1			1]	0.6			
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X X	24 hrs 24 hrs	63,000 58,000	 	1.4	 	 			 		12			
X	24 hrs	80,000		1.4					1		1.2			
9/5 3	24 hrs	80,000	 	1.2	1	- 			 		1.2			
26 X	24 hrs	150,000	 	1.3		 			 		1			
X 26 X X	24 hrs	51,000		1.3							0.9			
X	24 hrs	69,000		1.3							1			
29 X	24 hrs	38,000		1.3							0.9			
X	24 hrs	42,000	 	1.3	ļ	ļ					1			
Salika X	24 hrs	54,000 1,857,000	<u></u>	1.4		1					11			
		1,837,000	1											

150,000

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

PWS	S ID:	3424839	Plant Name:	Belleview Hills E	states				
V.	Summary of Use of Polyr	ner Containing Acrylam	ide, Polymer C	ontaining Epich	llorohydrin, and	Iron or Ma	nganese Sequestra	nt for the Year: *	2005
A.	Is any polymer containing the mo	onomer acrylamide used at the w	rater treatment plant	? [No				
	Polymer Dose ppm =			Acry	/lamide Level, %'=		-		
В.	Is any polymer containing the mo- polymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	plant?	✓ No				
	Polymer Dose ppm =			Epic	chlorohydrin Level, %	i ^t =			
C.	Is any iron or manganese sequest	trant used at the water treatment	plant?	☑ No					
	Type of Sequestrant (polyphosph	nate or sodium silicate):							
	Sequestrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate	as SiO ₂ =						
	If sodium silicate is used, the am	ount of added plus naturally occ	urring silicate, in m	g/L as SiO ₂ =					i

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Belleview Hills



See page 4 for instruction										
I. General Information	for the Month/Year of:	January-04								
A. Public Water System	m (PWS) Information	-			_		_			
PWS Name:	Belleview Hills					PWS Identi	fication Number	er:	3424030	
PWS Type:		Non-Transient Non-Com	munity		Transie	nt Non-Comm	unity		Consecutive	
Number of Service Co	onnections at End of Month:	106			Total Pop	ulation Served	at End of Mor	ıth:	371	
PWS Owner:	AquaSource Utility, Inc.									
Contact Person:	Michael Fitzgerald				Contact I	Person's Title:	Area Manag	er - Flori		
Contact Person's Mail					City:	Ocala		FL	Zip Code:	
Contact Person's Tele					Contact I	Person Person's	Fax Number:		(352) 732-33	213
Contact Person's E-M	ail Address: <u>mvfitzgera</u>	ld@suburbanwater.com					<u></u>			
B. Water Treatment Pl	ant Information									
Plant Name:	Belleview Hills					Plant Telep	hone Number:		(352) 369-4	
Plant Address:	11869 S.E. 96th Ave				City:	Ocala	State:	FL	Zip Code:	34420
Type of Water Treate			rchased Finish	ed Wa	ter					
	Day Operating Capacity of Plant, gallo	ons per day:	108,000							
Plant Category (per s	ubsection 62-699.310(4), F.A.C.):				Plant Cla	ss (per subsect	ion 62-699.310)(4), F.A.	.C.):	
	wanie i		Malateanse (C	31X% =		nseMumber	44 K#855 200	PA.	(s)/51(ú(s),Worl	
Congression	William Land	ers	B			7327			3 Days per week	
Oliner Originalis	Mark Marc	n	C			8287		3	3 Days per week	
	<u> </u>									
	·	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
								 		
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		······	<u> </u>		<u></u>	_				
II C. C. C. C. III	MCI; CO									
II. Certification by Lea	ad/Chief Operator									<u> </u>
I, the undersigned water	er treatment plant operator licensed	in Florida, am the lead	chief operato	r of th	ne water t	reatment plan	t identified in	Part I o	f this report. I	certify that the
information provided i	n this report is true and accurate to	the best of my knowled	lge. I certify t	hat al	l drinking	water treatm	ent chemicals	used at	thisplant confo	orm to NSF
	60 or other applicable standards re									
	ch day that a licensed operator staff									
	able, appropriate treatment process									
		-		-	_	e mese addin	onai operanoi	is record	us to the r ws c	Witer so the 1 W
owner can retain them,	together with copies of this report,	at a convenient locatio	on for at least t	en ye	ars.					
		William Landers					B7327			
Signature and Date		Printed or Typed Nam					License Nu	mher		
orginature and Date		rinited of Typed Nam	·				LICEIISE INU	moct		

PWS I	lentifica	tion Number	r:	3424030		Plant Name:	Belleview	Hills		· ·							
III. Dai	III. Daily Data for the Month/Year of: January-04																
Means	of Achie	ving Four-L	og Virus Inactiv	iation/Remo	oval: *		Free (Chlorine		Chlorine I	Dioxide	\Box	Ozone	Combined	Chlorine (Chloramines)	
		et Radiation			Other (Describe) :			لــا		- 10111-0]	· • • • • • • • • • • • • • • • • • • •	omoraminos,	
	CD: . C			n Distributio					Free Chl	orine		ombined C	hlorine (Chlo	raminec)		Chlorine Dioxi	de
	100		216 244 1354	(CT Calculations, CT Calculations, CT Calculations, CT Calculations, Converting Concentration, CO Before of all Finst Customers, During Calculations, Converting Calculation	or UV Dose, to I	Demonstrate I	our-log	Vines Inactiv	ation if Ann	licable*	omornea C		Mailinios y		CITIOTING DIOX	uc Row
	Dave	like i 🔭		North 12	ola saett	CT Calcu	lations	Jan 1			TE TIV	Dose				e e e	
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360	Staffed	1,680 T			Lowest Residual	Disinfectant	Provided			1012			Residual #			Taran	e e e
	or	500	4.		Disinfectant	Contact Time	Before or	250					Disinfectant			Ť	
	Visited	Store :	45		Concentration	(T) at C	at First	H		i. To	Lowest	Minimum	Concentration	o little and the			
	by	366	Net Quanity		(C) Before or at	*Measurements	Gustomer	Temp		Minimum	Operating	UV Dose	atRemote				
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PARTER NAME OF THE PER	Many and Reality	CHERRY SANDERS AND AND AND AND AND AND AND AND AND AND	25,555	J													

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



See page 4 for instructions February-04 I. General Information for the Month/Year of: A. Public Water System (PWS) Information PWS Name: Belleview Hills PWS Identification Number: 3424030 PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 371 106 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: Ocala Zip Code: 34470 1343 NE 17th Road State: City: FL Contact Person's Telephone Number: (352) 732-3213 (352) 369-4881 Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information Plant Telephone Number: (352) 369-4881 Plant Name: Belleview Hills FL Zip Code: 34420 Plant Address: 11869 S.E. 96th Ave City: Ocala State: X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Experimental Firmber of Fig. (2) (2) (Day(6)) (Stritte) worked in TUTOTAKE (LO) paratoris de Militaria de Alba (Al Surfricense Class de Trankyhier onemosts C 8287 3 Days per week Mark March Mar Opphares, 1984 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Printed or Typed Name Signature and Date

PWS Identifica	ation Number	r:	3424030		Plant Name:	Belleview	Hills									
III. Daily Data for the Month/Year of: February-04																
Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)																
Ultravio	let Radiation			Other (Describe	e):	L		ட			لـــا				,	
Type of Disinf	ectant Residu	ual Maintained in	n Distributio	n System:				Free Ch	lorine	Co	mbined C	hlorine (Chlor	amines)	1	Chlorine Diox	xide
		25 Magazia	jy	Lowest Residual Disinfectant Confectivation (Q. Before of all Living Sustainer District Sustainer District Sustainer District Sustainer District Sustainer District Sustainer District Sustainer District Sustainer District Sustainer	s, or UV Dose, to	Demonstrate I	Four-Log	Virus Inacti	vation, if App	licable*	· Norte built		Lise égalia.		11-1-12 2007	مذرور عداد
Days	l said all				CT Calc	ulations	M.S		* 13 . 38	UVI	Oose 🐬		**************************************	2.6,23	i dil	100
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Staffed				Lowest Residual	Disinfectant a	Provided			laa.	4	170.0	Residual	100 X 123	4	Kar.	er is
jor Visited				Disinfectant	Contact Time	Before or						Disinfectant			41	
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Dayofa Operato	r Hours	of Emished*	2 /##	Warst Customer	Point During	During	of .	pH of Wate	Medical	JUV Dose	Recurred	A Pointan	Emergency	og Abnormal	Operating Cond	tions.
Day of Gperato districts 20 acc	[Panisin :	ist evener	Peak linus	Dimmer 22-15	Real Com	Pak Flow	Water		e de princa	Sinv	JmW	Distillution	. Керангос Ма	ntenance Wa	rifeliku uvolya-	i aking
aMonths and Co.	a dependant	BAR (THOUSE PAIR	Rate plan	es Blay night		a Ribeanious	lines	28 pplicable	Top mad	#EXX6n2	sec/cm2	Avenue aligne	Call Water Syst	ein Compail	misicon of Otte	atfordess
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28,000

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



See page 4 for instructions

I. General Information for the Month/Year of: March-04	····			
A. Public Water System (PWS) Information				
PWS Name: Belleview Hills		PWS Identif	ication Number:	3424030
PWS Type: X Community Non-Transient Non-Cor	nmunity	Transient Non-Commu	nity 🔲	Consecutive
Number of Service Connections at End of Month: 106		Total Population Served	at End of Month:	371
PWS Owner: AquaSource Utility, Inc.				
Contact Person: Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail Address: <u>mvfitzgerald@suburbanwater.com</u>	<u> </u>			
B. Water Treatment Plant Information				
Plant Name: Belleview Hills			one Number:	(352) 369-4881
Plant Address: 11869 S.E. 96th Ave		City: Ocala	State: FL	Zip Code: 34420
	Purchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsecti	on 62-699.310(4), F	A.C.):
E E Breinsed Operators Paris Annual Control of Control				Management of the second
Lead/On/SEQperators Mark March	С	8287		3 Days per week
Other Operators Tom Felton	C	2241		3 Days per week
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II. Certification by Lead/Chief Operator				
	d/al-:6		idontified in Deat I	of this report I contifue that the
I, the undersigned water treatment plant operator licensed in Florida, am the lead	-	-		
information provided in this report is true and accurate to the best of my knowle	-	-		-
International Standard 60 or other applicable standards referenced in subsection				
plant were prepared each day that a licensed operator staffed or visited this plan				
rates; and (2) if applicable, appropriate treatment process performance records.	Futhermore, I agree	to provide these addition	nal operations reco	ords to the PWS owner so the PWS
owner can retain them, together with copies of this report, at a convenient locati	ion for at least ten yea	ars.		
Signature and Date Mark March Printed or Typed Nar		·	C8287 License Number	

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

PWS Identification Number: 3424030				Plant Name: Belleview Hills											
III. Daily Data	II. Daily Data for the Month/Year of: March-04														
		og Virus Inactiv	iation/Remo			Free C	Chlorine		Chlorine I	Dioxide		Dzone	Combined Cl	lorine (Ch	loramines)
Ultravio	olet Radiation	_		Other (Describ):									,	,
Type of Disin	fectant Residu	ual Maintained in	Distribution	on System:				Free Chlo	orine	Co	mbined Cl	hlorine (Chlor	amines)		Chlorine Dioxide
	- 15 Sec. 1	72. July 1.	A CHILD	CT Calculation	is, or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiva	ition, if Appl	icable*	11. 12. 4	Tark In	Service True		Morine Dioxide
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Staffe	d e			Lowest Residual	Disinfectant	Provided		144. T		·	2.0	Residual	Astra 1		
or	150			Disinfectant	Contact Time	Before or			4 1	7	20	Disinfectant			
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DEP Form Form 62-555.900(3)Alternate Page 2

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



See page 4 for instructions										
I. General Information for the Month/Year of:	April-04									
A. Public Water System (PWS) Information										
PWS Name: Belleview Hills			PWS Ident	ification Number:	3424030					
PWS Type: X Community	Non-Transient Non-Com	munity 🔲	Transient Non-Community Consecutive							
Number of Service Connections at End of Month:	106		Total Population Served	at End of Month:	371					
PWS Owner: AquaSource Utility, Inc.										
Contact Person: Michael Fitzgerald			Contact Person's Title:	Area Manager - I						
Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocala	State: FL	Zip Code: 34470					
Contact Person's Telephone Number: (352) 369-			Contact Person Person's	Fax Number:	(352) 732-3213					
Contact Person's E-Mail Address: <u>mvfitzgera</u>	ld@aguaamerica.com									
B. Water Treatment Plant Information										
Plant Name: Belleview Hills				hone Number:	(352) 369-4881					
Plant Address: 11869 S.E. 96th Ave			City: Ocala	State: FL	Zip Code: 34420					
Type of Water Treated by Plant: X Raw Ground W		rchased Finished W	ater							
Permitted Maximum Day Operating Capacity of Plant, gallo	ns per day:	108,000	· · · · · · · · · · · · · · · · · · ·							
Plant Category (per subsection 62-699.310(4), F.A.C.):			Plant Class (per subsect							
Licenseif Cicentuis		DE INSCRESSE (CHASSE	and to not me a second become a constant which we have been been been been been been been be							
Mark March	· · · · · ·	C	8287		3 Days per week					
Other Objectors Tom Felton		С	2241		3 Days per week					
			 							
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II. Certification by Lead/Chief Operator										
I, the undersigned water treatment plant operator licensed i	n Florido, om the lead	biof apareter of t	ha watan traatmant nlan	t identified in Dort	Lafthia report Leartify that the					
information provided in this report is true and accurate to t										
International Standard 60 or other applicable standards refe										
plant were prepared each day that a licensed operator staffe										
rates; and (2) if applicable, appropriate treatment process p		_	-	onal operations rec	cords to the PWS owner so the PWS					
owner can retain them, together with copies of this report,	at a convenient locatio	n for at least ten ye	ears.							
	Monte Monte			Coner						
Signature and Date	Mark March			C8287						
Signature and Date	Printed or Typed Name	e		License Number						

DEP Form 62-555.900(3)Alternate Page 1

PWS Identification Number: 3424030						Plant Name: Belleview Hills											
III. Dai	II. Daily Data for the Month/Year of: April-04																
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	Iltraviole	t Radiation	Ob The Innelly		Other (Describe	3 -		HI	- [_]	_ Comomed Chlorine (Chloramines)							
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Maximum 47,000

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



See page 4 for instructions 1. General Information for the Month/Year of: May- $0\overline{4}$ A. Public Water System (PWS) Information PWS Name: Belleview Hills PWS Identification Number: 3424030 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 371 PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person: Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road Ocala State: City: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's Telephone Number: mvfitzgerald@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information (352) 369-4881 Plant Name: Belleview Hills Plant Telephone Number: Zip Code: 34420 Plant Address: 11869 S.E. 96th Ave City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): SE TANGETAS Number 1 - LE LE LA CONTRACTAMENTALISMENTALISMENT - Gleansed Operators: Name of Asia Incense Glass Mend Charlene alore 3 Days per week Mark March \mathbf{C} 8287 3 Days per week C Tom Felton 2241 II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March License Number Printed or Typed Name Signature and Date

Page 1

PWS Ic	entifica	tion Number	r:	3424030		Plant Name:	Belleview	Hills									
III Dai	II. Daily Data for the Month/Year of: May-04																
			og Virus Inactiv	viation/Remo			Free C	Chlorine		Chlorine I	Dioxide	77 (Ozone	Combined C	hlorine (Chloramines)	
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	· F · · · · ·			- F3:					Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)		Chlorine Dio	xide
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Page 2

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



See page 4 for instruction									
I. General Information		June-04							
A. Public Water System	n (PWS) Information					_			
PWS Name:	Belleview Hills				PWS Identi	fication Numbe	er:	3424030	
PWS Type:		Ion-Transient Non-Comi	nunity	Transient	Non-Commi	unity	Con	secutive	
Number of Service Co	nnections at End of Month:	106		Total Popula	ation Served	at End of Mon	ith:	371	
PWS Owner:	AquaSource Utility, Inc.								
Contact Person:	Michael Fitzgerald			Contact Per		Area Manag			
Contact Person's Maili					Ocala			Zip Code: 344	
Contact Person's Telep				Contact Per	son Person's	Fax Number:		(352) 732-3213	
Contact Person's E-Ma	il Address: <u>mvfitzgera</u>	ld@aguaamerica.com							
B. Water Treatment Pla	ant Information								
Plant Name:	Belleview Hills				Plant Telep	hone Number:		(352) 369-4881	
Plant Address:	11869 S.E. 96th Ave			City:	Ocala	State:	FL :	Zip Code: 344	420
Type of Water Treater			rchased Finished Wa	ater					
	Day Operating Capacity of Plant, gallor	ıs per day:	108,000						
Plant Category (per su	bsection 62-699.310(4), F.A.C.):					ion 62-699.310			
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Entern/empressioner	Mark March		C	8	287			ys per week	
Wildi Official Section 1	Tom Felton		C	2	241		3 Day	ys per week	
II. Certification by Lea	d/Chief Operator								
I, the undersigned wate	r treatment plant operator licensed i	n Florida, am the lead/	chief operator of t	he water trea	tment plant	t identified in	Part I of this	s report. I cer	tify that the
	this report is true and accurate to t								
	60 or other applicable standards refe								
	ch day that a licensed operator staffe								
rotor and (2) if annling	ble, appropriate treatment process p	arformonce rocords. E	uuring uic monur i Sitharmara Taaraa	to provide t	hece additio	anal operation	e records to	the PWS own	er so the PWS
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owner can retain them,	together with copies of this report,	at a convenient location	n tor at least ten ye	ars.					
		Mark March				C8287			
Signature and Date		Printed or Typed Name	e		-	License Nur	mber		
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PWS Id	lentificati	on Number	г:	3424030		Plant Name:	Belleview	Hills									
III Dai	ly Data 6	or the Mont	th/Year of:		June-04											·	
			og Virus Inactiv	viation/Rem			Free (Chlorine		Chlorine I	Diovide		Ozone	Combined Ch	lorine (C	'hloramines)	
		t Radiation			Other (Describ	e).		Cinornic	٠ ــا	Cinornic	JIONIUC	L.J '		Comonica Cir) omio	moraminos	
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	by at		Net Quanty	1.00 CH	(C) Before or at	Measurements	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		Till de m	4.4	
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197403R			26,270	I													

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



See page 4 for instructions I. General Information for the Month/Year of: July-04 A. Public Water System (PWS) Information PWS Name: Belleview Hills PWS Identification Number: 3424030 PWS Type: X Community Non-Transient Non-Community **Transient Non-Community** Consecutive Total Population Served at End of Month: Number of Service Connections at End of Month: 371 PWS Owner: Aqua Utilities Florida Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road Zip Code: 34470 City: Ocala State: (352) 369-4881 (352) 732-3213 Contact Person's Telephone Number: Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name: Belleview Hills Plant Telephone Number: (352) 369-4881 Zip Code: 34420 Plant Address: 11869 S.E. 96th Ave City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): He all ponce Number 19 He and the Langue Shift (Sework Coll The great operators of the Transfer of Manue 1995 an incense delesses Lew (One) Of Wenn C 8287 3 Days per week Mark March iila Omarkove II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Printed or Typed Name Signature and Date

Page 1

PWS Ide	entificati	ion Number	r:	3424030		Plant Name:	Belleview I	Iills								
III Dail	v Data f	or the Mont	h/Vear a6		January-04											
			og Virus Inactiv				Free C	hlorine		Chlorine D	Dioxide		Ozone	Combined (Thlorine (C	hloramines)
		t Radiation			Other (Describe	e):		mormo	ٔ لــا	Chiornic L	MOXIC	Ш,	52011C	Combined	cinorine (C	moraminos
T	Dir C	D 11	137	D:					Free Chlo	rine	С	ombined C	hlorine (Chlora	amines)		Chlorine Dioxide
	13/41		Maria Sara	44.	CT Calculations	or UV Dose, to I	Demonstrate Fo	our-Log Vir	us Inactiva	tion, if Appli	icable*			10.25-5		Land Dioxide
2.14	Davs			Chellen.	Market Little	LIK CT Calcu	lations 😕 💢		SAME TO		₩ UV	Dose	54			
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions				
I. General Information for the Month/Year of:	August-04			
A. Public Water System (PWS) Information				
PWS Name: Belleview Hills			PWS Identification Numb	er: 3424030
PWS Type: X Community	Non-Transient Non-Community	Transien	t Non-Community	Consecutive
Number of Service Connections at End of Month:	106	Total Popu	lation Served at End of Mor	nth: 371
PWS Owner: Aqua Utilities Florida				
Contact Person: Michael Fitzgerald		Contact Pe	rson's Title: Area Manag	
Contact Person's Mailing Address: 1343 NE 17th Road		City:		FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4		Contact Pe	rson Person's Fax Number:	(352) 732-3213
	ld@aquaamerica.com			
B. Water Treatment Plant Information				
Plant Name: Belleview Hills			Plant Telephone Number:	
Plant Address: 11869 S.E. 96th Ave		City:	Ocala State:	FL Zip Code: 34420
Type of Water Treated by Plant: X Raw Ground W		ed Water		
Permitted Maximum Day Operating Capacity of Plant, gallo	ns per day: 108,000	<u> </u>		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		(per subsection 62-699.310	
M. Albigatises (Costanoses a procesas en 1921 de 1920 de 1920 Names en				PRODUCTION (SEMERAL TO CHARTE
Mark March	C		3287	3 Days per week
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II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed i			-	
information provided in this report is true and accurate to t				
International Standard 60 or other applicable standards refe				
plant were prepared each day that a licensed operator staffe	ed or visited this plant during the mo	nth indicated ab	ove: (1) records of amoun	nts of chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process p	erformance records. Futhermore, I	agree to provide	these additional operatior	ns records to the PWS owner so the PWS
owner can retain them, together with copies of this report,			-	
		•		
	Mark March		C8287	
Signature and Date	Printed or Typed Name		License Nu	mber

PWS I	lentificati	ion Number	r:	3424030		Plant Name:	Belleview	Hills								
III. Dai	ly Data fe	or the Mont	th/Year of:		August-04											
			og Virus Inactiv				Free (Chlorine		Chlorine D	ioxide		Ozone	Combined Ch	lorine (Chlo	oramines)
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions General Information for the Month/Year of: September-04 A. Public Water System (PWS) Information PWS Name: Belleview Hills PWS Identification Number: 3424030 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 106 371 PWS Owner: Aqua Utilities Florida Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: Zip Code: 34470 Contact Person's Telephone Number: (352) 369-4881 (352) 732-3213 Contact Person Person's Fax Number: mvfitzgerald@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Belleview Hills Plant Telephone Number: (352) 369-4881 Plant Address: 11869 S.E. 96th Ave Zip Code: 34420 City: Ocala State: FL. Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) D Thornsel Charlen is to the Book and the Dame and the Charles haarieesii saal tidensei Glass รีรีส์แ/Chie เดิกสุดเกลื Mark March 8287 3 Days per week C Option (Copplements of Height II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF

DEP Form 62-555.900(3)Alternate Page 1

PWS Ic	lentificati	ion Number	:	3424030		Plant Name:	Belleview I	lills								
III. Dai	v Data f	or the Mont	h/Year of:		September-04	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>										
Means	of Achie	ving Four-L	og Virus Inactiv	iation/Remo	val: *		Free C	hlorine		Chlorine D	Dioxide		Ozone	Combined Ch	lorine (Chlo	oramines)
		t Radiation			Other (Describe	e):						_				
Type of	Disinfe	ctant Residu	ial Maintained ir	n Distributio	n System:				Free Chl	orine		Combined C	Chlorine (Chlora	amines)	Ch	lorine Dioxide
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desile.		24 hrs			·											
Origin			764,700													
PERSONAL PROPERTY.		- 100 E-100 No.	35.400	7												

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



See page 4 for instructions

I. General Information for the Month/Year of: October-04	·			
A. Public Water System (PWS) Information				
PWS Name: Belleview Hills		PWS Identific	cation Number:	3424030
PWS Type: X Community Non-Transient Non-Com	munity	Transient Non-Commun	nity Cor	secutive
Number of Service Connections at End of Month: 106		Total Population Served a	t End of Month:	371
PWS Owner: Aqua Utilities Florida				
Contact Person: Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road				Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person Person's F	ax Number:	(352) 732-3213
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com				
B. Water Treatment Plant Information				
Plant Name: Belleview Hills		Plant Telepho		(352) 369-4881
Plant Address: 11869 S.E. 96th Ave	" 		State: FL	Zip Code: 34420
	rchased Finished Wa	ıter		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	T		
Plant Category (per subsection 62-699.310(4), F.A.C.): V	No.	Plant Class (per subsection		D
Unicensed Ciperators	producense/Classes		REACHTHEALE PROPERTY	
Lad/Chronopeguora Mark March	С	8287		ys per week
Other Openies Barry Cohen	С	8253	3 Da	ys per week
		<u> </u>		
		<u> </u>		
		 		
	-			
	, _	<u></u>		
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead information provided in this report is true and accurate to the best of my knowled International Standard 60 or other applicable standards referenced in subsection of plant were prepared each day that a licensed operator staffed or visited this plant rates; and (2) if applicable, appropriate treatment process performance records. It owner can retain them, together with copies of this report, at a convenient location	lge. I certify that al 62-555.320(3), F.A during the month in Futhermore, I agree	Il drinking water treatment. C. I also certify that the indicated above: (1) recorto provide these addition	nt chemicals used at this following additional op ds of amounts of chemi	splant conform to NSF perations records for this cals used and chemical feed
Mark March			C8287	
Signature and Date Printed or Typed Nam	ne		License Number	

PWS Id	entificat	tion Number	:	3424030	Plant Name: Belleview	Hills								
III Dail	v Data f	for the Mont	h/Year of	October-04										
				iation/Removal: *	Free (Chlorin	e Chlorine D	ioxid	e	Ozone	Combin	ed Chlorine	(Chloramines)
		et Radiation		Other (Describe)			LI				_			
						T	Free Chlorine		Com	bined Chlorine (Chl	oramines)		Chlorine D	ioxide
i y po or	2331110	Tage 18 constant	100000000000000000000000000000000000000	CT Calculations.	or UV Dosesto Demonstrate I	our-Log	Virus Inactivation, if Appli	cable*		Trest Services	4.6		are on print	
AGES 2	Dane	Time .	Jakes		CT Calculations		7. 7. 60 CH	1.	UV Do	ose				# Maria
	Plant			名。 神秘 明 即 1000 1000 1000 1000 1000 1000 1000	Lowest CT	2.4	22.04	 32	\$ 279	Lowest				A Person
Ú.	Staffed	77.7	4	Lowest Residual	Disinfectant Provided	ili esa		**************************************		Residual				Aureo
	or #	3.3	192,500	Disinfectant	Contact Times Before or	-1941907				Disinfectan				
18	Visited			Concentration	(T) at C at First			Lov	est.	Minimum Concentration	n .			
William	by 5	100	Net Quanity	(C) Before or at	Measurement Cristomer	Temp	Minimum	Open	ating	UV Dose at Remote	1000			
Dayof	Operator	1006	40 timele	Hirst Clistomer	alkomi buringa ku shiringa	OL			Jose,	Required His 2 2 out in	Emerg	-nev () (3000)		natuons:
	1000	Princip.				Transfer of							ຂອງຂອງຂອງ ຄົນກະເທີນ ກຳຄວາມ ເຄື່ອນ	
	X	24 hrs	30,000	Lowest Residual. Disinfectant Concentration (Q) Before of at pure Concentration Fig. 2 During Conference of the Concentration Lowest Residual. Disinfectant Concentration (Q) Before of at pure Concentration (Q) Before of at p			Charles of Annian Control (Control of Control	200	1.2		C- r/- L C- L	handarina till bodet hill hiller.		
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		24 hrs	23,500				ļ	<u> </u>						
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		24 hrs	27,000			<u> </u>				<u></u>				
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions					
I. General Information for the Month/Year of:	November-04				
A. Public Water System (PWS) Information					
PWS Name: Belleview Hills			PWS Identific	cation Number:	3424030
	Non-Transient Non-Comn	nunity	Transient Non-Commun	nity	Consecutive
Number of Service Connections at End of Month:	106		Total Population Served a	t End of Month:	371
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath				Area Manager -	
Contact Person's Mailing Address: 1343 NE 17th Road				State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 732-6			Contact Person Person's F	ax Number:	(352) 732-3213
Contact Person's E-Mail Address: <u>beheath@</u>	aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Belleview Hills			Plant Telepho		(352) 732-6027
Plant Address: 11869 S.E. 96th Ave		-		State: FL	Zip Code: 34420
Type of Water Treated by Plant: X Raw Ground W		chased Finished Wa	nter		
Permitted Maximum Day Operating Capacity of Plant, gallor	ns per day:	108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	22	Plant Class (per subsectio	n 62-699.310(4),	, F.A.C.) D
teriorise (Cheministre)		Mexico Class			Ethy(s)/SE(fi(s), worldourle refliger
Mark March Mark March		C	8287		3 Days per week
Ostroli Querations Barry Cohen		С	8253		3 Days per week
			<u> </u>	<u></u>	
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			<u> </u>	<u> </u>	
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed i	n Florida, am the lead/o	chief operator of the	ne water treatment plant i	dentified in Par	rt I of this report. I certify that the
information provided in this report is true and accurate to t					
International Standard 60 or other applicable standards refe					
plant were prepared each day that a licensed operator staffe	ed or visited this plant d	luring the month in	ndicated above: (1) record	ds of amounts o	of chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process p	erformance records. Fi	uthermore, I agree	to provide these addition	al operations re	ecords to the PWS owner so the PWS
owner can retain them, together with copies of this report,				•	
a and a sum and a partie a object of min toboth					
	Mark March			C8287	
Signature and Date	Printed or Typed Name			License Numbe	er

PWS I	dentifica	tion Number		3424030		Plant Name:	Belleview I	Iills									
III. Da	ily Data	for the Mont	h/Year of:	ľ	November-04						<u></u> _						
Means	of Achie	eving Four-L	og Virus Inactivi			_	Free Cl	hlorine	[] C	hlorine Di	ioxide)zone	Combined	Chlorine (Chloramines)	
י 🗆 ו	Iltraviol	et Radiation			Other (Describe	e):											
Type o	f Disinfe	ectant Residu	al Maintained in	Distribution	System:				Free Chlori	ine	Co	mbined Ch	lorine (Chlor	amines)		Chlorine Die	oxide
	. (4)	1400		Alexander (Alexander)	CT Calculations	, or UV Dose, to	Demonstrate Fo	our-Log V	irus Inactivati	on, if Applic	able*		(a				nia di Marina dia
	Days.	7	and the second	ura Mari	Fig. 1	CT Calcu	ulations 🗯 🛣			7 7 1	UV1	Oose 👙		r Engl	100		74.
200	Plant						Lowest CT		1		in.	100 mg	Lowest		a ani		
1. (5.4)	Staffed				Lowest Residual	_Disinfectant.	Provided *	K . 4	5.00 TV	7.2			Residual			Sage seglific	
1	Visited				Disintectant	Contact Lime	Belore or		A.,		Louiset	Minimum	Disintectant Concentration		addiomental in the	eG.	
	L by		Net Ouanity is		(C) Before or at	Measurement	Customer	Temp3		Minimum	Operating	UV Dose	at Remote				10
Day of	Operato	Hours	a-offmisled		akust Customer	Point During	During	of p	Hor Water	o CTREE	UV Dose	Required,	Point in	Emergenc	or Abitom	al Operating Cor	unions
File	Place	Uarian	T White Co	el el cince	Driving Deals	La Peak Elowin	TOP TO S	Writer,	NO.	Requireds	m_{Y}	: mWa	Distribution	oftenorely	សម្រើស ស្រ	Vojik Liej involv	K PINNS
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7 Waren			24,400														

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



See page 4 for instructions I. General Information for the Month/Year of: December-04 A. Public Water System (PWS) Information PWS Identification Number: 3424030 PWS Name: Belleview Hills PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Total Population Served at End of Month: Number of Service Connections at End of Month: 371 Aqua Utilities Florida PWS Owner: Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL (352) 732-3213 Contact Person's Telephone Number: (352) 732-6027 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information (352) 732-6027 Plant Name: **Belleview Hills** Plant Telephone Number: Zip Code: 34420 Plant Address: 11869 S.E. 96th Ave City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Enteringed Cigaritation | Maintenance | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | National State | Indiversion of the content of the co 3 Days per week Mark March C 8287 ling-(0), valors of 5 $\overline{\mathbf{c}}$ 8253 3 Days per week Barry Cohen II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March Signature and Date Printed or Typed Name License Number

PWS Id	entificat	ion Number	r:	3424030		Plant Name:	Belleview	Hills								
III. Dail	y Data f	or the Mont	th/Year of:		December-04		· · · · · ·					<u></u>				
			og Virus Inactiv	iation/Remo		·	Free	Chlorine	· 11	Chlorine I	Dioxide	ПС	zone	Combined	Chlorine (Chl	oramines)
		t Radiation			Other (Describe	e):			لا			· س	Ш		(,
~ .			1361.1	n Distributio	~			$\neg \tau$	Free Chl	orine	Co	mbined Cl	lorine (Chlora	amines)	CI	nlorine Dioxide
7 7		15,2757	120		CT Calculations	or UV Dose, to	Demonstrate.	our-Log	Virus Inactiv	ation, if Appl	icable*					
	Deve			Co. (1-44.5)	250000000000000000000000000000000000000	CT Calci	lations	Mar.	and a	u in make	w. UVI	ose st				
	Plant			17.	34 30 00	7.50	Lowest CT	1	(.u	STATE OF	4.7 L		Lowest			
10.00	Staffed		1997		Lowest Residual	Disinfectant	Provided.			24. A	1102		Residual 🧦			
100	or.	4.7	2.40		 Disinfectant 	Contact Time	Before or		Bar.			14:2	Disinfectant	14.2		
3.0	Visited				Concentration	(T) at Q	at First	8/14		772	Lowest	Minimum	Concentration,			
	by		Net Quanty	1	(C) Before of at	Measurement	Customer	demp.	424	Minimum	Operating	UV Dose	at Remote		ar an	
			ur companed	5 H.	raisi Customet		Parketan	01	Programmer Programmer		1000	required.	Pointing 2	Line gancy	O. Aonormal (v)	Campa Conditions
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SERVOISTED			21.129													

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

PWS ID:	3424030	Plant Name:	Belleview Hi	ls			
IV. Summary of U	Use of Polymer Containing A	Acrylamide, Polyme	r Containing E	pichlorohydrin, and Iron	or Manganese Seque	strant for the Year: *	
A. Is any polymer co follows:	ontaining the monomer acrylamide use	ed at the water treatment p	plant?	No			
Polymer Dose ppr	m =			Acrylamide Level, % ^t =			
B. Is any polymer co polymer are as fol	ntaining the monomer <u>epichlorohydr</u> llows:	n used at the water treatm	nent plant?	✓No			
Polymer Dose ppr	m =			Epichlorohydrin Level, %t=			
C. Is any iron or man	nganese sequestrant used at the water	treatment plant?	✓ No				
Type of Sequestra	ant (polyphosphate or sodium silicate):			***************************************		
Sequestrant Dose,	, mg/L of phosphate as PO ₄ or mg/L	of silicate as SiO ₂ =					
If sodium silicate	is used, the amount of added plus na	turally occurring silicate, i	in mg/L as SiO ₂ =				

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

I. General Information for the Month/Year of:	January-05				
A. Public Water System (PWS) Information					
PWS Name: Belleview Hills		·	PWS Identif	ication Number:	3424030
PWS Type: X Community	Non-Transient Non-Comr	nunity	Transient Non-Commu		Consecutive
Number of Service Connections at End of Month:	106		Total Population Served	at End of Month:	371
PWS Owner: Aqua Utilities Florida	 	-		<u> </u>	
Contact Person: Brian Heath			Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing Address: PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787			Contact Person Person's	Fax Number:	(352) 787-6333
	@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Belleview Hills			Plant Teleph	none Number:	(352) 787-0980
Plant Address: 11869 S.E. 96th Ave			City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant: X Raw Ground		rchased Finished Wa	ıter		
Permitted Maximum Day Operating Capacity of Plant, gal	lons per day:	108,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsecti		
Company of the Compan		Millingense Diassin	eg Colorens & Dumber & E		91 A
Lead Ches Cappatore Mark Mark	ch	C	8287		3 Days per week
Oto Oidian Alexander					
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II. Certification by Lead/Chief Operator					
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I, the undersigned water treatment plant operator license	d in Florida, am the lead/	chief operator of the	ne water treatment plant	identified in Part I	of this report. I certify that the
information provided in this report is true and accurate to					
International Standard 60 or other applicable standards re	eferenced in subsection 6	2-555.320(3), F.A	.C. I also certify that the	e following addition	nal operations records for this
plant were prepared each day that a licensed operator sta	ffed or visited this plant	during the month is	ndicated above: (1) reco	rds of amounts of c	chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process	s performance records. F	uthermore, I agree	to provide these addition	onal operations reco	ords to the PWS owner so the PWS
owner can retain them, together with copies of this repor	t, at a convenient location	n for at least ten ye	ars.		
•		-			
				COROT	
	Mark March			<u>C8287</u>	
Signature and Date	Printed or Typed Name	2		License Number	

Page 1

PWS Ider	tificat	ion Number	-	3424030		Plant Name:	Belleview	Hills									
III. Daily	Data f	or the Mont	h/Year of:	J:	anuary-05							··· · · · · · · · · · · · · · · · · ·					
			og Virus Inactiv				Free (Chlorine		Chlorine I	Dioxide		Ozone	Combined	Chlorine ((Chloramin	es)
		t Radiation			Other (Describe) :							_				
Type of L	Disinfe	ctant Residu	al Maintained in	Distribution S	System:				Free Chle	orine		Combined C	hlorine (Chlor	amines)		Chlorine	Dioxide
	ic.	1910-121	Net Quantity Diffinished Toolneed 2a 20,000	Assistation .	Cowest Residual Disinfectant Concentration (C) Before or at Principle (C) Before (C) Before or at Principle (C) Before (C	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiva	ation, if Appl	icable*.	All Mari	84 W. W. A. W.	1.534	34 J.	or (A. Carvasa). Barandon en 177	
	Davs	B. Talley			er eggen.	CT Calcu	lations	92		7.29	· · · · U\	/ Dose: 🔧	100		Jan Ja	- A & ONG	
2	Plant	20.00	41.5			374.00.00	Lowest CT	19			li.	1723	Lowest				San Carallana A. L.
	taffed			11	Lowest Residual	Disinfectant.	Provided	,) (Sing		V2 14			Residual.	Raille:	A SALE TORK		
1,172	or	1.63		1 304.74	Disinfectant "	:Contact Time	Before or			77.1	jų į		Disinfectant.				
	/isited	Aller "			Concentration	(I) at C	attirsts			4	Lowest	Minimum	Concentration				
Descat C	(Dy =) Decator		Net Quanty		First Outdown	Pomplement	Cusionicia	-iemp.		MINIMUM.	Decration Functions	Decrined	at Remote		(A) Abnorm		Canada de Canada
	Place	10. m in		rožia s 📈	Dining Peak	is a late to	Data Time	Water		Remired		mW.	Distribution		homes.	Variable and	alves is cance
Nomina a	76 5	ache ann	MPARITAGE	akaekita il		a minutes	<u> arsunel.</u>		Applicable	to mich	a second	e (Sin2.	Systems mg/s	Waters	Siem Config	nents On At	Oggenoon -
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III 2006		24 hrs	20,000					ļ									
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翻形體		24 hrs	24,000														
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		24 hrs	21,000					ļ			ــــــــــــــــــــــــــــــــــــــ						
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(Kaja)		241113	734,000		*	I			1	L	-L-			<u> </u>			
Naves of Re			23,677														

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

PWS	S ID:	3424030	Plant Name:	Belleview Hi	lis		
V.	Summary of Use of Poly	mer Containing Acrylami	de, Polymer (Containing E	pichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: *	
A.	. Is any polymer containing the m	onomer acrylamide used at the wa	iter treatment plar	nt?	☑ No		
	follows:			_			
	Polymer Dose ppm =				Acrylamide Level, % ^t =		
В.	. Is any polymer containing the m	onomer epichlorohydrin used at t	ne water treatmen	t plant?	✓ No		
	polymer are as follows:					. <u>.</u>	
	Polymer Dose ppm =				Epichlorohydrin Level, %t=		
C.	. Is any iron or manganese seques	trant used at the water treatment p	olant?	✓ No			
	Type of Sequestrant (polyphosp	hate or sodium silicate):					
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate a	s SiO ₂ =	· · · · · · · · · · · · · · · · · · ·			
	If sodium silicate is used, the an	nount of added plus naturally occu	ırring silicate, in ı	mg/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions											
I. General Information f	or the Month/Year of:	February-0	5								
A. Public Water System	(PWS) Information										
PWS Name:	Belleview Hills						PWS Identif	fication Numb	er:	3424030	
PWS Type:	X Community	Non-Transient N	Ion-Com	munity		Transi	ent Non-Commi	unity		Consecutive	
Number of Service Con	nections at End of Month	: 108				Total Po	pulation Served	at End of Mor	nth:	378	
PWS Owner:	Aqua Utilities Florida										
Contact Person:	Brian Heath					Contact	Person's Title:	Area Manag	er - Flo		
Contact Person's Mailin	g Address: PO Box 4					City:	Leesburg		FL	Zip Code:	
Contact Person's Teleph		(352) 787-0980				Contact	Person Person's	Fax Number:		(352) 787-6	5333
Contact Person's E-Mai	l Address:	beheath@aquaamerica.d	<u>com</u>								
B. Water Treatment Pla	nt Information										
Plant Name:	Belleview Hills						Plant Telepl	hone Number:		(352) 787-0)980
Plant Address:	11869 S.E. 96th Ave					City:	Ocala	State:	FL	Zip Code:	34420
Type of Water Treated		w Ground Water [Pu	rchased Finish	ed Wa	ter					
Permitted Maximum D	ay Operating Capacity of	Plant, gallons per day:		108,000							
	osection 62-699.310(4), F						ass (per subsecti				eponomics of the second
e liverse One make 23		Maire - Estate		il is (vense s	lass 🚜	e de la la la companya de la company	enselNumbersa			7(9 <u>/8</u> 600(6) Web	KOEL-
Attent/Charajjewies E		Mark March		C			8287			3 Days per week	
Other Operators \$45 grays		Bob Maxon		С			2812			3 Days per week	<u> </u>
				<u> </u>		<u> </u>					
							-				
II. Certification by Lead											
I, the undersigned water	treatment plant operate	or licensed in Florida, am	the lead/	chief operate	or of th	ne water	treatment plant	t identified in	Part I	of this report. I	certify that the
		ccurate to the best of my									
International Standard 6	0 or other applicable st	andards referenced in sub-	section 6	62-555 320(3) F A	C Tals	certify that th	e following a	dditior	nal operations re	cords for this
nient were prepared and	o or other applicable st b day that a licensed on	erator staffed or visited th	ic plant	during the m	onth ir	ndicated	above: (1) reco	ords of amour	ite of c	hemicals used a	and chemical feed
plant were prepared each	i day tilat a neelised op	t and started of visited th	us piani	Cost come one I		4	accive. (1) icce	and anamatics		nds to the DWC	owner so the DW
		nt process performance re					de mese addin	onai operatioi	is reco	ras to the r ws	Owner so the r w.
owner can retain them, t	ogether with copies of	this report, at a convenien	t locatio	on for at least	ten ye	ars.					
		3.61- 3.61-						C8287			
Ci		Mark March	and Na					License Nu	mher		
Signature and Date		Printed or Ty	реа мат	ıc				Ficelise Ivu	moci		

PWS I	dentificat	ion Number	r., .	3424030		Plant Name:	Belleview	Hills									
III. Da	ilv Data f	or the Mont	th/Year of:		February-05												
			og Virus Inactiv				Free (Chlorine	•	Chlorine	Dioxide		Ozone	Combined C	hlorine	(Chloramines)	
	Ultraviole	t Radiation			Other (Describe	e):	_					L				`	
Type o	f Disinfe	ctant Residu	ual Maintained in	n Distributio	n System:	<u>-</u>			Free Ch	lorine		ombined C	hlorine (Chlor	amines)		Chlorine Die	oxide
	100000		1000000		Lowest Residual Disinfectant Concentration (Q) Before oral Processing Period During Period	s, or UV Dose, to	Demonstrate 1	Four-Log	Virus Inactiv	ation, if App	licable*	Thu,	[-: 329]	2.5		No. of the second	
	Days.			1. 95.4 · ·	"Lagge (4.0)	CT Calc	ulations	特膜。		¥	UV view	Dose	1-10-b	44			
	Plant	76.4 2 4 72				1. 11. 15. 15. 15. 15. 15. 15. 15. 15. 1	Lowest CT		(22)	117	. (175)	146	Lowest	300	in.	- 2.7°	
4	Staffed		Marie Cara		Lowest Residual	: Disinfectant	Provided		**************************************	Marie 1			Residual	72.335			
	or			en a sin	Disinfectant	Contact Time	Before or			100			Disinfectant_				
	Visited		Francisco.		Concentration	(T) at C	at First	dr.	4		Lowest	Minimum	Concentration	And a		ic addict	
zDay of	Operator	e Hoors	Separation of the second	Military.	Distribute of	viessurement	Colonier		DIJ Woter	Minimum Mary 44 95	Operating	UV Dose	at Remote a				
A THE	fire.	e dans in the	Water Ed	ezak niowa	Albumpe Peak Me			.vna		Kentired				Free Land		Mariana mari	
in the state of th	[##@1	Constitute	PROVINCE DESCRIPTION	7.10-410	Salar kova mjensa	25 immures i		i e	Applicable	anizmini.	E STORE	l same	State Chiple	Mue-Star	nicon.	nensyonan on	ereten i
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	Х	24 hrs 24 hrs	22,500 21,500		1.2	 				-		+	<u> </u>				
		24 hrs	21,500		1.2	 		<u> </u>		 	+	+	 	 			
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ficializa			751,600														
N/XA605			26,843														
Materia	nma 4	A Taran	35,000	1													

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

	· · · · · · · · · · · · · · · · · · ·					
WS	SID:	3424030	Plant Name:	Belleview Hi	lls	
V.	Summary of Use of Poly	mer Containing Acrylam	ide, Polymer C	Containing E	pichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: *
Α.	Is any polymer containing the m	onomer acrylamide used at the w	vater treatment plan	it?	✓ No	
	follows:	·				
	Polymer Dose ppm =				Acrylamide Level, % ^t =	
В.	Is any polymer containing the m	onomer epichlorohydrin used at	the water treatment	t plant?	✓ No	
	polymer are as follows:					
	Polymer Dose ppm =				Epichlorohydrin Level, % =	
C.	Is any iron or manganese seques	strant used at the water treatment	plant?	☑ No		
	Type of Sequestrant (polyphosp	hate or sodium silicate):				
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate	as SiO ₂ =			
	If sodium silicate is used, the an	nount of added plus naturally occ	curring silicate, in r	ng/L as SiO ₂ =		
			· · · · · · · · · · · · · · · · · · ·			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions	S						
I. General Information	for the Month/Year of:	March-05					
A. Public Water System	n (PWS) Information						
PWS Name:	Belleview Hills	···		PW	S Identification Nur	nber:	3424030
PWS Type:	X Community	Ion-Transient Non-Comn	nunity	Transient Nor	-Community	Cor	secutive
Number of Service Co	nnections at End of Month:	108		Total Population	n Served at End of N	fonth:	378
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person'	s Title: Area Ma	nager - Florida	
Contact Person's Maili				City: Lee	sburg State:		Zip Code: 34749
Contact Person's Telep				Contact Person	Person's Fax Number	er:	(352) 787-6333
Contact Person's E-Ma	il Address: <u>beheath@</u>	aquaameri <u>ca.com</u>					
B. Water Treatment Pla	ant Information				_		
Plant Name:	Belleview Hills			Pla	nt Telephone Numb		(352) 787-0980
Plant Address:	11869 S.E. 96th Ave			City: Oc	ala State:	FL	Zip Code: 34420
Type of Water Treated			chased Finished Wa	ater			
	Day Operating Capacity of Plant, gallo	ns per day:	108,000				
	obsection 62-699.310(4), F.A.C.):	V	dance and a second seco	Plant Class (per	subsection 62-699.	310(4), F.A.C.)	D
BEND CENSEON DE ROOFS NO	A Principal Control of the Control o		oubleense (classes	Linguis Ni			
Later Legisland	Mark March		C	8287			ys per week
Oitor Openios (T.	Bob Maxon		C	2812		3 Da	ys per week
ha wiika wie							
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	1/01/10/0						
II. Certification by Lea							
I, the undersigned water	r treatment plant operator licensed i	n Florida, am the lead/	chief operator of t	he water treatme	ent plant identified	in Part I of th	is report. I certify that the
information provided in	n this report is true and accurate to t	he best of my knowled	ge. I certify that a	ll drinking wate	r treatment chemic	als used at this	splant conform to NSF
International Standard	60 or other applicable standards ref	erenced in subsection 6	2-555.320(3), F.A	.C. I also certif	y that the followin	g additional o	perations records for this
nlant were prepared ear	ch day that a licensed operator staff	ed or visited this plant	during the month i	indicated above:	(1) records of amo	ounts of chemi	cals used and chemical feed
rates: and (2) if applies	ble, appropriate treatment process p	performance records F	uthermore I sore	to provide thes	e additional operat	tions records to	the PWS owner so the PWS
rates, and (2) if applica	together with copies of this report,	et a convenient legation	n for at locat ten w	oors	o additional opera-		
owner can retain them,	together with copies of this report,	at a convenient location	ii ioi at ieast ieii y	cais.			
		Mark March			C8287		
Signature and Date		Printed or Typed Name	2		License	Number	

PWS Ide	ntificat	tion Numbe	r:	3424030		Plant Name:	Belleview I	Hills									
III. Daily	· Data f	or the Mon	th/Year of:		March-05	·											
Means of	f Achie	ving Four-I	og Virus Inactiv				Free C	hlorine		Chlorine D	Dioxide		Ozone	Combined C	hlorine	(Chloramines)	
U	traviole	et Radiation	l		Other (Describe	e):											
Type of I	Disinfe	ctant Resid	ual Maintained i	n Distributio	n System:				Free Chlo	orine	Co	mbined Cl	hlorine (Chlora	amines)		Chlorine Dio	xide
		5 1000	s Si	1	CT Calculations CT Calculations CT Calculations CONCENTRATION CONCENTRAT	, or UV Dose, to I	Demonstrate F	our Log Vii	us Inactiva	tion, if Appli	icable*					Chlorine Dio	N.
* 1 Cal	Days			ar resir		CT Calcu	lations !	1973.00		app 12	z k UV.I	Dose 🚟		4 4 7 4	est.	l err	
22 p. 1	Plant						Lowest CT					Ž.	Lowest .	2. 15. 7			
	Statted	796		100	Lowest Residual	Disinfectant	Provided	10.5			75, S		Residual	Kai ja	111		
	Visited	100		70.0	Disinfectant	Contact Time	Before or a	5			1	The same	Disinfectant				
414	a by Jan		Net Quanity	de la companya da la companya da la companya da la companya da la companya da la companya da la companya da la	(G) Before or at	Measurement	Customer	Temp.		Minimum	Operating	Minimum Valance	at Remotes				ar Ve
Day of	perator	Floring	promised	0.05	First Quistomer	Point During	During	of ph	of Water	COL	UVDose	Required	Pointing	as Emergency	ir A (binim	al Operating Con	ditions
	(Altica	P. P. Parity Tra	NAME OF	negion for		70 (Jan.)	Peterlow,	wig-le	<u> </u>	रदामुख	ijij.	T-MW	រិស្តិតដែលប្រា	Pre gati zacyca	Mamige:	txiik brÿffiyi)te	staking.
SIGNORUS E	<u> </u>	24 hrs	23,500	Marcole To V					onleane.	one-mindle	-970 m2	gas (venital)	System flylls	I Weevel	an Conn	<u>មាន ខិរិលភិទិក្</u>	000000 C
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200	X	24 hrs	22,500		1.2								1				
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DANKE STORY	and the same of	100 m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9 /4 X / /														

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

WS	S ID:	3424030	Plant Name:	Belleview Hills			
V.	Summary of Use of Polyi	ner Containing Acrylam	ide, Polymer C	Containing Epichlorohydrin, and Iror	n or Manganese Sequest	rant for the Year: *	
A.	Is any polymer containing the mofollows:	onomer acrylamide used at the w	ater treatment plan	t? ✓ No			
	Polymer Dose ppm =			Acrylamide Level, % ^t =			
В.	Is any polymer containing the mopolymer are as follows:	onomer <u>epichlorohydrin</u> used at t	he water treatment	plant?			
	Polymer Dose ppm =			Epichlorohydrin Level, % ^t =			
C.	Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No			
	Type of Sequestrant (polyphosph	nate or sodium silicate):	-				
	Sequestrant Dose, mg/L of phosp	phate as PO ₄ or mg/L of silicate a	as SiO ₂ =				
	If sodium silicate is used, the am	ount of added plus naturally occ	urring silicate, in n	ng/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions General Information for the Month/Year of: April-05 A. Public Water System (PWS) Information PWS Name: Belleview Hills PWS Identification Number: 3424030 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 378 108 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 Leesburg State: Zip Code: 34749 City: FL Contact Person's Telephone Number: (352) 787-6333 (352) 787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Belleview Hills Plant Telephone Number: (352) 787-0980 Plant Address: 11869 S.E. 96th Ave City: Ocala State: FL Zip Code: 34420 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) D e Dreaksal Gregoria (* 1855) Tipicansa (Chass Tall Lands and Annimerated Lands and Tall Displace) Shift (All Workshift) เล่ยใช้เกียรบัญษณะเก็บ Mark March C 8287 3 Days per week ALAL CINARROLL **Bob Maxon** $\overline{\mathbf{C}}$ 2810 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Page 1

C8287

License Number

Mark March

Printed or Typed Name

Signature and Date

PWS Identi	ficatio	n Number		3424030		Plant Name:	Belleview l	Hills	te flater boar - months								
III. Daily D	ata for	r the Mont	h/Year of		April-05									 			
Means of A	chievi	ng Four-L	og Virus Inactiv	viation/Remo			Free C	hlorin	e T	Chlorine I	Dioxide		Ozone	Combined (Chlorine	(Chloramines)	
Ultra	violet	Radiation	U		Other (Describ	e):						ш	ب			(0111011111111)	
Type of Dis	sinfect	ant Residu	ual Maintained in	n Distributio	n System:				Free Chlo	rine	Co	mbined C	hlorine (Chlora	mines)		Chlorine Dioxide	e
D. Pl. Sta. Sta. Sta. Sta. Sta. Sta. Sta. Sta		Caracteria.		136673	CT Calculation	s, or UV Dose, to	Demonstrate F	our-Log	Virus Inactiva	tion, if Appl	licable*		k - &	27.4		Chlorine Dioxide	
35. D	ays_	na Grija			2 28	CT Calcu	lations	M.1.20			l∰ia uvi	Dose		The Control of the Co		- 1844 - 1844	
PI	ant .	1.02				Zodel .	Lowest CT		7.44				Lowest	780	ing postant		200
Sta	iffed	The state of the s		504	Lowest Residual	Disinfectant	Provided.			. 44.3		rae X	Residual				
Vi.	or		14.	213.4	Concentration	COURCE I IME	Before or		1.0			12	Disinfectant	l, is Aşid	ĺa.		Sec.
300	w.		Net Quanty		(C) Before or at	Measurement	Gustomer	Temp		Minimum	Operatings	AIV Dose	at Remote				100
Daysof Ope	rator	Hours	of Finished	6 ales	First Customers	Point During	During W	Lofag	pld of Water	SOTE	UVDoses	Required	Pointing	Emeritency	or Abnora	nt Operating Condition	ns de
	live :	Pantoni -	Pili switer	Perkillow?	waDiningPeal	= 92= (5 0 (c))	Beals Blow	Water		-Requireds	77.77	÷πW.	(e) and of the	Repaired Vi	interiore	Statisms have been	king.
Yodiis 80	X	24 hrs	30,300	Kale go	2	al Commutes et al		SEC.	Applicable.		see/sm2#	8 54 (c) 24	型System Anig/原	STATE OF THE STATE	itani Comp	intens Out of Operatio	(Time)
##£2158	^+	24 hrs	30,300	<u> </u>			-				+	ļ	1.5				
		24 hrs	30,300			.					 	-					
	x	24 hrs	25,500		1.5	1					<u> </u>	t	1.2				
		24 hrs	25,500														
	X	24 hrs	26,000		1.2								1				
	, 	24 hrs	26,000				<u> </u>					ļ					
	X	24 hrs 24 hrs	26,300 26,300		1	<u> </u>						-	0.9				
		24 hrs	26,300			 		-			 	 					
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		24 hrs	24,500		-	1							- 0.0				
	X	24 hrs	25,500		1								0.8				
		24 hrs	25,500														
	X	24 hrs	33,000		1						-		0.8				
		24 hrs 24 hrs	33,000 33,000			ļ					-		 				
***************************************	x	24 hrs	32,000		1.1	 		<u> </u>			1		0.9				
	-	24 hrs	32,000	<u> </u>	· · · · · ·	 		 			1		<u>"</u>				
Annual Control of Cont	x	24 hrs	35,000		1.9					·		T	1.5				
-1921E0;-		24 hrs	35,000														
	x	24 hrs	30,000		2.2	Į							1.6				
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backstand haming	x	24 hrs 24 hrs	30,000 24,000	 	2		 					ļ <u>-</u>	1.5				
2.5	^	24 hrs	24,000	 			 	 	 		 	 	1.3				
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		24 hrs	24,500				1	<u> </u>			T	· · · · · ·	 	<u> </u>			
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30.30		24 hrs	30,300	ļ													
3055 08(m)53445	W-A31 W	24 hrs	953 400	ļ	L	1		<u> </u>	<u></u>		<u> </u>	<u>l</u>	<u> </u>				
	T MARK		853,400 28.447	-													

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

WS	S ID:	3424030	Plant Name:	Belleview Hills	
V.	Summary of Use of Po	lymer Containing A	crylamide, Polymer	Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
A.	Is any polymer containing the	monomer acrylamide use	d at the water treatment pla	ant? V No	
	follows:				
	Polymer Dose ppm =			Acrylamide Level, % ^t =	
B.	Is any polymer containing the	monomer epichlorohydri	n used at the water treatme	ent plant?	
	polymer are as follows:				
	Polymer Dose ppm =			Epichlorohydrin Level, %t=	
C.	Is any iron or manganese sequ	uestrant used at the water	treatment plant?	☑ No	
	Type of Sequestrant (polypho	sphate or sodium silicate)	:		
	Sequestrant Dose, mg/L of ph	osphate as PO ₄ or mg/L o	f silicate as SiO ₂ =		
	If sodium silicate is used, the	amount of added plus nat	urally occurring silicate, in	n mg/L as SiO ₂ =	

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions General Information for the Month/Year of: May-05 A. Public Water System (PWS) Information PWS Name: Belleview Hills PWS Identification Number: 3424030 PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 378 108 PWS Owner: Aqua Utilities Florida Brian Heath Contact Person: Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749 (352) 787-6333 Contact Person's Telephone Number: Contact Person Person's Fax Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Telephone Number: (352) 787-0980 Plant Name: Belleview Hills Zip Code: 34420 Plant Address: 11869 S.E. 96th Ave City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) D Totalisa Chas H. (Totalisa Nambaz (2) La Casa Casa Cantila Avones d'Assista Casa Casa Casa Casa Casa Casa Casa landikatopeninsvitela Tourney Chief Orstain 3 Days per week Mark March 8287 Oltion (Oliginia) see Elle 3 Days per week Bob Maxon $\overline{\mathbf{C}}$ 2810 3 Days per week 7251 Paul Thompson Α II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Signature and Date Printed or Typed Name

PWS I	dentifica	tion Number	r:	3424030		Plant Name:	Belleview	Hills								
III. Da	ly Data	for the Mont	th/Year of:		May-05							· · · · · · · · · · · · · · · · · · ·				
			Log Virus Inactiv				X Free (Chlorine	·	Chlorine 1	Dioxide	П	Ozone	Combined Cl	hlorine (C	hloramines)
		et Radiation			Other (Describe	e):										<u> </u>
Type o		ectant Residu	ual Maintained in	n Distribution	System:			X	Free Ch	lorine	Co	ombined C	hlorine (Chlora	amines)		Chlorine Dioxide
	. 3	et di	ual Maintained in	/ Vallet egi	CT Calculations	i, or UV Dose, to	Demonstrate I	our-Log	Virus Inacti	vation, if App	licable* :	Tana da	Section 18 Section 18			Chlorine Dioxide
ZX.	Days	and standing	74.		araffilian cair i	CT Calc	ulations 🤲 🦠	J.			VÜ	Dose			100	
3	Plant;	464		100	l 4 ala	1115	Lowest CT		¥: 25 3 5 1		1	1012 9	Lowest	2004A		
	Staffed	70.4			Lowest Residual	Disinfectant	Provided	30.					Residual		al M	-365
	or c				Disinfectant	Contact Time	Before or			1.00	100		Disinfectant	100	*(1.) T.S.	J. A. Here
100	31 HV		Ner Cuanity		Concentration a	Measurement	Customer	Temp	100	Minimum	Operating	Minimum	Concentration		iti wale	a december
Day of	Operator	o Hours	of Finished		Liurst Customer	Point During	During	e of a	old of Wate	eins	UV Dose:	Required	A Point in	20 Emergency o	Abnormali	Onerating Conditions
		glipen di	vaca 🕌	ileis in	Dunnig Resid	is Relations	Treat fifty	Writer		Required	(anv.	5mW	i de dingon	kenning you	fenance W	k jip je krootes Telanije
Worth		e setton.	\$57300 Intelligation	strate grada		H amilia (1986)	diversity (# C#	And can	an emilia	essecton 24	i se temze	Syst Gitt-ringsb	s= Macassac	na@ompone	តែវិទី៣៩ភាព របស់ វិទី ស
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		24 hrs	26,300													
	Х	24 hrs	27,000		1.1								0.9			
		24 hrs	27,000													
4	X	24 hrs	22,000		1.8		ļ			ļ		<u> </u>	1.4			
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3 7.0%		24 hrs	32,700													
	X	24 hrs	28,000		0.6								0.3			
		24 hrs	28,000				1									
<u>्रिश्</u> ताता :			845,200	4												

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

W	S ID:	3424030 j	Plant Name:	Belleview Hi	ls				
V.	Summary of Use of Poly	mer Containing Acrylamic	de, Polymer C	Containing E	pichlorohydrin, and Iro	n or Mangan	ese Sequestrant fo	or the Year: *	
A	. Is any polymer containing the m follows:	nonomer acrylamide used at the wa	iter treatment plan	1?	✓ No				
	Polymer Dose ppm =				Acrylamide Level, % ^t =				
В	Is any polymer containing the m polymer are as follows:	onomer <u>epichlorohydrin</u> used at th	ne water treatment	plant?	☑ No				
	Polymer Dose ppm =				Epichlorohydrin Level, %t=				
С	. Is any iron or manganese seques	strant used at the water treatment p	olant?	✓ No					
	Type of Sequestrant (polyphosp	hate or sodium silicate):					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Sequestrant Dose, mg/L of phos	sphate as PO ₄ or mg/L of silicate as	s SiO ₂ =						
	If sodium silicate is used, the an	nount of added plus naturally occu	rring silicate, in m	ng/L as SiO ₂ =					

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions General Information for the Month/Year of: June-05 A. Public Water System (PWS) Information PWS Name: Belleview Hills PWS Identification Number: 3424030 PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 378 108 PWS Owner: Aqua Utilities Florida Area Manager - Florida Contact Person: Brian Heath Contact Person's Title: Contact Person's Mailing Address: PO Box 490310 Leesburg State: FL Zip Code: 34749 City: Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: Belleview Hills Plant Telephone Number: State: Zip Code: 34420 Plant Address: 11869 S.E. 96th Ave City: Ocala FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108.000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) D Figures (Charaches This is the Second Second Second Second Second Second Second Second Second Second Second Se TERRANGE (PESSE). TO THE BOOK PROPERS AND STATE OF THE LIFE DAY (SVISION) WHITE STATE AND STATE OF THE ายสมมัย (ปรักษา ปรักษณ์เมศ 3 Days per week Mark March 8287 C 3 Days per week **Bob Maxon** С 2810 7251 3 Days per week Paul Thompson Α II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March Printed or Typed Name License Number Signature and Date

Page 1

PWS Identification Number: 3424030					Plant Name: Belleview Hills									
III. Dail	III. Daily Data for the Month/Year of: June-05													
				riation/Removal: *	X Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)							nes)		
lmu	ltraviol	et Radiation	•	Other (Descr	ribe):		L_			L	ب		•	-,
							X Free ('hlorine	Co	mhined C	hlorine (Chlor	amines)	Chlorine	Dioxide
z y pe oi		lenner reside	a viamanico n	CTCALINE	one or HV Dose to	Damanatesta Est	ur I na Vinus Inc	alimiciós e a ac	lisable* 2		norme (emor		The same of	Dioxide
7,77	7,000	Trip design	William .		CT Cilici	ulations	ur-Log virus illa	avadon, ii App	TIV.	Doce			(27. E	
in alika	Days	100	1994		EV S. WHENE	Julie Lor	Troma Landan	- Company	dut.	J	200	2 445 B.E.	V striker det i dig	Yruciji.
50,000	Claffed	100		Tomas Pasid	ial Disinfadiant	D-west C1	a. 10 (14.75°				Lowest			#~ -, :
4 3 5 2	or		4.44 3.44	Disinfectant	Contact Time	Before or			4:48		Dicinfectant			
	Visited			Concentration	T)at C	at First	88 H 25 60		Lowest	Minimum	Concentration		ertzi e e p 🔌	
Wildle	heby.t		Net Quanity	(G) Before or	at Measurement	Customer	remp.	Minimum	Operating	UV Dose	at Remote		ii e e e e e e e e e e	
Day or	Operato	Hours:	Sof Finished	Again & Ritst Custome	Point During	During	อย์ อยอาว	real front	UV Dose	Required.	Pomane S	Entergency or	Abnormal Operating	Conditions
	(PESS	Petolitical	1 1777	i kakubwi ka Duingusi:	a Peak Box	Peak Flore 3	Water 2 210	. Kentitedi	a temy	mW	Distribution	iksom onlynn,	enance (Vorkalistici)	volys et kings
Mytomitie	1000	ESTERIOR.	and the second	2015 014 014 014 014 01 00 00 00 00 00 00 00 00 00 00 00 00	<u> </u>	anoghmod i	rice zagalien	ii∈ Empermo/L	\$20/9m2	27/9m2	Statement) VIII.	##WiteHayates	ស្រីម៉ូរប្រជាព្រះទៅនេះបីម៉ាល់	Cheeffor T
	<u> </u>	24 hrs	23,000	0.7		1					0.3		***	
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77.23	<u> X</u>	24 hrs	22,600	0.5		_			- 		0.3			
		24 hrs	22,600			-			 	ļ			····	
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122 (2/2004) 12 (4/2004)	X	24 hrs	20,500	2.6		+			 	 	1.2			
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0.00 6.00	X	24 hrs	23,000	2.4	-	-	-		+	 	1,2			
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288	^_	24 hrs	23,500	2.3		1 1		1	+	 	1.3	-	· · · · · · · · · · · · · · · · · · ·	
20)	X	24 hrs	21,000	2.4		+ +			 	 	1.4			
20		24 hrs	21,000	2.7		+ +			 	 	1.7	 	-	···
\$2000 DESCRIPTION OF THE PERSO		24 hrs	2.,000			+			+	<u> </u>		-		
TO BILL		24 ins	726,600	- · · · · · · · · · · · · · · · · · · ·					-1		1	1		
WW-Milds			24,220											
Makibit	in s		27,500											

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

WS ID:	3424030	Plant Name:	Belleview Hills		· · · · · · · · · · · · · · · · · · ·		
V. Summary of Use of I	Polymer Containing	Acrylamide, Polymer	Containing Epichloroh	ydrin, and Iron or	Manganese Sequ	estrant for the Year: *	
A. Is any polymer containing follows:	the monomer acrylamide u	used at the water treatment p	lant?				
Polymer Dose ppm =			Acrylamide	Level, % ^t =			
B. Is any polymer containing polymer are as follows:	the monomer epichlorohyo	drin used at the water treatme	ent plant?	No			
Polymer Dose ppm =			Epichloroh	ydrin Level, % ^t =			
C. Is any iron or manganese s	equestrant used at the water	er treatment plant?	✓ No				
Type of Sequestrant (polyp	ohosphate or sodium silica	te):					
Sequestrant Dose, mg/L of	phosphate as PO ₄ or mg/I	of silicate as SiO ₂ =					
If sodium silicate is used, t	he amount of added plus r	naturally occurring silicate, i	n mg/L as SiO ₂ =				

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions								
I. General Information for the Month/Year of: July-05								
A. Public Water System (PWS) Information								
PWS Name: Belleview Hills		PV	VS Identification Numbe	r: 3424030				
PWS Type: X Community Non-Transient Non-C	Transient No	n-Community	Consecutive					
Number of Service Connections at End of Month: 108	Total Population	n Served at End of Mont	th: 378					
PWS Owner: Aqua Utilities Florida								
Contact Person: Brian Heath		Contact Person						
Contact Person's Mailing Address: PO Box 490310			FL Zip Code: 34749					
Contact Person's Telephone Number: (352) 787-0980		Contact Person	Person's Fax Number:	(352) 787-6333				
Contact Person's E-Mail Address: beheath@aquaamerica.com								
B. Water Treatment Plant Information		·						
Plant Name: Belleview Hills			ant Telephone Number:	(352) 787-0980				
Plant Address: 11869 S.E. 96th Ave			ala State: I	FL Zip Code: 34420				
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished	Water						
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000							
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (pe	Plant Class (per subsection 62-699.310(4), F.A.C.) Day(s/Shift(s)) Worked and F. C.					
##4breensent@perafors.ph	an theoree Chr							
Gary Kissick	С	7846		3 Days per week				
Other Operators: Mark March	С	8287		3 Days per week				
Paul Thompson	Α	725	·	3 Days per week				
II. Certification by Lead/Chief Operator								
			4 14 19 11					
I, the undersigned water treatment plant operator licensed in Florida, am the le	ead/chief operator of	of the water treatm	ent 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 know	vledge. I certify that	at all drinking wate	r treatment chemicals	used at thisplant conform to NSF				
International Standard 60 or other applicable standards referenced in subsection	on 62-555.320(3), l	F.A.C. I also certi	ly that the following ac	dditional operations records for this				
plant were prepared each day that a licensed operator staffed or visited this plant	ant during the mon	th indicated above	: (1) records of amount	ts of chemicals used and chemical feed				
rates; and (2) if applicable, appropriate treatment process performance records	s. Futhermore, I ag	ree to provide the	se additional operation	s records to the PWS owner so the PWS				
owner can retain them, together with copies of this report, at a convenient local			•					
one of the control of	<u> </u>	•						
Gary Kissick			C7846					
Signature and Date Printed or Typed N	Name		License Nun	nber				

PWS I	dentificat	ion Number	:	3424030		Plant Name:	Belleview	Hills									
		or the Mont			July-05												
Means	of Achie	ving Four-L	og Virus Inacti	viation/Remo	oval: *		X Free	Chlorin	е	Chlorine I	Dioxide		Ozone	Combined	Chlorine (Chloramines)
	Ultraviole	t Radiation			Other (Descril	be):	_		_						·		•
Type o	of Disinfe	ctant Residu	ıal Maintained i	n Distributio				Х	Free Ch	lorine		Combined	Chlorine (Chlor	amines)		Chlorine D	ioxide
03.2%	10000				- CT Calculation	ns, or UV Dose, to	Demonstrate					Line y	The second section	Tata San	. <u> </u>		16.3
	Dave			0.5000 000 000000	W. 1-2- W. 1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	distriction of the	2004	4.45		2/9012005	200.400	and a second second	jun (junggaran ang ang ang ang ang	K K	Aver See		
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	Staffed	37001		7,570	Lowest Residua	Disinfectant	Provided		100				Residual				
1., 1.5 - 5	or			100	Disinfectant	Contact Time	Before or	1000	/ y/n)/		100	gua in	Disinfectant				
Single .	Visited			3.1	Concentration	(T) at C	at First		44. A. 1.		Lowe	st Minimu	Concentration		50		
	以数		Net Quanity	158	(C) Before or at	Measurement	Gustomer	Temp	6.00	Minimum	Operat	ing UV Dos	e at Remote	1.00			i Granda
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	i di a	en en	Net Quanty Of a misted		First Customer Diffing Peak Sciowalis/Fi		35.000	201146	#	A COUNTY	7.00	-94	Lowest Residual Disinfectant Concentration at Remote Pourrant Distribution System my/2		AND PRICE	vork that involv	76- 10 and
	Days Plant Plant Staffed Staffed Visited Orecator Visited X X X X X X	24 hrs	33,000		a seem to to out po 12 no	Paragramma Compa	80 E 111 - 2/11/11/11/10	6 XXXXX	and huranic	. Same annies a		INCOME SERVICE		a menagratica (S)	vorestroesonner	al Operating Co	24000000
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^{*} Refer to the instructions for this report to determine which plants must provide this information.

PWS ID:	3424030	Plant Name:	Belleview Hills							
IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *										
A. Is any polymer containing the monomer acrylamide used at the water treatment plant?										
follows:										
Polymer Dose ppm =			Acrylamide Level, % ^t =							
B. Is any polymer containing the r	nonomer epichlorohydrin used at	the water treatmen	nt plant?							
polymer are as follows:										
Polymer Dose ppm =			Epichlorohydrin Level, %t=							
C. Is any iron or manganese sequestrant used at the water treatment plant?										
Type of Sequestrant (polyphos	Type of Sequestrant (polyphosphate or sodium silicate):									
Sequestrant Dose, mg/L of pho	Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =									
If sodium silicate is used, the a	mount of added plus naturally oc	curring silicate, in	mg/L as SiO ₂ =							

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions 1. General Information for the Month/Year of: August-05 A. Public Water System (PWS) Information PWS Name: Belleview Hills 3424030 PWS Identification Number: PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 108 Total Population Served at End of Month: 378 PWS Owner: Agua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: Leesburg PO Box 490310 City: State: Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Belleview Hills (352) 787-0980 Plant Name: Plant Telephone Number: 11869 S.E. 96th Ave FL Zip Code: 34420 Plant Address: City: Ocala State: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) iliganesi Organis — trono saturis tilliga vaines partitude da tatta i iligansi (rass Figure and American American Service and American America Alexandheirope<mark>nis</mark>e Gary Kissick 7846 3 Days per week and sportstoned the Mark March \mathbf{C} 8287 3 Days per week 7251 3 Days per week Paul Thompson Α II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Gary Kissick C7846 Printed or Typed Name License Number Signature and Date

Page 1

PWS Io	dentificat	Data for the Month/Year of: August-05 Plant Name: Belleview Hills															
III. Dai	ly Data f	or the Mont	h/Year of:	A	ugust-05							· · · · · · · · · · · · · · · · · · ·					•
Means	of Achie	ving Four-L	og Virus Inactiv				X Free C	hlorine		Chlorine D	Dioxide		Ozone	Combined C	hlorine (C	Chloramines)	
		et Radiation			Other (Describe):						_					
								X	Free Chlor	rine	Co	mbined C	hlorine (Chlora	amines)		Chlorine Dio	xide
* Table	1	77.00 x	el Maintained in		CT Calculations	or UV Dose, to I	emonstrate F	our-Log Vi	rus Inactivat	ion, if Appli	cable*	A TANKE	TOTAL STATE OF THE	34.433			
	Dovs		***	di Alland	MUMANE OF TH	CT Calcul	ations :		41 4 2	2.7	ÜV	Dose		4100 A			liegi
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Masin	QUI		31,500	1													

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

PWS	S ID:	3424030	Plant Name:	Belleview Hill	s		
V.	Summary of Use of Poly	mer Containing Acrylan	ide, Polymer C	Containing Eq	oichlorohydrin, and Iro	on or Manganese Sequestrant for the Year: *	
A.	. Is any polymer containing the m	onomer acrylamide used at the v	vater treatment plan	t?	✓ No		
	Polymer Dose ppm =				Acrylamide Level, % ^t =	T	
В.	Is any polymer containing the molymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	plant?	☑ No		
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =		
C.	. Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No			
	Type of Sequestrant (polyphospl	hate or sodium silicate):					
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate	as SiO ₂ =				
	If sodium silicate is used, the an	nount of added plus naturally oc	curring silicate, in n	ng/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions I. General Information for the Month/Year of: September-05 A. Public Water System (PWS) Information **PWS Name:** Belleview Hills PWS Identification Number: 3424030 PWS Type: X Community Transient Non-Community Non-Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 378 108 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: Zip Code: 34749 PO Box 490310 City: Leesburg State: Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Belleview Hills (352) 787-0980 Plant Telephone Number: 11869 S.E. 96th Ave Zip Code: 34420 Plant Address: Ocala State: FL City: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) D Triconsciton empire 1911 TERRISECTORS TO THE STRONG MINIOUS TO FIRE TO THE PROPERTY OF COLUMN TO THE PROPERTY OF THE PR Lenvichisi Graentar 3 Days per week Gary Kissick C 7846 hier (Tratinises. Mark March C 8287 3 Days per week Paul Thompson A 7251 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C7846 Gary Kissick

Page 1

Printed or Typed Name

License Number

Signature and Date

PWS I	dentificat	ion Number	r:	3424030		Plant Name:	Belleview I	Hills								
III. Da	ily Data f	or the Mont	th/Year of	S	September-05		<u> </u>									
			og Virus Inactiv				X Free C	hlorine		Chlorine E	diovide		Ozone	Combined (hlorine (C	Chloramines)
		et Radiation			an. Other (Describe	۸٠	K) nacc			Cinornic L	JIOAIUC	ш,	ozone	Combined	Anornic (C	лютаннісь)
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	or -			14	Disinfectant	Contact Time	*Before or	, 11	Penni	25 CK	a Xair	100	Disinfectant	with a stable		
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461	by =		Net Quanity		(C) Before or at	Measurements	Customer	Temp.		Minimum	Operating	UV Dose	at Remote			
Day of	Operator	Hours	o Emisicia Sellivac		First Customer	Point During	During	€ of i	pH of Water	ALC:	:UViDose	Required	Pointmes	Emergency	or-Abnormal	Operating Conditions 3
in the	Pico.	March at Kill College	SEE VALUE OF	Telatho	Lowest Residual Disinfectant Concentration (C) Before or al Pinat Customer Dunne Peat	# Peak Flower	Peak Flows	Welst		Required	a am W-	UV Dose Required	Distribution	Renaut of Ma	nerne W	orle that divolves Taking
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Manin	morally:	¥.	39,000													

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

ws	S ID:	3424030	Plant Name:	Belleview Hil	ls		
v.	Summary of Use of Polyi	mer Containing Acrylam	ide, Polymer C	Containing E	oichlorohydrin, and Iron	or Manganese Sequestrant for the Year: *	
A.	Is any polymer containing the me	onomer acrylamide used at the w	vater treatment plan	t?	✓ No		
	Polymer Dose ppm =				Acrylamide Level, % ^t =		
В.	Is any polymer containing the monopolymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	plant?	✓ No		
	Polymer Dose ppm =				Epichlorohydrin Level, %'=		
C.	Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No			
	Type of Sequestrant (polyphosph	hate or sodium silicate):					
	Sequestrant Dose, mg/L of phosp	phate as PO ₄ or mg/L of silicate	as SiO ₂ =				
	If sodium silicate is used, the an	ount of added plus naturally occ	curring silicate, in n	ng/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions						
I. General Information for the	ne Month/Year of:	October-05				
A. Public Water System (PV	WS) Information					
	leview Hills			PWS Ide	ntification Number:	3424030
PWS Type:	Community	Non-Transient Non-Cor	nmunity	Transient Non-Con	nmunity	Consecutive
Number of Service Connect		108		Total Population Ser	ved at End of Month:	378
PWS Owner: Aqu	a Utilities Florida					
Contact Person: Bria	an Heath			Contact Person's Titl	e: Area Manager	
Contact Person's Mailing A				City: Leesburg		Zip Code: 34749
Contact Person's Telephone				Contact Person Person	n's Fax Number:	(352) 787-6333
Contact Person's E-Mail Ad		@aquaamerica.com				
B. Water Treatment Plant Ir	ıformation	_				45777
	leview Hills				lephone Number:	(352) 787-0980
	69 S.E. 96th Ave			City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by F			Purchased Finished Wa	ater		
	Operating Capacity of Plant, gall		108,000			
	tion 62-699.310(4), F.A.C.):	V			ection 62-699.310(4),	
e diction of the control of the	All the Control of the Control		a de lucenso de la sect	a subjective Amilie		Domes / Standard Walls & Constitution of the C
Land/Chia (Calventore)	Gary Kissic		C	7846		3 Days per week
One Considering	Mark Marc	h	С	8287		3 Days per week
**************************************	Paul Thomps	son	A	7251		3 Days per week
				<u> </u>		
				-		
				<u> </u>		
		_				
II. Certification by Lead/Ch	iof Operator					
		<u> </u>				
						t I of this report. I certify that the
information provided in this	report is true and accurate to	the best of my knowle	edge. I certify that a	ll drinking water trea	tment chemicals use	ed at thisplant conform to NSF
International Standard 60 or	other applicable standards re	ferenced in subsection	62-555.320(3), F.A	.C. I also certify tha	t the following addit	tional operations records for this
						of chemicals used and chemical feed
rates: and (2) if applicable a	annropriate treatment process	performance records.	Futhermore, Lagree	e to provide these add	itional operations re	ecords to the PWS owner so the PWS
	ther with copies of this report					
owner can retain them, toget	nor with copies of this report	, ai a convenient nocati	ion for at least tell ye	year.		
		Gary Kissick			C7846	
Signature and Date		Printed or Typed Na	me		License Numbe	r
		2.mill of Typourion	 -			

PWS Id	lentifica	tion Numbe	er:	3424030		Plant Name:	Belleview	Hills								
III. Dai	ly Data	for the Mon	th/Year of:		October-05											
			Log Virus Inactiv	viation/Remo			X Free (Chlorine	П	Chlorine 1	Dioxide		Ozone	Combined	Chlorine (C	hloramines)
		let Radiation				e):	_						ليبينا		,	,
Type of	Disinf	ectant Resid	ual Maintained in	n Distributio	on System:			Х	Free Chl	orine	Co	mbined Cl	hlorine (Chlor	amines)		Chlorine Dioxide
D		les de	11:4.17/3	1986 CHEST	Secondarions	, or UV Dose, to	Demonstrate!	Four-Log \	/irus Inactiv	ation, if App	licable*	k K	1 Miles			7 ag (8
	Days		i.	500000	Control of the Contro	e s. CT Calc	culations 🤲		14 6 Y 17 11 11 11 11 11 11 11 11 11 11 11 11		. UV	Dose "				isti (APAK sy.
	Plant						Lowest CT			140 V	4.3.2		Lowest		i Turnini delet	2.3
	Staffed	1,77,240			Lowest Residual	Disinfectant	Provided			369	line i de		Residual			day.
	or				Disinfectant	Contact Time	Before or	7.		1.5367	19		Disinfectant	y - 1		
	Visited	1000	Net Organity	21, 15, 1	(C) Before v. at	Messyremen	at First	Temp			Lowest	Minimum	Concentration	and	1 240 3	tering is
Dayot	Operato	House	As of Finished	25 S 18 18 18 18 18 18 18 18 18 18 18 18 18	First Customer II	Roint During	# During #		H of Water		EUV:Dase	Reduited	VS Point for	Emergency	or Abnormal	Ore sumble and many
a inte	e de la ce	e Al Plant in A	la Wile	Palkinhtt	During Peak	e okalk prov	paths.	Water	a e i (e e e	Tentinea:	mrv.	salm.Wate	Districtions:	Realio M	intenance Wo	ris finishe obak Virtano.
Aytoridit		E Coperation	POSTUBATORIE	Viendi.	j ow ing ky	Station (es.			apply lie	O mperator	Section 24	sseemze	isystem (fig/i	SELVOIERS).	item Compon	Chlorine Dioxide
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	х	24 hrs	25,000		1.5			1 1					1,2			
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22		24 hrs	25,000													
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		24 hrs	22,000							ļ	ļ <u> </u>					
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		24 hrs	21,000	 	1.4		 -	╂		-	ļ		1			
	X	24 hrs	17,000		1.5		+	1		1	-	 	1.2			
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	X	24 hrs	17,000	<u> </u>	1.6	ļ	1	1		l		l	1.2	L.		
akkhil. Kanny			754,000 24,323	-												
	ici			-	•											

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

PWS	S ID:	3424030	Plant Name:	Belleview Hills	·			·	······································		· .:
IV.	Summary of Use of Polyr	ner Containing Acrylam	ide, Polymer C	Containing Epic	chlorohydr <mark>in</mark> ,	, and Iron o	r Manganes	Sequestrant	for the Year:	*	_
A.	. Is any polymer containing the me	onomer acrylamide used at the w	vater treatment plan	t?	✓ No						
	Polymer Dose ppm =			Ac	rylamide Level, S	% ^t =					
В.	Is any polymer containing the me polymer are as follows:	onomer <u>epichlorohydrin</u> used at	the water treatment	plant?	✓ No						
	Polymer Dose ppm =			Ep	oichlorohydrin Le	evel, % ^t =					
C.	. Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No							
	Type of Sequestrant (polyphosph	nate or sodium silicate):							·		
	Sequestrant Dose, mg/L of phosp	ohate as PO ₄ or mg/L of silicate	as SiO ₂ =								
	If sodium silicate is used, the am	ount of added plus naturally occ	curring silicate, in n	ng/L as SiO ₂ =		. :					

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information for the Month/Year of:	November-05							
A. Public Water System (PWS) Information								
PWS Name: Belleview Hills				PWS Identifi	cation Number	er:	3424030	
PWS Type: X Community N	on-Transient Non-Comm	unity	Transient	t Non-Commu	nity	Cor	secutive	
Number of Service Connections at End of Month:	108		Total Popu	lation Served a	t End of Mon	ith:	378	
PWS Owner: Aqua Utilities Florida								
Contact Person: Brian Heath				rson's Title:	Area Manag		_	
Contact Person's Mailing Address: PO Box 490310			City:	Leesburg			Zip Code:	
Contact Person's Telephone Number: (352) 787-0			Contact Per	rson Person's F	ax Number:		(352) 787-63	133
Contact Person's E-Mail Address: beheath@a	aquaamerica.com			******		····		
B. Water Treatment Plant Information								
Plant Name: Belleview Hills				Plant Telepho			(352) 787-09	
Plant Address: 11869 S.E. 96th Ave			City:	Ocala	State:	FL .	Zip Code:	34420
Type of Water Treated by Plant: X Raw Ground Wa		hased Finished Wa	ater					
Permitted Maximum Day Operating Capacity of Plant, gallon		08,000						
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			(per subsection			D	
Hiterised Creatury Atthroped Hiterise		in Beense Chas in	e salingens	e Number 🖭				
Gary Kissick		C		7846			ys per week	
Mark March		С		8287			ys per week	
Paul Thompson	1	Α		7251		3 Day	ys per week	
					ļ			
					 			
								
11. Certification by Lead/Chief Operator				_				
I, the undersigned water treatment plant operator licensed in	n Florida, am the lead/c	hief operator of t	he water tre	atment plant	identified in	Part I of thi	s report. I	certify that the
information provided in this report is true and accurate to the	e best of my knowledg	e. I certify that a	ll drinking v	water treatme	nt chemicals	used at this	splant confo	rm to NSF
International Standard 60 or other applicable standards refe								
plant were prepared each day that a licensed operator staffe								
rates; and (2) if applicable, appropriate treatment process pe	erformance records Fu	thermore I scree	to provide	these addition	nal operation	is records to	the PWS o	wner so the PWS
				these addition	iai operation	is records to	THE TWO	Who so the I was
owner can retain them, together with copies of this report, a	n a convenient location	for at least tell yo	cars.					
	Gary Kissick				C7846			
Signature and Date	Printed or Typed Name			_	License Nu	mber		
organice and Date	Timed of Typed Name				Election I (d)			

Page 1

PWS Id	entificat	tion Number	r:	3424030	Plant Name:	Belleview Hil	İs							
III Dail	v Data i	for the Mont	h/Vear of:	November-05										
				iation/Removal: *		X Free Chlo	orine	Chlorine I	Dioxide		Ozone	Combined Ch	lorine (C	(hloramines)
Πu	Itraviol	et Radiation	305 1100 1110011	Other (Describ	e):	<u></u>			romae	<u></u> О `		comomou cu	.0 (
							X Free C	nlorine	Co	mbined C	hlorine (Chlora	amines)		Chlorine Dioxide
- 25 XP	tanaga.		a tela	Distribution System: CT Calculation Lowest Residual Disinfectant Concentration G Before or at Just Chistomer Beak Slow Lincoln Peak Late, god a servidowing/19	, or UV Dose, to	Demonstrate Four	Log Virus Inac	ivation, if Appli	icable*,	rászisz vegy Karana		92		
	Days	, Garage			Soft CT Calc	ulations		4	. SEUV	Döse		100		
4,5 4	Plant -	752	7673		7. 69	Lowest CT	1000	a war	4	2	Lowest		Z	
	Staffed			Lowest Residual	Disinfectant	Provided.				in a	Résidual) ·	ALC:
	Or			Disintectant	Contact I ime	Before or		4,642			Disinfectant			134
	bv.	- 144	Net Quantty	Concennation	Measurement	Customera sile	mo es	Minimums	Operating	ALV Dose	at Remote		-diam	
Dayo	Operator	Hours	of Finished.	Service & Just Customers	Point During	· y During *	of plit of Wat		UV Dise	Required	2 Point ing the	Emergency or	Abkombi	Operating Conditions
	(Project	Falanenta	yar-	Bearing Some Const	Salation	Penerios V	ge . I	Renniett	577We 1	EmV.	Distribution	ette <u>rr</u> an an Visin	antice;y	orenia di Gallia di Indiana
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iliaini Marazaz			737,000											
Week			24,567											

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

PW:	S ID:	3424030	Plant Name:	Belleview Hills			
IV.	Summary of Use of Poly	mer Containing Acrylami	ide, Polymer (Containing Epichlorohydrin, and I	ron or Manganese Sec	questrant for the Year: *	
A.	Is any polymer containing the me	onomer acrylamide used at the wa	ater treatment pla	nt?			
	Polymer Dose ppm =			Acrylamide Level, %1=			
В.	Is any polymer containing the m polymer are as follows:	onomer <u>epichlorohydrin</u> used at t	he water treatmer	nt plant?			
	Polymer Dose ppm =			Epichlorohydrin Level, %t=			
C.	. Is any iron or manganese seques	trant used at the water treatment	plant?	✓No			
	Type of Sequestrant (polyphospl	hate or sodium silicate):					
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate a	s SiO ₂ =				
	If sodium silicate is used, the an	nount of added plus naturally occ	urring silicate, in	mg/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



See page 4 for instructions December-05 . General Information for the Month/Year of: A. Public Water System (PWS) Information PWS Identification Number: 3424030 **PWS Name:** Belleview Hills PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 378 108 Aqua Utilities Florida PWS Owner: Contact Person: Brian Heath Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 Leesburg State: City: Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: Belleview Hills Plant Telephone Number: Zip Code: 34420 Plant Address: 11869 S.E. 96th Ave City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 108,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) D and in the resolution of the second HE DESCRIPTION WORKED Berger Strambare in the second ntisicense at assa ให้สูงแล้วได้เอาไปเลือกเลือน 3 Days per week Gary Kissick C 7846 3 Days per week Mark March C 8287 Samuello (Dill) 7251 3 Days per week Paul Thompson Α II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C7846 Gary Kissick Signature and Date Printed or Typed Name License Number

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

PWS Identifica	tion Number	<u>: </u>	3424030		Plant Name:	Belleview	Hills					****			
III. Daily Data	for the Mont	h/Voor of:		December-05									····-	· · · · · · ·	
		og Virus Inactiv	.i.ati.a/D.a			X Free (Chlorin		Chlasias	Dioxide		Ozone	Cambinado	'h lonin o d	(Chloramines)
			/iation/Remo			V LIEE	CHIOTHE	[‡] Ц	Chlorine	Dioxide	ш'	Ozone	Combined	morme ((Chioramines)
	et Radiation		<u> </u>	Other (Describe	;):		1								
Type of Disinfe	ectant Residu	ıal Maintained iı	n Distributio	n System:		w		Free Ch			ombined C	hlorine (Chlor	amines)		Chlorine Dioxide
100	THE SHOP		,	CT Calculations	, or UV Dose, to	Demonstrate l	Four-Log	Virus Inacti	vation, if Ap	plicable*	entra establica		s zárodik.	ning nering Ning nering	
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Staffed			ere obje	Lowest Residual	Disinfectant	Provided	12 2				4,000	Residual .	1.040	2	
or .		4.		Disinfectant	Contact Time	Before or	34 S		1.4			Disinfectant 4			
Of- Visited Like by Day of Operato		196	Lie arti	2 Concentration	(T) at C	at First		100		Lowest	Minimum	Concentration			Chlorine Dioxide
12 D	100	Net Quanity	100	(C) Before of at First Customer Furnit Peace	Measurement	L'ustomer.	lemp:	1.00	Minimur	n Operating	UV:Dose	a at Remote	500	a Çir.	
TO SEC		() (2.111k) (4.15)		THE REPORT OF THE	250)WCDWWW	39111112	0)	pri otavate		1001-005-	Required:	Point in set	Emergency	or Abnorm	altoperating conditions
Youn Lexis		Jal Maintained in		3000	Disinfectant Contact Time (T) at C Measurement Point During Peak How				1/2(1)(16)			USUIOUI/ON	Fig. 1	ille ikine e	Workship to sover 12 cm/ Mensi Cot of Cremin
Mejaur 1927)	24 hrs	22,000	ka sendankini le 🔊 eksil ili.				Selection of the select	E-CHAIN-ANK	2 8445711114		ALCOHOLD STATE	20075112/15		Antasamily.	
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ion-		732,000													
Merang-		23,613													
Maragan .		35,000	1												

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

PWS	S ID:	3424030	Plant Name:	Belleview Hil	S		
IV.	Summary of Use of Polyi	mer Containing Acrylam	ide, Polymer	Containing Ep	oichlorohydrin, and Iro	n or Manganese Sequestrant for the Year: *	2005
A.	Is any polymer containing the mo	onomer acrylamide used at the w	ater treatment pla	nt?	✓No		
	follows: Polymer Dose ppm =		-		Acrylamide Level, % ^t =		
В.	Is any polymer containing the mo- polymer are as follows:	onomer <u>epichlorohydrin</u> used at t	the water treatmen	nt plant?	✓ No		
	Polymer Dose ppm =				Epichlorohydrin Level, % ^t =		
C.	Is any iron or manganese seques	trant used at the water treatment	plant?	✓ No			
	Type of Sequestrant (polyphospl	hate or sodium silicate):					
	Sequestrant Dose, mg/L of phos	phate as PO ₄ or mg/L of silicate a	as SiO ₂ =				
	If sodium silicate is used, the arr	nount of added plus naturally occ	urring silicate, in	mg/L as SiO ₂ =			

^{*} Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

^t Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

Chappell Hills



See page 4 for instructions							
 General Information t 	or the Month/Year of:	January-04					
A. Public Water System	(PWS) Information						
PWS Name:	Chappell Hills				PWS Identi	fication Numbe	r: 3424029
	X Community	Non-Transient Non-Com	nmunity	Transier	nt Non-Comm	unity	Consecutive
Number of Service Con	nections at End of Month:	40		Total Popu	ulation Served	at End of Mont	th: 140
PWS Owner:	AquaSource Utility, Inc.						
Contact Person:	Michael Fitzgerald				erson's Title:	Area Manage	
Contact Person's Mailir	ig Address: 1343 NE 17th Ros	ad	-	City:	Ocala		FL Zip Code: 34470
Contact Person's Teleph		369-4881		Contact Po	erson Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mai	l Address: <u>mvfitz</u>	gerald@suburbanwater.com					
B. Water Treatment Pla	nt Information						
Plant Name:	Chappell Hills					hone Number:	(352) 369-4881
Plant Address:	2338 N.E. 55th Place			City:	Ocala	State:	FL Zip Code: 34479
Type of Water Treated			urchased Finished	Vater			
	Day Operating Capacity of Plant, §	gallons per day:	65,000		· · · · · · · · · · · · · · · · · · ·		
	bsection 62-699.310(4), F.A.C.):		_			ion 62-699.310	
Licensed Operators	Nam	e	License Class	Licer	se Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	William L	anders	В	İ	7327		3 Days per week
Other Operators:	Mark M	arch	С		8287		3 Days per week
II. Certification by Lead	l/Chief Operator						
I, the undersigned water	treatment plant operator licen-	sed in Florida, am the lead	L/chief operator of	the water tr	eatment plant	t 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 knowled	dge. I certify that	all drinking	water treatm	ent chemicals	used at thisplant conform to NSF
International Standard 6	0 or other applicable standards	referenced in subsection	62-555 320(3) F	AC Lalso	certify that th	e following ac	ditional operations records for this
mlant ruses meaned and	h dou that a licensed energics of	staffed or visited this plant	during the month	indicated al	oover (1) reco	ords of amount	ts of chemicals used and chemical feed
piant were prepared each	il day that a ficefised operator s	starred or visited this plant	Cuthing the month	andicaled al	these addition	and anomica	a records to the DWS owner so the DWS
					mese adding	onai operation	s records to the PWS owner so the PWS
owner can retain them, t	ogether with copies of this rep	ort, at a convenient location	on for at least ten	years.			
		William Landors				B7327	
Signature and Date		William Landers Printed or Typed Nam	20			License Nun	nher
Signature and Date		i inited of a yped Naii				Dicense 14011	

Page 1

PWS Id	Identification Number: 3424029 Plant Name: Chappell Hills													
III. Dai	ly Data i	for the Mont	h'Year of:		January-04									
			og Virus Inactiv	viation/Remo	oval: *		Free C	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):							_	
			al Maintained in	n Distributio	<u>`</u>				Free Chle	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
1997873	(x)3 % ()	British Marie		132	CT Calculations.	or UV Dose, to I	Demonstrate F	our-Log				4 (1.37)	er erekîre je	
	Down					CT Calcu					UVI	Oose		[2] 맞이 아이를 하는데 하는데 하는데 하는데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른데 다른
7.11	Days Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	1					Residual	
	or				Disinfectant	Contact Time	Before or		1				Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
-	by		Net Quanity	•	(C) Before or at	Measurement	Customer	Тетр.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water,	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	1	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1.5	- V	24 hrs	10,000					ļ						
2	Х	24 hrs	12,000				<u> </u>	 	 			ļ	1.1	
3 4		24 hrs 24 hrs	11,000 12,000					├				-	- 1.	
- 5	Х	24 hrs	10,000				ļ	 					1	
6.		24 hrs	11,000					 			 			
7	х	24 hrs	9,000	 				 					1	
- 8		24 hrs	9,000					 					-	
~ 9	X	24 hrs	9,000						†				1.1	
10		24 hrs	8,000					 	 					
11		24 hrs	9,000					†			1			
12	Х	24 hrs	7,000										1	
13		24 hrs	7,000					<u> </u>						
14	х	24 hrs	8,000	1				1					1	
∵ 15∷		24 hrs	8,000											
16	Х	24 hrs	9,000										1.1	
-17		24 hrs	9,000											
18		24 hrs	9,000											
19	X	24 hrs	10,000			. ,		1	 		ļ	ļ	11	
20-		24 hrs	10,000	<u> </u>			ļ	ļ	 		<u> </u>		ļ	
21	X	24 hrs	7,000				ļ	<u> </u>	ļ <u>-</u>		 	ļ	11	
22		24 hrs	8,000				 	 	ļ	<u> </u>	 		<u> </u>	
23:	X	24 hrs	10,000	ļ			ļ		ļ	 	 		1	
24	<u> </u>	24 hrs	11,000	-	1		1		 	 	 	 		
25 %	v	24 hrs	10,000	 			 	-	 -	 	1		1	
26	X	24 hrs	8,000	 			 	 	1		1	 	1	
27 28	Х	24 hrs 24 hrs	8,000 10,000	1	-			\vdash	 		 	 	. 1.1	
- 29	^-	24 hrs	9,000		-		 	 	 	-	 	 	1.1	
30	x	24 hrs	9,000	 	 		†	 	 	 	 	 	1	·
ं 31	 ^	24 hrs	9,000	 		 	<u> </u>	 	 	 	†	 	<u> </u>	
Total	1 2004, 2015	27 m3	286,000	 	L	1	1		1	1	1	1	J.,	
		11.00 N S \ A \	9,226	1										

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



I. General Information					
A. Public Water System					242402
PWS Name:	Chappell Hills	·. ———		cation Number:	3424029
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Commun		Consecutive
	nnections at End of Month: 40		Total Population Served a	t End of Month:	140
PWS Owner:	AquaSource Utility, Inc.		[O D mv.1	4 24	••
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flor	
Contact Person's Maili			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep Contact Person's E-Ma			Contact Person Person's F	ax Number:	(352) 732-3213
B. Water Treatment Pl					
Plant Name:	Chappell Hills		Plant Telepho		(352) 369-4881
Plant Address:	2338 N.E. 55th Place	1 150 1 1881	City: Ocala	State: FL	Zip Code: 34479
Type of Water Treate		rchased Finished Wa	iter	·	
	Day Operating Capacity of Plant, gallons per day: absection 62-699.310(4), F.A.C.):	65,000	Interd Class (subti	- (2 (00 210(4) F A	(2)
Licensed Operators	Name	License Class	Plant Class (per subsection License Number		v(s)/Shift(s) Worked
		· · · · · · · · · · · · · · · · · · ·			
Lead/Chief Operator:	William Landers	В	7327		3 Days per week
Other Operators:	Mark March	С	8287		3 Days per week
Transfer in the second			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
					
ellulation in the artist of the state of the		1 1 4 4 4 4 4 4	<u> </u>	<u> </u>	
II. Certification by Lea	d Chief Operator				
		-h:-6		donatified in Donat Lo	Edhia namant I namtify that the
	r treatment plant operator licensed in Florida, am the lead/	-	-		*
_	this report is true and accurate to the best of my knowled	- •	_		=
	60 or other applicable standards referenced in subsection 6				
	ch day that a licensed operator staffed or visited this plant of				
rates; and (2) if applica	ble, appropriate treatment process performance records. F	uthermore, I agree	to provide these addition	al operations recor	ds to the PWS owner so the PWS
owner can retain them,	together with copies of this report, at a convenient location	n for at least ten ye	ars.		
-	• •	•		-	
	William Landers			B7327	
Signature and Date	Printed or Typed Name	;		License Number	

PWS Ic	lentificat	ion Number	:	3424029		Plant Name:	Chappell I	Iills						
III. Dai	lv Data (for the Mon	h/Year of:		February-04							····-		
			og Virus Inactiv	viation/Remo			Free C	Chlorin	e I	Chlorine I	Dioxide	11 (Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	۸٠		J		Cinornic I	roxide	ш,	ZOIR	comonica cinornic (cinoramaics)
			ıal Maintained i	n Distributio		<u> </u>			Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
Type of	DISTRICT TO SERVING	Clarit Nesiul	iai Maillailleu i	II DISTITUTE	CT Calculations,	a INCO	YEAR TO THE T					illollieu C	morme (Cinor	annies) Chlorine Dioxide
				BACLE TOTAL	C1 Calculations,	CT Calcu	Jemonsuale r	out-rog	VIIUS MACUV	auon, 11 Appi	UVI	Doca		
	Days Plant					C1 Calcu	12 - 1 - 1		1	Γ	0 1	Jose		
	Staffed				Lowest Residual	Disinfectant	Lowest CT Provided].			Lowest Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First		[[Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1.		24 hrs	9,000			_								
2	Х	24 hrs	10,000										1.4	
3		24 hrs	9,000											
4.	X	24 hrs	10,000										1.2	
5		24 hrs	9,000											_
6	Х	24 hrs	9,000										1.2	
29.2		24 hrs	10,000											
-8		24 hrs	9,000											
9	X	24 hrs	8,000										1.2	
.10		24 hrs	9,000					L						
11.	X	24 hrs	8,000	<u> </u>									1.2	
12		24 hrs	7,000					.						
∵13⊜	X	24 hrs	10,000					<u> </u>	<u> </u>	ļ			1.1	
14		24 hrs	9,000	<u> </u>			ļ	<u> </u>	<u> </u>		ļ			
15/		24 hrs	10,000		ļ			ļ	ļ					
16	X	24 hrs	8,000					<u> </u>	<u> </u>		<u> </u>		1.0	
17		24 hrs	9,000				 	<u> </u>	ļ	ļ	 			
18	X	24 hrs	9,000				ļ	ļ	 	ļ	 		1.1	
:19	 , _	24 hrs	9,000	ļ				ļ	 	ļ	 	 	10	
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21		24 hrs	11,000	 			 		 			 		
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23	Х	24 hrs	9,000				 		 	 	 	 	1.3	
24	- V	24 hrs	9,000	 	 	-	 	 	 	ļ	 	 	1.5	
25	X	24 hrs	10,000	 			 	 	-	 	ļ . 	}	1.5	
26	x	24 hrs	9,000 10,000		 		 	 	 	 	 	 	1.0	
28	├^-	24 hrs	9,000	 	 	 	 	-	 	 	 	-	1.0	
29	-	24 hrs	10,000	 		 	 	-	 	 	 	 		
30		24 hrs 24 hrs	10,000		 		 	 	 	 	 			
31	 	24 hrs		 		-	 	-	 	 	 	+	 	
	1 Secondos	24 1115	268,000	 -	1	L	J	l	1	J		L		1
			9,241	1										
Trimag	4 (200 C # 35) ***.	4 14 14 14 14	7,471	J										

Maximum 11,000

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



I. General Information f	or the Month Year of: March-04				
A. Public Water System	(PWS) Information				
PWS Name:	Chappell Hills		PWS Identifi	cation Number:	3424029
	X Community Non-Transient Non-Comm	nunity	Transient Non-Commu	nity (Consecutive
	nections at End of Month: 40		Total Population Served a	nt End of Month:	140
	AquaSource Utility, Inc.				
	Michael Fitzgerald	·	Contact Person's Title:	Area Manager - Florid	
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph			Contact Person Person's F	ax Number:	(352) 732-3213
Contact Person's E-Mai					
B. Water Treatment Pla	nt Information				
	Chappell Hills		Plant Telephe		(352) 369-4881
	2338 N.E. 55th Street		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		chased Finished Wa	ter		
	7 1 0 1 7 70 <u>-1 - 7 - </u>	65,000			
	section 62-699.310(4), F.A.C.):		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number)/Shift(s) Worked
Lead/Chief Operator:	Mark March	<u>C</u>	8287	3 1	Days per week
Other Operators:					
				ļ	
			 	ļ	
				<u> </u>	
			1		
II. Certification by Lead	Chief Operator				
		1:-6		dandified in Dort Lofe	this report. I soutify that the
	treatment plant operator licensed in Florida, am the lead/o				
	this report is true and accurate to the best of my knowleds				
	0 or other applicable standards referenced in subsection 6				
	n day that a licensed operator staffed or visited this plant of	_	, ,		
rates; and (2) if applicab	le, appropriate treatment process performance records. Fe	uthermore, I agree	to provide these addition	nal operations records	to the PWS owner so the PWS
owner can retain them, t	ogether with copies of this report, at a convenient location	for at least ten ye	ars.		
•	• •	•			
	Mark March			C8287	
Signature and Date	Printed or Typed Name	•		License Number	

PWS Id	lentifica	tion Number	rī.	3424029		Plant Name:	Chappell I	Hills						
III. Dai	ly Data	for the Mont	h/Year of:		March-04				· ···			•	· · · · · · · · · · · · · · · · · · ·	
			og Virus Inactiv	viation/Rem			Free (Chlorin	e \Box	Chlorine I	Diovide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	»)·	Ш		٠ ــا	Omornie I	PIONIGO	Ш,		combined emornic (emoramines)
			ıal Maintained i	n Dietributio		-)-			Free Chl	orina	Co	mbined C	hlorine (Chlor	Chair Divid
Type of	Dismic	Ctant Reside	iai Maintaineu i	ii Distributio	CT Calculations	a-myn-salas	rice Table 1	Salaran yerdir.				momed C	morine (Cnior	ramines) Chlorine Dioxide
				ত , e টাই ভিড কী	C1 Calculations	CT Calcu		out-Tos	virus inacuv	auon, 11 Appi	UV I	D		
	Days				1	CI Carci	155 35 4				UVI	Dose .		[발표하는 학교를 통해 기계를 보다
	Plant			ĺ			Lowest CT				1		Lowest	
	Staffed or			1	Lowest Residual	Disinfectant	Provided		1 1 1		1		Residual	
	Visited			1	Disinfectant Concentration	Contact Time (T) at C	Before or at First				1	100	Disinfectant	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Lowest Operating	Minimum UV Dose	Concentration	
Day of	Operator	Hours	of Finished	1	First Customer	Point During	During	of	pH of Water,	CT	UV Dose,	Required,	at Remote Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	1-	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	`"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
17	X	24 hrs	8,000				1	1	1				0.9	The second secon
2 💸		24 hrs	9,000					İ						
:3 :	X	24 hrs	9,000								T	1	1.6	
4		24 hrs	9,000											
5 💸	X	24 hrs	14,000								-		1.7	
6		24 hrs	13,000											
7		24 hrs	14,000											
- 8	X	24 hrs	8,000					<u> </u>				I	1.8	
- :9		24 hrs	7,000				<u> </u>	<u> </u>						
10	X	24 hrs	10,000						<u> </u>			1	0.9	
11/2		24 hrs	11,000				ļ			<u> </u>				
12	X	24 hrs	10,000	ļ			ļ	<u> </u>	ļ	<u> </u>		ļ	1.2	
13		24 hrs	10,000				_	ļ	ļ					
14		24 hrs	11,000		ļ			ļ	ļ					
15	X	24 hrs	9,500			.	 		<u> </u>			<u> </u>	1.3	
16	77	24 hrs	9,500					<u> </u>	<u> </u>					
17	Х	24 hrs	8,000				1	 	 	ļ		<u> </u>	1.4	
18	X	24 hrs	8,000				ļ	 	ļ				1.	
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21		24 nrs 24 hrs	9,600		 		1	 	 			 		
22	Х	24 hrs	9,000				ļ	 	 		 	 	1.4	
23+	X	24 hrs	10,000		 		+	-			-		1.4	
24	X	24 hrs	9,000		 · · · ·		-	 					1.2	· ···-
25		24 hrs	9,000	l	<u> </u>		 	†	 	-	 	1	1.2	
26	X	24 hrs	8,000	 	!		 	 	 			├	0.9	
27	$\frac{x}{x}$	24 hrs	13,000				†	 	 	l	 	<u> </u>	1	
28		24 hrs	13,000	<u> </u>			†	<u> </u>	1	<u> </u>				1
29	х	24 hrs	10,500			1	1		1				1.5	
30		24 hrs	10,500						1				 	
31.	Х	24 hrs	14,000		1			1	1	1	1		0.4	
Total		SEX SEX	312,900			***************************************		1				·	<u> </u>	
Average		A SACRETARY	10,094	1										

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



I. General Information f	or the Month Year of:	April-04						
A. Public Water System					· · · · · · · · · · · · · · · · · · ·	 		
	Chappell Hills	 	·		PWS Identifi	cation Number:	3424029	
		Non-Transient Non-Com	munity	Transient	Non-Commu		Consecutive	
	nections at End of Month:	40	<u> </u>			t End of Month:	140	
PWS Owner:	AquaSource Utility, Inc.		****	·····			The state of the s	
Contact Person:	Michael Fitzgerald			Contact Per	rson's Title:	Area Manager - F	lorida	
Contact Person's Mailin	g Address: 1343 NE 17th Road			City:	Ocala	State: FL	Zip Code:	34470
Contact Person's Teleph	ione Number: (352) 369-	4881		Contact Per	rson Person's F	ax Number:	(352) 732-3	3213
Contact Person's E-Mai	l Address: <u>mvfitzgera</u>	ald@aquaamerica.com						
B. Water Treatment Plan	nt Information							
Plant Name:	Chappell Hills				Plant Telepho	one Number:	(352) 369-4	4881
Plant Address:	2338 N.E. 55th Street			City:	Ocala	State: FL	Zip Code:	34479
Type of Water Treated	by Plant: X Raw Ground W	Vater 🔲 Pu	rchased Finished Wa	ter				
Permitted Maximum D	ay Operating Capacity of Plant, gallo	ns per day:	65,000					
	section 62-699.310(4), F.A.C.):	. ***				on 62-699.310(4), F		
Licensed Operators	Name		License Class	Licens	e Number	D	oay(s)/Shift(s) Wor	rked
Lead/Chief Operator:	Mark March	1	С	8	3287		3 Days per weel	(
Other Operators:								
					18. 1			
				ļ				
			<u> </u>			<u> </u>		
11 C .'C .'	FCI: 60							
II. Certification by Lead	·							
	treatment plant operator licensed							
information provided in	this report is true and accurate to	the best of my knowled	lge. I certify that al	l drinking v	vater treatme	nt chemicals used	at thisplant conf	form to NSF
International Standard 6	0 or other applicable standards ref	erenced in subsection 6	52-555.320(3), F.A.	C. I also co	ertify that the	following addition	onal operations re	ecords for this
	n day that a licensed operator staff							
	le, appropriate treatment process j							
	ogether with copies of this report,					• F		
owner can retain them, t	ogenier with copies of this report,	at a convenient location	n ioi at icast ten ye	ais.				
		Mark March				C8287		
Signature and Date		Printed or Typed Name	e	······································		License Number		

PWS Id	dentification Number: 3424029 Plant Name: Chappell Hills													
III. Dai	II. Daily Data for the Month Year of: April-04													
			og Virus Inactiv	viation/Remo			Free C	Chlorin	е	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								` '
			ıal Maintained i	n Distributio		· / ·		Г	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
73 PC 0	Dismic	Letter and	iai iviaintainea i	li Distribute	CT Calculations	or IIV Dose to I)emonstrate F	our-Log				7	Maria (Cilia)	
	Days	が表する。 と			The same same same same same same same sam	CT Calcu		our Dog	VII GO LIGOGIA		UVI			
	Plant						Lowest CT						Lowest	
	Staffed			1	Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
3.5	Visited			1	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by	1	Net Quanity	2 .	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2011	X	24 hrs	11,000	тако, бри	1.00,1.00		Ing IIIIV2		Търгасоте	ing innec	300101111	300.0112	0.5	Water System Components out of Operation
- 2	X	24 hrs	12,000					1		<u> </u>			1	
(3)		24 hrs	12,000	1				<u> </u>	1	İ				
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- 6 ∞		24 hrs	12,000											
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8 · · · · · ·		24 hrs	9,000					<u> </u>				<u> </u>		
* >9	X	24 hrs	12,600	<u> </u>				<u> </u>	<u> </u>			ļ	1.4	
10'		24 hrs	12,600					 	 		ļ	<u> </u>		
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16	x	24 hrs	14,000	 			 	 	 				1.4	
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22		24 hrs	10,500				ļ	<u> </u>	ļ	!	<u> </u>		 	
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31	<u> </u>	24 hrs	,				1			1				
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Averag	e. 🐃 .	Triggleber Site Site of District Court Co	11,390]										

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions

1. General Information for the Month/Year of:

May-04

A. Public Water System (PWS) Information

A. Public water Syster	n (PWS) information						
PWS Name:	Chappell Hills				lentification Num		
PWS Type:		Non-Transient Non-Comr	nunity 🔲	Transient Non-Co		Consecutiv	e
	nnections at End of Month:	40		Total Population Se	rved at End of M	onth: 140	
PWS Owner:	AquaSource Utility, Inc.						
Contact Person:	Michael Fitzgerald			Contact Person's Tit		ager - Florida	
Contact Person's Maili				City: Ocala	State:		de: 34470
Contact Person's Telep				Contact Person Pers	on's Fax Number	r: (352) 7:	32-3213
Contact Person's E-Ma		ld@aquaamerica.com					
B. Water Treatment Pl	ant Information						. = 4777 1
Plant Name:	Chappell Hills				elephone Numbe		69-4881
Plant Address:	2338 N.E. 55th Street			City: Ocala	State:	FL Zip Coo	de: 34479
Type of Water Treated			rchased Finished Wa	ater			
	Day Operating Capacity of Plant, gallor	ns per day:	65,000	<u></u>			
	ubsection 62-699.310(4), F.A.C.):			Plant Class (per sub			
Licensed Operators	Name		License Class	License Number	े	Day(s)/Shift(s)	
Lead/Chief Operator:	Mark March		С	8287		3 Days per v	veek
Other Operators:							
	<u></u>						
		_					
人名英格兰斯斯 斯斯	201 20						
	Ř a						
	2 2 2						
	Å.						
				<u> </u>		•	
II. Certification by Lea	ld/Chief Operator			<u>, </u>			
I the undersigned water	er treatment plant operator licensed i	n Florida, am the lead/	chief operator of the	he water treatment t	lant identified	in Part I of this repor	rt. I certify that the
	n this report is true and accurate to the						
	60 or other applicable standards refe						
	ch day that a licensed operator staffe						
	ble, appropriate treatment process p				ditional operation	ons records to the PV	WS owner so the PWS
owner can retain them,	together with copies of this report, a	at a convenient location	n for at least ten ye	ears.			
		Mark March			C8287		
Signature and Date		Printed or Typed Name	e		License N	lumber	

Page 1

PWS Ic	lentifica	tion Number	r:	3424029		Plant Name:	Chappell I	Iills						
III. Dai	ly Data	for the Mon	th/Year of:		May-04									
			og Virus Inactiv				Free (Chlorin	e 🗌	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):			لي					,
Type of	Disinfe	ctant Residu	ual Maintained is	n Distributio	on System:				Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
75130					CT Calculations	, or UV Dose, to l	Demonstrate F	our-Log	Virus Inactiv	ation, if Appl		Out Web.	Salatin Oc.	
* * * * * * * * * * * * * * * * * * *	Days					CT Calcu	llations				UV	Dose		
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided		1				Residual	
	or				Disinfectant	Contact Time	Before or		į				Disinfectant	
	Visited		N-4 Oit-		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of Water,	Minimum CT	Operating UV Dose,	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow.	Water,	1*	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
22. 4 5.		24 hrs	10,000											
. 2 -		24 hrs	10,000											
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ે13 ∙		24 hrs	8,500	1				<u> </u>	<u> </u>		1			
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16		24 hrs	12,000					<u> </u>			ļ			
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19	X	24 hrs	7,000	1	<u> </u>	 	 	-	 	 	 	+	1.3	1
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.22		24 hrs	12,000		 		 	 	 	 	 	 	· · · · · ·	
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∴30		24 hrs	18,000			ļ	ļ .	ļ		ļ	1	ļ		
31	<u> </u>	24 hrs	14,000	<u> </u>		1	<u> </u>	1	1	1	<u> </u>	<u></u>	1	1
Total	with the S	and the state of	344,000	1										

11,097 18,000

Average

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information for the Month/Year of:	June-04				
A. Public Water System (PWS) Information					
PWS Name: Chappell Hills				ntification Number:	3424029
	Non-Transient Non-Com	munity	Transient Non-Com		Consecutive
Number of Service Connections at End of Month:	40		Total Population Serv	ed at End of Month:	140
PWS Owner: AquaSource Utility, Inc.					
Contact Person: Michael Fitzgerald			Contact Person's Title		
Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4			Contact Person Person	n's Fax Number:	(352) 732-3213
	ld@aquaamerica.com				
B. Water Treatment Plant Information					(2-2) 2 (2 (22)
Plant Name: Chappell Hills				ephone Number:	(352) 369-4881
Plant Address: 2338 N.E. 55th Street			City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated by Plant: X Raw Ground W		rchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallon Plant Category (per subsection 62-699.310(4), F.A.C.):	is per day:	65,000	Plant Class (per subse	ection 62-699.310(4), F.A	4 C):
		License Class	License Number		y(s)/Shift(s):Worked
Lead/Chief Operator: Mark March		C	8287		3 Days per week
Other Operators:			0207	-	5 Days per week
Onici Opciators.					
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed i	n Florida, am the lead	chief operator of th	e water treatment pla	ant identified in Part I	of this report. I certify that the
information provided in this report is true and accurate to the	he best of my knowled	lge. I certify that al	l drinking water treat	ment chemicals used a	at thisplant conform to NSF
International Standard 60 or other applicable standards refer	erenced in subsection 6	52-555.320(3), F.A.	C. I also certify that	the following addition	nal operations records for this
plant were prepared each day that a licensed operator staffe	ed or visited this plant	during the month in	ndicated above: (1) re	ecords of amounts of c	hemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process p	orformance records. F	Suthermore I serve	to provide these add	itional operations reco	rds to the PWS owner so the PW
				itional operations reco	ids to the I was owner so the I wa
owner can retain them, together with copies of this report,	at a convenient locatio	on for at least ten ye	a15.		
	Mark March			C8287	
Signature and Date	Printed or Typed Nam	е		License Number	
orginature and Date	Timed of Typod (valid				

Page 1

PWS Id	lentificat	tion Number	T:	3424029		Plant Name:	Chappell I	Hills						
III. Dai	ly Data I	for the Mont	th Year of:		June-04		·-····							
			og Virus Inactiv	viation/Remo	oval: *		Free (Chlorin	e 🗍	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):						_		
			ual Maintained i	n Distributio		<u>, </u>			Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
VALUE	Distinc	Count reside		A STATE OF	CT Calculations	or ITV Dose to I	Demonstrate F	our-Loo					\$ 1.90 kg 45 f 1.3	A PARTIE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE L'ANDRE DE
	Vi same					CT Calcu		Our Log	, v Hub Anabar v	шоп, т. т.рр.	UVI			
	Days Plant	1					Lowest CT			Γ			Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	1					Residual	
	or				Disinfectant	Contact Time	Before or	1	1				Disinfectant	
	Visited				Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
1.44	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Free Company
Day of	Operator	Hours	of Finished	11.5	First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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, 25 €	X	24 hrs	10,000						ł				1.3	
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Averag	B∿ SSP.		9,733	1										

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



1. General Information f	or the Month/Year of:	July-04									
A. Public Water System	(PWS) Information										
	Chappell Hills				PWS Identific	cation Number:	3424029				
	X Community	Non-Transient Non-Com	munity 🔲		Non-Commun		Consecutive				
	nections at End of Month:	40		Total Popula	ation Served a	t End of Month	n: 140				
	Aqua Utilities Florida										
	Michael Fitzgerald			Contact Per	son's Title:	Area Manager					
Contact Person's Mailin					Ocala	State: F	L Zip Code:	34470			
Contact Person's Teleph				Contact Per	son Person's F	ax Number:	(352) 732-3	3213			
Contact Person's E-Mai		ald@aquaamerica.com	45-5-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1								
B. Water Treatment Plan	nt Information										
Plant Name:	Chappell Hills				Plant Telepho	one Number:	(352) 369-4	1881			
Plant Address:	2338 N.E. 55th Street		-	City:	Ocala	State: F	L Zip Code:	34479			
Type of Water Treated			rchased Finished Wa	ater							
	ay Operating Capacity of Plant, galle	ons per day:	65,000								
	section 62-699.310(4), F.A.C.):					n 62-699.310(4					
Licensed Operators	Name		License Class	License	e Number		Day(s)/Shift(s) Wor	ked			
Lead/Chief Operator:	Mark Marc	h	C	8	287		3 Days per weel	(
Other Operators:					· · · · · · · · · · · · · · · · · · ·						
				†			<u> </u>				
							· · · · · · · · · · · · · · · · · · ·				
	LCL: CO										
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I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.											
		Mark March				C8287					
Signature and Date		Printed or Typed Name	e		-	License Numl	ber	- AM ***			

PWS Id	entificat	tion Number	r:	3424029		Plant Name:	Chappell I	lills						
III. Dai	ly Data	for the Mont	th/Year of		July-04									
			og Virus Inactiv	viation/Remo			Free (Chlorin		Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	A·		J	لـا `	Cinornic L	PIONIGE	Ц,	20110	conomica emornic (emoranimes)
			ıal Maintained i	n Distributio		·/-		7	Free Chl	orina		mbinad C	hlorine (Chlor	amines) Chlorine Dioxide
7 3	To Year			n Distributio	 	or IIV Dose to I	Jemonetrate F	our Log				momeu C	morme (Cinor	The state of the s
	Days				Or Caronations,	CT Calcu		Out-LOE	VIIUS MIGALIVA	anou, ii Appi	UVI	Toce		
	Plant						Lowest CT				011	1	Laurent	
	Staffed			·	Lowest Residual	Disinfectant	Provided			• •			Lowest Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited		Take to the		Concentration	(T) at C	at First		1		Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator		of Finished		First Customer	Point During	During		pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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19	X	24 hrs	8,000										1.2	
20		24 hrs	8,000											
-21	X	24 hrs	9,000			·							1.1	
22		24 hrs	9,000							ļ				
23	X	24 hrs	8,300					ļ					1.1	
24		24 hrs	8,300					ļ						
.25		24 hrs	8,400	ļ <u>.</u>										
26	X	24 hrs	15,000							ļ		ļ	1.2	1
727	X	24 hrs	6,000										1.3	
-28	X	24 hrs	8,000	<u> </u>				 		ļ	ļ	-	1.6	
29 30	X	24 hrs	8,000 8,600	<u> </u>				 	ļ	 	-		1.4	
*31		24 hrs	8,600			<u>-</u>		 	 	-	 		1.4	
Total	374.5 FC	24 hrs	290,200		<u> </u>		1	1	I .	i	<u> </u>	i	l	
1 / 1/1 /			9,361	1										

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



I. General Information f	or the Month/Year of:	August-04							
A. Public Water System	(PWS) Information								
PWS Name:	Chappell Hills				PWS Identific	cation Number	т: 3424029		
PWS Type:	X Community	Non-Transient Non-Com	munity 🔲	Transient Non-Community Consecutive					
Number of Service Con	nections at End of Month:	40		Total Popul	ation Served a	t End of Mont	th: 140		
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Michael Fitzgerald			Contact Per	son's Title:	Area Manage	er - Florida		
Contact Person's Mailin				City:	Ocala		FL Zip Code:		
Contact Person's Teleph	none Number: (352)	369-4881		Contact Per	rson Person's F	ax Number:	(352) 732-	-3213	
Contact Person's E-Mai	l Address: <u>mvfit</u>	zgerald@aquaamerica.com							
B. Water Treatment Plan	nt Information								
Plant Name:	Chappell Hills				Plant Telepho	one Number:	(352) 369-		
Plant Address:	2338 N.E. 55th Street			City:	Ocala		FL Zip Code:	34479	
Type of Water Treated	by Plant: X Raw Grou	ınd Water Pu	rchased Finished Wa	ater					
Permitted Maximum D	ay Operating Capacity of Plant,	gallons per day:	65,000						
Plant Category (per sub	osection 62-699.310(4), F.A.C.):	V		Plant Class	(per subsectio	n 62-699.310((4), F.A.C.) D		
Licensed Operators	Nar	ne	License Class	Licens	e Number		Day(s)/Shift(s) Wo	orked	
Lead/Chief Operator:	Mark M	/larch	С	8	3287		3 Days per wee	k	
Other Operators:									
				T					
				1					
		·							
是一个人的人			-						
II. Certification by Lead	Chief Operator							<u>.</u>	
I, the undersigned water	treatment plant operator licer	sed in Florida, am the lead/	chief operator of the	he water trea	atment plant i	dentified in I	Part I of this report.	I certify that the	
	this report is true and accurat								
	0 or other applicable standard								
	day that a licensed operator								
	le, appropriate treatment prod				these addition	al operations	s records to the PWS	owner so the PWS	
owner can retain them, to	ogether with copies of this re	port, at a convenient location	n for at least ten ye	ears.					
		Mark March			-	C8287			
Signature and Date		Printed or Typed Name	e			License Num	nber		

PWS Id	entificat	ion Number	r:	3424029		Plant Name:	Chappell I	Iills						
III. Daily Data for the Month Year of: August-04														
			og Virus Inactiv	viation/Rem			Free (Chlorin		Chlorine I)iovido		Dzone	Combined Chloring (Chloronia)
		et Radiation			Other (Describe	a).		-11101111		Chiorine 1	Moxide	L,	Dzone	Combined Chlorine (Chloramines)
			ual Maintained i	n Dietributie		~ <i>)</i> .			Free Chl			1: 10		·
7 ypc 07	Distille	CLAIR RESIDE	iai iviailitailieu i	ii Distributio		, or UV Dose, to I	Silvinia a r	Table Visit				mbinea C	hlorine (Chlor	amines) Chlorine Dioxide
	D					CT Calcu	Jemonsuate r	our-rog	VIIUS MACUV	auon, 11 Appi	UVI	lore		[2] : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :
	Days Plant		\$ - 5 - 4			C1 Calcu	Lowest CT	Γ			0 4 1	JUSC		
	Staffed				Lowest Residual	Disinfectant	Provided	l					Lowest Residual	
	or		*		Disinfectant	Contact Time	Before or	Ì					Disinfectant	
	Visited	į į			Concentration	(T) at C	at First	l			Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation 24 hrs	Produced, gal 8,700	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	Х	24 nrs 24 hrs	7,500			ļ					ļ			
3	- <u>^</u>	24 hrs	7,500								<u> </u>		1.4	
4	X	24 hrs	8,500		<u> </u>		<u> </u>						1.4	
ີ 5∈		24 hrs	8,500										1.4	<u> </u>
6	Х	24 hrs	9,300	-						-			1.3	
70		24 hrs	9,300				 			 			1.3	
- 8	Х	24 hrs	9,400						·					
9	Х	24 hrs	9,000					 		-			1.4	
10	Х	24 hrs	9,000											
11	Х	24 hrs	8,000										1	
212		24 hrs	8,000											
. 13 📆	X	24 hrs	10,000										1.2	
14		24 hrs	10,000					L						
.15	37	24 hrs	10,000				ļ		<u> </u>		-			
::16 - :17	X	24 hrs	7,000	ļ				-	ļ				1.3	
18	Х	24 hrs	8,000 10,000	 				 		 			1.2	
19		24 hrs 24 hrs	10,000	<u> </u>			<u> </u>	 		!			1.3	
20	Х	24 hrs	7,600				 	1		 		<u> </u>	1.3	
21		24 hrs	7,700	 		 			<u> </u>	ļ			1.3	
22:		24 hrs	7,700	<u> </u>				1	 	L	···		-	
23	X	24 hrs	7,000					1		 			1.2	
:24		24 hrs	7,000											
25	Х	24 hrs	8,000					1					1.2	
26		24 hrs	8,000					1						
27	Х	24 hrs	9,000										1.2	
28 ∞		24 hrs	9,000											
29		24 hrs	9,000							<u></u>				
30 ∵	X	24 hrs	10,000	_			ļ	ļ			 		1.3	
31	er alle Arte - mil	24 hrs	11,000				L	l		<u> </u>	L	l		
Total			268,700	4										
Average	a the same		8,668	1										

8,668 11,000

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



I. General Information	for the Month/Year of:	September-04									
A. Public Water System	(PWS) Information										
PWS Name:	Chappell Hills			PWS Identif	ication Number:	3424029					
PWS Type:		n-Transient Non-Comi	munity	Transient Non-Commu	nity 🔲	Consecutive					
		10		Total Population Served at End of Month: 140							
PWS Owner:	Aqua Utilities Florida										
Contact Person:	Michael Fitzgerald			Contact Person's Title:	Area Manager - Flor	rida					
Contact Person's Mailir				City: Ocala	State: FL	Zip Code: 34470					
Contact Person's Telep				Contact Person Person's	Fax Number:	(352) 732-3213					
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com											
B. Water Treatment Pla											
Plant Name:	Chappell Hills				one Number:	(352) 369-4881					
Plant Address:	2338 N.E. 55th Street			City: Ocala	State: FL	Zip Code: 34479					
Type of Water Treated			rchased Finished Wa	ater							
	Day Operating Capacity of Plant, gallons	per day:	65,000								
	bsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection							
Licensed Operators			License Class	License Number	/(s)/Shift(s) Worked						
F-Lead/Chief Operator:	Mark March		C	8287		3 Days per week					
Other Operators:											
			**								
					<u> </u>						
II. Certification by Lead	/Chief Operator	-									
			11.6								
	treatment plant operator licensed in	-	•	-							
-	this report is true and accurate to the	-	- •	•		-					
International Standard 6	0 or other applicable standards refere	enced in subsection 6	62-555.320(3), F.A.	.C. I also certify that the	following additiona	al operations records for this					
plant were prepared each	h day that a licensed operator staffed	or visited this plant of	during the month in	ndicated above: (1) recor	rds of amounts of ch	emicals used and chemical feed					
rates; and (2) if applicab	le, appropriate treatment process per	formance records. F	uthermore, I agree	to provide these additio	nal operations record	ds to the PWS owner so the PWS					
owner can retain them, t	ogether with copies of this report, at	a convenient location	n for at least ten ye	ears.	•						
•			,								
		Mark March			C8287						
Signature and Date		Printed or Typed Name	e		License Number						

PWS Id	lentificat	ion Number		3424029		Plant Name:	Chappell I	Hills								
III. Dai	ly Data t	or the Mont	:h/Year of:		September-04									 		
			og Virus Inactiv	viation/Remo	oval: *		Free (Chlorin	e 📗	Chlorine I	Dioxide		Dzone	Combined Chlo	orine (Chlora	amines)
		et Radiation			Other (Describe	e):			_				_			
Type of	Disinfe	ctant Residu	ıal Maintained i	n Distributio	n System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlo	rine Dioxide
278/12				NYY (1XC)	CT Calculations	, or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiv	ation, if Appl						
	Days			心的医纤维的		CT Calcu		d B		59. 4 · \$ # s	UVI	Oose				
	Plant	, i					Lowest CT						Lowest			
	Staffed				Lowest Residual	Disinfectant	Provided						Residual			
	or				Disinfectant	Contact Time	Before or	1				+ 4	Disinfectant			
	Visited	-	. 1		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	İ		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote			
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	1 -	•	ating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	.1	Required,	mW-	mW	Distribution			at Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L 1.6	minutes	mg-min/L	l c	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L 1.3	water System	Components	Out of Operation
1 2	X	24 hrs	6,000		1.0		1	1	 				1.3			
	Х	24 hrs 24 hrs	7,000 7,000		0.7		1	-	ļ				0.4			
:3 :4	^	24 hrs	7,000		0.7		1	1					0.4			
- 5		24 hrs	7,000				 	 	 							
6	X	24 hrs	6,000	 	0			 	 			<u> </u>	0			-·
7	X	24 hrs	11,000		1.2		 	 -	 				1.1	 		
-8	$\frac{\hat{x}}{x}$	24 hrs	18,000	 	1.8		 	1	 	·	 	<u> </u>	1.4	1		
9	$\frac{\hat{x}}{x}$	24 hrs	10,000		1.7		 	1	<u> </u>		 	 	1.6			
10	X	24 hrs	5,000	ļ	1.6		 	 	 				1.6	-		
113		24 hrs	5,000	 	1.0			 	1							
12		24 hrs	5,000	 			1	 						1		
13	Х	24 hrs	7,000		1.8			<u> </u>				<u> </u>	1.6			
14		24 hrs	7,000					<u> </u>	T	·						
15:	X	24 hrs	7,000		1.6		† · · · · · · · · · · · · · · · · · · ·	1	†				1.3			
16		24 hrs	7,000	 			i	1				1				
17	Х	24 hrs	8,000	 	1.8			1					1.1			
18		24 hrs	8,000	1				1			1					
19		24 hrs	8,000													
20	х	24 hrs	7,500	1	1								0.6			
21		24 hrs	7,500													
22	Х	24 hrs	7,000		1.6								1.4			
- 23		24 hrs	7,000													
24	Х	24 hrs	7,600		2	·		<u> </u>			ļ		1.4			
25		24 hrs	7,600					<u> </u>	<u> </u>	<u> </u>						
26		24 hrs	7,600					<u> </u>		<u> </u>		<u> </u>				
27	X	24 hrs	4,000		1.6	L	ļ	<u> </u>	1		ļ	.	1.4	ļ		
.28.	Х	24 hrs	8,000		1.8			1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1.6	<u> </u>		
- 29		24 hrs	8,000						1	ļ. <u>.</u>	<u> </u>	ļ.				
₹ 30 ⊹	X	24 hrs	7,000	1	2.2	1		!		<u> </u>	<u> </u>		1.5	 		
31	<u> </u>	24 hrs		<u> </u>		1	<u>L</u>	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>			
Total :			224,800]												
Average			7,493	1												

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



I. General Information	for the Month/Year of: October-04				
A. Public Water System	n (PWS) Information				
PWS Name:	Chappell Hills	· · · · · · · · · · · · · · · · · · ·	PWS Identifie	cation Number:	3424029
PWS Type:	Community Non-Transient Non-Com	munity	Transient Non-Commun		Consecutive
Number of Service Cor	nnections at End of Month: 40		Total Population Served a	t End of Month:	140
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep			Contact Person Person's F	ax Number:	(352) 732-3213
Contact Person's E-Ma	il Address: <u>mvfitzgerald@aquaamerica.com</u>				
B. Water Treatment Pla	ant Information				
Plant Name:	Chappell Hills		Plant Telepho		(352) 369-4881
Plant Address:	2338 N.E. 55th Street		City: Ocala	State: FL_	Zip Code: 34479
Type of Water Treated		rchased Finished Wa	ter		
	Day Operating Capacity of Plant, gallons per day:	65,000			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Da	iy(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287		3 Days per week
Other Operators:	Barry Cohen	С	8253		3 Days per week
1.70					
				<u> </u>	
6 1	LOCAL CO.				
II. Certification by Lea	· · · · · · · · · · · · · · · · · ·				
I, the undersigned water	r treatment plant operator licensed in Florida, am the lead	chief operator of th	ne water treatment plant i	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 knowled	ge. I certify that al	I drinking water treatmen	nt chemicals used a	at thisplant conform to NSF
International Standard 6	60 or other applicable standards referenced in subsection (52-555.320(3), F.A.	C. I also certify that the	following addition	nal operations records for this
plant ware proposed one	th day that a licensed operator staffed or visited this plant	during the month is	ndicated above: (1) recor	ds of amounts of c	hemicals used and chemical feed
plant were prepared each	ble, appropriate treatment process performance records. F	Cutharmara Lagraa	to provide these addition	al operations reco	ards to the PWS owner so the PWS
				iai operacions reco	its to the 1 ws owner so the 1 wo
owner can retain them,	together with copies of this report, at a convenient locatio	n for at least ten ye	ars.		
				C0207	
	Mark March			C8287 License Number	
Signature and Date	Printed or Typed Nam	e		License Number	
DEP Form 62-555,900(3)Alternate		Page 1			

PWS Id	entificat	tion Number	r:	3424029		Plant Name:	Chappell I	Iills			······			
III. Daily Data for the Month Year of: October-04														
			og Virus Inactiv	viation/Reme	oval: *		Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):	_							
Type of	Disinfe	ctant Residu	ual Maintained i	n Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
75.7		等数数多数	: State of Colorado			, or UV Dose, to l	Demonstrate I	our Log	Virus Inactiv	ation, if Appl	icable*	1000		
13.33	Days					CT Calcu	lations				UVI	Oose		[일일 : [일본] 및 문학 [일일 :
	Plant	147 9 29					Lowest CT	1			·		Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or			i	Disinfectant	Contact Time	Before or	1			Ī		Disinfectant	
	Visited			ŀ	Concentration	(T) at C	at First	1_			Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator		of Finished	D. J. Pl	First Customer	Point During	During	1	pH of Water,	1	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	if Applicable	Required, mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
Month	"X") X	Operation 24 hrs	Produced, gal 8,000	Rate, gpd	Flow, mg/L	minutes	mg-mm/L		Аррисавіе	mg-mm/L	Sec/Cinz	Sec/Ciliz	1.6	water System Components Out of Operation
2.5		24 hrs	8,000					 	1	<u> </u>		 	1.0	
35		24 hrs	8,000	 	 		 	 	1			 		
4	Х	24 hrs	7,000	 	2		 	 	 			 	1.6	
54		24 hrs	7,000	 					 		1		1	
6.3	Х	24 hrs	8,000	 	1.8		 	1				 	1.4	
7.5		24 hrs	8,000	 	1.0				1		 	 		
18.5	х	24 hrs	7,000		0.8		<u> </u>	 	 			 	1.6	
95		24 hrs	7,000	-	0.0		<u> </u>	 			<u> </u>		1.0	
10		24 hrs	8,000	 	<u> </u>		 	1				1	-	
111	х	24 hrs	7,000	 	1.6	· · · · · · · · · · · · · · · · · · ·	1	1	 			i e	1.4	
12	X	24 hrs	6,000		1.8		<u> </u>	 			<u> </u>	†	1.6	
131	X	24 hrs	6,000		1.6						<u> </u>		1.6	
143		24 hrs	7,000				1						Ī	
155	Х	24 hrs	9,000		1.6				1				1.4	
16		24 hrs	9,000											
173		24 hrs	9,000									L		
18	Х	24 hrs	7,000		1.8								1.3	
19		24 hrs	8,000											
20	Х	24 hrs	8,000		1.6								1.4	
215		24 hrs	8,000					1			<u> </u>			
22	Х	24 hrs	8,000		1.8			<u> </u>					1.6	
23		24 hrs	8,000					<u> </u>	1			<u> </u>		
24		24 hrs	8,000								ļ			
25	X	24 hrs	10,000		1.6		<u> </u>		<u>.</u>	ļ	<u> </u>		1.4	
26		24 hrs	10,000	<u> </u>			!			ļ			ļ	
27:	X	24 hrs	8,000	<u> </u>	1.6	 		1			1		1.3	
28	 	24 hrs	8,000	ļ				 		ļ	ļ	 	 	
29; .	Х	24 hrs	7,600		1.8	ļ. <u> </u>	ļ	-		ļ	 	 	1.2	
30	1	24 hrs	7,600	_	ļ	<u> </u>	_	1	 	<u> </u>	 	 	 	
31₹-	1	24 hrs	7,700		<u> </u>	1	1	1	1	<u> </u>		J	1.	
		数数等 第300	242,900	4										
Averag		ELIV W	7,835	_										

10,000

Maximum

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



See page 4 for instructions

I. General Information f	or the Month/Year of: November-04				
A. Public Water System					
PWS Name:	Chappell Hills		PWS Identif	ication Number:	3424029
	X Community Non-Transient Non-Com	nmunity	Transient Non-Commu	nity 🔲	Consecutive
Number of Service Con	nections at End of Month: 40		Total Population Served	at End of Month:	140
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florie	da
Contact Person's Mailin	g Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph	none Number: (352) 732-6027		Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mai	l Address: <u>beheath@aquaamerica.com</u>				
B. Water Treatment Pla	nt Information				
Plant Name:	Chappell Hills		Plant Telepl	ione Number:	(352) 732-6027
Plant Address:	2338 N.E. 55th Street		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		urchased Finished Wa	ater		
	ay Operating Capacity of Plant, gallons per day:	65,000			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsecti		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	3	Days per week
Other Operators:	Barry Cohen	С	8253	3	Days per week
			<u> </u>		
	NO. 1. CO				
II. Certification by Lead					<u> </u>
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	/chief operator of tl	he water treatment plant	identified in Part I of	this report. I certify that the
	this report is true and accurate to the best of my knowled				
	0 or other applicable standards referenced in subsection				
nlant were prepared each	n day that a licensed operator staffed or visited this plant	during the month is	ndicated above: (1) reco	rds of amounts of che	emicals used and chemical feed
material (2) if amplicable	le, appropriate treatment process performance records.	Cuthormore I caree	to provide these additio	anal anarations record	s to the PWS owner so the PWS
				mai operations record	s to the I wa owner so the I wa
owner can retain them, t	ogether with copies of this report, at a convenient location	on for at least ten ye	ears.		
•	Mark March			C8287	
Signature and Date	Printed or Typed Nam	ne	 	License Number	
Signature and Date	Timed of Typed Nam	ic.		Divolite i tuition	

DEP Form 62-555.900(3)Alternate Page 1

PWS Io	dentificat	tion Number		3424029		Plant Name:	Chappell I	Iills						
III. Da	ly Data	for the Mont	th/Year of:		November-04					.				
			og Virus Inacti	viation/Rem			Free (Chlorin	e \square	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	÷).	ш		· LJ	Omormo E	Noxido	<u>'</u> ' `)ZOIIC	combined chromic (chrominics)
			ıal Maintained i	n Distributio		·)·			Free Chl	orine		mbined C	hlorine (Chlor	aminas) Chlorina Diovida
24.533	Distinct	Ctarr reside	iai iviaintaineu i	ii Distributio	CT Calculations	Salt No.	Name and the T	L Zama T an				mionica C	morme (Chior	amines) Chlorine Dioxide
					C1 Calculations	CT Calcu		our-ros	virus macuv	auon, u Appi	UV	Doca		
	Days Plant					CICARU	Lowest CT	Γ			UVI	I		
	Staffed				Lowest Residual	Disinfectant	Provided	1					Lowest Residual	
	or] '			Disinfectant	Contact Time	Before or	ł					Disinfectant	
1 1	Visited				Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
	by	1	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Takin
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
110	X	24 hrs	7,000		1.6								1.4	
∞2.9		24 hrs	8,000						<u> </u>					
, 13A	X	24 hrs	8,000		1.8					<u> </u>			1.3	
44	X	24 hrs	8,000		1.5								0.3	
(5%)	X	24 hrs	8,600		1.8			ļ	ļ			<u> </u>	1.4	
. 63	<u> </u>	24 hrs	8,600											
7	<u> </u>	24 hrs	8,700				.		ļ			ļ		
8	Х	24 hrs	8,500		1.8				<u> </u>				1.3	
9#	<u> </u>	24 hrs	8,500				ļ					<u> </u>		
10	X	24 hrs	7,000		1.6		ļ		ļ		ļ		1.4	
11	- 	24 hrs	7,000		1.4			<u> </u>	ļ	ļ		 		
12# / 13**	Х	24 hrs	9,000 9,000		1.4			!	ļ			 	1.2	
14		24 hrs 24 hrs	9,000			· · · · · · · · · · · · · · · · · · ·	-	 	.					
-15	Х	+	6,000		1.6		 	ļ				<u> </u>	1.4	
16	1-	24 hrs 24 hrs	7,000	-	1.0		-	 	 			1	1.4	
17	х	24 hrs	6,000	 	1.4		 	 	 			 	1.2	
18		24 hrs	7,000	 	1.4		 	ļ <u> </u>	 		 	<u> </u>	1.2	
19.	x	24 hrs	8,000		1.1	······································	†	 	 		 	 	1	
20	 	24 hrs	8,000		*		<u> </u>		 				· · ·	
21		24 hrs	9,000		1		†	 	<u>† </u>			<u> </u>		
22	Х	24 hrs	7,000		1.2		 		 			†	1	
23		24 hrs	8,000					1						
24	Х	24 hrs	7,000		1.4		1						1.1	
25		24 hrs	7,000				1	1						
26	Х	24 hrs	8,600		1.6								1.2	
27		24 hrs	8,600											
28;		24 hrs	8,700	I										
-29	Х	24 hrs	6,000		1.4								1.2	
30.		24 hrs	6,000											
:31		24 hrs												
Total;			232,800											
Average	e		7,760	1										

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



I. General Information f	For the Month/Year of: December-04	· · · · · · · · · · · · · · · · · · ·			
A. Public Water System			······		
	Chappell Hills		PWS Identifi	cation Number: 34	24029
	X Community Non-Transient Non-Com	munity	Transient Non-Commu		
Number of Service Con	nections at End of Month: 40		Total Population Served a		
PWS Owner:	Aqua Utilities Florida		·		
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailin			City: Ocala	State: FL Zi	Code: 34470
Contact Person's Teleph			Contact Person Person's F	ax Number: (35	52) 732-3213
Contact Person's E-Mai	I Address: beheath@aquaamerica.com				
B. Water Treatment Pla	nt Information				
Plant Name:	Chappell Hills		Plant Telepho	one Number: (35	52) 732-6027
Plant Address:	2338 N.E. 55th Street		City: Ocala	State: FL Zi	p Code: 34479
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wa	nter		
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	65,000			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		D
Licensed Operators	Name	License Class	License Number	Day(s)/Shi	ft(s) Worked
Lead/Chief Operator:	Mark March	C	8287	3 Days	per week
Other Operators:	Barry Cohen	С	8253	3 Days	per week
		· · · · · · · · · · · · · · · · · · ·			
			<u> </u>		
II. Certification by Leac	1/Chief Operator				
_	treatment plant operator licensed in Florida, am the lead/	=	-		
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that al	I drinking water treatmen	nt chemicals used at thispla	ant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	.C. I also certify that the	following additional opera	ations records for this
plant were prepared each	h day that a licensed operator staffed or visited this plant	during the month in	ndicated above: (1) recor	ds of amounts of chemical	s used and chemical feed
	le, appropriate treatment process performance records. F				
 	ogether with copies of this report, at a convenient location			•	
owner our rounn monn, o	ogenior with copies of and report, at a convenient recans.	ir for all found ton yo	· · ·		
	Mark March			C8287	
Signature and Date	Printed or Typed Name			License Number	

PWS	Identification Number: 3424029 Plant Name: Chappell Hills													
III. Da	ily Data (or the Mon	th Year of:		December-04	-								
			.og Virus Inacti	viation/Remo			Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):			- L.J	Omornio E	71071100	` لسا)20110 <u>[</u>]	comomes emorne (emoralmics)
			ual Maintained i	n Distributio		, <u> </u>			Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
7.33			SKEWSKE SKETCHE			or UV Dose, to I	Demonstrate I	our-Loo				Amorried C	mornic (Cilioi	annics) Chorne Dioxide
	Days					CT Calcu	lations			mon, it i ippi	UVI	1 1 1 1 1 1		
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	ог				Disinfectant	Contact Time	Before or						Disinfectant	
1	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	4 A A	Minimum	Operating	UV Dose	at Remote	
Day of		Hours	of Finished		First Customer	Point During	During	of	pH of Water,	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2011	X	24 hrs	7,000		1.6								1.4	
2		24 hrs	7,000											
31	<u> </u>	24 hrs	9,600		1.6								1.2	
4	हैं ं	24 hrs	9,600											
15	A	24 hrs	9,700											
6	X	24 hrs	11,000		1.4						·		1.2	
7	3 V	24 hrs	11,000											
81	X	24 hrs	8,000		1.5			<u> </u>					1.2	-
91 10	- V	24 hrs	8,000		1.5									
11	X	24 hrs 24 hrs	8,300		1.5							 	1.1	
12		24 hrs	8,300 8,300					ļ						
13	x	24 hrs	6,000		1.2									
14		24 hrs	6,000		1.2	· · · · · · · · · · · · · · · · · · ·		 					l	
15	X	24 hrs	7,000		1.6					· · · · · · · · · · · · · · · · · · ·			1.2	
16	1 1	24 hrs	7,000		1.0								1.2	
17	X	24 hrs	7,600		1.6							 	1.4	
18	*	24 hrs	7,600		1.0			-					1.4	
19	4	24 hrs	7,700					 			 			
20	х	24 hrs	7,000		1.6								12	
21	9	24 hrs	7,000					 					12	
22	X	24 hrs	6,000		1.8		——	 					1.4	
23	A	24 hrs	7,000				·						•••	
.24	Х	24 hrs	9,000		1.6								1.4	
_25		24 hrs	9,000					1						
26		24 hrs	8,000											
27	Х	24 hrs	7,000		2			1					1.5	
₹:28	3	24 hrs	8,000											
29	Х	24 hrs	7,000		1.8				,-				1.5	
∵30		24 hrs	7,000											
-31	X	24 hrs	8,600		1.7						L		1.4	
Total			245,300											
Averag	e 🧸 🔆	2000	7,913											

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



I. General Information	for the Month/Year of: January-05		· · · · · · · · · · · · · · · · · · ·		
A. Public Water System	n (PWS) Information				
PWS Name:	Chappell Hills		PWS Identif	ication Number:	3424029
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Commu	nity Cor	nsecutive
	nnections at End of Month: 40		Total Population Served	at End of Month:	140
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailin			City: Leesburg		Zip Code: 34749
Contact Person's Telep	······································		Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Ma					
B. Water Treatment Pla					
Plant Name:	Chappell Hills				(352) 787-0980
Plant Address:	2338 N.E. 55th Street		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		chased Finished Wa	iter		
		55,000	In Gi /	(2 (22 212(4) 2 4 2)	
	bsection 62-699.310(4), F.A.C.): V Name	T. OI		on 62-699.310(4), F.A.C.)	D
Licensed Operators		License Class	License Number		Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287	3 Da	ys per week
Other Operators:			ļ		
				 	
				·····	
				<u> </u>	
	<u> </u>		(.1	
II. Certification by Lead	d/Chief Operator				
	treatment plant operator licensed in Florida, am the lead/c	hiaf anaratar of th	o water treatment plant	identified in Dort I of thi	s report I certify that the
_	• •	=	-		-
	this report is true and accurate to the best of my knowledg				
	60 or other applicable standards referenced in subsection 62				
	h day that a licensed operator staffed or visited this plant d				
	ole, appropriate treatment process performance records. Fu	_	=	nal 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 ye	ars.		
				COOOT	
	Mark March			C8287	
Signature and Date	Printed or Typed Name			License Number	
DEP Form 62-555.900(3)Alternate		Page 1			

PWS Id	dentification Number: 3424029 Plant Name: Chappell Hills													
III. Dai	ly Data (for the Mon	th Year of:		January-05								······································	
			og Virus Inactiv				Free (Chlorin	e \square	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):	_							•
			ual Maintained i	n Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
1,7,50					CT Calculations	or UV Dose to I	Demonstrate T	our-Los						The second secon
14.50	Dave					CT Calcu					UVI	Dose		
	Days Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided				1 - 1		Residual	
1	or			* * * * * * * * * * * * * * * * * * * *	Disinfectant	Contact Time	Before or				24.5		Disinfectant	
	Visited	i			Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
1.	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	1000	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")_	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1.		24 hrs	8,600				<u> </u>	ļ						
2		24 hrs	8,600					<u> </u>				<u> </u>		
3.3	Х	24 hrs	8,500		1.6		ļ						1.2	
4		24 hrs	8,500				ļ	ļ	ļ		ļ			
ં 5	X	24 hrs	8,000		1			<u> </u>					0.8	
6		24 hrs	8,000				<u> </u>	ļ	ļ					
.7	X	24 h:s	8,000		1.4		ļ	 	ļ				1.2	
-8		24 hrs	8,000				<u> </u>		 		ļ		ļ	
9		24 h:s	9,000				<u></u>	-	 	 			1	
10	Х	24 h:s	8,000		1.6		 	-	 			-	1.4	
[] 11 (H	- 17	24 hrs	8,000		1.0		 	 	ļ		 	-	1.2	
12	X	24 hrs	8,000	<u> </u>	1.6		 	 			-	-	1.2	
13 14	Х	24 hrs 24 hrs	8,000 9,000	<u>.</u>	1.8		 	}	 	 		-	1.2	
15		24 hrs	9,000		1.0		<u> </u>	 	 	 				
16		24 h:s	9,000				 	1	1	-	-			
17	х	24 h.s	10,000		1.6		╂	1	 		 		1.4	
18	^-	24 hrs	11,000		1.0		 	 	 					
19	х	24 hrs	10,000		1.2			ļ i			 	 	1	
20	 '-	24 hrs	10,000	 				†		 		†		
. 21*		24 hrs	11,000		<u> </u>			1	İ					
22	х	24 hrs	13,000		1.6			1					1.4	
23		24 hrs	13,000		1	<u> </u>		1	1 "	1	Î .	T		
24.5	х	24 hrs	10,000		1.6	1							1.2	
.25		24 hrs	10,000								l			
26	х	24 hrs	10,000		1.8	1	T T						1.4	
:27:	1	24 hrs	10,000											
.28	Х	24 hrs	14,000		1.6								1.4	
29		24 hrs	14,000											
.30		24 hrs	14,000											
31%	X	24 hrs	10,000		1.8							<u> </u>	1.2	<u></u>
Total :		X Company of Company Company of Company	304,200											
Average	4.4		9,813											

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



DEP Form 62-555,900(3)Alternate

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

See page 4 for instructions

I. General Information for	or the Month/Year of:	February-05	-										
A. Public Water System	(PWS) Information												
PWS Name:	Chappell Hills		·	PWS Ider	tification Number:	3424029							
	X Community	Non-Transient Non-Comm	nunity	Transient Non-Comm	unity	Consecutive							
	ections at End of Month:	41		Total Population Serve	ed at End of Month:	144							
	Aqua Utilities Florida												
	Brian Heath			Contact Person's Title	Area Manager - Flo	orida							
Contact Person's Mailing				City: Leesburg	State: FL	Zip Code: 34749							
Contact Person's Telepho		2) 787-0980		Contact Person Person	's Fax Number:	(352) 787-6333							
Contact Person's E-Mail	Address: bet	eath@aquaamerica.com											
B. Water Treatment Plan	t Information												
	Chappell Hills			Plant Tele	phone Number:	(352) 787-0980							
	2338 N.E. 55th Street			City: Ocala	State: FL	Zip Code: 34479							
Type of Water Treated I			chased Finished Wat	er									
	y Operating Capacity of Plan		65,000										
	section 62-699.310(4), F.A.C.				ction 62-699.310(4), F.A								
Licensed Operators	Ν	ame	License Class	License Number	Da	ny(s)/Shift(s) Worked							
	Mark	March	C	8287		3 Days per week							
100 A 100 A													
				ļ									
				.H									
II. Certification by Lead	Chief Operator												
If, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF international Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner													
can retain them, together	n retain them, together with copies of this report, at a convenient location for at least ten years. Mark March C8287												
Signature and Date		Printed or Typed Name	<u> </u>		License Number	··········							
=		> F											

Page 1

PWS Id	lentificat	ion Number	**	3424029		Plant Name:	Chappell I	Tills							
III. Dai	ly Data f	or the Mont	h/Year of:		February-05	<u> </u>									
			og Virus Inactiv	iation/Remo	oval: *		Free (Chlorin	e 📗	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)	
		t Radiation			Other (Describe	e) :			_			-		,	
Type o	f Disinfe	ctant Residu	al Maintained in	n Distributio	n System:				Free Chl	orine	Co	mbined C	hlorine (Chlora	amines) Chlorine Dioxi	ide
3 S. E.		宝本森(秦族			CT Calculations	or UV Dose, to	Demonstrate I	our-Log				and general			
1.50	Days			新设备 参加。		CT Calcu					UV	Dose		[[경기 : 1] 경기 : 1] [[1]	
l	Plant			10.00			Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or]	Disinfectant		
	Visited				Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote		-
Day of the	Operator	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During	During		pH of Water,	1 .	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Condit	
Month	(Place	Operation	Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves T Water System Components Out of Operat	-
113	A)	24 hrs	10,000	Raic, gpd	riow, ingit	minues	Ingential	-	Applicable	mg-mm/c	SCC/CIIIZ	Secrenz	System, mg/L	water System Components Out of Opera	поп
21.	х	24 hrs	8,000		1.6		 	-					1.4		
^ 3 ·		24 hrs	8,000		1.0		 -	 	<u> </u>	 			1.1		
4 .	х	24 hrs	8,000		1.8			1				 	1.2		
5		24 hrs	8,000					i –							
-*∙6∜⊹		24 hrs	8,000												
7	Х	24 hrs	10,000		1.6								1.4		
. 8		24 hrs	10,000					<u> </u>							
'9-	X	24 hrs	4,000		1.6			<u> </u>				ļ	1.2		
10%		24 hrs	4,000				<u> </u>	ļ	1						
. 115	X	24 hrs	8,600		1.8		<u> </u>	<u> </u>				ļ	1.2		
12:	ļ	24 hrs	8,600	 			ļ		 	ļ		ļ			
13:	X	24 hrs	8,700 6,000		0.4		_	1	1	 	 	ļ	0.4		
15	- ^	24 hrs 24 hrs	7,000		0.4		 		 	 	 	-	0.4		
16	х	24 hrs	6,000	 	1.2		1	 	 	1	-	 	1		
17	 ^	24 hrs	6,000		1.2		 	 	 	}	 	 	1		
18	Х	24 hrs	8,300		1.4			 	 	 	 	†	1.2		
19	1-1-	24 hrs	8,300	†		İ		1	1	T		├	· · · · · · · · · · · · · · · · · · ·		
20		24 hrs	8,400				i i	†	1						
21.	Х	24 hrs	6,000		1.6				1				1.2		
. 22		24 hrs	6,000												
23.	Х	24 hrs	7,000		1.8							<u> </u>	1.2		
24		24 hrs	7,000								ļ	L			
∴25;	X	24 hrs	7,600		1.6				ļ	ļ <u>.</u>	ļ	 	1.4		
- 26	1	24 hrs	7,600				 		ļ	 	ļ	<u> </u>			
27	1	24 hrs	7,700		1		<u> </u>	ļ	 	-	ļ				
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IUIAI			200,000	4											

10,000

Maximum

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



See page 4 for instructions General Information for the Month Year of: March-05 A. Public Water System (PWS) Information PWS Name: Chappell Hills PWS Identification Number: 3424029 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 41 144 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 City: Leesburg State: FL Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Chappell Hills (352) 787-0980 Plant Telephone Number: 2338 N.E. 55th Street Plant Address: City: Ocala State: FL Zip Code: 34479 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Mark March C 8287 3 Days per week Other Operators: II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March

Page 1

License Number

Printed or Typed Name

Signature and Date

March-05 March-Og Virus Inactivation/Removal: Free Chlorine Chlorine Disoxide Ozone Combined Chlorine (Chloramines)	PWS: Id	lentificat	ion Number	•	3424029		Plant Name:	Chappell I	Iills							
Means of Achieving Four-Log Vins Inactivation/Removal: * Steel Chlorine Chlorine Dioxide Chlorine Di	III Dai	v Data I	or the Mont	h/Year of:		March_05										
Universide Radiation								Eroo (hlorin		Chlorino F	Viovido)====	Combined Chlori	(Chlarami)
Type of District-tart Residual Maintained in Distribution System: Free Chlorine Chlorine (Chloramines) Chlorine Dioxide				og virus machv			۸.	пес			Chlorine	Moxide)zone	Combined Chlori	ne (Chioramines)
Day Plant Suffice Plan				114:4: 1:	<u> </u>		:):			1 5 611						
Days Plant Sufficial S	1 ype of	Disinte	ctant Kesidu	iai Maintained ir	1 Distributio				77a Y			L Co	mbined C	nlorine (Chlora		
Plant Suffice Suffic						C1 Calculations			our-Log							
Suffect of control o	1.1						C1 Calcu	1		110.001.194		UVI	Oose			
Visible Visi																
Visited Day of Operator Hours Flant in Net Quantity Day of Operator Hours Plant in	1								1						:	
Day of Operation Hours Hours Hours Hours Hours Produced, gal Response Hours Produced, gal Replaced Plant Produced, gal Response Produced, gal Replaced Plant Produced, gal Replaced Plant Produced, gal Replaced Plant Produced, gal Replaced Plant Produced, gal Replaced Plant Produced, gal Replaced Plant Produced, gal Replaced Plant Pla						1		1	1			Louwet	Minimum			
Day of Operator Hours Flower Plant is Operation Plant is Constitution Plant is Operation Operation Plant is Operation Operation Plant is Operation Plant is Operation Plant is Operation Plant is Operation Plant is Operation Pl]	Net Quanity				I.	Temn		Minimum		•		1	
The color Peak Pe	Day of		Hours					1		pH of Water			,		Emergency or Abn	normal Operating Conditions
Month 'X' Operation Produced, gal Rate, gad Flow, mg/L minutes mg.min/L C Applicable mg.min/L sec/cm/2 System, mg/L Water System Components Out of Operation	the	(Place	Plant in	Water	Peak Flow					1.	1					
24 X 24 ks 6,000	Month	"X")	Operation		Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2			
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Total 250,000 8 065					1											

10,000

Maximum

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



 General Information f 	for the Month/Year of: April-05		•	
A. Public Water System	(PWS) Information			
	Chappell Hills		PWS Identif	ication Number: 3424029
	X Community Non-Transient Non-Comm	nunity	Transient Non-Commun	ity Consecutive
	nections at End of Month: 41		Total Population Served	at End of Month: 144
	Aqua Utilities Florida			
	Brian Heath		Contact Person's Title:	Area Manager - Florida
Contact Persor.'s Mailin	<u> </u>		City: Leesburg	State: FL Zip Code: 34749
Contact Persor 's Teleph			Contact Person Person's	Fax Number: (352) 787-6333
Contact Person's E-Mai			· · · · · · · · · · · · · · · · · · ·	
B. Water Treatment Pla				
Plant Name:	Chappell Hills			none Number: (352) 787-0980
Plant Address:	2338 N.E. 55th Street		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated		chased Finished W	ater	
		65,000	In a t	(2 (00 210(1) F. 1 (2)
	osection 62-699.310(4), F.A.C.): V	on on		on 62-699.310(4), F.A.C.): D
Licensed Operators		License Class	License Number	Day(o)(Diffico) (Conco
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	С	2810	3 Days per week
		 		
		<u> </u>		·
				
<u>自己的特殊政策的政策的</u>				
II. Certification by Lead	Chief Operator			
		shief amountain of	the water treetment plant i	dentified in Dout I of this warrant. I contifu that the
	treatment plant operator licensed in Florida, am the lead/o			
-	this report is true and accurate to the best of my knowledg		_	-
	0 or other applicable standards referenced in subsection 6:			- ·
	that a licensed operator staffed or visited this plant during			
and (2) if applicable, app	propriate treatment process performance records. Futhern	nore, I agree to p	rovide these additional op	erations records to the PWS owner so the PWS owner
can retain them, together	r with copies of this report, at a convenient location for at	least ten years.		
	• •	•		
	Mark March			C8287
Signature and Date	Printed or Typed Name	<u> </u>		License Number

PWS Ic	Identification Number: 3424029 Plant Name: Chappell Hills													
III. Dai	ly Data f	or the Mont	h/Year of:		April-05									
			og Virus Inactiv	viation/Remo			Free (Chlorin	e	Chlorine I	Dioxide		zone	Combined Chlorine (Chloramines)
ו 🔲 נ	Jltraviole	t Radiation	_		Other (Describe	e) :	_					ســــ	ل ــــا	,
Type of	f Disinfe	ctant Residu	al Maintained in	n Distributio					Free Chle		Co	mbined Cl	nlorine (Chlora	amines) Chlorine Dioxide
表為藝	3. 4.35	(1) 图象		\$13/47/5	CT Calculations			our-Log	Virus Inactiv	ation, if Appl	icable*			
	Days					CT Calcu	lations				UVI	Oose		
	Plant						Lowest CT			4			Lowest	
	Staffed		5 to 3		Lowest Residual	Disinfectant	Provided						Residual	
10.0	or Visited				Disinfectant	Contact Time	Before or						Disinfectant	
	by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Lowest Operating	Minimum UV Dose	Concentration	
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water	CT	UV Dose,	Required,	at Remote Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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31	\	24 hrs	9,000					<u> </u>						
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9	<u> </u>	24 hrs	10,000		1.7				<u> </u>				1	
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, 12		24 hrs	8,000											
13	X	24 hrs	8,000		1.6								1.4	
143		24 hrs	8,000											
15	Х	24 hrs	11,000		1.8			<u> </u>					1.4	
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26		24 hrs	8,000											
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



DEP Form 62-555.900(3)Artemate

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

See page 4 for instructions General Information for the Month/Year of: May-05 A. Public Water System (PWS) Information PWS Name: Chappell Hills PWS Identification Number: 3424029 X Community Non-Transient Non-Community Transient Non-Community Consecutive PWS Type: Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 144 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL (352) 787-0980 Contact Person's Telephone Number: Contact Person Person's Fax Number: (352) 787-6333 beheath@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Name: Chappell Hills Plant Telephone Number: (352) 787-0980 Plant Address: 2338 N.E. 55th Street City: State: Zip Code: 34479 Ocala FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): D Day(s)/Shift(s) Worked Licenséd Operators License Class License Number Name Lead/Chief Operator: 3 Days per week Mark March C 8287 Operators: C 2810 3 Days per week Bob Maxon 3 Days per week Paul Thompson Α 7251 II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Signature and Date Printed or Typed Name

Page 1

PWS	Identifica	tion Number	r.	3424029		Plant Name:	Chappell I	Hills							
III. D	aily Data	for the Mont	th/Year of:		May-05										
			og Virus Inactiv	viation/Remo		***	X Free (Chlorin	e	Chlorine I	Dioxide	П	Ozone	Combined Chlorine (Chlorar	nines)
		et Radiation			Other (Describe	e):									,
			ual Maintained in	n Distributio				Х	Free Chl	orine	Co	mbined C	hlorine (Chlora	emines) Chlori	ine Dioxide
V-1		1				or UV Dose, to	Demonstrate I					· 医性腹膜炎	2000 P. SEE		
1	Days					CT Calcu						Dose			
1	Plant				100		Lowest CT						Lowest		
1 1	Staffed				Lowest Residual	Disinfectant	Provided						Residual	tarent,	
] [or			·	Disinfectant	Contact Time	Before or						Disinfectant	*-	
100	Visited	l .			Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by	TT	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	77 677	Minimum	Operating	UV Dose	at Remote		
Day of	f Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operat Repair or Maintenance Work that	
Mont		Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C Water,	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Ou	~
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334	X	24 hrs	11,000		1.4								1.2		
5	A	24 hrs	12,000												77.1
· 6	X	24 hrs	11,600		1.4								1		
7	3	24 hrs	11,600	L						<u></u>					
1-8		24 hrs	11,700				<u> </u>					<u> </u>			
9		24 hrs	10,000		1.6						.		1.2		
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



I. General Information f	or the Month/Year of:	June-05				
A. Public Water System	(PWS) Information					
	Chappell Hills			PWS Identif	fication Number:	3424029
		on-Transient Non-Commi	unity	Transient Non-Commun		onsecutive
	nections at End of Month:	41		Total Population Served	at End of Month:	144
	Aqua Utilities Florida					
	Brian Heath			Contact Person's Title:	Area Manager - Florid	a
Contact Person's Mailin				City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph				Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mai		aguaamerica.com				
B. Water Treatment Pla						
	Chappell Hills				none Number:	(352) 787-0980
	2338 N.E. 55th Street			City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated			hased Finished Wat	ter		
	ay Operating Capacity of Plant, gallon		55,000	Tat - 01 - 1 - 1	(2)	
	osection 62-699.310(4), F.A.C.):	V		Plant Class (per subsecti		
Licensed Operators	· · · · · · · · · · · · · · · · · · ·		License Class	License Number		s)/Shift(s) Worked
Lead/Chief Operator:	Mark March		<u>C</u>	8287		Days per week
Other Operators:	Bob Maxon		<u>C</u>	2810		Days per week
	Paul Thompso	n	A	7251	3	Days per week
· 我们就是一个人,我们就是一个人的,我们就是一个人的,我们就是一个人的。						
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Maria and the same of the same	<u> </u>		<u></u>			
II. Certification by Leac	Chief Operator					
1	treatment plant operator licensed in	Elorida om the lead/ol	hiof aparatar of th	o water treatment plant	identified in Part Laft	his report. I certify that the
· —	- · ·	•	-	-		
	this report is true and accurate to the					
	0 or other applicable standards refe					
	that a licensed operator staffed or v					
	propriate treatment process perform			vide these additional op	erations records to the	PWS owner so the PWS owner
can retain them, together	r with copies of this report, at a con	venient location for at l	east ten years.			
		Mark March			C8287	
Signature and Date		Printed or Typed Name			License Number	
DEP Form 62-555.900(3)Atternate			Page 1			

PWS Ider	ntificati	ion Number		3424029		Plant Name:	Chappell I	lills						
III. Daily	Data f	or the Mont	h∕Year of:		June-05									
			og Virus Inactiv	viation/Remo			X Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe		<u></u>		٠ ـــا	Ciniot nic t) loxide	<u> </u>	ZZONE	comonica emornic (emoranines)
			al Maintained i	n Distributio		/-		Х	Free Chl	orine	Co	mbined Cl	hlorine (Chlor	amines) Chlorine Dioxide
1000	Y.L.			A 1 2 1 1 1 1		, or UV Dose, to	Demonstrate I				icable*	MIONICA C	inorme (Cinor	Chlorine Dioxide
	Days					CT Calcu		<u> </u>	, , , , , , , , , , , , , , , , , , , ,	о., и прр	UV			[취존하실 등 조고 그리 경기(전환)
	Plant				4.4.474.51		Lowest CT	T .]	Ī .			Lowest	
s	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	ог				Disinfectant	Contact Time	Before or	1					Disinfectant	
	Visited			i	Concentration	(T) at C	at First		}	·	Lowest	Minimum	Concentration	
	by		Net Quanity	•	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
1 7 3 1	perator	Hours	of Finished	n . m	First Customer	Point During	During	of	pH of Water,	9	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
1 1	(Place	Plant in Operation	Water Produced, gal	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
34 Mar.	$\frac{\hat{x}}{x}$	24 hrs	12,000	Rate, gpd	Flow, mg/L 0.6	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2		24 hrs	12,000	1	V.0		 	 	1		 	 	0.5	
3.8	х	24 hrs	11,000		1			 	<u> </u>		} -		0.8	
4.84		24 hrs	11,000					 	 		1		0.0	
75 1		24 hrs	10,000						1		 	 		
6	Х	24 hrs	11,000		1			1					0.6	
. 7		24 hrs	12,000					T	1					
**8 *5	Х	24 hrs	9,000		1								0.8	
9		24 hrs	8,000											
100	X	24 hrs	9,000		1								0.6	
11/2		24 hrs	9,000											
12		24 hrs	10,000			•		<u> </u>						
13	_X	24 hrs	8,000		1			L	<u> </u>				0.8	
143		24 hrs	8,000					<u> </u>						
15	_X	24 hrs	8,000		1.2			L			<u> </u>		0.8	
16	., 	2≠ hrs	8,000					 	ļ		ļ			
18	<u> </u>	24 hrs	8,600		1			 			ļ		<u> </u>	
193		24 hrs 24 hrs	8,600 8,600				ļ	-			 	-		
20	х	24 hrs	10,000		1		-	 	 			 	0.6	
216	^	24 hrs	11,600	<u> </u>			 	 	1				0.0	
22	X	24 hrs	7,000	 	1		 				-		0.8	
23-		24 hrs	8,000	<u> </u>	<u> </u>		 		<u> </u>				0.0	
24	х	24 hrs	12,000	 	1		1		†			—	0.6	
25		24 hrs	12,000						i					
26		24 hrs	12,000	[1					1		
27	X	2∠ hrs	5,500		1.2				1				1	
28		24 hrs	5,500						<u> </u>					
29	Х	24 hrs	8,500		1								0.8	
30		24 hrs	8,500					ļ						
31		24 hrs				l	L		<u> </u>					
Total			282,400	1										
Average			9,413											
Maximum	100年基	经投票 设	12,000	1										

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



See page 4 for instructions

I. General Information f	for the Month Year of: July-05			
A. Public Water System	(PWS) Information			
	Chappell Hills		PWS Identifi	cation Number: 3424029
	X Community Non-Transient Non-Comm	nunity	Transient Non-Communi	ty Consecutive
	nections at End of Month: 41		Total Population Served a	t End of Month: 144
	Aqua Utilities Florida			
	Brian Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailin				State: FL Zip Code: 34749
Contact Person's Teleph			Contact Person Person's F	ax Number: (352) 787-6333
Contact Person's E-Mai				
B. Water Treatment Pla				
	Chappell Hills		Plant Telepho	one Number: (352) 787-0980
	2338 N.E. 55th Street		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated		chased Finished Wat	er	
		65,000		
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsectio	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Gary Kissick	С	7846	3 Days per week
	Paul Thompson	Α	7251	3 Days per week
		 		
II. Certification by Leac	VChiaf Operator			
	•			
	treatment plant operator licensed in Florida, am the lead/c			
information provided in	this report is true and accurate to the best of my knowledg	e. I certify that all	drinking water treatment	t chemicals used at thisplant conform to NSF
	0 or other applicable standards referenced in subsection 62			
	that a licensed operator staffed or visited this plant during		•	• •
	propriate treatment process performance records. Futherm		- ·	
	with copies of this report, at a convenient location for at l		vide diese additional ope	rations records to the 1 w 5 owner so the 1 w 5 own
Can retain them, together	with copies of this report, at a convenient location for at i	icasi icii years.		
	Mark March			C8287
Signature and Date	Printed or Typed Name			License Number
organical date	Timed of Typed Name			Diceise (Aunibei

Page 1

PWS Id	entificat	tion Number	•	3424029		Plant Name:	Chappell F	Iills							
III. Dai	y Data I	or the Mont	h/Year of:		July-05										
Means	of Achie	ving Four-L	og Virus Inactiv	iation/Remo	val. *		X Free C	Chlorin	e	Chlorine L	Dioxide		Dzone	Combined Chlori	ne (Chloramines)
🔲 U	ltraviole	et Radiation			Other (Describe):									
Type of	Disinfe	ctant Residu	al Maintained in	n Distribution	n System:			X	Free Chlo	orine	Co	mbined Cl	ilorine (Chlora	amines)	Chlorine Dioxide
STATE OF	独地烈				CT Calculations	or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiva	tion, if Appli			avertile, all t		
	Days					CT Calcu	lations				UVI	Oose			en de la companya de la companya de la companya de la companya de la companya de la companya de la companya de En la companya de la companya de la companya de la companya de la companya de la companya de la companya de la
	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or				1		Disinfectant		-
	Visited		37 . O. 1:		Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
D	by	**	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	17 6337 4	Minimum	Operating	UV Dose	at Remote		
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution		ormal Operating Conditions; ace Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	_	mponents Out of Operation
2.1点	X	24 hrs	9,000	, op	1.2				присон		355,000	Journal	1		appearance out of Operation
2.2		24 hrs	9,000										·		
3.1	Х	24 hrs	9,000		1								0.8		
4.5		24 hrs	9,000												
"等 5季"		24 hrs	9,000												
6	X	24 hrs	8,000		1								0.6		
17.1		24 hrs	8,000												
8.≱.∖	X	24 hrs	800		1								0.8		
/ 9#		24 hrs	8,000											<u> </u>	
10.		24 hrs	9,000												
11.	X	24 hrs	9,500		1	-				-			0.6		
13	X	24 hrs 24 hrs	9,500 9.000		1			 -					0.8		
-14	^_	24 hrs	9,000										0.6		
153	х	24 hrs	10,000		1							·	0.8		
16		24 hrs	10,000								<u> </u>		0.0		
47		24 hrs	10,000												
18.	X	24 hrs	10,000		1								0.6		
19:		24 hrs	10,000				L								
20%	X	24 hrs	7,000		1.2								0.8		
- 21		24 hrs	7,000												
:-22	X	24 hrs	11,600		1		ļ	ļ			ļ		0.8		
23:		24 hrs	11,600								<u></u>				
24		24 hrs	11,700					 							
25	X	24 hrs	11,000		11			ļ			<u> </u>		0.6		
26		24 hrs	12,000	ļ			 	<u> </u>			<u> </u>		0.0	 	
27.	X	24 hrs	9,000 9,000	 	1		<u> </u>	 			<u> </u>		0.8		
28	X	24 hrs 24 hrs	9,000	 	1.2		 	 	<u> </u>		 		0.8		
30		24 hrs 24 hrs	9,600		1.2		 	 			 	-	0.0	 	
31		24 hrs	9,700	 	 						 				
	96.23.33	24 105	284,600	-	<u>. </u>			L	·	·	<u> </u>	L	·	·	
		and the second s	201,000	1											

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information f	for the Month/Year of: August-05		· · · · · · · · · · · · · · · · · · ·		
A. Public Water System	(PWS) Information				
PWS Name:	Chappell Hills		PWS Identific	cation Number:	3424029
	X Community Non-Transient Non-	-Community	Transient Non-Communit		secutive
	nections at End of Month: 41		Total Population Served at		144
	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailir	×		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph			Contact Person Person's F	ax Number:	(352) 787-6333
Contact Person's E-Mai		<u>m</u>			
B. Water Treatment Pla					
Plant Name:	Chappell Hills		Plant Telepho		(352) 787-0980
Plant Address:	2338 N.E. 55th Street			State: FL	Zip Code: 34479
Type of Water Treated		Purchased Finished Wat	er		
	ay Operating Capacity of Plant, gallons per day:	65,000			
	psection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number		/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251		ays per week
Other Operators:	Mark March	C	8287		Days per week
	Gary Kissick	С	7846	3 D	Days per week
				_	
	<u> </u>				
			 		
			<u> </u>	<u> </u>	
II. Certification by Lead	1/Chief Operator				
	·				
	treatment plant operator licensed in Florida, am the				
	this report is true and accurate to the best of my known				
	0 or other applicable standards referenced in subsec-				
were prepared each day	that a licensed operator staffed or visited this plant of	during the month indicate	ed above: (1) records of a	mounts of chemicals u	sed and chemical feed rates;
and (2) if applicable, applicable, applicable	propriate treatment process performance records. Fu	uthermore, I agree to pro	vide these additional oper	rations records to the I	PWS owner so the PWS owner
can retain them, together	r with copies of this report, at a convenient location	for at least ten years.			
. •	• •	•			
	Paul Thompson			A7251	
Signature and Date	Printed or Typed	Name		License Number	

Page 1

PWS Identification Number: 3424029 Plant Name: Chappell Hills	
III. Daily Data for the Month Year of: August-05	
	Combined Chlorine (Chloramines)
Ultraviolet Radiation Other (Describe):	,
Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chlorat	mines) Chlorine Dioxide
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	Chorne Dovide
Plant Lowest CT Lowest Staffed Lowest Residual Disinfectant Provided Residual Res	
Staffed Lowest Residual Disinfectant Provided Residual Disinfectant Contact Time Before or Disinfectant Di	
Visited Concentration (T) at C at First Lowest Minimum Concentration	
by Net Quanity (C) Before or at Measurement Customer Temp. Minimum Operating UV Dose at Remote	
Day of Operator Hours of Finished First Customer Point During During of pH of Water, CT UV Dose, Required, Point in	Emergency or Abnormal Operating Conditions;
the (Place Plant in Water Peak Flow During Peak Peak Flow, Peak Flow, Water, if Required, mW- mW Distribution	Repair or Maintenance Work that Involves Taking
Month "X") Operation Produced gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 sec/cm2 System, mg/L	Water System Components Out of Operation
X 24 hrs 14,000 1 0.6	
學 24 hrs 15,000	
X 24 hrs 7,000 1 0.8	
24 hrs 8,000	
55 X 24 hrs 10,000 1.2	
66 24 hrs 10,000	
24 hrs 10,000	
8 X 24 hrs 8,000 1.2 0.8	
24 hrs 9,000	
X 24 hrs 8,000 1 0.6	
24 hrs 9,000	
1 0.8 0.8	
24 hrs 9,000	
24 hrs 9,000	<u></u>
5 X 24 hrs 9,000 1 . 0.6	
316	
1 0.8 0.8	
18 24 hrs 8,000	
3199 X 24 hrs 11,000 1 0.8	
20 24 hrs 11,000	
24 hrs 11,000 1 0.6	
1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
24 brs 13,000	
24 hrs 10,000 0.8	
26 X 24 hrs 10,000 1.6 1.4	
24 hrs 10,000	
24 ars 10,000	
29 X 24 hrs 11,000 1.2	
24 ths 11,000 1.2	
31 X 24 hrs 11,000 1.4 1.2	
Total 312,000 1.4	
Average 10,065	

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



I. General Information	for the Month/Year of: September-05				
A. Public Water System	a (PWS) Information				
PWS Name:	Chappell Hills		PWS Identif	fication Number:	3424029
PWS Type:	X Community Non-Transient Non-Commu	ınity	Transient Non-Commun	nity	Consecutive
Number of Service Cor	nnections at End of Month: 41		Total Population Served	at End of Month:	144
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telep			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Ma					
B. Water Treatment Pla	ant Information				
Plant Name:	Chappell Hills		Plant Teleph	none Number:	(352) 787-0980
Plant Address:	2338 N.E. 55th Street		City: Ocala	State: FL	Zip Code: 34479
Type of Water Treated		hased Finished V	Vater	_	
		5,000			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsecti		
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	Α	7251		3 Days per week
Other Operators:	Mark March	C	8287		3 Days per week
	Gary Kissick	С	7846		3 Days per week
以					
	· · · · · · · · · · · · · · · · · · ·		1		-
U. Contification by Loo	d/Chief On another				
II. Certification by Lea	•				
I, the undersigned water	r treatment plant operator licensed in Florida, am the lead/cl	nief operator of	the water treatment plant i	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	e. I certify that	all drinking water treatmen	nt chemicals used	at thisplant conform to NSF
International Standard 6	60 or other applicable standards referenced in subsection 62	-555.320(3), F.	A.C. I also certify that the	following addition	onal operations records for this plant
	that a licensed operator staffed or visited this plant during t				
	propriate treatment process performance records. Futhermo		* *		
	er with copies of this report, at a convenient location for at le		novide these additional op	crations records to	the I was owner so the I was owner
can retain them, togethe	i with copies of this report, at a convenient location for at it	east tell years.			
	Paul Thompson			A7251	
Signature and Date	Printed or Typed Name			License Number	
	rance or Types rance				
DEP Form 62-555 930(3)Alternate		Page 1			

PWS I	dentifica	tion Number	:	3424029		Plant Name:	Chappell I	Iills						
	la Data	Carden Mant	15 /N' 100 11 C		September-05				-					·
		for the Mont		· · · · · · · · · · · · · · · · · · ·			X Free (Thlorin		Chlorine I	Yanida			Cambinal Chloring (Chloronians)
			og Virus Inactiv	/lation/Remo			V ries	_morm		Chiorine L	noxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe): 		- 152	T p	•	-	11 10	(01.1	
1 уре о	t Disinte	ectant Residu	ıal Maintained i						Free Chle				nlorine (Chlora	
H					CT Calculations				Virus Inactiv	ation, if Appl				
	Days				· · ·	C1 Calcu	lations	1			UVI	Jose		
}	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided	1			1		Lowest Residual	
	or			i -	Disinfectant	Contact Time	Before or						Disinfectant	
	Visited		* - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
- 1	1	24 hrs	10,000					L						
2	X	24 hrs	11,000		1.4			<u> </u>			ļ <u>.</u>		1.2	
3		24 hrs	11,000					ļ	<u> </u>					
4		24 hrs	11,000											
45	X	24 hrs	12,000		1.2		<u> </u>	<u> </u>					0.8	
*61	1	24 hrs	11,000	<u> </u>			ļ	-					- 00	
7	X	24 hrs	10,000		1.2			├		ļ			0.8	
9	- V	24 hrs	11,000		14			├	 		 			
10	X	24 hrs 24 hrs	12,000 12,000		1.4			ֈ	 	[
31	1	24 hrs	12,000					 	 		 	<u> </u>	-	
12	x	24 lus 24 lus	10,000	 	1.6		 	 			 	1	1.2	
33	1	24 hrs	11,000		1.0		†	 						
34	X	24 hrs	11,000		1.4								1.2	
199		24 hrs	11,000											
16	X	24 hrs	14,600		1.6								1.4	
14	e e	24 hrs	14,600					L						
18	1	24 hrs	14,600					<u> </u>	ļ					
38	X	24 hrs	9,000		1.4			 			ļ	<u> </u>	1.2	
200	1	24 hrs	9,000					-	 	 	 	 		
21	X	24 hrs	10,000		1.6			↓	 	ļ	 	<u> </u>	1.4	
22	 	24 hrs	10,000		 		 	 	 	ļ	 	 	1.2	
23	X	24 hrs	11,000	 	1.4			 	 			 	1.2	
24		24 hrs	12,000				 		 		 	 		
25 26	- T	24 hrs	12,000	 	1.4		 	 	 	!	 	 	ı	
27	X	24 hrs 24 hrs	12,000 13,000		1.4		 	-	 	 	 	 	<u> </u>	<u> </u>
28	x	24 hrs	9,000	 	1.2		-	\vdash	 -	 	 	 	1	
20	 ^	24 hrs	9,000		† ·		 	+	<u> </u>	 	 	t	· · · · · · · · · · · · · · · · · · ·	
301	x	24 hrs	13,000	†····-	1.4		1	!		<u> </u>		1	1.2	
33	<u> </u>	24 hrs										T		
Total	Th. 13. 33		338,800		*		<u> </u>			-				
Average	e 15 % ?	Report A	11,293	1										

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



I. General Information f	or the Month/Year of:	October-05	·····						
A. Public Water System	(PWS) Information								
	Chappell Hills		····		PWS Identif	fication Number	er: 34	124029	
	X Community	Non-Transient Non-Commu	nity 🔲	Transien	t Non-Commur	nity	Consec	utive	
	nections at End of Month:	41		Total Pop	oulation Served	at End of Mon	th: 14	14	
· · · · · · · · · · · · · · · · · · ·	Aqua Utilities Florida								
Contact Person:	Brian Heath			Contact P	Person's Title:	Area Manag			
Contact Person's Mailin				City:	Leesburg			ip Code: 3474	.9
Contact Person's Teleph			··.	Contact F	Person Person's	Fax Number:	(3	52) 787-6333	
Contact Person's E-Mai		@aquaamerica.com							
B. Water Treatment Pla	······								
	Chappell Hills				Plant Teleph	none Number:		52) 787-0980	· · · · · · · · · · · · · · · · · · ·
	2338 N.E. 55th Street			City:	Ocala	State:	FL Z	ip Code: 3447	9
Type of Water Treated			ased Finished Wat	ter					
	ay Operating Capacity of Plant, ga		5,000	In. or		(4 (60 51)			
	osection 62-699.310(4), F.A.C.):	<u>V</u>	orther to the Air street		ss (per subsecti			D	NAMES OF THE PARTY.
Licensed Operators			License Class	Lice	nse Number			ift(s) Worked	
Lead/Chief Operator:	Paul Thom		A	ļ	7251			per week	
Other Operators:	Mark Ma		C	ļ	8287			per week	
	Gary Kiss	ick	С		7846		3 Days	per week	
				<u> </u>		4			
				ļ		-			
				·					
				 		 -	····		
		·							
									
				L		<u>.L</u>			
II. Certification by Lead	Chief Operator							-	
	· · · · · · · · · · · · · · · · · · ·	4 :- F1: 4 4- 1 4/-b	- C			1. 410° . 1 ° . D	N. 4 T C45.5	T	41-441-
_	treatment plant operator license		-		-			•	
	this report is true and accurate t								
	0 or other applicable standards i								
were prepared each day	that a licensed operator staffed of	or visited this plant during the	ne month indicate	ed above:	(1) records of	amounts of cl	hemicals used	and chemical	feed rates;
and (2) if applicable, app	propriate treatment process perfe	ormance records. Futhermo	re, I agree to pro	vide these	additional op	erations recor	ds to the PW	S owner so the	PWS owner
can retain them, together	with copies of this report, at a	convenient location for at le	ast ten years.						
			•						
		Paul Thompson				A7251			
Signature and Date		Printed or Typed Name				License Nun	nber		
DEP Form 62-555.900(3)Alternate		F	Page 1						

PW\$	Identi	fication	Number	:	3424029		Plant Name:	Chappell I	Hills		 							
	ally D	ata for t	h: Monti	h/Year of:		October-05	····	***	-									
				og Virus Inactiv	viation/Remo			X Free (hlorin	e II	Chlorine I	Diovide		Ozone	Combined Ch	lorine (Ch	oramines)	
			aciation	og virus macriv		Other (Describe	»)·	<u>~</u> ~~	C11101111	~ []	Cinornic	JIOAIUC	□ `)Zone	Combined Cir	iornic (Cili	Oranines)	
				al Maintained in	a Distributio		-)-		Х	Free Chl	orino.	C	mhinad C	hlorine (Chlor			hlorine Dio	
3 N	פוע וט	illiectai	III INESIGU	ai Maintaineu ii	Distributio		, or UV Dose, to	Dunia (Cara) t					inomea C	mornie (Cinor	ammes)		Horme Dio	ixide
134						C1 Calculations	CT Calcu		rour-Log	y virus macuv	auon, ii Appi	UV	Dono					
	Da						Creake	T	i —	<u> </u>	Γ	UV	Dusc					
	Pla Stat					Lowest Residual	Disinfectant	Lowest CT Provided	1	Į.				Lowest	1			
上支掛	11 .	n rien]			Disinfectant	Contact Time	Before or			· ·			Residual Disinfectant				
1.農園	A 1	ited				Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration				
1 3 11	. 1	y		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	i	Minimum	Operating	UV Dose	at Remote				
Day			Hours	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or	Ahnormal ()	nerating Con.	ditions.
the	(Pl	ace F	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Maint			
the Mout	ו "א	(*)	peration	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	l c	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water Systen			
海 琳	*		24 hrs	13,000						T	1							
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions General Information for the Month/Year of: November-05 A. Public Water System (PWS) Information PWS Name: Chappell Hills PWS Identification Number: 3424029 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 41 Total Population Served at End of Month: 144 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Chappell Hills Plant Telephone Number: (352) 787-0980 Plant Address: 2338 N.E. 55th Street City: Ocala State: FL Zip Code: 34479 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): D Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Paul Thompson 7251 3 Days per week Other Operators: Mark March C 8287 3 Days per week Gary Kissick С 7846 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251 Signature and Date Printed or Typed Name License Number

Page 1

PW	S Id	entificat	ion Number		3424029		Plant Name:	Chappell H	Iills						
	ii Dail	v Data f	or the Mont	h/Year o?		November-05				,					
				og Virus Inactiv				X Free C	bloring		Chlorine I)iovide		Ozone	Combined Chlorine (Chloramines)
ľΓ			t Radiation	og virus muchv		Other (Describe		<u>M</u> 1100 C	/11101111	٠ ا	CHOTHEL	MOXICE	Ц,)2011C	Combined Chlorine (Chloratimes)
Ty				al Maintained ir	Distribution		<i>y</i> ·		Ιx	Free Chle	Orina	Co	mbined Cl	hlorine (Chlora	amines) Chlorine Dioxide
	ĬŤ	21511110			Distributio	CT Calculations	or HV Dose to I	Temonstrate F	L				momed C	mornie (Cinora	annies) [] Chlorine Dioxide
		Days			- 10.00		CT Calcu			1245 44404	atton, arrippi	UVI	Dose		
		Plant						Lowest CT						Lowest	
		Staffed	1 1 1			Lowest Residual	Disinfectant	Provided			,			Residual	
		or				Disinfectant	Contact Time	Before or						Disinfectant	
		Visited by		Net Quanity		Concentration (C) Before or at	(T) at C	at First	.			Lowest	Minimum	Concentration	
Da	of	Operator	Hours	of Finished		First Customer	Measurement Point During	Customer During	Temp.	pH of Water	Minimum CT	Operating UV Dose.	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions,
t	ne	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Me	nth	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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	aj Jage			11,500											

14,000

Page 2

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



1. General Information t	for the Month/Year of: December-05		, , , , , , , , , , , , , , , , , , ,	
A. Public Water System	(PWS) Information			
PWS Name:	Chappell Hills		PWS Identifie	cation Number: 3424029
	X Community Non-Transient Non-Commu	unity 🔲	Transient Non-Communit	ty Consecutive
	nnections at End of Month: 41		Total Population Served at	t End of Month: 144
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath	· · · · · · · · · · · · · · · · · · ·	Contact Person's Title:	Area Manager
Contact Person's Mailir				State: FL Zip Code: 34749
Contact Person's Teleph			Contact Person Person's F	ax Number: (352) 787-6333
Contact Person's E-Mai			<u>.</u>	
B. Water Treatment Pla				
Plant Name:	Chappell Hills		Plant Telepho	
Plant Address:	2338 N.E. 55th Street	***************************************		State: FL Zip Code: 34479
Type of Water Treated		hased Finished Water	er	
		5,000	In . o	(2 (02 212(4) D + G)
Licensed Operators	bsection 62-699.310(4), F.A.C.): V	ne di e i di e i di e i di e i di e i di e i di e i di e i di e i di e i di e i di e i di e i di e i di e i di	Plant Class (per subsection	
	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	<u>C</u>	8287	3 Days per week
	Gary Kissick	С	7846	3 Days per week
				<u> </u>
II. Certification by Lead	d/Chief Operator			·
I the undersigned water	treatment plant operator licensed in Florida, am the lead/ch	iof aparator of the	a water treatment plant id	antified in Part Lafthia raport. Lagrify that the
information provided in	this general is true and a security to the first of security the	ner operator or the	t water treatment plant to	the interest of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowledge	e. I certify that all	drinking water treatment	chemicals used at thispiant conform to NSF
	0 or other applicable standards referenced in subsection 62			
	that a licensed operator staffed or visited this plant during t			
	propriate treatment process performance records. Futhermo		vide these additional oper	rations records to the PWS owner so the PWS of
can retain them, together	r with copies of this report, at a convenient location for at le	east ten years.		
	n 129			A 50.51
Cianatum and Data	Paul Thompson			A7251
Signature and Date	Printed or Typed Name			License Number
DEP Form 62-555.900(3)Alternate		Page 1		

PWS	Identifica	tion Number	:	3424029		Plant Name:	Chappell H	Iills							
III. D	nily Data	for the Mont	h/Year of:		December-05		,				•		<u> </u>		
			og Virus Inactiv	iation/Remo			X Free C	Chlorin		Chlorine I	Dioxide		Ozone	Combined Chlorine (Ch	loramines)
		et Radiation			Other (Describe				L						
Type			nal Maintained in	n Distributio				Х	Free Chlo	orine	Co	mbined Cl	hlorine (Chlora	amines) C	Chlorine Dioxide
250	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
1	Days						lations				UV	Oose			
	Plant						Lowest CT				2.1		Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	ili, i	
	or				Disinfectant	Contact Time	Before or						Disinfectant	·	
	Visited	1			Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
Day	by	r Hours	Net Quanity of Finished		(C) Before or at	Measurement	Customer	Temp.	77 677 .	Minimum	Operating	UV Dose	at Remote		
the	f Operato (Place	Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal (
Mont	11 1	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Repair or Maintenance Wor Water System Componer	
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Total		数是12年	427,000	4											

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

Fairfax



See page 4 for instructions January-04 I. General Information for the Month Year of: A. Public Water System (PWS) Information PWS Identification Number: 3424042 PWS Name: Fairfax Hills PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive 298 Number of Service Connections at End of Month: 85 Total Population Served at End of Month: PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: State: FL Zip Code: 34470 Ocala Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information Plant Name: Fairfax Hills Plant Telephone Number: (352) 369-4881 Plant Address: 14143 S.E. 45th Place City: Ocala State: FL Zip Code: 34491 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): License Class License Number Day(s)/Shift(s) Worked Licensed Operators Name Lead/Chief Operator. 3 Days per week William Landers В 7327 3 Days per week Other Operators: Mark March C 8287 II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copues of this report, at a convenient location for at least ten years. B7327 William Landers License Number Printed or Typed Name Signature and Date

DEP Form 62-555.900(3)Alternate Page 1

PWS Id	WS Identification Number: 3424042 Plant Name: Fairfax Hills													
III. Dai	III. Daily Data for the Month Year of: January-04													
	Means of Achieving Four-Log Virus Inactiviation/Removal: *													
	Ultraviolet Radiation Other (Describe):													
	ype of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide													
Consultation of the second	2 de	comit reside			CT Calculations,	or IIV Dose to I	Demonstrate I	our-l og					3.38 (Y-43	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						CT Calcu		Our Dog			UVI			
	Days Plant	** **					Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or		-		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited			1.00	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
11.00	by ·	·	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	25 F 64	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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20,065 23,000

Maximum

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



See page 4 for instructions

I. General Information f	or the Month Year of: February-04									
A. Public Water System	(PWS) Information									
PWS Name:	Fairfax Hills		PWS Identification Number: 3424042							
PWS Type:	X Community Non-Transient Non-Co	ommunity	Transient Non-Community Consecutive							
Number of Service Con	nections at End of Month: 85		Total Population Served at End of Month: 298							
	AquaSource Utility, Inc.									
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo						
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470					
Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213										
Contact Person's E-Mai	Address: <u>mvfitzgerald@suburbanwater.co</u>	<u>m</u>								
B. Water Treatment Plan	nt Information									
Plant Name:	Fairfax Hills		Plant Telephone Number: (352) 369-4881							
	14143 S.E. 45th Ct.		City: Ocala	State: FL	Zip Code: 34491					
Type of Water Treated		Purchased Finished Wa	nter							
	ay Operating Capacity of Plant, gallons per day:	100,000	***************************************							
	section 62-699.310(4), F.A.C.):	and a second of the second of the second of the second of the second of the second of the second of the second	Plant Class (per subsect							
Contraction of the comment of the comment of the contraction of the co	Name	* License Class	License Number	Da	y(s)/Shift(s) Worked					
Lead/Chief Operator:	William Landers	В	7327		3 Days per week					
Other Operators:	Mark March	С	8287		3 Days per week					
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			<u></u>							
A-4-30 (4-7)			ļ	<u> </u>						
				_l						
II. Certification by Lead	Chief Operator									
•										
	treatment plant operator licensed in Florida, am the le									
	this report is true and accurate to the best of my know									
International Standard 6	0 or other applicable standards referenced in subsectio	n 62-555.320(3), F.A	.C. I also certify that the	e following addition	al operations records for this					
plant were prepared each	n day that a licensed operator staffed or visited this pla	nt during the month in	ndicated above: (1) reco	ords of amounts of cl	nemicals used and chemical feed					
rates; and (2) if applicab	le, appropriate treatment process performance records	. Futhermore, I agree	to provide these addition	onal operations recor	ds to the PWS owner so the PWS					
	ogether with copues of this report, at a convenient loca		=	•						
van tomin titolii, t	-Brance Will soband or and robots as a convenient look		 *							
				D-20-5						
0	William Landers			B7327						
Signature and Date	Printed or Typed Na	ame		License Number						

Page 1

PWS Identification Number: 3424042						Plant Name: Fairfax Hills								
III. Dai	II. Daily Data for the Month Year of: February-04													
Means	of Achie	ving Four-L	og Virus Inactiv	viation/Remo			Free C	Chlorine		Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):						_		· ·
Type of	Disinfe	ctant Residu	al Maintained in	n Distributio	n System:	•			Free Chl	огіпе	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														
Transfer V.	Days					CT Calcu					UVI	Dose		
	Plant	1					Lowest CT		15.5%		# 1 1 th 4		Lowest	
	Staffed	1 1			Lowest Residual	Disinfectant	Provided		. * :				Residual	
•	or		•		Disinfectant	Contact Time	Before or						Disinfectant	
İ	Visited		i vi		Concentration	(T) at C	at First]			Lowest	Minimum	Concentration	
l	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	1 1	of Finished	D 1 E	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the Month	(Place	Plant in Operation	Water Produced, gal	Peak Flow	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Monut	^	24 hrs	20,000	Rate, gpd	Flow, mg/L	minutes	mg-mave	-	Applicable	mg-mmr	Sec/CITIZ	Secrenz	System, mg/L	water System Components Out of Operation
2	х	24 hrs	19,000					 	_				1.3	
3.	<u> </u>	24 hrs	18,000								 	 	1.2	
-5-4	х	24 hrs	17,000										1.3	
5		24 hrs	17,000											
6	Х	24 hrs	20,000										1.3	
7		24 hrs	20,000			-		1						
8		24 hrs	20,000											
9	Х	24 hrs	20,000										1.4	
-10		24 hrs	20,000					ļ						
-11,	Х	24 hrs	17,000					ļ					1.4	
12		24 hrs	18,000				ļ	-			1	!		
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14		24 hrs	19,000		ļ <u></u>		 	├ ──			-	 		
15 16	х	24 hrs 24 hrs	18,000 30,000				 	├		<u></u>	 	 	1.1	
17		24 hrs	30,000					 			 	· · · · · · · · · · · · · · · · · · ·	1.1	
18	x	24 hrs	24,000					 	l		 	t -	1.1	
19	 -^-	24 hrs	23,000	 		l	†	†				 		
.20	х	24 hrs	31,000								1		1.1	
21	 	24 hrs	32,000				1							
22		24 hrs	31,000											
23	Х	24 hrs	25,000										1.3	
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27	X	24 hrs	24,000	<u></u>	 		 	ļ	 	 	 	 	2.0	
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29		24 hrs	24,000		 		 	+	 	 	 	 	-	
30 31	-	24 hrs		 	-	 	+	+		 	 	 -	1	
Total		24 hrs	646,000	 	<u> </u>	<u> </u>	<u> </u>	<u> </u>	J	<u> </u>	1	-	t	
Average		a de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la compos	22.276	1										

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



See page 4 for instructions

1. General Information for	or the Month/Year of: March-04									
A. Public Water System	(PWS) Information									
PWS Name:	Fairfax Hills	,	PWS Identification Number: 3424042							
PWS Type:	Community Non-Transient Non-Com	munity	Transient Non-Commun	nity	Consecutive					
Number of Service Conr	nections at End of Month: 85		Total Population Served a	t End of Month:	298					
PWS Owner:	AquaSource Utility, Inc.									
	Michael Fitzgerald	Contact Person's Title: Area Manager - Florida								
Contact Person's Mailing	g Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470					
Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213										
Contact Person's E-Mail Address: <u>mvfitzgerald@suburbanwater.com</u>										
B. Water Treatment Plan	t Information									
Plant Name:	Fairfax Hills		Plant Telephone Number: (352) 369-4881							
Plant Address:	14143 S.E. 45th Ct.			State: FL	Zip Code: 34491					
Type of Water Treated I	by Plant: X Raw Ground Water Pu	rchased Finished War	ter							
Permitted Maximum Da	ay Operating Capacity of Plant, gallons per day:	100,000								
Plant Category (per sub	section 62-699.310(4), F.A.C.):		Plant Class (per subsection	n 62-699.310(4), F.A.	C.):					
Licensed Operators	Name	License Class	License Number	Day	(s)/Shift(s) Worked					
Lead/Chief Operator:	Mark March	C ·	8287	3	Days per week					
Other Operators:	Tom Felton	С	2241		Days per week					
II. Certification by Lead	Chief Operator									
I, the undersigned water t	reatment plant operator licensed in Florida, am the lead/	chief operator of th	e water treatment plant i	dentified in Part I of	f this report. I certify that the					
	his report is true and accurate to the best of my knowled									
	or other applicable standards referenced in subsection 6									
plant were prepared each	day that a licensed operator staffed or visited this plant	during the month in	dicated above: (1) record	is of amounts of che	emicals used and chemical feed					
	e, appropriate treatment process performance records. F			ai operations record	is to the PWS owner so the PWS					
owner can retain them, to	gether with copues of this report, at a convenient location	on for at least ten ye	ars.							
	26.126.1			C0207						
0:t	Mark March			C8287						
Signature and Date	Printed or Typed Name	e		License Number						

DEP Form 62-555.900(3)Alternate Page 1

PWS Id	lentificati	ion Number	•	3424042		Plant Name:	Fairfax Hi	lls						
III. Dai	III. Daily Data for the Month Year of: March-04													
			og Virus Inactiv	viation/Remo	oval: *		Free C	Chlorin	e 🗍	Chlorine I	Dioxide	\Box	Ozone	Combined Chlorine (Chloramines)
	Ultraviolet Radiation Other (Describe):													
	ype of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide													
13,000	化可克酸		18020304		CT Calculations,	or LIV Dose to I	Demonstrate I	ON I-TOP					100000000000000000000000000000000000000	
					<u> </u>		lations				UV	Dose		
	Days Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	ог				Disinfectant	Contact Time	Before or				·		Disinfectant	
1	Visited	10.0		1. 1	Concentration	(T) at C	at First		* + 1		Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	1.5	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
*1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X	24 hrs	24,000 25,000				 	<u> </u>	ļ				1.7	
- 3	X	24 hrs 24 hrs	25,000						 				1.3	
4	-^-	24 hrs 24 hrs	23,000	1			 	-	<u> </u>			 	1.3	
-5	х	24 hrs	23,000		-		-	-	<u> </u>				1.3	
-6		24 hrs	24,000								1		1.5	
- 7		24 hrs	23,000					 				 		
8	х	24 hrs	21,000				 						1.3	
- 9		24 hrs	21,000					<u> </u>						
10	Х	24 hrs	20,000										1.1	
.11		24 hrs	19,000											
12	Х	24 hrs	23,600										1.1	
13		24 hrs	23,600											
*-1 4		24 hrs	23,600									l		
15	Х	24 hrs	20,500										1.2	
16		24 hrs	20,500					<u> </u>						
2.17	Х	24 hrs	22,500				ļ						1	
-/18		24 hrs	22,500				!	 		<u> </u>				
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20	ļ	24 hrs	22,600				 	 			1			
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24	х	24 hrs	19,500				<u> </u>		 	 	 	 	0.7	
25		24 hrs	19,500	 						 			0.7	
26	х	24 hrs	22,300	 	 			 	-	 	 	 	0.3	
27	- 1	24 hrs	22,300	 			 	 		 	 	1	*	
28		24 hrs	22,300	<u> </u>			†	1	—	l	 	t		
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%30 €		24 hrs	24,000				1	1	1					
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25,000

Maximum

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



General Information 1	or the Month/Year of: April-04	· · ·								
A. Public Water System										
	Fairfax Hills	· · · · · · · · · · · · · · · · · · ·	PWS Identifi	ication Number: 34	124042					
PWS Type:	X Community	munity	Transient Non-Community Consecutive							
Number of Service Con	nections at End of Month: 85		Total Population Served at End of Month: 298							
PWS Owner:	AquaSource Utility, Inc.									
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida						
Contact Person's Mailin	g Address: 1343 NE 17th Road		City: Ocala		ip Code: 34470					
Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213										
Contact Person's E-Mai	Address: <u>mvfitzgerald@aquaamerica.com</u>									
B. Water Treatment Pla	nt Information									
Plant Name:	Fairfax Hills		Plant Telephone Number: (352) 369-4881							
Plant Address:	14143 S.E. 45th Ct.		City: Ocala	State: FL Z	ip Code: 34491					
Type of Water Treated	by Plant: X Raw Ground Water Pu	rchased Finished Wat	er							
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	100,000								
Plant Category (per sul	osection 62-699.310(4), F.A.C.):			on 62-699.310(4), F.A.C.):						
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked						
Lead/Chief Operator:	Mark March	C	8287	3 Days	per week					
Other Operators:	Tom Felton	С	2241	3 Days per week						
A STATE OF THE PARTY OF THE PAR										
The second secon										
V 6 15 1 1	LCL: CO									
II. Certification by Lead										
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	chief operator of the	e water treatment plant	identified in Part I of this	report. I certify that the					
	this report is true and accurate to the best of my knowled									
	0 or other applicable standards referenced in subsection of									
	n day that a licensed operator staffed or visited this plant									
	le, appropriate treatment process performance records. I									
	ogether with copues of this report, at a convenient location			nar operations records to t						
owner can retain them, t	ogenier with copies of this report, at a convenient location	on tot at least tell ye	as.							
	Mark March			C8287						
Signature and Date	Printed or Typed Nam	Α		License Number						
Signature and Date	rimed of Typed Nam			Diceise Number						

PWS Io	lentificat	ion Number	r	3424042		Plant Name:	Fairfax Hi	lis							
III Dai	ly Data f	or the Mont	th/Year of		April-04										
			og Virus Inactiv				Free (Chlorine	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chlorar	nines)
		t Radiation			Other (Describe	·)·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* Ш	Omormo i	DIOXIGO	Ь,	,220.11C	combined cinorine (cinoral	micsy
			ıal Maintained i	n Dietributio		· · · · · · · · · · · · · · · · · · ·			Free Chl	orine		mhinad C	hlorine (Chlor	rominas) Chlori	ne Dioxide
Type o	Distille	ctant reside	AT VALUE SIGN		CT Calculations	or IW Dose to I	Demonstrate I	Four Los				Milonieu C	morme (Cinoi	The state of the s	ie Dioxide
	D				C1 Calculators,	CT Calcu		Out-LOE	VII US MIACHY	ацон, и трр	UV	Dose			
	Days Plant			47 + 8 - 9		01 04104	Lowest CT					1	V		
	Staffed		*		Lowest Residual	Disinfectant	Provided		l .'				Lowest Residual		
}	or		- •		Disinfectant	Contact Time	Before or	}					Disinfectant		1 - 4 - 1
	Visited				Concentration	(T) at C	at First		l * '		Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operati	ng Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that	
Month 1	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out	of Operation
.2	Х	24 hrs 24 hrs	24,000 23,000				ļ	├ ──	 				0.0		
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29		24 hrs	21,000										<u> </u>		
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31 .		24 hrs													
Total			736,000				•			•	4			<u></u>	-
Average		SAMPLY	24,533]											
Maximu	m .		34,000	1											

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



See page 4 for instructions

I. General Information for	the Month/Year of:	May-04					
A. Public Water System (PWS) Information						
PWS Name: Fa	airfax Hills			ř	WS Identifica	ation Number:	3424042
		on-Transient Non-Com	munity	Transient N	Non-Communi	ty 🔲	Consecutive
Number of Service Conne	ections at End of Month:	85		Total Populat	tion Served at	End of Month:	298
	quaSource Utility, Inc.						
	lichael Fitzgerald			Contact Perso		Area Manager - Flor	rida
Contact Person's Mailing						State: FL	Zip Code: 34470
Contact Person's Telepho				Contact Perso	on Person's Far	x Number:	(352) 732-3213
Contact Person's E-Mail		d@aquaamerica.com					
B. Water Treatment Plant	Information						
Plant Name: F	airfax Hills			F	Plant Telephor	ne Number:	(352) 369-4881
	4143 S.E. 45th Ct.				Ocala S	State: FL	Zip Code: 34491
Type of Water Treated by			rchased Finished Wa	ter			
	Operating Capacity of Plant, gallon	s per day:	100,000				
	ection 62-699.310(4), F.A.C.):					62-699.310(4), F.A	
	Name		License Class	License	Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March		С	82	87		3 Days per week
Other Operators:	Tom Felton		C	224	41		3 Days per week
2004							
L							
			<u> </u>	L			
H C 25 2 L L 12							
II. Certification by Lead (
I, the undersigned water tr	eatment plant operator licensed in	n Florida, am the lead	chief operator of th	e water treati	ment plant id	lentified in Part I o	of this report. I certify that the
information provided in th	is report is true and accurate to th	e best of my knowled	lge. I certify that all	l drinking wa	iter treatment	t chemicals used a	t thisplant conform to NSF
	or other applicable standards refe						
	day that a licensed operator staffe						
							ds to the PWS owner so the PWS
	gether with copues of this report,					operations recor	
Owner can retain mem, to	source with copies of this report,	a a convenient iocati	on for at least tell ye	ais.			
		Mark March				C8287	
Signature and Date		Printed or Typed Nam	e		-	License Number	
grand on the Date		or typourtuin	-		•		

DEP Form 62-555.900(3)Attemate Page 1

PWS Id	lentificat	ion Number	:	3424042		Plant Name:	Fairfax Hi	lls						
III Dai	ly Data f	or the Mont	h Year of		May-04									
			og Virus Inactiv	viation/Rem			Free (Chlorin	e	Chlorine I	Diovide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	-)·		211101111	ٔ ت	Cinornic I	JIOXIGC	ш,	520HC	Combined Cinornic (Cinoralianes)
			ıal Maintained i			-).			Free Chl	anina .		mbin od C	hloring (Chlor	Chloring Disvide
Type of	I DISINIO	Ciant Reside	iai iviailitailitti i	II DISUIDUUC		and the second of the second	a proposition of the second					omoinea C	hlorine (Chlor	ramines) Chlorine Dioxide
				e Maleumenteksi s	C1 Calculations	or UV Dose, to I		our-Log	virus inacuv	ation, it App	UV.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
* * *	Days					Ci Calco	1077		<u> </u>	in the second	* * .U V .			
	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided		Ì				Lowest Residual	
	OT	1 .	1		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited		-		Concentration	(T) at C	at First		1		Lowest	Minimum	Concentration	
	by	5 5	Net Quanity	l s f	(C) Before or at	Measurement	Customer	Temp.	İ	Minimum	Operating		at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
**41.5%		24 hrs	21,000		l			L						
2		24 hrs	21,000											
> 33 /s.	Х	24 hrs	20,000										0.8	
4		24 hrs	20,000		<u> </u>			<u> </u>						
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6		24 hrs	25,000	<u> </u>				<u> </u>	<u> </u>	<u> </u>		<u> </u>		
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×410 ×	X	24 hrs	27,000					1				<u> </u>	1.1	
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. 13 °. 314 ∵	X	24 hrs 24 hrs	28,500 25,000	<u> </u>			<u> </u>	 		 	 	-	1.1	<u> </u>
15	 ^- -	24 hrs	23,000	1		-	 	-			-	 	1.1	
16	 	24 hrs	23,000					 		<u> </u>	 	 	1	
17.3	X	24 hrs	18,000	 	 			 	 	 	 	 	1	
- 18	<u> </u>	24 hrs	18,000	 	 	 		 	 	 	 	 	 	
19	х	24 hrs	23,000	 	 	 		 				 	1.2	
20	 	24 hrs	24,000			 	1	<u> </u>	<u> </u>	1	<u> </u>	<u> </u>	1	
21	Х	24 hrs	32,000				T	1		1	†	†	1	
-022	<u> </u>	24 hrs	32,000	†			t	1		1				
23:5		24 hrs	32,000										İ	
24	Х	24 hrs	27,500				1						1	
· 25·/		24 hrs	27,500											
26	Х	24 hrs	33,500										1.2	
:27		24 hrs	33,500										<u></u>	
28	X	24 hrs	32,600	<u> </u>									0.8	
∴29		24 hrs	32,600		<u> </u>	1	<u> </u>			<u> </u>	<u> </u>			<u> </u>
: 30		24 hrs	32,600	<u> </u>			<u> </u>	Ļ	<u> </u>	ļ	<u> </u>	1	<u> </u>	
31	X	24 hrs	37,000		L	L		<u></u>	1	<u> </u>	<u> </u>	<u> </u>	0.7	
Total		4,7.69%7%	820,800	-										
Average		31. 427.652	26,477	1										

37,000

Maximum

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



see page . To moraetions							
1. General Information for the Month Year of:	June-04						
A. Public Water System (PWS) Information							
PWS Name: Fairfax Hills			PWS	Identification N	umber:	3424042	
PWS Type: X Community	Non-Transient Non-Comr	nunity	Transient Non-	Community		Consecutive	
Number of Service Connections at End of Month:	85		Total Population	Served at End of	Month:	298	
PWS Owner: AquaSource Utility, Inc.							
Contact Person: Michael Fitzgerald			Contact Person's	Title: Area M	anager - Flor	rida	
Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocal		FL	Zip Code:	34470
Contact Person's Telephone Number: (352) 369			Contact Person P	erson's Fax Num	ber:	(352) 732-3	213
	rald@aquaamerica.com						
B. Water Treatment Plant Information							
Plant Name: Fairfax Hills			Plan	t Telephone Num	iber:	(352) 369-4	881
Plant Address: 14143 S.E. 45th Ct.			City: Ocal	a State:	FL	Zip Code:	34491
Type of Water Treated by Plant: X Raw Ground		chased Finished Wa	iter				
Permitted Maximum Day Operating Capacity of Plant, gal	lons per day:	100,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):			Plant Class (per s		9.310(4), F.A	C.):	
Licensed Operators Name	华语等的是国际的主义的	License Class	License Nun	nber	Day	(s)/Shift(s) Wor	ked
Lead/Chief Operator: Mark Mar	ch	C	8287		3	3 Days per week	
Other Operators: Tom Felto	on	С	2241			3 Days per week	
			<u> </u>				·

			<u>L </u>				
H. Cartification by Land Chief Consequent							
II. Certification by Lead/Chief Operator							
I, the undersigned water treatment plant operator licensed	d in Florida, am the lead/o	chief operator of th	ne water treatmen	t plant identifie	d in Part I o	of this report. I	certify that the
information provided in this report is true and accurate to	the best of my knowleds	ge. I certify that al	l drinking water t	reatment chemi	icals used at	thisplant confe	orm to NSF
International Standard 60 or other applicable standards re							
plant were prepared each day that a licensed operator sta							
rates; and (2) if applicable, appropriate treatment process							
owner can retain them, together with copues of this report				additional opera	ations record	us to the 1 W5 (owner so the r w s
the can read them, together with copies of this repor	i, ai a convenient nocation	n non an icast icil ye	ais.				
· · · · · · · · · · · · · · · · · · ·							
; ;	Mark March			C8287			
Signature and Date	Printed or Typed Name				Number		
in the same of the	rinica or Typou Name			Liceise	, 1 40111UCI		
DEP Form 62-555.9C0(3)A3ernate		Page 1					

PWS Ic	lentificat	ion Number	-	3424042		Plant Name:	Fairfax Hi	lls							
111 15 1	L () (1.037		T . 04										
III. Dai	IV Data I	or the Mont	h/Year of:		June-04										
			og Virus Inactiv	viation/Rem			Free (Chlorin		Chlorine I	Dioxide		Dzone	Combined Chlorine (C	Chloramines)
		t Radiation		<u></u>	Other (Describe	:):									
Type of	f Disinfe	ctant Residu	al Maintained in	n Distributio					Free Chl		Co	mbined C	hlorine (Chlor	ramines)	Chlorine Dioxide
250					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	icable*				1800 - 人名雷克斯·
1 1/1/2014 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Days					CT Calcu	ations				UV	Dose			
	Plant				Avita		Lowest CT						Lowest		
	Staffed	<u> </u>			Lowest Residual	Disinfectant	Provided						Residual		
	or	1			Disinfectant	Contact Time	Before or						Disinfectant		
	Visited		NI-t O		Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement	Customer	Temp.	** 6	Minimum	Operating	UV Dose	at Remote		
the	(Place	Plant in	Water	Peak Flow	During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required,	Point in	Emergency or Abnormal	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C Water,	Applicable	mg-min/L	sec/cm2	mW sec/cm2	Distribution	Repair or Maintenance Wo	
131		24 hrs	37,000	tune, gpu	11011, 11191	minaco	IIIG IIIIII D	<u> </u>	тррисавіс	mg-mmr	SCURITZ	SCC/CITZ	System, mg/L	Water System Compone	nis Out of Operation
2 **	х	24 hrs	28,500										0.8		
° ∷ 3 ·		24 hrs	28,500			**.							0.8		
-4.	Х	24 hrs	22,800			**					 	<u> </u>	1		
5.		24 hrs	22,800												
6 **		24 hrs	22,800												
- :7 '∴,	Х	24 hrs	20,500										1.2		
- 8		24 hrs	20,500												
9 -	X	24 hrs	20,000										1.1		/
10,		24 hrs	20,000											*** ** <u> ** </u>	
111	X	24 hrs	23,000										0.9		
2.12		24 hrs	23,000												
13		24 hrs	23,000												
14	X	24 hrs	20,000										1		
.15	4,	24 hrs	20,000												
16 17	X	24 hrs	23,000										1.1		
18	v	24 hrs	23,000								·	 			
19	X	24 hrs 24 hrs	26,600 26,600					ļ			ļ		1.1		
20		24 hrs	26,700			<u> </u>	-	}		<u> </u>	ļ				
21	х	24 hrs	20,700					 			 		1		
22		24 hrs	20,500								-		1		
23.	х	24 hrs	22,000		-						 		1.1		
24		24 hrs	22,000		<u> </u>							-	1.1		
25	Х	24 hrs	23,000				-					 	1.2		
26		24 hrs	23,000	 	1	· · · · · · · · · · · · · · · · · · ·					 	-			
-27		24 hrs	24,000								<u> </u>	-			
28	Х	24 hrs	23,500				 				†		1		
29		24 hrs	23,500												
30	Х	24 hrs	24,000										1.1		
.31		24 hrs													
Total		29. 运行的	704,300												
Average			23,477	1											

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



oce page 4 for instructions	
1. General Information for the Month/Year of: July-04	
A. Public Water System (PWS) Information	
PWS Name: Fairfax Hills PWS Ide	entification Number: 3424042
PWS Type: X Community Non-Transient Non-Community Transient Non-Community	nmunity Consecutive
Number of Service Connections at End of Month: 85 Total Population Serv	ved at End of Month: 298
PWS Owner: Aqua Utilities Florida	
Contact Person: Michael Fitzgerald Contact Person's Title	e: Area Manager - Florida
Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881 Contact Person Person	
Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com	
B. Water Treatment Plant Information	
Plant Name: Fairfax Hills Plant Te	lephone Number: (352) 369-4881
Plant Address: 14143 S.E. 45th Ct. City: Ocala	State: FL Zip Code: 34491
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,000	
	section 62-699.310(4), F.A.C.):
Licensed Operators Name License Class License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator: Mark March C 8287	3 Days per week
Other Operators:	
II. Certification by Lead/Chief Operator	
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant	ant identified in Part I of this report. I certify that the
information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treat	
International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that	
	•
plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) re	
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these add	litional operations records to the PWS owner so the PW
owner can retain them, together with copues of this report, at a convenient location for at least ten years.	
Mark March	C8287
Signature and Date Printed or Typed Name	License Number
DEP Form 62-555.900(3)Alternate Page 1	

PWS Io	lentificat	ion Number		3424042		Plant Name:	Fairfax Hi	lls						
III. Dai	ly Data f	or the Mont	h Your of		July-04								··	
			og Virus Inactiv				Free (Chlorine	. []	Chlorine I	Diovide		Dzone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	٠١٠	☐ max	<i>/</i> 11101111	· Ц	Cinornic L	JOAIGC	ш,	220HC	Combined Cinorale (Cinoralines)
			al Maintained i	n Dietributio		·)·		<u>-</u> -	Free Chl	orino	1 6	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
Type o	Distille	To the control	iai iviailitailieu į	ii Distributio	CT Calculations,	or I'IV Door to I	TELESCO TO	L Court Coo				momeu C		Zaninies) Chlothie Dioxide
					C1 Calculations,	CT Calcu		oui-120g	V II US THACHY	ацоп, п Аррі	UV	Tose		
	Days Plant					01 0410	Lowest CT	1				0.50	Lowest	事情感到这多数特别,为他想想在这样的心里。
	Staffed				Lowest Residual	Disinfectant	Provided	·					Residual	
	ог				Disinfectant	Contact Time	Before or		,				Disinfectant	
	Visited		• •	•	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
41		24 hrs	24,000					<u> </u>						
2:	X	24 hrs	21,300						L				1.2	
%-8 ₊ %		24 hrs	21,300					 		<u> </u>				
75]	X	24 hrs 24 hrs	21,400 31,000										- 11	
6%"		24 hrs 24 hrs	31,000										1.1	
75	х	24 hrs	34,000							<u> </u>	<u> </u>		1.7	
3.83		24 hrs	34,000	 				 		 	l		1.7	
29.	х	24 hrs	24,300										1.3	
* 10		24 hrs	24,300				· · · · · · · · · · · · · · · · · · ·	 					1.5	
211°		24 hrs	24,300				l			·, ···		·		
712	х	24 hrs	19,000	· · · · · · · · · · · · · · · · · · ·				 					1.3	
13		24 hrs	19,000							i — —				
14	х	24 hrs	28,500										1.2	
15		24 hrs	28,500	i										
116	Х	24 hrs	20,600										1.2	
47.		24 hrs	20,600											
.18		24 hrs	20,700											
19 ;	Х	24 hrs	19,500									<u> </u>	1.1	
20		24 hrs	19,500					<u> </u>	<u> : </u>		ļ			
21	X	24 hrs	21,500					⊢ —			ļ. ——		1.2	
22		24 hrs	21,500					├ ──		<u> </u>		ļ		
33 :-	X	24 hrs	21,000					 		<u> </u>	ļ		1.1	
24 °		24 hrs 24 hrs	21,000 21,000	ļ					ļ		J	 	}	}
±26	x	24 hrs 24 hrs	21,000			,		 	_		 	 	1.2	
27		24 hrs	22,000	 				 	l	-		 	1.2	
28	х	24 hrs	18,500		 		 	 			 	 	1.1	<u> </u>
29		24 hrs	18,500		 			 -					l	
307	х	24 hrs	18,000	 -	 			 	t	†		t	1.2	
31		24 hrs	18,000								<u> </u>			
Total		ACAME LITE	708,800				A	-					·	
Average	14.884		22,865	1										

Maximum

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



I. General Information for the Month/Y	ear of: August-04				
A. Public Water System (PWS) Inform		****	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PWS Name: Fairfax Hills			PWS Identi	fication Number:	3424042
PWS Type: X Community	Non-Transient Non-Com	ımunity	Transient Non-Comm	unity	Consecutive
Number of Service Connections at End	of Month: 85		Total Population Served	at End of Month:	298
PWS Owner: Aqua Utilities F					
Contact Person: Michael Fitzger			Contact Person's Title:	Area Manager - Flor	
	343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number:	(352) 369-4881		Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	<u>] </u>			
B. Water Treatment Plant Information					
Plant Name: Fairfax Hills			Plant Telep	hone Number:	(352) 369-4881
Plant Address: 14143 S.E. 45th			City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated by Plant:		urchased Finished Wa	ater		
Permitted Maximum Day Operating Ca		100,000			
Plant Category (per subsection 62-699.			Plant Class (per subsect		
	Name	License Class	License Number	Day	y(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287		3 Days per week
Other Operators:					
					<u></u>
				_	
			<u></u>		
II. Certification by Lead Chief Operato	r				
				· · · · · · · · · · · · · · · · · · ·	
: = =	operator licensed in Florida, am the lead	-	_		-
information provided in this report is tru	ue and accurate to the best of my knowled	ige. I certify that al	I drinking water treatme	ent chemicals used at	t thisplant conform to NSF
International Standard 60 or other appli	cable standards referenced in subsection (62-555.320(3), F.A.	.C. I also certify that th	e following addition:	al operations records for this
	nsed operator staffed or visited this plant				
	treatment process performance records. I				
	pues of this report, at a convenient location			onar operations record	
with the same district to be a second with the	pado or and report, at a convenient location	on for at least tell ye	Jui J.		
! 					
0:	Mark March			C8287	
Signature and Date	Printed or Typed Nam	ie		License Number	
DEP Form 62-555.900(3)Alternate		Page 1			

PWS Ic	lentificat	tion Number	-	3424042		Plant Name:	Fairfax Hi	ls						
III Dai	ly Data (for the Mont	h/Year of:		August-04	·								
			og Virus Inactiv				Free (Chlorine		Chlorine [Viavida	777)	Combined Chloring (Chloring)
		et Radiation			Other (Describe	۸.	П неес	.111 () 1111(Chiorine L	Jioxide		Ozone	Combined Chlorine (Chloramines)
			al Maintained i			<i>غ</i>):			1 n . a	.	T 1 2	<u></u>		
Type o	Distille	Ctant Residu					27000 0000	1	Free Chl			mbined C	hlorine (Chlor	
					CT Calculations,			our-Log	Virus Inactiv	ation, if Appl		andron <u>fe</u> r		
	Days				- 	CT Calcu	T		1 1 1 2 2 2 2 2 2 2		UV	Dose	- 3.3	
	Plant Staffed				T 75	5	Lowest CT						Lowest	
	or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or					·	Residual	
:	Visited	4.5 56 6	1.3.	·	Concentration	(T) at C	at First		٠.		Lowest	Minimum	Disinfectant	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	Concentration at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1.5万1差点7		24 hrs	18,000						·••					Jessey out of Operation
2	X	24 hrs	19,000										1.2	
- 3	X	24 hrs	19,000											
4.	X	24 hrs	19,000										1.3	
5		24 hrs	19,000											
- 6	X	24 hrs	19,600										1.3	***************************************
.7		24 hrs	19,600											
8		24 hrs	19,700											
.9	Х	24 hrs	20,000										I	
10		24 hrs	20,000											
11	X	24 hrs	17,500										1	
12		24 hrs	17,500											
13	Х	24 hrs	22,000		i								1.2	
14		24 hrs	22,000				ļ							
15		24 hrs	22,000											
16	Х	24 hrs	20,000										1.1	
. 17		24 hrs	20,000											
18	X	24 hrs	21,000										1.2	
-19	17	24 hrs	22,000				ļ							
20	Х	24 hrs	20,600				ļ						11	
21		24 hrs	21,000				<u> </u>							
22	v	24 hrs	21,000				-	<u> </u>				<u> </u>	<u> </u>	
	X	24 hrs	22,000										1	
24 25	X	24 hrs	22,000				ļ						•	
26	^	24 hrs	19,500 19,500										1	
27	Х	24 hrs 24 hrs	22,600				<u> </u>						1.1	
28	 ^	24 hrs	22,600				1					 	1.1	
-29		24 hrs	22,700											
~ 30.	x	24 hrs	26,500					-					1	
31	 ^-	24 hrs	26,500				<u> </u>					 		
Total		1 1 (a) 1	643,400				L	L		L	L	L		1
Average			20,755	1										

26,500

Maximum

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



See page 4 for instructions

DE³ Form 62-555.930(3)Alternate

I. General Information t	or the Month/Year of:	September-04					······································	
A. Public Water System	(PWS) Information							
	Fairfax Hills				PWS Identific	cation Number:	3424042	
PWS Type:	X Community N	on-Transient Non-Com	munity	Transient	Non-Commun	nity 🔲	Consecutive	
Number of Service Con	nections at End of Month:	85		Total Popul	ation Served a	t End of Month:	298	
	Aqua Utilities Florida							
	Michael Fitzgerald			Contact Per	son's Title:	Area Manager - Fl	orida	,
Contact Person's Mailin	~			City:	Ocala	State: FL	Zip Code:	34470
Contact Person's Teleph				Contact Per	son Person's F	ax Number:	(352) 732-3	3213
Contact Person's E-Mai		d@aquaamerica.com						
B. Water Treatment Pla	nt Information							
Plant Name:	Fairfax Hills				Plant Telepho	one Number:	(352) 369-4	1881
	14143 S.E. 45th Ct.			City:	Ocala	State: FL	Zip Code:	34491
Type of Water Treated			rchased Finished Wa	ter				
	ay Operating Capacity of Plant, gallon	s per day:	100,000					
	section 62-699.310(4), F.A.C.):	V	• · · · · · · · · · · · · · · · · · · ·			n 62-699.310(4), F.		
Licensed Operators	Name		License Class	License	e Number	D	ay(s)/Shift(s) Wor	ked
Lead/Chief Operator:	Mark March		С	8	287		3 Days per week	
Other Operators:								
II. Certification by Leac	Chief Operator							
I, the undersigned water information provided in International Standard 6 plant were prepared each rates; and (2) if applicab	treatment plant operator licensed in this report is true and accurate to the 0 or other applicable standards refer and day that a licensed operator staffed le, appropriate treatment process per ogether with copues of this report, a	e best of my knowled renced in subsection (d or visited this plant erformance records. F	lge. I certify that al 52-555.320(3), F.A. during the month in futhermore, I agree	I drinking w C. I also cendicated about to provide t	vater treatmer ertify that the eve: (1) record	nt chemicals used following additio ds of amounts of o	at thisplant conf nal operations re chemicals used a	form to NSF ecords for this and chemical feed
	<u> </u>	Mark March			_	C8287		
Signature and Date		Printed or Typed Nam	e			License Number		

Page 1

PWS Id	entificat	ion Number	r:	3424042		Plant Name:	Fairfax Hi	lls						
III Dai	Daily Data for the Month Year of: September-04													
			og Virus Inactiv	viation/Rem			Free (Chlorin	e T	Chlorine I	Dioxide	177	Ozone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	e):			` ا		,	<u></u> Ц `		comomité emorane (canonamines)
			ial Maintained in	n Distributio					Free Chl	orine	Co	ombined C	hlorine (Chlor	amines) Chlorine Dioxide
	以北 豐	建筑等			CT Calculations,	or UV Dose, to	Demonstrate I	our-Log	Virus Inactiv	ation, if App				
	Days					CT Calcu	lations				UV	Dose		
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided					}	Residual	
	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First			ł	Lowest	Minimum	Disinfectant	
¥.	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	\$1.0	Minimum	Operating		Concentration at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Morth	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
10	X	24 hrs	18,000		1.6								1.4	
2		24 hrs	19,000					<u> </u>				<u> </u>		
- 3	Х	24 hrs	13,600	 	1.5					ļ		<u> </u>	1.3	
4 5		24 hrs 24 hrs	13,600 13,600	 -			<u> </u>				ļ <u></u>			
6	х	24 hrs	0		0		 	 			<u> </u>	 	0	
.7	X	24 hrs	22,000		0		 		· · · · · · · · · · · · · · · · · · ·			 	0	
- 8	X	24 hrs	30,000		1.8							-	1.4	
9	X	24 hrs	20,000		1.6						 	_	1.2	
10	Х	24 hrs	28,000		1.7							†	1.3	
11.		24 hrs	28,000											
12		24 hrs	28,000			-								
13	X	24 hrs	20,000		1.6			<u> </u>		ļ	ļ	<u> </u>	1.4	
14	32	24 hrs	21,000				<u> </u>		<u> </u>	ļ		 		
15 16×	X	24 hrs 24 hrs	22,000 23,000		1.5			 	ļ			 	1.3	
17	x	24 hrs	25,000		1.5		 		 	 	 		1.2	
18		24 hrs	25,000		1.5		 					 	1.2	
19.		24 hrs	26,000		 		1			 	 	 		
20:	х	24 hrs	23,000		1.4				<u> </u>	ļ ———		 	1.3	
.,21		24 hrs	24,000							1		1		
22%	Х	24 hrs	19,000		1.3								1.2	
∙23 γ-		24 hrs	19,000			_				<u> </u>				
24	X	24 hrs	19,000		1.3		<u> </u>			<u> </u>	L	ļ	1.3	
25 -		24 hrs	19,000	ļ			<u> </u>	!				 		
26	v	24 hrs	20,000		 		ļ			-		 	 	
27. 3 28	X	24 hrs 24 hrs	9.000	 	1.4		 	-	 		 	 -	1,2	
29	$\frac{\hat{x}}{x}$	24 hrs	22,000		1.6				 			-	1.4	
30	$\frac{\hat{x}}{x}$	24 hrs	30,000		1.4	 	-				 	 	1.3	
31		24 hrs		 	<u> </u>	· · · · · · · · · · · · · · · · · · ·	\vdash			1		 	1.5	
	100		599 800			· · · · · · · · · · · · · · · · · · ·						1		

19,993

30,000

Average

Maximum

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



See page 4 for instructions

DEP Form 62-555.900(3; Alternate

I. General Information f	or the Month/Year of: October-04				
A. Public Water System	(PWS) Information				
	Fairfax Hills		PWS Identific	cation Number:	3424042
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Commur	nity 🗀 Co	onsecutive
Number of Service Con	nections at End of Month: 85		Total Population Served a	t End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph			Contact Person Person's F	ax Number:	(352) 732-3213
Contact Person's E-Mai	Address: <u>mvfitzgerald@aquaamerica.com</u>				
B. Water Treatment Plan	nt Information				
Plant Name:	Fairfax Hills		Plant Telepho	one Number:	(352) 369-4881
Plant Address:	14143 S.E. 45th Ct.		City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated	by Plant: X Raw Ground Water Pur	rchased Finished Wa	ter		
		100,000			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsectio		
Licensed Operators	Name	License Class	License Number	Day(s)	/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	3 D	ays per week
Other Operators.	Barry Cohen	Ċ	8253	3 D	ays per week
15-42-46-3-3-3-3					
II. Certification by Leac					
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	e water treatment plant i	dentified in Part I of the	his report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that all	l drinking water treatmer	nt chemicals used at th	isplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	C. I also certify that the	following additional of	operations records for this
nlant were prepared each	a day that a licensed operator staffed or visited this plant of	during the month in	dicated above: (1) recor	ds of amounts of chem	icals used and chemical feed
notes: and (2) if anniesh	le, appropriate treatment process performance records. F	uthermore I serve	to provide these addition	al operations records t	to the PWS owner so the PWS
				iai operations records	to the range owner so the range
owner can retain them, t	ogether with copues of this report, at a convenient location	ni for at least ten ye	ars.		
	No. de Nomanh			C8287	
Citure and Date	Mark March Printed or Typed Name	<u> </u>	nie :	License Number	
Signature and Date	Printed or Typed Name	5		Piccuse lannon	

Page 1

PWS Id	entificati	ion Number	•	3424042		Plant Name:	Fairfax Hi	lls						
III. Dai	v Data f	or the Mont	h'Year of:	<u></u>	October-04	-			1424					
			og Virus Inactiv	viation/Remo			Free C	Chlorine	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		t Radiation		П	Other (Describe	e):			لسا			<u>ا</u>		
			al Maintained in	n Distributio		<u> </u>			Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
<i>∞</i> [\$65]				43.575.55	CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log					The section of	
	Days				JONE NO.	CT Calcu				erake er	ŪVΙ			
	Plant						Lowest CT						Lowest	
-	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited	4			Concentration	(T) at C	at First	l			Lowest	Minimum	Concentration	
Day of	ty Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement	Customer During	Temp.	_11	Minimum	Operating	UV Dose	at Remote	
the	(Place	Plant in	Water	Peak Flow	During Peak	Point During Peak Flow	Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
7.1	x	24 hrs	22,000	, Br -	1.7								1.6	water by break components out of operation
2:4		24 hrs	22,000										1	
ે 3 ક		24 hrs	23,000											
4.4	Х	24 h:s	20,000		1.5								1.3	
5		24 hrs	20,000											
6	Х	24 hrs	20,000		1.4								1.2	
7.		24 hrs	21,000					<u> </u>				ļ		
8	Х	24 hrs	25,000		1.3					<u> </u>			1.2	
9)* 10		24 hrs	25,000 25,000					ļ						
11	x	24 hrs 24 hrs	20,000		1.4								1	
12		24 hrs	19,000		1.4			<u> </u>					1	
13	х	24 hrs	21,000		1.5								1.2	
14		24 hrs	21,000							<u> </u>	<u> </u>			
15	Х	24 hrs	21,000		1.4								1	
16		24 hrs	21,000							<u> </u>				
17		24 hrs	21,000											
18	Х	24 hrs	19,000		1.4								0.9	
19		24 hrs	19,000											
20	Х	24 hrs	24,000	ļ	1.5			 		ļ			0.8	
21		24 hrs	24,000		1.5			 				ļ		
22 🔾	Х	24 hrs	24,000		1.5			ļ	ļ		<u> </u>		1	
23		24 hrs 24 hrs	24,000 24,000	ļ			 		<u> </u>					
25	Х	24 hrs	19,000	 	1.4			-		 			0.9	
26	Α	24 hrs	19,000	 	1.4		 	$\vdash \vdash$	<u></u>	 	 	 	0.5	
27	х	24 hrs	22,000	<u> </u>	1.5				<u> </u>				1	
28		24 hrs	22,000	 			1							
29	Х	24 hrs	29,000		1.6								1	
30 ***		24 hrs	29,000											
31		24 hrs	29,000							L				
			694,000	1										
Average		的名字是	22,387	1										

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



I. General Information for	or the Month Year of: November-04				
A. Public Water System	(PWS) Information				
PWS Name:	Fairfax Hills		PWS Identifi	cation Number: 3424042	
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commu	nity Consecutive	
Number of Service Conf	nections at End of Month: 85		Total Population Served a	at End of Month: 298	
	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailing			City: Ocala	State: FL Zip Code:	34470
Contact Person's Telepho			Contact Person Person's F	Fax Number: (352) 732-32	213
Contact Person's E-Mail					
B. Water Treatment Plan	t Information			· ·	
	Fairfax Hills		Plant Teleph	one Number: (352) 732-60)27
	14143 S.E. 45th Ct.		City: Ocala	State: FL Zip Code:	34491
Type of Water Treated		rchased Finished Wa	ter		
	y Operating Capacity of Plant, gallons per day:	100,000			
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Work	ed
Lead/Chief Operator:	Mark March	С	8287	3 Days per week	
Other Operators:	Barry Cohen	С	8253	3 Days per week	
[4] "一个一个一个一个一个			1		
II. Certification by Lead	Chief Operator				
	reatment plant operator licensed in Florida, am the lead/				
	his report is true and accurate to the best of my knowled				
	or other applicable standards referenced in subsection 6				
plant were prepared each	day that a licensed operator staffed or visited this plant	during the month ir	idicated above: (1) recor	ds of amounts of chemicals used an	d chemical feed
	e, appropriate treatment process performance records. F				
	gether with copues of this report, at a convenient location	. •	•	•	
· · ,	5	,			
	Mark March			C8287	
Signature and Date	Printed or Typed Name	<u> </u>	 -	License Number	
	7.				

PWS Id	lentificati	ion Number	r:	3424042		Plant Name:	Fairfax Hi	lls						
III. Dai	ly Data f	or the Mont	th/Year of:		November-04									
			og Virus Inactiv	viation/Remo			Free (Chlorin	еП	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
l l	Jltraviole	t Radiation			Other (Describe	e):						<u> </u>	لــا	(3,
_	f Disinfe	ctant Residu	ual Maintained is						Free Chl			ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
1.02					CT Calculations,									
	Days		7.50			CT Calcu					UV	Dose		
	Plant					~	Lowest CT						Lowest	
	Staffed cr				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
	Visited	1		. * -	Concentration	(T) at C	at First			1.1	Lowest	Minimum	Disinfectant Concentration	A to the discount
	by		Net Quanity	1.6	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
_he	(Place	Flant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1 2	X	24 hrs 24 hrs	30,000		1.5			├─				_	1.1	
3.	x	24 hrs	30,000 15,000		1.2			 			ļ	 	0.0	
-4	Ŷ	24 hrs	15,000		2,4			 	<u> </u>	}		 	0.8 1.8	
5	x	24 hrs	27,000		2.2			 				 	1.8	
6		24 hrs	27,000		L.L		 	 				 	1.2	
7		24 hrs	27,000					1		<u> </u>	 			
- 8	х	24 hrs	23,000		2.2	1		†	-	<u> </u>	 		1.4	
9		24 hrs	23,000					1						
10	X	24 hrs	30,000		2			L					1.4	
. 11		24 hrs	30,000											
12	X	24 hrs	24,000		1.2			ļ	ļ				0.8	
13	ļ	24 hrs	24,000				 	<u> </u>	 	ļ	 	 -		
14 15	x	24 hrs 24 hrs	25,000		1.2		ļ	-	 				0.9	
16	1-^-	24 hrs	24,000 24,000		1.2		-	-	 		-	 	0.9	
-17	х	24 hrs	27,000		1.2		 	 				 	1	
18		24 hrs	27,000					1				 	•	
19	Х	24 hrs	28,000		1.4			1					1	
20		24 hrs	28,000					1						
/21	Х	24 hrs	25,000		1.6								1.1	
j22		24 hrs	26,000											
23r		24 hrs	26,000					ļ			<u> </u>	<u> </u>	<u> </u>	
24	X	24 hrs	27,000		1.6		ļ			ļ			1.2	
.25	- ;;	24 hrs	28,000				ļ	 	ļ	 	 	ļ	1.2	
⇒26 : 27	X	24 hrs 24 hrs	29,000 29,000		1.5	_		 	 		 	 	1.2	
28.		24 hrs 24 hrs	29,000	 	 		+	 	 	 	-	 		
29	X	24 nrs	27,000	 -	1.5		 	 	 	<u> </u>	 	 	1	
30.	1 ~	24 hrs	27,000		 	†	 	†	 			 		
, 131		24 hrs		 	-		1	1	<u> </u>		1			
Total	v#34-24-N8		781 000		•	•	•	•		-		-		

26,033 30,000

Average Maximum

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



1. General Information f	or the Month/Year of: December-04				
A. Public Water System	· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	Fairfax Hills		PWS Identifi	cation Number: 3424042	2
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commu	nity Consecutiv	e .
Number of Service Con	nections at End of Month: 85		Total Population Served a		
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailin			City: Ocala	State: FL Zip Coo	le: 34470
Contact Person's Teleph	·		Contact Person Person's I	Fax Number: (352) 73	32-3213
Contact Person's E-Mai					
B. Water Treatment Pla	nt Information				
Plant Name:	Fairfax Hills		Plant Teleph	one Number: (352) 73	32-6027
	14143 S.E. 45th Ct.		City: Ocala	State: FL Zip Cod	e: 34491
Type of Water Treated		rchased Finished Wa	nter		
	ay Operating Capacity of Plant, gallons per day:	100,000			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) \	Vorked
Lead/Chief Operator:	Mark March	С	8287	3 Days per w	eek
Other Operators:	Barry Cohen	С	8253	3 Days per w	eek
新 拉克 电通讯					
			•		
		· · · · · ·	<u> </u>		
II Cartification by Load	/Chief ()waystay				_ :
II. Certification by Lead					
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	ne water treatment plant i	dentified in Part I of this report	. I certify that the
information provided in	this report is true and accurate to the best of my knowled	ge. I certify that al	I drinking water treatmen	nt chemicals used at thisplant co	onform to NSF
International Standard 60	O or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	.C. I also certify that the	following additional operation:	s records for this
	day that a licensed operator staffed or visited this plant		-	•	
	le, appropriate treatment process performance records. F				
	ogether with copues of this report, at a convenient location			iai operations records to the 1 w	5 Owner 30 the 1 W5
owner can retain them, t	ogether with copies of this report, at a convenient location	n ioi at icast tell yt	Jai 5.		
	Mark March			C8287	
Signature and Date	Printed or Typed Name	2		License Number	
5		=	•		

PWS Id	lentificat	ion Number	r.	3424042		Plant Name:	Fairfax Hi	lls						
III. Dai	ly Data f	or the Mon	th/Year of		December-04			· · · · · · · · · · · · · · · · · · ·						
Means	of Achie	ving Four-I	og Virus Inactiv	viation/Rem			Free (Chlorine		Chlorine I	Diovide	<u> </u>	Ozone	Combined Chlorine (Chloramines)
	Utraviole	t Radiation	og viras macu		Other (Describe	»)·		J111011111	ت ٢	Cinorine	JOXIUE	Ц,	Jzone	Combined Chlorine (Chloramines)
			ual Maintained in	n Dietributie		-)-			Trus Chi			1: 10	11 : (011	
Type o	Disilife	Ctail Residi	iai iviailitailleu i	n Distributio	CT Calculations	Salarita por la Carlo	an many yes	<u> </u>	Free Chl			mbined C	hlorine (Chlor	
				eright State of the beautiful and the beautiful	C1 Calculations	OF UV Dose, to		our-Log	Virus inactiv	ation, it App		- 10 10 10 10 10 10 10 10 10 10 10 10 10		
	Days					CI Casco				<u> </u>	UV	Dose		
	Plant Staffed				T P	D	Lowest CT		4-1	1 4 4 A			Lowest	
1.1	or		٠.		Lowest Residual Disinfectant	Disinfectant Contact Time	Provided		15.0				Residual	
	Visited			7 S	Concentration	(T) at C	Before or at First						Disinfectant	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Тетр.		Minimum	Lowest Operating	Minimum UV Dose	Concentration	
Day of	Operator	Hours	of Finished	1 12	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	at Remote Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	`"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1.	Х	24 hrs	25,000		1.3								1	Water System Compension State of Spokadon
*: 2		24 hrs	26,000							<u> </u>				
(13) ·	Х	24 hrs	27,000		1.2								1	
1.4		24 hrs	27,000						· · · · · · · · · · · · · · · · · · ·	i				**************************************
⊹ 5.		24 hrs	28,000				,							
.:6	X	24 hrs	31,000		1								1	
7.7		24 hrs	31,000											
. 8.	Х	24 hrs	30,000		1.2								1	
1.9		24 hrs	29,000											
10	Х	24 hrs	28,000		1.2								1	
: 11		24 hrs	28,000											
12		24 hrs	28,000									<u> </u>		
. 13	Х	24 hrs	21,000		1.1								1	
14	Х	24 hrs	20,000		1		İ	<u> </u>					1	
115	Х	24 hrs	20,000		1.1		<u> </u>						1	
16		24 hrs	20,000											
:17	Х	24 hrs	21,000		1.2								1	
18 19		24 hrs	22,000				ļ	.]			ļ	
20	Х	24 hrs 24 hrs	22,000 19,000		1.3		-			ļ	<u> </u>	ļ		
21	_^_	24 hrs	19,000		1.3		}					 -	1	
22	х	24 hrs	20,000		1.4		1		ļ	}	 	ļ	1	
23	 ^ -	24 hrs	20,000		1.4		 	 	· · · · · · · · · · · · · · · · · · ·	 	 	<u> </u>	<u> </u>	
24	х	24 hrs	19,000		1.3		 			 	 	}	1	
25		24 hrs	19,000		1.3					 				
26		24 hrs	18,000							 				
27	Х	24 hrs	23,000		1.2		 	 				 	1	
28		24 hrs	23,000		1.2		 		·					
29	х	24 hrs	25,000		1.3					l	 	 	1	
30		24 hrs	26,000				†				<u> </u>	 	<u> </u>	
31		24 hrs	26,000								 	 		
Total	· 图 / 图		741,000		· · · · · · · · · · · · · · · · · · ·			·						
Average	: 混合		23,903											

31,000

Maximum

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



See page 4 for instructions

DEP Form 62-555.920(3) Alternate

I. General Info	rnation for the Month/Year of: January-05	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************		
A. Public Wate	r System (PWS) Information				
PWS Name:	Fairfax Hills		PWS Identif	ication Number:	3424042
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commu		Consecutive
Number of Se	rvice Connections at End of Month: 85		Total Population Served	at End of Month:	298
PWS Owner:	Aqua Utilities Florida				
Contact Perso			Contact Person's Title:	Area Manager - Flor	
	n's Mailing Address: PO Box 490310	·····	City: Leesburg	State: FL	Zip Code: 34749
	n's Telephone Number: (352) 787-0980		Contact Person Person's	Fax Number:	(352) 787-6333
	n's E-Mail Address: beheath@aquaamerica.com			 	
	ment Plant Information				
Plant Name:	Fairfax Hills			one Number:	(352) 787-0980
Plant Address			City: Ocala	State: FL	Zip Code: 34491
		rchased Finished Wa	iter		
	eximum Day Operating Capacity of Plant, gallons per day:	100,000	In . Ct	(0 (00 210(4) F A	
/ Licensed Ope	y (per subsection 62-699.310(4), F.A.C.): V	License Class	Plant Class (per subsecti		A.C.) D y(s)/Shift(s) Worked
Lead/Chief Or	erator Mark March	С	8287		3 Days per week
Other Operators:					
				+	
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	\$ 30 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		 	 	
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				1	
II. Certification	by Lead Chief Operator				
	ed water treatment plant operator licensed in Florida, am the lead/	chief operator of the	na water treatment nlant	identified in Part Lo	of this report. I certify that the
	vided in this report is true and accurate to the best of my knowled	•	-		
-	•	-	_		-
	andard 60 or other applicable standards referenced in subsection 6		•	•	-
	ared each day that a licensed operator staffed or visited this plant				
rates; and (2) if	applicable, appropriate treatment process performance records. F	Futhermore, I agree	to provide these additio	nal operations record	ds to the PWS owner so the PWS
owner can retai	n them, together with copues of this report, at a convenient location	on for at least ten ye	ears.		
	Mark March			C8287	
Signature and Da	te Printed or Typed Name	e		License Number	

Page 1

PWS Id	entificati	ion Number	•	3424042		Plant Name:	Fairfax Hi	lls						
III. Dail	v Data fo	or the Mont	h/Year of:		January-05	*****			<u> </u>					
			og Virus Inactiv	iation/Remo			Free (Chlorin	e 🗍	Chlorine D	Dioxide	177	Ozone	Combined Chlorine (Chloramines)
Πu	ltraviole	t Radiation	Ü		Other (Describe	e):								•
			al Maintained in	n Distributio					Free Chi	orine	Co	mbined C	hlorine (Chlora	amines) Chlorine Dioxide
127		75 (25)	#1.8572.050%	李在古代建筑		or UV Dose, to	Demonstrate I	our-Log				34.78.99Y		
	Days					CT Calcu			V 645		UVI	Dose		
	Plant			200 B 100 B			Lowest CT		1 1 1		gris real		Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	ļ -]				Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	- by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
	X	24 hrs	17,000	 	14		 	ļ. —					1	
12:		24 hrs	17,000		1.5		<u> </u>	-				ļ		
1:33	X	24 hrs	22,000	 	1.5]			ļ	<u> </u>	1.2	
1.4		24 hrs	23,000				 							
13	<u> </u>	24 hrs	21,000		1.4		<u> </u>	<u> </u>					1.1	
#6:		24 hrs	21,000	-	1.5		 -	-	 			-		
18	<u> </u>	24 hrs 24 hrs	22,000 22,000		1.5		 					 	1.1	
.9		24 hrs 24 hrs	22,000		 		 	ļ				 		
10	X	24 nrs 24 nrs	21,000	-	1.6		 	 				 	1.1	
31		24 hrs	21,000		1.0		 	-			 		1.1	
112	X	24 hrs	25,000	 	1.5		 -	-			 	 	1.1	
133		24 hrs	24,000		1.5		 	1					1.1	
14	X	24 hrs	27,600		1.6		 	 					1.2	
15		24 hrs	27,600	 	1.0			 	 				1.2	
16		24 hrs	27,600	 	 			 					·····	
17	X	24 hrs	26,500		1.8			 					1.4	
18		24 hrs	26,500		1.0			 	_					
119	x	24 hrs	20,000		1.6	_			<u> </u>				1.6	
120		24 hrs	20,000		1.6		t		<u> </u>		 		1.4	
21	Х	24 hrs	21,600		1.8								1.2	
102		24 hrs	21,600				1	1					·	
#23		24 hrs	21,600		1									
24	Х	24 hrs	22,000		1.6			1				ļ	1.4	
125		24 hrs	21,500			<u> </u>			<u> </u>					
26	X	24 hrs	21,500		1.8						ļ	i """	1.6	
127		24 hrs	20,500		1.4]	1.2	
28	Х	24 hrs	20,500		1.2								1	
29		24 hrs	22,000											
130		24 hrs	22,000											
i31	X	24 hrs	22,000		0.9								0.6	
Total	3541TF		690,600]										
Average	不是意义		22,277											

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



Bob Maxon C 2812 3 Days per week Bob Maxon C 2812 3 Days per week	I. General Information for the	e Month Year of: February-05					
PWS Type: XI Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 82 Total Populations Served at End of Month: 287 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager - Florida Contact Person's Title: Area Manager - Florida Contact Person's Title: Area Manager - Florida Contact Person's Fleryson's Nating Address: PO Box 490310 Contact Person's Fleryson's Fl	A. Public Water System (PW	S) Information					
Number of Service Connections at End of Month: 82 Total Population Served at End of Month: 287		ax Hills				3424042	
PWS Owner: Aqua Utilities Florida Contact Person's Mailing Address: PO Box 490310 Contact Person's Title: Area Manager - Florida Contact Person's Telephone Number: (332) 787-0980 Contact Person's E-Mail Address: Deheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Fairfak Hills Plant Address: I4143 S.E. 45th C. City: Ocala State: FL Zip Code: 34499 City: Ocala State: FL Zip Code: 34499 Plant Address: Little Residual State: FL Zip Code: 34499 Plant Address: Little Residual State: FL Zip Code: 34499 Plant Address: Little Residual State: FL Zip Code: 34491 Plant Address: Little Residual State: FL Zip Code: 34491 Plant Code State: FL Zip Code: 34491 Pl			nunity			Consecutive	
Contact Persons Brian Heath Contact Persons Title: Area Manager - Florida				Total Population Served	at End of Month:	287	
Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-0333 Contact Person's Felephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 B. Water Treatment Plant Information Plant Name: Fairfax Hills Plant Telephone Number: (352) 787-0980 Plant Address: Id-143 S.E. 45th Ct. City: Ocala State: FL Zip Code: 34491 Type of Water Treatment Plant Information Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,000 Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.): D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (per subsection 62-699-310(4), F.A.C.) D Plant Category (pe							
Contact Person's E-Mail Address: beheath@aquaamerica.com 8. Water Treatment Plant Information Plant Name: Fairfax Hills Plant Section					··· , · · · · · · · · · · · · · · · · ·		
Contact Person's E-Mail Address: Deheath@aquaamerica.com							
Plant Name: Fairfax Hills Plant Telephone Number: (352) 787-0980				Contact Person Person's	Fax Number:	(352) 787-6333	
Plant Name: Fairfax Hills Plant Telephone Number: (352) 787-0980 Plant Address: 14143 S.E. 45th C. City: Ocala State: FL Zip Code: 34491 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) D Plant Class (Pair Subsection 62-699.310(4), F.A.C.): Name License Class License Number Dayly/Shift(s) Worked Slaed/Chief Pigrator: Mark March C 8287 3 Days per week Plant Class (Per subsection 62-699.310(4), F.A.C.) D Plant Class (Per subsection 62-699.310(4), F.A.C. D Plant Class (Per subsection 62-699.310(4), F.A.C. D Plant Cl	· · · · · · · · · · · · · · · · · · ·						
Plant Address 14143 S.E. 45th Ct. City: Ocala State: FL Zip Code: 34491 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 100,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Category (per subsection 62-699.310(4), F.A.C.): D Plant Category (per subsection 62-699.310(4), F.A.C.): Name License Class License Number Day(s)/Shift(s) Worked Discontinuous Name License Class License Number Day(s)/Shift(s) Worked Discontinuous Name Discontinuous Day(s)/Shift(s) Worked Discontinuous Name Discontinuous Day(s)/Shift(s) Discontinuous Day(s)/Shift(s) Day(s)/Shift(s) Discontinuous Day(s)/Shift(s) Day(s)/Shift(s) Day(s)/Shift(s) Discontinuous Day(s)/Shift(s) Day(s)/Shift(s) Day(s)/Shift(s) Discontinuous Day(s)/Shift(s) Day(s)/S	B. Water Treatment Plant Inf	formation					
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water				Plant Telep	hone Number:		_
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Name License Class License Number Day(s)/Shift(s) Worked License Operators Mark March C 28287 3 Days per week Diter Operators Bob Maxon C 2812 3 Days per week Diter Operators License Class License Number Day(s)/Shift(s) Worked License Class License Number Day(s)/Shift(s) Worked License Class License Number Day(s)/Shift(s) Worked License Number				City: Ocala	State: FL	Zip Code: 34491	
Plant Category (per subsection 62-699.310(4), F.A.C.): Name License Class License Number Day(sy/shift(s) Worked License Number Day(sy/shift(s) Worked License Number Day(sy/shift(s) Worked License Number Day(sy/shift(s) Worked License Number Day(sy/shift(s) Worked License Number Day(sy/shift(s) Worked License Number Day(sy/shift(s) Worked License Number Day(sy/shift(s) Worked License Number Day(sy/shift(s) Worked Day(sy/shift(s) Wor			chased Finished W	ater			
License Class License Number Day(s)/Shift(s) Worked License Class License Number Day(s)/Shift(s) Worked License Class License Number Day(s)/Shift(s) Worked License Class License Number Day(s)/Shift(s) Worked License Class License Number Day(s)/Shift(s) Worked License Class License Number Day(s)/Shift(s) Worked License Class License Number Day(s)/Shift(s) Worked License Number Day(s)/Shift(s) Page Page Page Page Page Page Page Page			100,000				
Biead/Chief Operators: Mark March C 8287 3 Days per week		on 62-699.310(4), F.A.C.): V					
Bob Maxon C 2812 3 Days per week II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical ferates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the Powner can retain them, together with copues of this report, at a convenient location for at least ten years. Mark March Printed or Typed Name C8287 License Number	Licensed Operators	Name	License Class	License Number	D D	ay(s)/Shift(s) Worked	
II. Certification by Lead Chief Operator L, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical fe rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the P owner can retain them, together with copues of this report, at a convenient location for at least ten years. Mark March		Mark March	C	8287		3 Days per week	
II. Certification by Lead Chief Operator L, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical fe rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the P owner can retain them, together with copues of this report, at a convenient location for at least ten years. Mark March	Other Operators:	Bob Maxon	C	2812		3 Days per week	
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the Powner can retain them, together with copues of this report, at a convenient location for at least ten years. Mark March C8287 Printed or Typed Name License Number							
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International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical fe rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the P owner can retain them, together with copues of this report, at a convenient location for at least ten years. Mark March C8287 Signature and Date Printed or Typed Name License Number							
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owner can retain them, together with copues of this report, at a convenient location for at least ten years. Mark March C8287 Signature and Date Printed or Typed Name License Number							
Mark March Signature and Date Printed or Typed Name C8287 License Number					onai operations reco	olas to the L M 2 Omnel 20 H	ic r w 3
Signature and Date Printed or Typed Name License Number	owner can retain them, togeth	er with copues of this report, at a convenient location	n for at least ten y	rears.			
Signature and Date Printed or Typed Name License Number							
Signature and Date Printed or Typed Name License Number					00007		
,	0: 15						
	Signature and Date	Printed or Typed Name	;		License Number		
DEP Form 62,555 900/312kempte	DED Enom 62 555 900/5338		Page 1				

PWS	Ide	entificati	ion Number	•	3424042		Plant Name:	Fairfax Hil	lls				-		
	aily	e Data <u>f</u> e	or the Mont	h Year of:		February-05									
	s o	f Achiev	ing Four-L	og Virus Inactiv				Free C	Chlorin	e 🔲	Chlorine D	Dioxide)zone	Combined Chlorine (Chloramines)
	UI	traviole	t Radiation			Other (Describe):								
Type	of	Disinfec	tant Residu	al Maintained in	Distribution					Free Chl			mbined Cl	lorine (Chlora	amines) Chlorine Dioxide
		, A.	1.	才 學是一		CT Calculations,			our-Log	Virus Inactiv	ation, if Appl				
		Days					CT Calcu		- N. 4.			UVI	Oose		
		Plant						Lowest CT						Lowest	
		Staffed				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual Disinfectant	
		or Visited				Concentration	(T) at C	at First	2.7	te de la companya de la companya de la companya de la companya de la companya de la companya de la companya de		Lowest	Minimum	Concentration	
		by		Net Quanity	,	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Barrier and the second of the
Day	of	Operator	Ecurs	of Finished		First Customer	Point During	During	4	pH of Water,	1	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the		(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Mon	th	"X")	Operation	Produced, gal 21,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C.	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2		X	24 hrs 24 hrs	21,000		0.6		-		 				0.4	
. 3			24 hrs	21,000		V.0		 		 	<u> </u>				
		х	Z4 hrs	22,000	7	0.6								0.4	
. 5			Z4 hrs	22,000											
- 6			24 hrs	22,000											
17		X	24 hrs	23,000		0.8			ļ					0.4	
8			24 hrs	23,000				<u> </u>		<u> </u>	ļ		<u> </u>	0.4	
9	_	X	24 hrs	21,500 21,500		0.8		 	├	 	-			0.4	
310		Х	24 hrs 24 hrs	24,000		0.8		 	├	 	<u> </u>			0.4	
	17.5513	^_	24 hrs	24,000		0.0		 			-				
13			24 hrs	24,000					1	T					
114		Х	24 hrs	23,000		1								0.6	
1			24 hrs	23,000					<u> </u>	ļ					
36	學	X	24 hrs	23,000		0.9		<u> </u>	<u> </u>		ļ			0.6	
	21	7,	24 hrs	23,000	<u> </u>			 		 	 		 	0.6	
110		Х	24 hrs 24 hrs	26,000 28,000		0.9		 	-	 	 	 		0.0	
1			24 hrs	28,000				1	1	1	 	 	T		
1		Х	24 hrs	23,500		0.9					†			0.6	
25			24 hrs	23,500											
		X	24 hrs	20,000		1					<u> </u>			0.6	
24	× [24 hrs	20,000		ļ				 	 -		ļ	0.6	
3:25		X	24 hrs	21,000		0.9		-	-	ļ	 	 		0.6	
27			24 hrs	21,000 21,000	_				 	 	-	 	 		
H	200	X	24 hrs	20,000		0.9		+	1	 	1			0.6	
29			24 hrs	20,000		† v./		 		1	 				
2.50			34 hrs								L				
3			34 hrs							1		<u> </u>	l	l	<u> </u>
Tota		Pho. H	*1000	634,000	1										
Ave	age	N. 45 . 12.	10.46	22,643	1										

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



See page 4 for instructions

	General Information for the Month/Year of:	March-05				
Δ	Public Water System (PWS) Information	Trainer of	The state of the s			
	PWS Name: Fairfax Hills			PWS Identifi	cation Number:	3424042
		Non-Transient Non-Community	Tran	sient Non-Commu		Consecutive
Н	Number of Service Connections at End of Month:	82		Population Served a		287
Н	PWS Owner: Aqua Utilities Florida		1.0	<u> </u>		
М	Contact Person: Brian Heath	AND THE STATE OF T	Conta	ct Person's Title:	Area Manager - F	lorida
	Contact Person's Mailing Address: PO Box 490310		City:	Leesburg	State: FL	Zip Code: 34749
	Contact Person's Telephone Number: (352) 787-0	980		ct Person Person's I		(352) 787-6333
		aguaamerica.com				
В	Water Treatment Plant Information					
	Plant Name: Fairfax Hills			Plant Teleph	one Number:	(352) 787-0980
	Plant Address: 14143 S.E. 45th Ct.	,	City:	Ocala	State: FL	Zip Code: 34491
	Type of Water Treated by Plant: X Raw Ground W	ater				
	Permitted Maximum Day Operating Capacity of Plant, gallor	ns per day: 100,000				
	Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant	Class (per subsection	on 62-699.310(4), F	F.A.C.) D
\mathbb{Z}^{N}	Licensed Operators Name	License Cl	ass L	icense Number	T	Day(s)/Shift(s) Worked
	Lead/Chief Operation: Mark March	С		8287		3 Days per week
O	her Operators Bob Maxon	С		2812		3 Days per week
1						
100						
15						
i C					1	
ħ,						
1.5						
1.1.1					<u> </u>	
			<u>_</u>		<u> </u>	·
11	. Certification by Lead/Chief Operator					
	the undersigned water treatment plant operator licensed i					
in	formation provided in this report is true and accurate to the	he best of my knowledge. I certify t	hat all drink	ing water treatme	nt chemicals used	at thisplant conform to NSF
Īn	ternational Standard 60 or other applicable standards refe	erenced in subsection 62-555.320(3)	, F.A.C. I al	so certify that the	following addition	onal operations records for this
pl	ant were prepared each day that a licensed operator staffe	ed or visited this plant during the mo	nth indicate	d above: (1) recor	ds of amounts of	chemicals used and chemical feed
-	tes; and (2) if applicable, appropriate treatment process p	• •		, ,		
	wher can retain them, together with copues of this report,		-		1	
-	The second second with solves of mis tohold	and a solitonia in the first terms.	,			
ļ		Mark March			C8287	
Si	gnature and Date	Printed or Typed Name			License Number	
j						
ĊE	P Form 62-555.90(3)Atternate	Page 1				

PWS	Ide	entificat	ion Number	:	3424042		Plant Name:	Fairfax Hil	lls						
111. C	aif	v Data f	or the Montl	Year of:		March-05									
				og Virus Inactiv				Free C	Chlorine	e T	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
ΙП			t Radiation			Other (Describe):	Ш		نــا ٠			<u> </u>		(0,
Tyne				al Maintained in	Distribution		/			Free Chle	orine	Co	mbined Cl	nlorine (Chlora	amines) Chlorine Dioxide
.,,	ों	學是如此學	WIND A	Warshall Cal	Distribution	CT Calculations	or UV Dose to I	Demonstrate F	Out-Log				3 7 4 6 5		
***		Dava		a∰gad kan a sa Matu					Jul Dog	VALUE AMADOLI VI	ution, it rippi	UVI	Dose		
		Days Plant						Lowest CT						Lowest	
		Staffed		14		Lowest Residual	Disinfectant	Provided						Residual	
		or				Disinfectant	Contact Time	Before or						Disinfectant	
	Н	Visited				Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
-		by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day		Operator	Heurs	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	1 1	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	1	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Mon	un	"X")	Operation 24 hrs	Produced, gal 20,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
- 22		X	24 hrs	19,000		1		 	 -	 	 			0.8	
3			24 hrs	19,000				-		-				0.0	
3		X	24 hrs	22,000		1					 	 		0.8	
25	Ħ		24 hrs	22,000				 				<u> </u>		0.0	
-6		-	24 hrs	22,000											
3		Х	24 hrs	18,500		I								0.8	
- 8			24 hrs	18,500											
-9		X	24 hrs	1,950		1								0.8	
`I(24 hrs	19,500				<u> </u>	ļ	ļ					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
		X	24 hrs	22,333		1		<u> </u>		 		ļ		0.8	
32	-		24 ars	22,333					ļ			ļ			
31E	-	x	24 hrs 24 hrs	22,333 21,000	·····	1				-				0.8	
	-		24 hrs	21,000		1	-	 	 	 				0.0	
37		Х	24 hrs	20,000		1						 		0.8	
3			24 hrs	20,000		-							 		
118		Х	24 hrs	22,300		1.1							· · · · · · · · · · · · · · · · · · ·	0.8	
39	-		24 hrs	22,300						Ţ					
. 20			24 hrs	22,300											
2		X	24 hrs	21,500		1								0.8	Autro — Marine
21			24 hrs	21,500				<u> </u>	<u> </u>				ļ		
2		X	24 hrs	23,000		1		ļ	 	ļ	ļ	 	ļ	0.8	
24			24 hrs	23,000		ļ		ļ	ļ	<u> </u>	ļ				
2	_	X	24 hrs	24,000		1		<u> </u>	-	1	ļ	ļ	 	0.8	
20		-	24 hrs	24,000 24,000		ļ		-	 	<u> </u>	 	 	 		
21	2.7	Х	24 hrs 24 hrs	22,000	ļ	1.1	-	 	 	 	 	 	 	0.9	
29			24 hrs	22,000		1 1.1			<u> </u>			 			
30		X	24 hrs	22,500		1		t	†	†	!	<u> </u>	†	0.9	
3			24 hrs	22,500			-		1		†				
Teta		建一块 类		648,349				-	-	•		•	•		
Ava	age			20,914	1										

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



ove page 1 for monactions		· · · · · · · · · · · · · · · · · · ·		
I. General Information for the Month/Year of:	April-05			
A Public Water System (PWS) Information				
PWS Name: Fairfax Hills		PWS Identifi	cation Number:	3424042
	Non-Transient Non-Community	Transient Non-Commun	nity	Consecutive
Number of Service Connections at End of Month:	82	Total Population Served a	t End of Month:	287
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-		Contact Person Person's F	ax Number:	(352) 787-6333
Contact Persor's E-Mail Address: beheath@	<u> Daquaamerica.com</u>			
B Water Treatment Plant Information				
Plant Name: Fairfax Hills		Plant Telepho	one Number:	(352) 787-0980
Plant Address: 14143 S.E. 45th Ct.		City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated by Plant: X Raw Ground V	Vater Purchased Finished Water	ater		
Permitted Maximum Day Operating Capacity of Plant, gallo	ons per day: 100,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection	n 62-699.310(4), F. <i>A</i>	A.C.) D
Licensed Operators Name	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator: Mark March	n C	8287		3 Days per week
Other Operators Bob Maxon	C	2810		3 Days per week
II. Certification by Lead/Chief Operator				
L the undersigned water treatment plant operator licensed	in Florida, am the lead/chief operator of t	he water treatment plant i	dentified in Part I	of this report. I certify that the
information provided in this report is true and accurate to	· · · · · · · · · · · · · · · · · · ·	-		
International Standard 60 or other applicable standards ref	· · · · · · · · · · · · · · · · · · ·	-		•
):			_	=
plant were prepared each day that a licensed operator staff				
rates; and (2) if applicable, appropriate treatment process p	•	=	ial operations recor	ds to the PWS owner so the PWS
owner can retain them, together with copues of this report	, at a convenient location for at least ten y	ears.		
			~~~	
	Mark March		C8287	
Signature and Date	Printed or Typed Name		License Number	
CEP Form 62-555.900(3)Acernate	Page 1			

PWS I	lentifica	t on Numbe	r:	3424042		Plant Name:	Fairfax Hil	ls						
III Dai	III Daily Data for the Month Year of: April-05													
			og Virus Inactiv	iation/Remo			Free C	hlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
	Jltraviol	et Radiation			Other (Describe	:):							لبيا	`
			ual Maintained in	n Distribution		<u></u>		Г	Free Chle	orine	Co	mbined C	nlorine (Chlora	emines) Chlorine Dioxide
	2.2.3	11111			CT Calculations	or UV Dose, to I	Demonstrate F	our-Log			icable*		sar India	
	Days					CT Calcu		17	Tank in		UVI	Dose		[독일상대 회생기
	Plant						Lowest CT	- 11		1			Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
1	Visited				Concentration	(T) at C	at First	_			Lowest	Minimum	Concentration	
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of Water,	Minimum CT	Operating UV Dose,	UV Dose	at Remote Point in	T
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	Required, mW	Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
4.9. <b>11.</b>	X	24 hrs	13,000		2								1.5	
2		24 hrs	13,000											
3,	<u> </u>	24 hrs	13,000				<u> </u>							
141	X	24 hrs	14,500		1.5								1.2	
:5	<del></del>	24 hrs	14,500		1.7									
16 174	Х	24 hrs 24 hrs	30,000 30,000	<b> </b>	1.7								1.2	
8	Х	24 hrs	26,600		1.8					·	-	ļ	1.4	
. 91		24 hrs	26,600	<del> </del>	1.0								1.4	
10		24 hrs	26,600								-	<u> </u>		
11	Х	24 hrs	22,500		2								1.5	
.12		24 hrs	22,500											
434	X	24 hrs	24,000		1.8								1.4	
14		24 hrs	24,000											
35	Х	24 hrs	16,600		1.6								1.2	
<b>3</b> 64	-	24 hrs	16,600								ļ			
18	Х	24 hrs	16,600 15,000	1	1.8		ļ			-		<b> </b>	1.4	
19	<del>  ^</del>	24 hrs	15,000	<del> </del>	1.0						1		1.74	
20	х	24 hrs	16,000		1.8		<b> </b>					<del>                                     </del>	1.6	
- 21	<u> </u>	24 hrs	16,000		<u> </u>							1		
. 22 €	Х	24 hrs	13,600		1.8				L				1.6	
1:28		24 hrs	13,600											
.24		24 hrs	13,600									<u> </u>		
25	X	24 hrs	13,500	L	1.6		ļ		ļ		ļ		1.2	
26	ļ.,	24 hrs	13,500	ļ	ļ		<b> </b>	<del></del>		_		-	1.4	
27 28	X	24 hrs	13,500 13,500		1.8	<u> </u>	<del> </del>		ļ	<del> </del>	<del> </del>	<b> </b>	1.4	
29	х	24 hrs	14,000	<b></b>	2								1.6	
30	<del>  ^</del>	24 hrs	14,000	<del> </del>					<del> </del>			<del> </del>	1.0	
31	<del>                                     </del>	24 hrs	1 1,000				<del>                                     </del>				<b></b>	<b>†</b>		
	W 18. 11. 18.		535,400						•		•			*
			17,847	1										

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



I. General Info	mation for the Month/Year of: May-05				
	System (PWS) Information				
PWS Name:			PWS Identifi	cation Number:	3424042
PWS Type:		mmunity	Transient Non-Commu		Consecutive
	vice Connections at End of Month: 82		Total Population Served a	_*	287
PWS Owner:	Aqua Utilities Florida			Zila of filonom	
Contact Perso		<del></del>	Contact Person's Title:	Area Manager - Flo	orida
Contact Perso	's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Perso	s's Telephone Number: (352) 787-0980		Contact Person Person's F		(352) 787-6333
Contact Perso	s E-Mail Address: beheath@aquaamerica.com				
B. Water Treat	nent Plant Information				
Plant Name:	Fairfax Hills	······································	Plant Telepho	one Number:	(352) 787-0980
Plant Address			City: Ocala	State: FL	Zip Code: 34491
		Purchased Finished Wa	ater		
	ximum Day Operating Capacity of Plant, gallons per day:	100,000			
	y (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		A.C.) D
Licensed Ope		License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Op	Mark March	С	8287		3 Days per week
Oner Operators	Bob Maxon	C	2810		3 Days per week
	Paul Thompson	A	7251		3 Days per week
				<u></u>	
				<u></u>	
II Certification	by Lead/Chief Operator				
i, the undersign	c water treatment plant operator licensed in Florida, am the lea	d/chief operator of the	he water treatment plant i	dentified in Part I	of this report. I certify that the
information pro	vided in this report is true and accurate to the best of my knowle	edge. I certify that all	ll drinking water treatmer	nt chemicals used a	at thisplant conform to NSF
International St	r.dard 60 or other applicable standards referenced in subsection	62-555.320(3), F.A	.C. I also certify that the	following addition	al operations records for this
plant were prep	red each day that a licensed operator staffed or visited this plan	t during the month in	ndicated above: (1) record	ds of amounts of cl	hemicals used and chemical feed
rates; and (2) if	applicable, appropriate treatment process performance records.	Futhermore, I agree	to provide these addition	al operations reco	rds to the PWS owner so the PW
	them, together with copues of this report, at a convenient locat				
	and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and topological desired and to	ioi at ioast ton y	····		
	Mark March			C8287	
Signature and Da		me		License Number	
	· ·				
CEP Form 62-555.900(3)4	ternate	Page 1			

PWS I	dentifica	ticn Number		3424042		Plant Name:	Fairfax Hi	lls						
III. Da	ly Data	far the Mont	h'Year of:		May-05				<del></del>				<del></del>	
Means	of Achie	eving Four-L	og Virus Inactiv	riation/Remo	val: *		X Free C	Chlorin	е	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
🔲 t	<b>Iltraviol</b>	let Radiation			Other (Describe	):						_		
Type o	f Disinfe	ectant Residu	al Maintained in	n Distribution	n System:			X	Free Chle	orine	Co	mbined C	nlorine (Chlora	amines) Chlorine Dioxide
4.20	对种数				CT Calculations,	or UV Dose, to	Demonstrate F	our-Log	Virus Inactiva	ation, if Appl				
	Days							the is			UV	Dose		
2	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	1					Residual	
G C	or				Disinfectant	Contact Time	Before or				1 1		Disinfectant	
	Visited		N . 0	• .	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
Day of	by	r Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer	Temp.	-II of Wote-	Minimum	Operating	UV Dose	at Remote	F
the	Operato (Place		Water	Peak Flow	During Peak	Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2-314		. 24 hrs	26,000	, , _D , –	, , , , , ,				FF			1 200.000	- January 111. gra	System Components Out of Operation
221	X	24 hrs	32,500		1.1								0.8	
23		24 hrs	32,500							77.7.7.1				
	X	24 hrs	25,500		1.1								0.9	
5 <b>5</b>		24 hrs	25,500											
- 36	X	24 hrrs	18,600		1.1								0.9	
3		24 hrs	18,600				ļ	<u> </u>				<u> </u>		
78	1	24 brs	18,600	<u> </u>	<del> </del>		<u> </u>	ļ			<u> </u>	<u> </u>		
30	X	24 hrs 24 hrs	36,000 36,000		1.8	<del></del>		ļ	ļ <u> </u>		<u> </u>	<b>├</b>	1.4	
11	<del>  x</del>	24 hrs	24,500		1.8	·	<del> </del>	<del> </del>	ļ		<del> </del>	<del>                                      </del>	1.4	
12	1	24 brs	24,500	<del>                                     </del>	1.0								1.4	
13	$\frac{1}{x}$	24 brs	39,300		1.8	<u> </u>	<del>                                     </del>	<del> </del>		<del></del>	<del> </del>	<del> </del>	1.4	
14	1	24 hrs	39,300		1.0				·			<del> </del>		
7		24 hrs	39,300				1				<b></b>	<b>-</b>		
96	X	24 hrs	24,000		1.8					<del></del>			1.4	
11		24 hrs	24,000											
08	X	24 hrs	22,500		1.6								1.2	
219	\$	24 hrs	22,500					<u> </u>						
20	X	24 hrs	26,200		11		ļ					<u> </u>	0.8	
A. 24		24 hrs	26,200		ļ		-					<b>↓_</b>	·	
22	1	24 hrs	26,200	<del> </del>	1 . —		-	<u> </u>	<b></b>			<b></b>		
23	1 X	24 hrs	26,000	<b></b>	11						<del> </del>	<del> </del>	0.8	
24 25	<del>  _x</del>	24 hrs	27,000 26,000		0.4		+	-	<del> </del>	<del> </del>	<del> </del>	+	0.3	
20	+ ^	24 hrs 24 hrs	26,000		0.4		1	-	<del> </del>	<del> </del>	1	<del> </del>	V.3	
24	$\frac{1}{x}$	24 hrs	25,000	<del> </del>	3		1		<b>—</b> —	<del> </del>	†	+	1.8	
28	1	24 hrs	25,000		<u> </u>		t			<b> </b>	†	t		
29	1	24 hrs	25,000			-						$\vdash$		
.5 <b>d</b>	x	24 hrs	26,000		2.6		1		İ., .				1.6	
3.5		24 hrs	26,000											
Total	\$ 14.4K		841,300											
A CEAR			27 120	7										

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



See page 4 for insuractions			
I. General Information for the Month/Year of:	June-05		
A. Public Water System (PWS) Information			
PWS Name Fairfax Hills		PWS Identi	fication Number: 3424042
	on-Transient Non-Community	Transient Non-Commi	unity Consecutive
Number of Service Connections at End of Month:	82	Total Population Served	at End of Month: 287
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0		Contact Person Person's	Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@a	iquaamerica.com		
B. Water Treatment Plant Information			
Plant Name: Fairfax Hills			hone Number: (352) 787-0980
Plant Address: 14143 S.E. 45th Ct.		City: Ocala	State: FL Zip Code: 34491
Type of Water Treated by Plant: X Raw Ground Wa		ater	
Permitted Maximum Day Operating Capacity of Plant, gallon	<del>. ^</del>	<u>.</u>	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		on 62-699.310(4), F.A.C.) D
	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief or entor Mark March	C	8287	3 Days per week
Other Operators Bob Maxon		2810	3 Days per week
Paul Thompsor	Α	7251	3 Days per week
		<u> </u>	
		<u> </u>	<del> </del>
		<u> </u>	
II. Certification by Lead Chief Operator			
(4)			
I, the undersigned water treatment plant operator licensed in			
information provided in this report is true and accurate to th	• •	_	
International Standard 60 or other applicable standards refer			- · · · · · · · · · · · · · · · · · · ·
plant were prepared each day that a licensed operator staffed	d or visited this plant during the month i	ndicated above: (1) reco	rds of amounts of chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process pe	rformance records. Futhermore, I agree	to provide these addition	nal operations records to the PWS owner so the PWS
owner can retain them, together with copues of this report, a	at a convenient location for at least ten y	ears.	-
	•		
1			
	Mark March		C8287
Signature and Date	Printed or Typed Name	<del></del>	License Number
	-		
DEP Form 62-555.900(3)Atternate	Page 1		

PWS I	lentificati	on Number		3424042		Plant Name:	Fairfax Hi	lls						
III Dai	ly Data f	r the Month	· Your all	***	June-05						_			
Means	of Achieu	ing Four L	og Virus Inactiv	ristion/Remo	val· *		X Free (	Chlorin	p	Chlorine I	)iovide	$\Box$	Ozone	Combined Chlorine (Chloramines)
I T	Utraviolet	Radiation	og virus maciiv		Other (Describe		<u>M</u>	)111OI (11	٠ ـــا	Cinornic	NOXIGE	Ц,	)2011C	Combined Chlorine (Chloramines)
			al Maintained in			·)-		Ī	Free Chl	orine	Co	mbined C	hlorine (Chlora	amines) Chlorine Dioxide
Type o	Distilled	s distriction	Transfer in	Distributio		or ITV Dose to	Demonstrate I					monica C	mornie (Cinor	diffices) Chlorine Dioxide
					OI Calculations	CT Calcu		ULL LOE	VII US MIRCHY	ation, it rippi	UV	Dose		
	Days ! Plant		유명류 경기의				Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided					·	Residual	
	or		1 - 1		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited	3.4			Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
D	by	Hous	Net Quanity of F.nished		(C) Before or at First Customer	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Plantin	Vater	Peak Flow	During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water,	CT Required	UV Dose,	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking
Month	("X")	Plant in Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
主機能	X	24 hrs	25,500		2.6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>						1.6	
24		24 hrs	25,500											
23kg	X	24 hrs	22,300	<u></u> _	2.6								1.4	
4	ļļ	24 hrs	22,300	ļ						<u> </u>				
- 35	- <del>,  </del>	24 hrs	22,300							<u> </u>	<del> </del>			
*6j*	X	24 hrs 24 hrs	22,000 22,000	<del> </del> -	2.6		<del> </del>		<del> </del>		<del> </del>		1.4	
8	х	24 hrs	22,000	<del> </del> -	2.6					<del>                                     </del>	-	<del> </del>	1.4	
9	-^-	24 hrs	22,000		2.0			_	<del> </del>	<u> </u>	<del> </del>	<del> </del>	1.4	
10:	х	24 hrs	22,300	<u> </u>	2.3		<b></b>		<u> </u>		<del>                                     </del>		1.3	
113		24 hrs	22,300						1					
12		24 hrs	22,300											
133	Х	24 hrs	22,000		2.4						L		1.3	
14		24 hrs	22,000					ļ	ļ		ļ			
15	X	24 hrs	22,500	-	2.6		ļ		<u> </u>	-		<u> </u>	1.4	
16: 17:	x	24 hrs 24 hrs	22,500 25,300		2.6		<del> </del>	├─-	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>                                      </del>	1.4	
18	^	24 hrs	25,300	-	2.0		ļ	<del>                                     </del>			<del>                                     </del>		1.4	
19.4		24 hrs	25,300	†				<del>                                     </del>						
20	X	24 hrs	24,500		2.8								1.4	
21.		24 hrs	24,500					<u> </u>						
22:	X	24 hrs	21,500		2.4		<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>	<u> </u>	1.2	
23		24 hrs	21,500				ļ	<u> </u>	ļ		<u> </u>	<u> </u>		
24	X	24 hrs	24,000	ļ	1.7		<b> </b>	<b> </b> -	ļ	<b> </b>	ļ		0.7	
25 26		24 hrs 24 hrs	24,000 24,000		<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>		
27	x	24 hrs	24,000		2.4		<del>                                     </del>	<del> </del>	1	<del>                                     </del>	<del> </del>	}	1	
28	1-	24 hrs	24,000	<u> </u>	† <del></del>	<del> </del>	<del> </del>	$\vdash$	<del>†                                      </del>	<del> </del> -	<del> </del>		<del>                                     </del>	
29	x	24 hrs	22,000		2.4			t			†		1	
30		24 hrs	22,000	1							<u> </u>			
34		24 hrs				l								
Total	15.64.346		693 700	1										

25,123 25,500

Average

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



See bares . To linear actions					
<ol> <li>General Information f</li> </ol>	or the Month/Year of: July-05				
A. Public Water System	(PWS) Information				
	Fairfax Hills		PWS Iden	tification Number:	3424042
	X Community ☐ Non-Transient Non-Com	munity	Transient Non-Com		Consecutive
	nections at End of Month: 82		Total Population Serve	ed at End of Month:	287
	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:		
Contact Person's Mailin	<u> </u>		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph			Contact Person Person	's Fax Number:	(352) 787-6333
Contact Person's E-Mai					
B. Water Treatment Plan					
	Fairfax Hills			phone Number:	(352) 787-0980
	14143 S.E. 45th Ct.		City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated		rchased Finished Wa	ater		
	ay Operating Capacity of Plant, gallons per day:	100,000	l=, o, , ,		
	section 62-699.310(4), F.A.C.): V	The Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Committee of the Co		ction 62-699.310(4), F.A	
	Name	License Class	License Number	_	y(s)/Shift(s) Worked
Lead/Chief Operator	Gary Kissick	· C ·	7846		3 Days per week
Other Operators	Mark March	С	8287		3 Days per week
	Paul Thompson	Α	7251		3 Days per week
	T	<u></u>			L
	· · · · · · · · · · · · · · · · · · ·				
	· · · · · · · · · · · · · · · · · · ·				
			<u> </u>		
II. Certification by Lead	Chief Operator				
1 1 1 1	treatment plant operator licensed in Florida, am the lead	-	<del>-</del>		
	this report is true and accurate to the best of my knowled	-	-		<del>-</del>
International Standard 60	O or other applicable standards referenced in subsection 6	52-555.320(3), F.A.	.C. I also certify that t	he following addition	al operations records for this
plant were prepared each	day that a licensed operator staffed or visited this plant	during the month ir	ndicated above: (1) red	ords of amounts of ch	nemicals used and chemical feed
rates; and (2) if applicab	le, appropriate treatment process performance records. F	uthermore, I agree	to provide these addit	ional operations recor	ds to the PWS owner so the PWS
1 1 1 1 2 2 2 2	ogether with copues of this report, at a convenient location	_	<del>-</del>	•	
	Gary Kissick			C7846	
Signature and Date	Printed or Typed Nam	e		License Number	
	•				
DEP Form 62-555 370/3/sitemate		Page 1			

PWS	ldentifi		n Numbe	τ:	3424042		Plant Name:	Fairfax Hi	lls						
III. IS	die Da		the Man	th/Year of:		July-05								· · · · · · · · · · · · · · · · · · ·	
Mag	of Ac	a na	La Carrel	Log Virus Inactiv	viction/Pomo			X Free (	Chlorin		Chlorine I	)iovide	<del></del>	Ozone	Combined Chlorine (Chloramines)
Mean	OI AC	nievi	Radiation	Log virus macuv	/lation/Remo		۸.	V Hæ	711101111	· П	Cinorine	Jioxide	ш,	)2011c	Combined Chlorine (Chloradhines)
				ual Maintained in		Other (Describe	:):		Ī	Free Chl				Lister (Chie	amines) Chlorine Dioxide
1 ype	of Disi	ntect	ant Resid	ual Maintained ii			- 10 to a discrete and the	No average					moinea C	hlorine (Chlor	amines) Chlorine Dioxide
200						C1 Calculations	, or UV Dose, to CT Calcu		our-Log	Virus mactiv	ation, if Appl	UV I	Doce		
	Day Plan				<b></b>	T T	CICARU	Lowest CT	1	I			I	T	[홍경기 기원년 4 기계 기계
	Staff			6.65		Lowest Residual	Disinfectant	Provided						Lowest Residual	
	or	- 11			ļ ·	Disinfectant	Contact Time	Before or	1			}		Disinfectant	
	Visit	ed			l	Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
1	by			Net Quanity	l	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Dayo		tor	Hours	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Plac	æ	Hours Plant in Operation	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Mond			24 hrs	Produced, gal 24.000	Rate, gpd	Flow, mg/L 2.5	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	1	┰	24 hrs	25,000	<b></b>	2.3		<del> </del>						1.2	
- 9-	X	┪	24 hrs	27,000	<del></del>	2		<del> </del>						1.4	
4	1 1	+	24 hrs	27,000	<del> </del>	<del> </del>		<del> </del>						1.7	
- 5		1	24 hrs	28,000				<del>                                     </del>	<del>                                     </del>						
6		_	24 hrs	30,000		2.2		<del>                                     </del>						1.6	
7	1		24 hrs	31,000				1	1						
8	X		24 hrs	29,300		2								1.6	
9	2		24 hrs	29,300											
10			24 hrs	29,300				ļ <u></u>	1						
4	X	-	24 hrs	26,500		2.2		ļ	ļ					1.2	
12	X		24 hrs	26,500				<b></b>	-						
14	8 A		24 hrs	25,500 25,500		2.1		ļ	1					1	
115	X	-	24 hrs	30,300		2.3		<u> </u>	<del> </del>					1.1	
16	1 1	1	24 hrs	30,300										1.1	
17		$\neg$	24 hrs	30,300				<del>                                     </del>			-				
18	X		24 hrs	33,000		1.6			1					0.7	
19	X	$\Box$	24 hrs	30,000		1.5								0.7	
26	X	$\perp$	24 hus	34,000		1.4								11	
21	1	4	24 hrs	34,000	<u> </u>										
22	X	4	24 hrs	33,600	<u> </u>	2.2		ļ	ļ					1.6	
24		-	24 hrs	33,600				<b> </b>							
25	X	+	24 hrs 24 hrs	33,600 36,500		2.2	· · · · · · · · · · · · · · · · · · ·			<u> </u>				1.6	
26	1		24 hrs	36,500		2.2		<del> </del>	-					1.6	<del></del>
27	X		24 hrs	31,500	<u> </u>	2		<del> </del>	1					1.4	
* 28	1	$\dashv$	24 hrs	31,500	<del> </del>	<del></del>		<del> </del>						*	
29	X	十	24 hrs	20,400		2		<del> </del>						1.4	
30	er F	$\Box$	24 hrs	20,400											
31	10		24 hrs	20,400											
Total	(水道)			903,800											
Avero		<b>* 43</b>	124	20 155	J										

36,500

Maximum

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



I.	General Informa	tion for the Month Year of: August-05				
Ā	Public Water S	ystem (PWS) Information				
	PWS Name:	Fairfax Hills		PWS Identif	fication Number: 3424042	
	PWS Type:	☐ Non-Transient Non-Community		Transient Non-Commu	unity Consecutive	
		e Connections at End of Month: 82		Total Population Served	at End of Month: 287	
L	PWS Owner:	Aqua Utilities Florida				
L	Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
L	Contact Person's	Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749	
L		Celephone Number:         (352) 787-0980		Contact Person Person's	Fax Number: (352) 787-6333	
L_	Contact Person's I					
<u>B</u> .		nt Plant Information			·	
_	Plant Name:	Fairfax Hills			hone Number: (352) 787-0980	
L	Plant Address:	14143 S.E. 45th Ct.		City: Ocala	State: FL Zip Code: 34491	
<u> </u>	Type of Water Tr		shed Wa	ter		
-	Permitted Maxim	num Day Operating Capacity of Plant, gallons per day: 100,000		Int. of /	. (2 (22 24 (1) 1) 1)	
436	Plant Category [p	er subsection 62-699.310(4), F.A.C.): V	<b>A</b>		ion 62-699.310(4), F.A.C.) D	5 5 1
	Licensed Operato	rs Name License C	Class	License Number	Day(s)/Shift(s) Worked	
	Lead/Chie 6 e in	Or Gary Kissick C		7846	3 Days per week	
19	her Operators	Mark March C		8287	3 Days per week	
		Paul Thompson A		7251	3 Days per week	
					<del> </del>	_
						-
						_
(F)(#)		2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /				
П.	Certification by	Lead/Chief Operator				
1	the undersioned v	water treatment plant operator licensed in Florida, am the lead/chief operator	tor of th	e water treatment nlant	identified in Part I of this report. I certify that the	,
in	formation arouid	ed in this report is true and accurate to the best of my knowledge. I certify	that all	l drinking water treatme	ant chamicals used at this plant conform to NSE	
		ard 60 or other applicable standards referenced in subsection 62-555.320(3				
						1
		l each day that a licensed operator staffed or visited this plant during the m				
		licable, appropriate treatment process performance records. Futhermore, l			onal operations records to the PWS owner so the P	WS
ov	vner can retain th	em, together with copues of this report, at a convenient location for at leas	st ten ye	ears.		
		Gary Kissick			C7846	
Si	gnature and Date	Printed or Typed Name			License Number	-
D≝ŧ	Form 62-555.900(3)Alter a	Page 1				

PWS I	denti			nber:	<u> </u>	3424042		Plant Name:	Fairfax Hil	ls						
ili. Da	iily D	_	t the N	i Jonth'	Year of:		August-05	··								
					Virus Inactiv				X Free C	hlorin	е	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
	Ultra	violet	Radia	tion	, Thus much		Other (Describe	<b>)</b> -			٠ ــا		ronido	L `	,201.0	Comonida Cinoralia (Cinoralianos)
Type	of Die	einfect	n R	eidual	Maintained in	Distribution		· · · · · · · · · · · · · · · · · · ·		Х	Free Chl	orine	ПС	mhined C	hlorine (Chlora	amines) Chlorine Dioxide
1,700	334			314	- T	Distribution		or ITV Dose to	Demonstrate F					monica C	norme (Cmora	tanines) Chlorine Dioxide
	1.						C1 Calculations	CT Calcu		Our-LAG	A HOS HIBOATA	acion, u rippi	UVI	Oose		[ 경기: 경기 : 10 ] [ [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10 ] [ 10
		ays ant						1	Lowest CT	F-1					Lowest	
	1 - " '	ffed					Lowest Residual	Disinfectant	Provided						Residual	
1 1	1 4	or		170			Disinfectant	Contact Time	Before or						Disinfectant	
	Vis	sited			9		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	1 1	oy			Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of		rator	Hou	S	of Finished		First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	4	lace	Plant		Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month		X")	Ope a		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	<u> </u>	<u> </u>	24 h		30,000		1.8								1.2	
3	1	$\frac{1}{x}$	24 h		30,000		1.8		<del> </del>						1.5	
	-	^+	24 h		30,000	•	1.0		<del> </del>						1.3	
53	1	$\mathbf{x}$	24 h		34,600		1.6					ļ	<del></del>		1.3	
6	3		24 h		34,600		1.0		<del> </del>					<u> </u>	1.3	
7	<u>න</u> ව	-+	24 h		34,600				1			<b></b>				
8		$x^{+}$	24 h		30,000		1.3		1			<b></b>			0.9	
10		-	24 h		30,000		1,3					<del></del>		<del> </del>		
10		x T	24 h		29,500		1.3								0.9	
11			24 h		29,500				<b> </b>					l	- 0.5	
112		x	24 h	s	23,300		1.2								0.8	
M13			24 H	s	23,300						·					
124			24 h	s	23,300											
315		X	24 h	2	27,500		1.3								0.9	
- 116			24 h		27,500											
13		X	24 H		25,000		1.2		ļ			ļ			0.8	
18	3	-+	24 h		25,000			·	<b></b>			ļ				
19		X	14 H		35,000		1.5		<del>                                     </del>						1.1	
20		$\dashv$	24 h		35,000 35,000					-		<del></del>	<del> </del>			
22		x	24 H		38,000		1.3				<del></del>	ļ			0.9	
23	-	$^{-+}$	24 ti		38,000	-	1.3								0.9	
24		x †	24 H	-	29,000		1.3								0.9	
25	3	<del>^</del> +	24 H		29,000		1.3		<del>                                     </del>	<b></b>					0.7	
26		x	24 h		32,000		1.2								0.8	
23	7	-+	24 H		32,000				1	<del> </del>	<b>†</b>			<b></b>	0.0	
28	g.		24 H		32,000						<del> </del>					
29		$\mathbf{x}$	24 h		33,000		1.2		<del>                                     </del>	· · · · · ·	l		<b>†</b>		0.8	
20	3		24 h		33,000											
101			24 H		31,000	]	1.6		1				I		1.3	
Total		47.4	相關	4	949,700				• • • • • • • • • • • • • • • • • • • •	•						
Avenu	æ	484		N. C	30,635	]										

38,000

DEP = erm Form 62-555.900(3)A

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



See page 4 for instructions					<u></u>
L. General information for	or the Month/Year of: September-05				
A. Public Water System (	(PWS) Information				
	airfax Hills		PWS Identif	ication Number:	3424042
	Community Non-Transient Non-Comm	nunity 🔲	Transient Non-Commu	nity C	onsecutive
Number of Service Conne			Total Population Served	at End of Month:	287
	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telepho	······································		Contact Person Person's I	Fax Number:	(352) 787-6333
Contact Person's E-Mail					
B. Water Treatment Plant	t Information				
	airfax Hills			one Number:	(352) 787-0980
	4143 S.E. 45th Ct.		City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated b		rchased Finished Wa	ater		
		100,000			
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators		License Class	License Number		/Shift(s) Worked
Lead/Chief Decrator.	Gary Kissick	C	7846		Days per week
Other Operators	Mark March	С	8287		Days per week
	Paul Thompson	A	7251	3 D	Days per week
				<u> </u>	
				·	
II. Certification by Lead/0	Chief Operator				
I, the undersigned water tr	reatment plant operator licensed in Florida, am the lead/o	chief operator of the	ne water treatment plant	identified in Part I of the	his report. I certify that the
	his report is true and accurate to the best of my knowleds				
International Standard 60	or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	.C. I also certify that the	following additional o	pperations records for this
plant were prepared each	day that a licensed operator staffed or visited this plant of	luring the month in	ndicated above: (1) recor	ds of amounts of chem	nicals used and chemical feed
rates; and (2) if applicable	e, appropriate treatment process performance records. Fi	uthermore, I agree	to provide these addition	nal operations records	to the PWS owner so the PWS
	gether with copues of this report, at a convenient location			•	
	1 ,	•			
	Gary Kissick			C7846	
Signature and Date	Printed or Typed Name	· · · · · · · · · · · · · · · · · · ·		License Number	_
	••				
DEP Form 62-555.9CQ(3)Alternate		Page 1			

PWS I	lentif	icati	on	Numbe	r:	3424042		Plant Name:	Fairfax Hi	lls						
III Da	ly D.	ita fo	 	III: II Io Non	th/Year of:		September-05									-
Means	of A	hiev	-	Faur	Log Virus Inactiv	riation/Remo	val· *		X Free C	hlorin		Chlorine I	)iovida		Ozone	Combined Chloring (Chloromines)
T T	Iltrav	iolet	R	diation	Log vitus illauliv		Other (Describe		M Mac	-morni		CHIOTHIE L	NOXIUE	ш,	JZOHE	Combined Chlorine (Chloramines)
Type	fDis	nfec	tar	Resid	ual Maintained in	n Distribution	n System	, <u>,,,</u>		- IX	Free Chl	orina		mhinad C	hlorine (Chlora	amines) Chlorine Dioxide
3 13	Sh			KJ N	iai Mantanton II	Distribution	CT Calculations	or IIV Doce to I	Domonetrata E					omomea C	morme (Cmora	Initial Chiorine Dioxide
	Da		1					CT Calcu		our-ros	A H (12) HISCHA	ацоп, и Аррі	UV	Dose		
	Pla		1						Lowest CT	·	[			1	Lowest	[14:16] 이번 목표를 하는 것으로 보다.
	Staf						Lowest Residual	Disinfectant	Provided						Residual	
	0						Disinfectant	Contact Time	Before or					,	Disinfectant	
	Visi		1				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	b				Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of the	Oper (Pla		19	iours ant in	of Finished Water	Peak Flow	First Customer	Point During	During	of	pH of Water,	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
Month	TX"			reration	Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution	Repair or Maintenance Work that Involves Taking
111		1		4 hrs	31,000	Tutto, ppc	110w, mg/L	minucs	mg-mmv.	<u> </u>	Applicable	mg-mmvr	SCACILIZ	SCOCILIZ	System, mg/L	Water System Components Out of Operation
2	>			4 hrs	23,000	<u> </u>	1.7			<del> </del>	<u> </u>				1.4	
13				4 hrs	23,000											,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1				4 hrs	23,000											
5.	>			4 hrs	26,000		1.2								0.8	
16	<u> </u>			4 hrs	26,000											
17	<u> </u>			4 hrs	20,000		1.5			<u> </u>					1.1	
<b>8</b>	-			24 hrs 24 hrs	20,000 27,000	<u> </u>	1.4		ļ							
10	<del>                                     </del>	-		4 hrs	27,000		1.4								1	
11	-	$\dashv$		4 hrs	27,000	<del> </del>			ļ							
12	7			4 hrs	24,000		1.6				<del> </del>				1.2	
113				4 hrs	24,000											
14.	<b>)</b>			4 hrs	32,000		1								0.6	
15	L	_		4 hrs	32,000											
16	>		1	4 hrs	33,000		1.8								1.5	
17		-		4 hrs	33,000											
18	>	, -	╬	4 hrs 4 hrs	33,000 26,000		1.2		<del> </del>			<del></del>			0.8	
20	<del>                                     </del>	-	╫	4 hrs	26,000		1.2		<del> </del>						U.8	
21	7		Ť	4 hrs	24,000		1.2			<del>                                     </del>			<b></b>		0.8	
22	<del></del>		Ť	4 hrs	24,000											
23	>		II.	4 hrs	25,000		1.3						1		0.9	
24				4 hrs	25,000											
25	L	$\Box$	_	4 h s	25,000											
26	<u> </u>			4 Hrs	26,000		1.1								0.8	
27	<del>  .</del>	,		4 hrs	26,000	ļ			ļ.,	ļ			ļ		0.0	
28 29	>	-		4 hrs	23,000 23,000		1.1			<u> </u>			<u> </u>		0.8	
30	,	_		4 hrs	25,000		1.6		-	-		<del> </del>			1.3	
31	<del>                                     </del>			4 hrs	23,000	<del>                                     </del>	1.0		<del>                                     </del>		<del> </del>		<del> </del>	-	1.3	
Total	<b>1</b> 연화하다				732,000	<b> </b>		L.,	1	1	L	L	·	<u> </u>		
Averno	<b>*</b> ****	7.1			762,000	i										

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



See page 4 for instr	actions			
	ation for the Month Year of: October-05			
A. Public Water	System (PWS) Information			·
PWS Name:	Fairfax Hills		PWS Identific	cation Number: 3424042
PWS Type	X Community Non-Transient Non-Comm	munity	Transient Non-Commun	ity Consecutive
	de Connections at End of Month: 82		Total Population Served a	t End of Month: 287
PWS Owner:	Aqua Utilities Florida			
Contact Person:				Area Manager
	Mailing Address: PO Box 490310			State: FL Zip Code: 34749
	Telephone Number: (352) 787-0980		Contact Person Person's F	ax Number: (352) 787-6333
Contact Person's				
	nt Plant Information			
Plant Name:	Fairfax Hills		Plant Telepho	one Number: (352) 787-0980
Plant Accress:				State: FL Zip Code: 34491
Type of Water 1		rchased Finished Wa	iter	
		100,000		
Plant Category (	per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	
	rs Name	License Class	License Number	Day(s)/Shift(s) Worked
Head/Chief Den		C	7846	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Paul Thompson	_ A	7251	3 Days per week
		···	<u> </u>	
	AREA TO THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	·	<u> </u>	<u> </u>
II. Cartification by	y Lead/Chief Operator	-		
I, the undersigned	water treatment plant operator licensed in Florida, am the lead/o	chief operator of th	ne water treatment plant is	dentified in Part I of this report. I certify that the
intormation provid	led in this report is true and accurate to the best of my knowledge	ge. I certify that al	l drinking water treatmen	t chemicals used at thisplant conform to NSF
International Stan	dard 60 or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	C. I also certify that the	following additional operations records for this
plant were prepare	d each day that a licensed operator staffed or visited this plant d	during the month ir	idicated above: (1) record	is of amounts of chemicals used and chemical feed
	plicable, appropriate treatment process performance records. Fi			
owner can retain t	hem, together with copues of this report, at a convenient location	n for at least ten ve	ears	
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	ii ioi di iodoi ioii y	Jul 0.	
	Gary Kissick			C7846
Signature and Date		<del></del>	<del></del>	License Number
DEP Form 62-555.900(3) Alter	najoe	Page 1		

PWS Id						3424042		Plant Name:	Fairfax Hi	lls						
III. Dai			1		r Year of:		October-05									
					cg Virus Inactiv				X Free (	Chlorin		Chlorine E	)iovida		Ozone	Combined Chlorine (Chloramines)
IVICALIS (	Iltravio	C III		tihn	cg virus liactiv		Other (Describe	۸٠	Minac	711101111	· 🗀	Cinorine	Noxide	□ '	)2011e [_]	Combined Chlorine (Chloramines)
Tyme of	Dicinf		D	rioi i	al Maintained in	Dictribution		·)·		X	Free Chle		T Co	mbined C	hlorine (Chlora	amines) Chlorine Dioxide
Type of	Distille	CLIA		Sidu	zi iviaintaineu ii	Distribution	CT Calculations	or IIV Dose to	Damonetrata I						norme (Cmora	Indicate Dioxide
							CI Calculations	CT Calcu		Out-108	VIIUS IIIACUV	auon, 11 Appi	UVI	37.1 (142.9.12)		
	Days Plant								Lowest CT	Γ					Lowest	
	Staffed	141: Hi			7 ·		Lowest Residual	Disinfectant	Provided						Residual	
	or	-					Disinfectant	Contact Time	Before or				-		Disinfectant	
	Visited						Concentration	(T) at C	at First	_			Lowest	Minimum	Concentration	
Day of	by Operato	7670.30			Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of Water,	Minimum CT	Operating UV Dose,	UV Dose	at Remote	Financia - Abramal Occasion Conditions
the	(Place		Hou Plant		Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	"X")	ľ	pera	on l	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
建制			24 h		25,000											
2.			24 h		25,000											
3.3	X		34 h		22,000		1.5		<u> </u>	L				<b>_</b>	1.1	
4	- V		24 h		22,000		1.6									
- 5 - 61	X		24 h		22,000 22,000		1.6		<del> </del>	ļ				<u> </u>	1.2	
211	X		24 h		22,000		1.1								0.8	
8	- 1		24 h		22,000		1-1		<del>                                     </del>	-					0.8	
9			4 h		22,000		***									
10 }	Х		14 h		25,000		1.3							<u> </u>	1	
H.			14 h		25,000											
F2 :	Х		14 h		23,000		1.4								1.1	
13	7.		14 h		24,000				ļ							
14 ·	X		24 h		24,000 24,000		1.3	·	<del> </del>				ļ	<u></u>	11	
16	<del>- i</del>		34 h		24,000				<b></b>				ļ	<u> </u>		
13	X		4 h		24,000		1.3		<b>!</b>				<u> </u>		i	
18			24 h		24,000											
19 5	Х	i:	4 h		23,000		1.4		l						1	
20	i		14 h	S	23,000				ļ							
21	X		4 h		27,000		1.3		<b></b>				<u> </u>	<b> </b>	0.9	
22 23		11	34 h		27,000				<u> </u>	ļ				<del> </del>		
24	х		24 h		27,000 27.000		1.3		<u> </u>	<del> </del>			<del> </del>		0.9	
25			24 h		27,000		1.3		<u> </u>	-			<del> </del>	<del> </del>	0.9	
26	Х		4 h		24,000		1.4		1		1		<u> </u>		1.1	
23			4 h		24,000					†			<u> </u>			
28	X		24 h		30,000		1.3								I	
29		_	4 h		30,000											
30		_	4 h		30,000					<u> </u>	ļ		ļ		<b></b>	
315	X		24 h		27,000		1.3	l	<u> L</u>	<u> </u>	<u> </u>	<u> </u>	L	<u> </u>	11	<u> </u>
10Cal	10.27	¥ 21	1		767,000											

30,000

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



See page 4 for instructions

See page 129. Harean					
	ntion for the Month Year of: November-05				
	stem (PWS) Information				
PWS Name			PWS Identi	fication Number:	3424042
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Commi		Consecutive
	e Connections at End of Month: 82		Total Population Served	at End of Month:	287
PWS Owner:	Aqua Utilities Florida				
Contact Person:			Contact Person's Title:	Area Manager	
Contact Person's I	Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's	Telephone Number: (352) 787-0980		Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's I					
	nt Plant Information		···		
Plant Name	Fairfax Hills			none Number:	(352) 787-0980
Plant Address:			City: Ocala	State: FL	Zip Code: 34491
Type of Water Ti		chased Finished Wa	ter		
	um Day Operating Capacity of Plant, gallons per day: er subsection 62-699.310(4), F.A.C.):	100,000	Int. (City)	(0 (00 210(4) F.A	0) 5
	rs Name	License Class	Plant Class (per subsecti License Number		
Lead/Chief Dier					(s)/Shift(s) Worked
Other Operators	Gary Kissick Mark March	<u>C</u>	7846 8287		3 Days per week 3 Days per week
OBIG OPCION	Paul Thompson	<u>C</u>	7251		3 Days per week
	r aut Thompson	A	7231	-	3 Days per week
				<del> </del>	
				<del> </del>	
					THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S
			11711	1	
	Lead/Chief Operator				
I, the undersigned	water treatment plant operator licensed in Florida, am the lead/o	chief operator of th	e water treatment plant	identified in Part I o	f this report. I certify that the
information provide	ed in this report is true and accurate to the best of my knowledg	ge. I certify that all	drinking water treatme	ent chemicals used at	thisplant conform to NSF
International Stand	ard 60 or other applicable standards referenced in subsection 62	2-555 320(3), F.A.(	C. I also certify that the	e following additions	al operations records for this
	d each day that a licensed operator staffed or visited this plant d				
	licable, appropriate treatment process performance records. Fu				
	em, together with copues of this report, at a convenient location			nai operations recore	as to the 1 w 3 owner so the 1 w 3
Owner can lead it in	em, together with copues of this report, at a convenient location	ii ioi at ieast teii ye	a15.		
	Gary Kissick			C7846	
Signature and Date	Printed or Typed Name			License Number	
DEP Form 62-555.900(3) Autem	ane	Page 1			

PWS Ic	lentifi	catio	Vui	nber.		3424042		Plant Name:	Fairfax Hi	lls							
III. (5.	1 15				3: 6		N . 0.0										
					Year of:		November-05		lu la		<del> </del>				<del></del>		
Means	of Acl	nevi	18 1 0	µr-La	og Virus Inactiv	riation/Remo			X Free (	Chlorin	e [_]	Chlorine I	Dioxide		Ozone	Combined Chlorine	(Chloramines)
	Iltravi					<u> </u>	Other (Describe	:):									
Type o	Disir	ifecta	n Re	sidu	al Maintained in					X				mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
							CT Calculations	, or UV Dose, to	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl					
	Day							CT Calcu	<u> </u>		1		UV	Dose			
	Plan	7 1			Maria Barana				Lowest CT						Lowest		
25	Staffi or	101			4.0		Lowest Residual Disinfectant	Disinfectant Contact Time	Provided	i		14			Residual		
N. 34	Visit	F 11					Concentration	(T) at C	Before or at First				Lowest	Minimum	Disinfectant	v 1	
ζ.	by	1 48 2 1			Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	Concentration at Remote		•
Day of	Орега		Hou	s	of Finished		First Customer	Point During	During	of	pH of Water,	1	UV Dose	Required,	Point in	Emergency or Abnorma	al Operating Conditions;
the	(Plac	e	Plant	in l	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution		Work that Involves Taking
Month	"X"	) [ ]	perat	OB	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Compo	onents Out of Operation
			124 hi		27,000	-											
2.	X		24 hi		26,000		1.2								0.9		
3	Х		24 h		26,000 28,000		1.2		ļ								
5	<del>  ^</del>	111	24 h		28,000		1.2								0.9		
6		+1-1	24 h		28,000				<b> </b>				<u> </u>				
79	Х	+++	24 h		30,000		1.2			<del> </del>			<b></b>		0.9		<del></del>
8			4 h		30,000		1.2		<del>                                     </del>	<del>                                     </del>					0.9		
9	Х		14 hi		26,000		1.1			<b></b>					0.9		
10			14 h		26,000										0.5		
1	Х		4 hi		29,000	_	1.1	<u> </u>							0.8		
12		111	14 h		29,000												
13.			24 to		29,000												
10	X		4 hi		31,000		1.								0.7		
15: 16	<del></del>		14 h		31,000					<u> </u>			ļ				
17	<u>X</u>		24 h		22,000 22,000		1.1			-					0.8		<u></u>
18	Х		24 h	-	27,000		1.2							ļ <u>.</u>	1.5		
19			24 h	+	27,000		1.2							ļ <u></u> -	1.5		
20		-	4 h	_	27,000				-	<b>-</b>							
21	X		4 h	_	28,000		1.2								0.9		
22			4 ы	s	28,000				<u> </u>						0.5		
23)	X		4 h	s	27,000		1.1								0.8		
24		Ш	4 h	s	27,000												
25	X	$\perp \! \! \perp \! \! \! \perp \! \! \! \! \! \perp$	4 14	_	33,000		1								0.6		
26		444	4 њ		33,000												
27	37	+	4 h		33,000			·									
28 29	X	┼╂╫	4 h		26,000		2		<b> </b>	<u> </u>			L		1.8	,	
30	Х	+	1 4 h		26,000 27,000		1.1		-	<u> </u>			ļ				
31	<b>├</b> ^		4 h		27,000		1.1		<del>                                     </del>	<del> </del>					0.8	· · · · · · · · · · · · · · · · · · ·	
Total					837,000		,	L.,.	<u> </u>	<b>L</b>	I		<u> </u>	<u> </u>			
Average			9	12	27 900												

33.000

DEP Form Form 62-555,900(3)Atternate

Maximum

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



See page 4 for instructions

See page 4 les list					
	nation for the Month/Year of: December-05				
	System (PWS) Information				
PWS Name	Fairfax Hills		PWS Identif	ication Number: 3424042	
PWS Type:	X Community Non-Transient Non-Com	nmunity	Transient Non-Commu	<del></del>	
Number of Serv	ice Connections at End of Month: 82		Total Population Served	at End of Month: 287	
PWS Owner:	Aqua Utilities Florida		<del></del>		
Contact Person	Brian Heath		Contact Person's Title:	Area Manager	
	Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code:	
	s Telephone Number: (352) 787-0980		Contact Person Person's I	Fax Number: (352) 787	-6333
Contact Person	s E-Mail Address: beheath@aquaamerica.com				
	ent Plant Information				
Plant Name:	Fairfax Hills			one Number: (352) 787	
Plant Address:	······································	1 177 1 1477	City: Ocala	State: FL Zip Code:	34491
	Treated by Plant: X Raw Ground Water Puinum Day Operating Capacity of Plant, gallons per day:	urchased Finished Wa	iter		
Plant Catagory	(per subsection 62-699.310(4), F.A.C.): V	100,000	Plant Class (per subsection	on 62-699.310(4), F.A.C.) D	
Licensell	tors Name	License Class	License Number	Day(s)/Shift(s) W	orked
Lead/Chief one		C	7846	3 Days per wee	
Other Operators	Mark March	C	8287	3 Days per wee	
	Paul Thompson	A	7251	3 Days per wee	
	Tau Hompson	Α	7251	3 Days per wee	<u> </u>
				<u> </u>	
		<del></del>			
					·
<b>                                    </b>					
	y Lead Chief Operator				
I, the undersigned	water treatment plant operator licensed in Florida, am the lead	chief operator of th	ne water treatment plant	identified in Part I of this report.	I certify that the
information prov	ided in this report is true and accurate to the best of my knowled	lge. I certify that al	I drinking water treatmen	nt chemicals used at thisplant con	form to NSF
International Star	dard 60 or other applicable standards referenced in subsection of	62-555.320(3), F.A.	C. I also certify that the	following additional operations	records for this
plant were prepar	ed each day that a licensed operator staffed or visited this plant	during the month in	ndicated above: (1) recor	ds of amounts of chemicals used	and chemical feed
rates; and (2) if a	pilicable, appropriate treatment process performance records. I	Futhermore, I agree	to provide these addition	nal operations records to the PWS	owner so the PWS
	them, together with copues of this report, at a convenient location			· · ·	
	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·			
	Gary Kissick			C7846	
Signature and Date		ie		License Number	
DEP Form 52-555.900(3) Alte	rrare	Page 1		•	

PWS Ic	lentific	atio	Number		3424042		Plant Name:	Fairfax Hi	lis						
III. Dai	ly Data	ı ler	the Mont	n Year of:		December-05				<del></del>				······································	
				og Virus Inactiv				X Free (	Chlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
lΠι	Ultravio	olet R	adiation			Other (Describe	:):						· ا		
				al Maintained in	Distribution		<u> </u>		X	Free Chle	orine	Co	mbined C	hlorine (Chlora	amines) Chlorine Dioxide
							, or UV Dose, to	Demonstrate I							Chloring Blocker
1	Days						CT Calcu		our Dog		2001, 11 1 spp.	UV			
	Plant				1.00		· · · · · · · · · · · · · · · · · · ·	Lowest CT			1 1			Lowest	
	Staffe					Lowest Residual	Disinfectant	Provided						Residual	
	or					Disinfectant	Contact Time	Before or				a North		Disinfectant	
	Visite	d				Concentration	(T) at C	at First		. :		Lowest	Minimum	Concentration	
	by.			Net Quanity		(C) Before or at	Measurement	Customer	Тетр.		Minimum	Operating	UV Dose	at Remote	
Day of	Operat		Hours	of Finished		First Customer	Point During	During		pH of Water,	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the Month	(Place		Plant in Discration	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
1 l	<del>  ^.</del> /		4 hrs	27,000	Rate, gpu	riow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	X	11	4 hrs	26,000		1.1		-	<del>                                     </del>			<del>                                     </del>		0.7	
3		11	4 hrs	26,000	i	1.1		<del> </del>		<b>-</b>		<b></b>	<b></b>	0.7	
4		11	4 hrs	26,000					1						
- 5	Х	TÌ	4 hrs	23,000		1.6			<b></b>					1.3	
6		11	4 hrs	23,000					<b> </b>	<del> </del>					
7	Х		4 hrs	22,000		1.3					-	<u> </u>		1	
8			4 hrs	22,000											
9#	Х		4 hrs	22,000		1.5								1.2	
.10			4 hrs	22,000											
11		11	4 hrs	22,000											
12′	X	11	24 hrs	23,000		1.6		İ						1.3	
13°.		11	4 brs	23,000				ļ	ļ		_	ļ			
14. 15	Х	- 1	4 hrs	18,000		1.3		<b></b>	<b>1</b>					1	
16	X	- 1 - 11	4 hrs	18,000 23,000	ļ	1.3						ļ		•	
197	<del>  ^</del>	- 1 1	4 hrs	23,000		1.3		ļ	<b> </b>	<u> </u>			ļ	1	
18	<del> </del>		4 hrs	23,000						-		<del>                                     </del>			
19	Х	11	4 hrs	23,000		1.1	× <del>-</del>	<b></b>	<del> </del>	<del> </del>				0.8	
20	<u> </u>	11	4 hrs	23,000	<b> </b>	***	<b></b>	<b></b>	<b></b>					0.0	
21	X		4 hrs	26,000		1.3								1	
. 22		]	4 hrs	26,000						1		1			
23	X		4 hrs	23,000		1.2								1	
24			24 hrs	23,000											
25			4 hrs	23,000								_			
26	X		4 hrs	79,000		1.1								0.8	
27			4 hrs	79,000				<u></u>	<u> </u>			<u></u>			
. 28	X	-11	4 hrs	16,000		1.8		<b></b>	ļ					1.6	
29 30	v	-	24 hrs	16,000		1.0									
34	X	-14	24 hrs	20,000 20,000	ļ	1.8			ļ	ļ				1.6	
			4 hrs	809,000				<u>i</u>		<u> </u>	L	L	L	<u> </u>	<u> </u>
Average				26,097	1										
Maxim	ım' 😤			79,000											

DEP Form Form 62-555.900(3)

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

# Hawks Point



See page 4 for instructions

I. General Information	for the Month/Year of: January-04				
A. Public Water System					
	Hawks Point		DWC 14tif	ination Niverban	2424695
PWS Name: PWS Type:				ication Number:	3424685
	Community Non-Transient Non-Communications at End of Month:	munity	Transient Non-Commu		Consecutive
PWS Owner:	AquaSource Utility, Inc.		Total Population Served	at End of Month:	452
Contact Person:	Michael Fitzgerald		Contact Domesta Title	Anna Managan Elari	1_
Contact Person's Maili			Contact Person's Title: City: Ocala	Area Manager - Florid State: FL	Zip Code: 34470
Contact Person's Telep			Contact Person Person's l		(352) 732-3213
Contact Person's E-Ma		<u> </u>	Collact Ferson Ferson's	ax Number.	(332) 732-3213
B. Water Treatment Pla					
Plant Name:	Hawks Point		Dlo-t Tolonh	one Number	(352) 369-4881
Plant Address:	S.E. 43rd Ave & S.E. 107th		<del>,</del>	one Number: State: FL	
Type of Water Treated		urchased Finished Wa		State: FL	Zip Code: 34880
	Day Operating Capacity of Plant, gallons per day:	273,600	itei		
	bsection 62-699.310(4), F.A.C.):	273,000	Plant Class (per subsection	on 62-699 310(4) F A (	~ )·
Licensed Operators	Name	License Class	License Number		s)/Shift(s) Worked
Lead/Chief Operator:	William Landers	В	7327	<del></del>	Days per week
Other Operators:	Mark March	$\frac{B}{C}$	8287		Days per week
One of the second	Water Manon	† <u> </u>	0207	†	Days per week
		<del>                                     </del>			
27.00					
100 231 400 00 10 1					
THE PROPERTY OF					
II. Certification by Lea	d/Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	/chief operator of th	ne water treatment plant	identified in Part I of	this report. I certify that the
<del>-</del>	this report is true and accurate to the best of my knowled	-	<del>-</del>		- · · · · · · · · · · · · · · · · · · ·
	50 or other applicable standards referenced in subsection				
	h day that a licensed operator staffed or visited this plant				
	ole, appropriate treatment process performance records.	•	-	nal operations record	s to the PWS owner so the PWS
owner can retain them,	together with copies of this report, at a convenient location	on for at least ten ye	ars.		
	William Landers		·····	B7327	
Signature and Date	Printed or Typed Nam	ne		License Number	

DEP Form 62-555.900(3)Alternate Page 1

PWS Id	lentificat	ion Number	r:	3424685		Plant Name:	Hawks Poi	int						
III Dai	ly Data f	or the Mont	h/Voor of:		January-04	<u>.                                      </u>								
			og Virus Inacti				Free C	hlorin		Chlorine I	Nami da		Ozone	Combined Chlorine (Chloramines)
		et Radiation		Viauoii/Rein		۸.		JIIOHI	· 🗀	Chiornie 1	Jioxide		Dzone	Combined Chlorine (Chloramines)
					Other (Describe	:):			] p (1)		<del></del>	1: 10		
Type o	Disinie	ciant Residi	ual Maintained i	n Distributio		117 LALL L R 1 (147 TA)	- evi i er liga zi i er seda.	May of a box	Free Chl			mbined C	hlorine (Chlor	amines) Chlorine Dioxide
				APPEND AND DECEMBER.	CT Calculations,					ation, if Appl		6		
	Days					CT Calcu	1				ן אט	Jose	3	
	Plant	1.75.27		100	1 David1	D	Lowest CT						Lowest	
	Staffed or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Disinfectant Concentration	
ł	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	A	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
00.153	Х	24 hrs	33,000										1.1	
2 :	X	24 hrs	30,000										1.1	
:3 ₹	Х	24 hrs	32,000			-							1	
4.		24 hrs	32,000											
:::5.3°	Х	24 hrs	32,000										1	
⊹ 6 %	Х	24 hrs	31,000										I	
<i>37.</i> %	Х	24 hrs	28,000										1.1	
8.*	Х	24 hrs	25,000										1.1	
9.3	X	24 hrs	30,000										1.1	
10	X	24 hrs	30,000					ļ					1	
. 114	**	24 hrs	31,000										<u> </u>	
112	X	24 hrs	28,000				<u> </u>			ļ			1	
13 / 14 ·	X	24 hrs	25,000			<del></del>	<del> </del>	<b></b>		<del></del>		ļ	1	
45	X	24 hrs 24 hrs	31,000				<del>                                     </del>	<del>                                     </del>			<del>                                     </del>		1.2	
16	X	24 hrs	26,000 27,000	<u> </u>				<del> </del>		<u> </u>			1.2	
17	X	24 hrs	30,000				<del> </del>			<u> </u>		<u> </u>	1.1	
18		24 hrs	29,000					<del>                                     </del>		· · · · · · · · · · · · · · · · · · ·		<del> </del>	1.1	
19 *	х	24 hrs	28,000				<del>                                     </del>	1				<del> </del>	1.2	
20	X	24 hrs	29,000				<del>                                     </del>			<del>                                     </del>	<del>                                     </del>	<del> </del>	1.1	
24	X	24 hrs	1,000			···					<del>                                     </del>	<del> </del>	0.9	
22	X	24 hrs	27,000										0.8	
· 23	X	24 hrs	31,000	t -				t		<u> </u>	<b></b>		1	
24	X	24 hrs	30,000								<b></b>	<b> </b>	1.1	
∵25∵∞		24 hrs	31,000				<u> </u>							
26*	Х	24 hrs	34,000	1	i			1					1	
27	Х	24 hrs	27,000	T									1	
28	х	24 hrs	23,000	i			T				L		1	
29 🕏	Х	24 hrs	27,000										1.1	
30 ≽	Х	24 hrs	21,000										1.1	
31	Х	24 hrs	25,000										1.1	
Total:		1.3.10 April (1	864,000	1										
Average			27,871											

34,000

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



See page 4 for instructions

I. General Information f	or the Month/Year of: February-04		H-000		
A. Public Water System				· · ·	
	Hawks Point		PWS Identifi	cation Number:	3424685
	X Community Non-Transient Non-Com	munity 🔲	Transient Non-Commu		Consecutive
	nections at End of Month: 129		Total Population Served		452
	AquaSource Utility, Inc.	·-····································	Total Topalation Server	Die of Month.	
	Michael Fitzgerald	<b>~</b> -	Contact Person's Title:	Area Manager - Flor	rida
Contact Person's Mailin	g Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph	none Number: (352) 369-4881		Contact Person Person's I	Fax Number:	(352) 732-3213
Contact Person's E-Mai	l Address: <u>mvfitzgerald@suburbanwater.com</u>				
B. Water Treatment Pla	nt Information				
Plant Name:	Hawks Point		Plant Teleph	one Number:	(352) 369-4881
Plant Address:	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated	by Plant: X Raw Ground Water Pt	rchased Finished Wa		<u> </u>	
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	273,600			
	osection 62-699.310(4), F.A.C.):		Plant Class (per subsection	on 62-699.310(4), F.A	C.):
· · Licensed Operators	Name	License Class	License Number		(s)/Shift(s) Worked
Lead/Chief Operator:	William Landers	В	7327		6 Days per week
Other Operators:	Mark March	С	8287		6 Days per week
72437727					
2233					
100000000000000000000000000000000000000					
II C					
II. Certification by Lead	Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	chief operator of th	ne water treatment plant	identified in Part I o	of this report. I certify that the
	this report is true and accurate to the best of my knowled				
	O or other applicable standards referenced in subsection (				
	day that a licensed operator staffed or visited this plant				
	le, appropriate treatment process performance records. F			ial operations record	ds to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a convenient locatio	n for at least ten ye	ars.		
	******				
C'and an all Da	William Landers			B7327	
Signature and Date	Printed or Typed Nam	e		License Number	

PWS Ic	lentifica	tion Number	r:	3424685		Plant Name:	Hawks Po	int						
III. Dai	ly Data I	for the Mont	th/Year of:		February-04		······································							
			og Virus Inacti	viation/Rem		· · · · · · · · · · · · · · · · · · ·	Free (	Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:1:	L		- Ш			. سا	,255	como amoramo (camo amanos)
			ıal Maintained i	n Distributio		·/·			Free Chl	orine		mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
Type of	Distinct	Ctant Reside	iai iviaintained i	n Distribute	CT Calculations,	or IIV Dose to	Damonetrata I	Tour Loo				niiointa C	morme (Cinoi	In a second control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o
					CI Calculations,	CT Calcu		Out-1708	VII US IIIACUV	ацон, и тур	UV	Doce		
	Days Plant					OT Cuito	Lowest CT	<u> </u>			- 01.	3030	T	
	Staffed				Lowest Residual	Disinfectant	Provided	1					Lowest Residual	
	or			14.	Disinfectant	Contact Time	Before or	<b>i</b> .	4.5				Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	* -	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1 .	37	24 hrs	26,000				<u> </u>					<u> </u>		
2:::	X	24 hrs	23,000	<u> </u>			ļ						1.0	
3.	X	24 hrs	25,000		~		<del> </del>	<u> </u>				<b>!</b>	1.0	
5	X	24 hrs 24 hrs	30,000 22,000				<u> </u>	<b></b>	·	<b> </b>			1.0	
6	$\frac{\lambda}{X}$	24 nrs 24 hrs	22,000							<b> </b>	<b>!</b>	<u> </u>	1.1	
7.7	X	24 rus 24 hrs	30,000	<b></b>	<b></b>		-	-		<del> </del>	<del> </del>	<u> </u>	1.1	
8	<del>- ^-</del>	24 hrs	29,000			<u> </u>	<del> </del>	<b>}</b>		<del>                                     </del>			1.1	
Ý-9	x	24 hrs	25,000					<del> </del>	<del> </del>		-		1.1	
10.	$\frac{\hat{x}}{x}$	24 lus 24 hrs	22,000					-		<del>                                     </del>			1.0	
2311 m	X	24 hrs	28,000	1	ļ. —		<del> </del>			<del>                                     </del>		<u> </u>	1.0	
12	X	24 hrs	26,000				<del>                                     </del>	1		<del>                                     </del>	<del>                                     </del>		1.0	
13	X	24 hrs	25,000				<del>                                     </del>	i					1.0	
⇒14 %	X	24 hrs	24,000				<u> </u>	<del>                                     </del>					1.1	
-15		24 hrs	23,000				1							
16	Х	24 hrs	26,000										1.1	
.17	х	24 hrs	23,000				ļ						1.0	
18 %	Х	24 hrs	26,000										1.0	
19	Х	24 hrs	27,000										1:2	
:, 20	X	24 hrs	28,000										1.0	
√. 21 ∵	X	24 hrs	32,000										1.0	
222		24 hrs	32,000											
.323	X	24 hrs	26,000										1.1	
-24	X	24 hrs	26,000	·				<u> </u>					1.2	
.25	X	24 hrs	27,000				1						1.1	
26	Х	24 hrs	21,000				<b>.</b>	<b>.</b>		<b></b>	ļ		1.2	
27	X	24 hrs	22,000	ļ			<b>1</b>	ļ	<u> </u>	ļ	ļ		1.2	
28	X	24 hrs	27,000						ļ		<u> </u>	ļ	1.0	
29		24 hrs	27,000							1	1	<u> </u>	ļ	
30		24 hrs	<del> </del>	ļ			<u> </u>	<u> </u>	ļ	<u> </u>	ļ. ———			
31	67315 : 12 A	24 hrs	750 000		<u> </u>	L	<u> </u>	<u>i</u>	<u> </u>	<u> </u>	L	L	l	1
		EMPLY CAN	750,000	-										
Average	<b>河内型的工机</b>	\$5 (DA)	25,862	I										

32,000

Maximum

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



See page 4 for instructions

1. General Information for the Mon	th Year of: March-04			· ···	
A. Public Water System (PWS) Info					
PWS Name: Hawk's Poin	t		PWS Identif	ication Number:	3424685
PWS Type: X Commun	nity Non-Transient Non-Com	munity	Transient Non-Commu	nity 🗍	Consecutive
Number of Service Connections at E	End of Month: 129		<b>Total Population Served</b>	at End of Month:	452
PWS Owner: AquaSource	Utility, Inc.				
Contact Person: Michael Fitz	zgerald		Contact Person's Title:	Area Manager - Flor	rida
Contact Person's Mailing Address:	1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number	: (352) 369-4881		Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com				
B. Water Treatment Plant Informat	ion				
Plant Name: Hawk's Poir	t		Plant Teleph	one Number:	(352) 369-4881
Plant Address: S.E. 43rd A	ve & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated by Plant:	X Raw Ground Water Pu	rchased Finished Wat	er		
Permitted Maximum Day Operating	Capacity of Plant, gallons per day:	273,600			
Plant Category (per subsection 62-6			Plant Class (per subsection	on 62-699.310(4), F.A	C.):
Licensed Operators	Name	License Class	License Number	Day	(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287		6 Days per week
Other Operators:	Tom Felton	С	2241		6 Days per week
II. Certification by Lead/Chief Ope	rator				
I, the undersigned water treatment p	lant operator licensed in Florida, am the lead/	chief operator of the	e water treatment plant	identified in Part I o	of this report. I certify that the
information provided in this report	s true and accurate to the best of my knowled	ge. I certify that all	drinking water treatme	ent chemicals used a	t thisplant conform to NSF
	pplicable standards referenced in subsection 6	•	<del>-</del>		<del>-</del>
	licensed operator staffed or visited this plant	• • •		_	•
	ate treatment process performance records. F			nai operations recor	as to the rws owner so the rws
owner can retain them, together with	h copies of this report, at a convenient location	n for at least ten yea	irs.		
	Mark March			C8287	
Signature and Date	Printed or Typed Name	<u> </u>		License Number	
	rinico or Typou Num	~			

Page 1

PWS Id	lentifica	tion Number	r:	3424685		Plant Name:	Hawk's Po	int						
III Dai	ly Data i	for the Mont	th/Year of		March-04									
			og Virus Inacti	viation/Rem			Free (	Chlorin		Chlorine I	Viewide		Ozone	Combined Chloring (Chloronia)
		et Radiation			Other (Describe	۸.		711101111		Cinorine	Jioxide.	Ц,	JZOHE [_]	Combined Chlorine (Chloramines)
			ual Maintained i	n Dietributie		·)·	<del></del>		Free Chl				1.1	( ) [ ] ( ) ( ) ( ) ( )
1 ypc o.	Dismic	Claire Reside	iai Maintaineu i	II DISTIDULIC	CT Calculations,	ne IIV Door do I	Nilia alaifada T	7					hlorine (Chlor	amines) Chlorine Dioxide
10.000				A/8		CT Calcu		our-Log	Virus macuv	auon, 11 App		Dose		그는 그리고 문화 환환병원 연호환설
	Days Plant					CI Calcu	Lowest CT				.001	Juse	_	
	Staffed	1			Lowest Residual	Disinfectant	Provided						Lowest Residual	y ² − − + ± − ±
1	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by	[	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	: I	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X") X	Operation 24 hrs	Produced, gal 26,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	X	24 hrs	24,000										1	
3	$\frac{\lambda}{X}$	24 hrs	33,000				<del> </del>	<del> </del>			ļ <u>-</u>	<u> </u>	1	
4	X	24 hrs	27,000				<del> </del>	<del> </del>			-		1	
5	X	24 hrs	34,000								<del> </del>	<u> </u>	1	
6.	X	24 hrs	36,000				<del> </del>	<del>                                     </del>					0.8	
26732		24 hrs	37,000											
- 8	X	24 hrs	29,000										1	
∵9%	X	24 hrs	35,000										0.9	
10	X	24 hrs	34,000			=							0.8	
11	X	24 hrs	36,000					ļ					0.9	
.12	X	24 hrs	37,000			<del></del>	<b>!</b>			<b></b>	<b></b>		1	
13	X	24 hrs	37,000					-			ļ			
a15.41;	X	24 hrs 24 hrs	51,000 57,000					1	<u> </u>	<b>}</b>	<b></b>		1	
16	X	24 hrs	28,000							<del></del>		<del> </del>	14	
17	X	24 hrs	21,000					<del>                                     </del>	<u> </u>		<del> </del>		0.4	<del></del>
18	X	24 hrs	35,000				<del> </del>	<del>                                     </del>		<del> </del>	<del> </del>		1	
19	х	24 hrs	41,000								<del> </del>		0.9	
20	Х	24 hrs	43,000										1.1	
21		24 hrs	43,000								ĺ			
22	Х	24 hrs	32,000										1	
23	X	24 hrs	34,000				<u></u>	<u> </u>			<b>.</b>		1.1	
24	X	24 hrs	25,000			<u>-</u>		ļ	<b></b>			<b> </b>	1	
25	X	24 hrs	33,000				ļ	ļ			<del> </del>		1.1	
26 27	X	24 hrs 24 hrs	37,000 37,000				<del> </del>	ļ	ļ		ļ		0.3	
28		24 hrs 24 hrs	38,000											
29	X	24 hrs	28,000					<del> </del>	<b></b>	<del> </del>		<del> </del>	0.3	
30	X	24 hrs	43,000				<del>                                     </del>	<b></b>			<del>                                     </del>	<del>                                     </del>	0.5	
31	X	24 hrs	41,000				<del>                                     </del>						0.4	
Total			1,092,000		<u> </u>		<b></b>	L	·		<b>.</b>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Average		128 7 22 7 7	35,226	1										

57,000

Maximum

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



See page 4 for instructions

- F &	-				<del></del>		
	for the Month/Year of:	April-04		-			
A. Public Water Syster	n (PWS) Information						
PWS Name:	Hawk's Point			PWS Identifi	ication Number:	3424685	
PWS Type:		Non-Transient Non-Com	munity	Transient Non-Commu	nity	Consecutive	
	nnections at End of Month:	129		Total Population Served	at End of Month:	452	
PWS Owner:	AquaSource Utility, Inc.						
Contact Person:	Michael Fitzgerald	···· ·· · · · · · · · · · · · · · · ·		Contact Person's Title:	Area Manager - Flo		
Contact Person's Maili			· • · · · · · · · · · · · · · · · · · ·	City: Ocala	State: FL	Zip Code: 34470	
Contact Person's Teler				Contact Person Person's I	Fax Number:	(352) 732-3213	
Contact Person's E-Ma		ld@aquaamerica.com	<u> </u>				
B. Water Treatment Pl	ant Information						
Plant Name:	Hawk's Point			Plant Teleph	one Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th			City: Belleview	State: FL	Zip Code: 34880	
Type of Water Treate			ırchased Finished Wa	ter			
	Day Operating Capacity of Plant, gallor	is per day:	41,917				
	ubsection 62-699.310(4), F.A.C.):			Plant Class (per subsection			
Licensed Operators	Name		License Class	License Number	Da	y(s)/Shift(s) Worked	
Lead/Chief Operator:	Mark March		C	8287	<u> </u>	6 Days per week	
Other Operators:	Tom Felton		С	2241		6 Days per week	
			·				
	\$						
and the second							
The second							
	3 3						
y	&	<u> </u>		<u> </u>			
	NGL: CO						
II. Certification by Lea	id/Chief Operator						
I, the undersigned wate	r treatment plant operator licensed is	n Florida, am the lead	chief operator of th	e water treatment plant	identified in Part I o	of this report. I certify that the	he
•	this report is true and accurate to the		•	•		-	
<u>-</u>	60 or other applicable standards refe	=	-	_		=	c
	= =		, ,			<del>-</del>	
	ch day that a licensed operator staffe	_	_				
	ble, appropriate treatment process p			-	nal operations recor	rds to the PWS owner so the	PWS
owner can retain them,	together with copies of this report, a	it a convenient locatio	on for at least ten ye	ars.			
					~~~~		
		Mark March			C8287		
Signature and Date		Printed or Typed Nam	e		License Number		

DEP Form 62-555.900(3)Alternate Page 1

PWS Id	entificat	tion Number	T:	3424685		Plant Name:	Hawk's Po	int							
III. Dai	v Data I	for the Mont	h/Year of:		April-04					·					
			og Virus Inacti	viation/Rem			Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlo	rine (Chloramines)
		et Radiation			Other (Describe	.).	Ш		الا	0	- 10111-0	L			,
1——			ual Maintained i	n Dietributie		<u> </u>			Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines)	Chlorine Dioxide
1 ype o	Disinie	Clain Residi	Jai Mailitailleu I	ii Distributio	CT Calculations,	ITU Dage to I	Domonantento I	Forest da				monica C	mornie (Cino	1 Sammes,	Cinorine Dioxide
						CT Calcu		rout-Log	VII US IIIACUV	attori, it App	UVI	Dose			
	Days					Createu					07.	1			
	Plant	ŀ		1	Lowest Residual	Disinfectant	Lowest CT Provided			11.0	i .		Lowest Residual		
	Staffed or				Disinfectant	Contact Time	Before or	1					Disinfectant		marks.
	Visited			ĺ	Concentration	(T) at C	at First	l		1	Lowest	Minimum	Concentration		
	by	l .	Net Quanity	1	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Al	onormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		ance Work that Involves Takin
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		Components Out of Operation
141	X	24 hrs	30,000					1					0.4		
. 2	Х	24 hrs	35,000										0.3		
3	X	24 hrs	44,500										0.6		
4		24 hrs	44,500				1								
5	Х	24 hrs	49,000										0.3		
6	Х	24 hrs	48,000										0.4		,
7-	Х	24 hrs	32,000					1.					0.4		
8	Х	24 hrs	41,000				I						1.8		
9 -	X	24 hrs	22,000										1.4		
10.≭	X	24 hrs	44,000										1.5	ļ	
11.		24 hrs	44,000												
:12	X	24 hrs	75,000										1.3		
.13	X	24 hrs	76,000										1.6		
14 :	X	24 hrs	29,000					1	L			<u> </u>	1.2		
֥15	X	24 hrs	33,000		<u> </u>		ļ		<u> </u>				1.8		
16×.	Х	24 hrs	32,500					<u> </u>					1		
17		24 hrs	32,500				<u> </u>				ļ				
∴18	X	24 hrs	35,000					<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1.3		
∗19 ≒	Х	24 hrs	57,000	ļ		<u> </u>	<u> </u>		ļ			<u> </u>	1.2	<u> </u>	
20	X	24 hrs	41,000		ļ		<u> </u>	<u> </u>			ļ		1.5	ļ	
21	X	24 hrs	28,000		ļ			1			<u> </u>	 	1.4		
22	X	24 hrs	50,000	ļ			 	 	<u> </u>	ļ	 	 	1.3		
∴23 · ∶	X	24 hrs	34,000				ļ	 			 	<u> </u>	1.2	 	
24 -	X	24 hrs	41,000				-	 	<u> </u>		ļ		· 1.4		
25	**	24 hrs	41,000	ļ			 		!	1	 	 	1.7		
26	X	24 hrs	34,000				ļ	┼	<u> </u>	 	 	 	1.7		
≥27 ≤	X	24 hrs	41,000				 	 	 -	}	 		0.8	 	
28	X	24 hrs	41,000					1	 	 	 	 	1 0.8		
29	X	24 hrs	33,000		 	 	 	 	<u> </u>	 	 	 	0.8		
30	Х	24 hrs	30,000		 		 	+	 	 	 		U.8	 	
Total	<u> </u> 	24 hrs	1,218,000	 				<u> </u>	l	 		<u> </u>	<u> </u>		
			40,600	1											
Tyricistic	Carry State Shift		70,000	1											

76,000

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



See page 4 for instructions May-04 1. General Information for the Month/Year of: A. Public Water System (PWS) Information 3424685 PWS Identification Number: PWS Name: Hawk's Point Transient Non-Community Consecutive PWS Type: X Community Non-Transient Non-Community Total Population Served at End of Month: 452 Number of Service Connections at End of Month: 129 PWS Owner: AquaSource Utility, Inc. Contact Person's Title: Contact Person: Michael Fitzgerald Area Manager - Florida Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL (352) 732-3213 Contact Person Person's Fax Number: Contact Person's Telephone Number: (352) 369-4881 Contact Person's E-Mail Address: mvfitzgerald@aguaamerica.com B. Water Treatment Plant Information (352) 369-4881 Plant Name: Plant Telephone Number: Hawk's Point Zip Code: 34880 S.E. 43rd Ave & S.E. 107th City: Belleview State: FL Plant Address: X Raw Ground Water Purchased Finished Water Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 41,917 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked License Class License Number Licensed Operators Name Lead/Chief Operator: 6 Days per week C 8287 Mark March 6 Days per week Other Operators: 2241 Tom Felton \mathbf{C} II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Signature and Date Printed or Typed Name

Page 1

Mem of Achieving Four-Log Virus Institrivation/Removal.*	PWS Identification Number: 3424685						Plant Name:	Hawk's Po	int						
Means of Achieving Four-Log Virus flanding of the Chlorine Chlorine Dioxide Chlorine Chlorine (Chlorine Chlorine)	III. Dai	v Data f	or the Mon	th/Year of:		May-04									
Universide Radiation Cherebre Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Chlorine								Free (Chlorin	e 🗍	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
Type of District-text Residual Maintained in Distribution System: Free Chlorine Distribution Chlorine Dioxide							e):			لــا			٠	ليــا	,
Day Plant Staffed of cr Visited Staffed of Concentration Cr Calculations										Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
Days Plant Staffed Or Valided Or Or Or Or Or Or Or O	- Jpo						or UV Dose to	Demonstrate I	our-Log					The Cart	
Plant Suffield Company Compa		Down											Dose		
Suffed Valied V								Lowest CT				17.4	1 1 1 1 1 1 1 1	Lowest	
Value Valu				-	1	Lowest Residual	Disinfectant	4.5 2 4 4	i						
Sy Day of Day o			-		1	1.0	Contact Time	Before or						Disinfectant	
Day of Common Hours Operation Point Company Point Company Point Company Point	1.77	Visited				Concentration	(T) at C	at First				Lowest	The second of the second of	Concentration	
The Color Plant		by						1			1		1 1 1 1 1 1 1 1		
Month 'Y' Openion Produced, all Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sex/cm2 sex/cm2 System, mg/L Water System Components Out of Operation System, mg/L Water System Components Out of Operatio	1														
Select X 24 hrs 30,500	1 .				1	1 ~									
A					Rate, gpd	Flow, mg/L	minutes	mg-mm/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	water System Components Out of Operation
Reserve	3.00	X			_	ļ		 	 			 			
Second	3.7				ļ		_	 				 	 	0.4	
September Sept					 				 				 	1	
1.1 1.1									1		 -	 	 	1	
SAPES X 24 hrs	1						1	 	 		 	 	 	1 1	
1488 24 hrs					 			 	 		·		 		
Table Tabl					 			 	 	 			 	•	
\$\partial \pa							-	1	1	 					
SHIPE X 24 hrs 59,000		X			 			 -		-		 	<u> </u>	1	
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34 X 24 hrs 53,000 0.9															
Section Sect								1						0.9	
16			24 hrs											0.8	
18	- 16		24 hrs												
319 X 24 hrs 45,000	23 7	Х	24 hrs	24,000]						
20	∴18 ∵	Х	24 hrs	34,000											
22 X 24 hrs 39,000			24 hrs										1		
22 X 24 hrs 47,500			24 hrs										ļ	<u> </u>	
23			24 hrs				<u> </u>	<u> </u>	1		ļ	<u> </u>	<u> </u>		
24 X 24 hrs 46,000 0.9 25 X 24 hrs 36,000 0.8 26 X 24 hrs 70,000 0.7 27 X 24 hrs 60,000 0.8 28 X 24 hrs 52,000 0.8 29 X 24 hrs 62,000 0.9 30 24 hrs 62,000 0.7		X	24 hrs			ļ. <u></u>	ļ	<u> </u>	<u> </u>			<u> </u>		1	
25			<u> </u>				<u> </u>						<u> </u>		<u> </u>
26					<u> </u>				ļ				<u> </u>		
27 X 24 hrs 60,000	1							<u> </u>	 	ļ	 	 	 		
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29 X 24 hrs 62,000 0.9 30 24 hrs 62,000 0.7							 	ļ <u>.</u>		<u> </u>					
30 24 hrs 62,000 0.7 0.7						 		 			}	 	 		
31 X 24 hrs 50,000 0.7		X				 	 	 	╂	 	 	 	+	0.9	
NOTE: A 21 ms 50,000		- 				 	}	 	+	 	 	1	 	0.7	
D44ND1 20 V 3 D 2 V 3 C D 3 C					 	1	1		<u> </u>	<u> </u>	<u> </u>	1	1	1 0.7	
Average 44,577			2638, 2020 (2). 364, 768, 612 (2).		1										

70,000

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



See page 4 for instructions

I. General Information for	or the Month/Year of: June-04			
A. Public Water System	(PWS) Information	<u> </u>		
PWS Name:	Hawk's Point		PWS Identif	fication Number: 3424685
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commu	
Number of Service Conr	ections at End of Month: 129		Total Population Served	
PWS Owner:	AquaSource Utility, Inc.			
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing			City: Ocala	State: FL Zip Code: 34470
Contact Person's Telepho	· · · · · · · · · · · · · · · · · · ·		Contact Person Person's	Fax Number: (352) 732-3213
Contact Person's E-Mail	Address: <u>mvfitzgerald@aquaamerica.com</u>			
B. Water Treatment Plan	t Information			
Plant Name:	ławk's Point		Plant Teleph	none Number: (352) 369-4881
Plant Address:	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL Zip Code: 34880
Type of Water Treated I		rchased Finished Wa	ter	
Permitted Maximum Da	y Operating Capacity of Plant, gallons per day:	41,917		
	section 62-699.310(4), F.A.C.):		Plant Class (per subsecti	on 62-699.310(4), F.A.C.):
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287	6 Days per week
Other Operators:	Tom Felton	С	2241	6 Days per week
	•			
	COL 20			
II. Certification by Lead	Chief Operator			
I, the undersigned water t	reatment plant operator licensed in Florida, am the lead	chief operator of the	ne water treatment plant	identified in Part I of this report. I certify that the
information provided in t	his report is true and accurate to the best of my knowled	ge. I certify that al	l drinking water treatme	ent chemicals used at thisplant conform to NSF
	or other applicable standards referenced in subsection 6			
	day that a licensed operator staffed or visited this plant			
	e, appropriate treatment process performance records. F			
				mai operations records to the 1 w3 owner so the 1 w3
owner can retain them, to	gether with copies of this report, at a convenient locatio	n for at least ten ye	ars.	
	Mark March			C8287
Signature and Date	Mark March Printed or Typed Nam			License Number
Signature and Date	Finited of Typed Nam	C		Diceise Nullion

DEP Form 62-555.900(3)Alternate Page 1

Means of Achieving Four-Log Virus Inactivation Removal: * Free Chlorine Chlorine Dioxide Combined Chlorine (Chloramines)	PWS I	Identification Number: 3424685 Plant Name: Hawk's Point																
Means of Achieving Four-Log Virus Inactiviation/Vermoval.* Free Chlorine Chloramines	111-15-	112	`1\	3. / 3		I 04												
Ultraviolet Radiation									21.1 .	<u></u>	A11 : -				0 1: 10:		31.1.	
Type of Distribution Type of Distribution					viation/Rem			∐ Free (hlorine		Chlorine I	Jioxide)zone	Combined Ch	orine (C	nioramines	<i>'</i> [
Day Day Day Plant Safed Operator	_						e):											
Doys Plant Saffed or Visited Public Population	Type o	f Disinfe	ctant Residu	ıal Maintained i	n Distributio								mbined C	hlorine (Chlor	amines)		Chlorine Di	oxide
Part SarFed Part SarFed Part SarFed Part SarFed Part	280					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	icable*					* * * * * * * * * * * * * * * * * * * *	
Plant Staffed Plant in Disinfectant Disinfectant Concentration Context Time Cont		Days		≕,			CT Calcu	lations				UV	Dose					
Disinfectant Concentration					* .			Lowest CT		- 1				Lowest				
Visited by Vis	1.	Staffed				Lowest Residual	Disinfectant	Provided		·]	Residual				
No		or				Disinfectant	Contact Time	Before or				1 1		Disinfectant				
Day of Operator Hours Hours Hours Hours Peak Flow				٠.		1 4 4 4 1 1 1 1 1		1							A STATE OF			
the (Place Plant in Month Month Month Month NY) Water produced, gal (Plant in NY) Water, produced, gal (Plant in NY) Peak Flow, my/L (Plant in NY) Peak Flow, my/L (Plant in NY) Water, produced, gal (Plant in NY)					^:	` '		1	-						_			
Month 'X' Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 System, mg/L Water System Components Out of Operation C C C C C C C C C					D 1 F		_	1 -										
	5.				ł .	• .	· ·								1. •			- 1
222 X 24 hrs 36,000					Raie, gpu	Flow, mg/L	minutes	mg-min/L	U	Applicable	mg-min/L	sec/cm2	sec/cm2		water System	Compon	ents Out of Op	eration
					 			-					 -		 			
					<u> </u>									1.0	·			
24 hrs 29,000								 	-				-	1 2				
24 hrs 29,000		_^			 			 			-			1.2				
											 							
		x			 									11				
X 24 hrs 30,000																		
10													†					
X 24 hrs 32,000					1						-			1.2				
					-									1				
24 hrs 39,500					<u> </u>			<u> </u>				T		1.2				
Signature Sign			24 hrs															
16	3-14	Х	24 hrs															
17 X 24 hrs 32,000 1.6	3450	Х	24 hrs	25,000														
18 X 24 hrs 44,000 1.8 195 X 24 hrs 35,000 1.6 20 24 hrs 35,000 1.5 21 X 24 hrs 25,000 1.5 22 X 24 hrs 50,000 1.3	- 16*	Х	24 hrs	37,000	L													
196 X 24 hrs 35,000 1.6		X	24 hrs															
20 24 hrs 35,000																		
21 X 24 hrs 25,000		X			<u> </u>			ļ	ļ		<u> </u>			1.6				
22 X 24 hrs 50,000 1.3					<u> </u>				<u> </u>									
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1889/31 X 1 74 hrs 1 76 000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ļ				<u> </u>		<u> </u>	<u> </u>			_			
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24 X 24 hrs 24,000 1.2			-						 		<u> </u>							
25 X 24 hrs 43,000 1.1					.			 	 			 	<u> </u>					
26 X 24 hrs 37,000 1.2		X			-	1		ļ	ऻ—			 		1.2	<u> </u>			
27 24 hrs 37,000 1.1		v						 	 		 	-	 	1 1		·- ·- ·		
						 		 	 			 						
29 X 24 hrs 32,000 1.3 30 X 24 hrs 25,000 1.4									 	 			 					
310 24 hrs 23,000		 ^ -		25,000		<u> </u>		 	 				 	1.4			·········	
Total 1,000,000		l Versions		1 000 000	-	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	·	1	J				
Average 33,333		e i s	un o server. Tan inggan		1													

33,333 52,000

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



See page 4 for instructions

I. General Information for	or the Month/Year of:	July-04				
A. Public Water System	(PWS) Information					
	Hawk's Point			PWS Ident	ification Number:	3424685
		Non-Transient Non-Com	munity	Transient Non-Comm	unity	Consecutive
	nections at End of Month:	129		Total Population Serve	d at End of Month:	452
	Aqua Utilities Florida					
	Michael Fitzgerald			Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailing			,	City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph				Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail		ld@aquaamerica.com				
B. Water Treatment Plan			····			-
	Hawk's Point				phone Number:	(352) 369-4881
	S.E. 43rd Ave & S.E. 107th			City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated			rchased Finished Wa	nter		
	ay Operating Capacity of Plant, gallor	is per day:	41,917	In of (
	section 62-699.310(4), F.A.C.):		01.	Plant Class (per subsec		
Licensed Operators	· · · · · · · · · · · · · · · · · · ·		License Class	License Number		(b) Diffe(b) Worked
Lead/Chief Operator:	Mark March		С	8287		6 Days per week
Other Operators:				<u> </u>	_	
				 		
				-		
			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
				 		
(*************************************						
II. Certification by Lead	Chief Operator					
I the undersigned water	reatment plant operator licensed i	n Florida, am the lead	shief approtor of th	a water treatment plan	t identified in Part La	of this report. I certify that the
-	his report is true and accurate to the	•	•	_		•
	or other applicable standards refe					
	day that a licensed operator staffe					
rates; and (2) if applicabl	e, appropriate treatment process p	erformance records. F	uthermore, I agree	to provide these additi	onal operations record	ds to the PWS owner so the PWS
owner can retain them, to	gether with copies of this report,	nt a convenient location	n for at least ten ye	ars.		
		Mark March			C8287	
Signature and Date		Printed or Typed Name	e		License Number	

Page 1

PWS Id	lentifica	tion Number	r:	3424685	Plant Name:	Hawk's Po	int							
III. Dai	ly Data !	for the Mon	th/Year of:		July-04				······································					
			og Virus Inacti				Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								,
Type o	Disinfe	ctant Residu	ual Maintained i	n Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
	9.90.17				CT Calculations,	or UV Dose, to 1	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl				
	Days					CT Calcu					UV	Dose		
	Plant		·				Lowest CT		1		1		Lowest	
1	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	ог			<u>'</u>	Disinfectant	Contact Time	Before or						Disinfectant	投資法的 新 拉拉斯 (1987)
1	Visited		NT - 0 - 1:)	Concentration	(T) at C	at First	_			Lowest	Minimum	Concentration	
Downer	by	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	T
Day of the	Operator (Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1.44	X	24 hrs	41,000	3,0,7					Тургодого				1.1	The system components out of operation
2	Х	24 hrs	20,000						-				1.1	
43	Х	24 hrs	32,500										1.2	
_ 4 ×		24 hrs	32,500											
*5	Х	24 hrs	36,000										1.2	
6 .	X	24 hrs	45,000										1.1	
7	Х	24 hrs	21,000									<u> </u>	1.2	
8 .	Х	24 hrs	39,000									ļ	1.3	
.9	X	24 hrs	26,000	ļ				<u> </u>					1.3	
10	X	24 hrs	35,500				<u> </u>	<u> </u>			ļ		1.3	
11.	X	24 hrs 24 hrs	35,500 27,000				<u> </u>	ļ				ļ	1	
13	$\frac{\lambda}{X}$	24 hrs	31,000				 	 				 	1.2	
14*	X	24 hrs	48,000		 		 			<u> </u>	ļ	 	1.3	
15	X	24 hrs	47,000					 				 	1.3	
16	X	24 hrs	57,000					 				 	1.2	
17	X	24 hrs	45,500	j		· · · · · · · · · · · · · · · · · · ·							1.3	
184		24 hrs	45,500				<u> </u>						•	
∞:1 9 ≤	X	24 hrs	21,000										1.3	
20	X	24 hrs	30,000										1.2	
21	X	24 hrs	35,000										1.3	
22	X	24 hrs	50,000							<u> </u>			1.2	
23	_X	24 hrs	31,000					_				<u> </u>	1.2	
24	X	24 hrs	30,000	↓			<u> </u>				<u> </u>	 	1.2	
25		24 hrs	29,000	<u> </u>				 		<u> </u>		<u> </u>	l	
26 27	X	24 hrs	26,000 32,000	<u> </u>						 		 	1 1	<u> </u>
28	X	24 hrs 24 hrs	21,000	 			 	 	 	 	<u> </u>	 	1.2	
28 29	$\frac{\lambda}{X}$	24 hrs	12,000	 			 	-	 	 	 	 	1.1	
30	$\frac{\lambda}{X}$	24 hrs	41,000	 	 			 		<u> </u>	 	 	1.2	
31	$\frac{\lambda}{X}$	24 hrs	30,500	 			 	-			 	 	1.1	
Total	3.147/42		1,053,500		L	1			·		<u> </u>	1		<u> </u>
Average			33,984	1										

57,000

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



See page 4 for instructions

I. General Information f	or the Month/Year of:	August-04	···			
A. Public Water System	(PWS) Information					
PWS Name:	Hawk's Point			PWS I	dentification Number	3424685
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-C		Consecutive
	nections at End of Month:	129		Total Population S	erved at End of Monti	h: 452
	Aqua Utilities Florida					
	Michael Fitzgerald			Contact Person's T	itle: Area Manage	
Contact Person's Mailin				City: Ocala		L Zip Code: 34470
Contact Person's Teleph				Contact Person Per	son's Fax Number:	(352) 732-3213
Contact Person's E-Mai		ld@aquaamerica.com	<u> </u>			
B. Water Treatment Plan						
	Hawk's Point				Telephone Number:	(352) 369-4881
	S.E. 43rd Ave & S.E. 107th			City: Bellev	iew State: F	L Zip Code: 34880
Type of Water Treated	<u> </u>		urchased Finished Wa	ater		
	ay Operating Capacity of Plant, gallor		41,917			
	osection 62-699.310(4), F.A.C.):	<u> </u>			bsection 62-699.310(
Licensed Operators	Name		License Class	License Numb	er	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March		С	8287		6 Days per week
Other Operators:						
			<u> </u>			
				<u> </u>		
		·		 		<u></u>
						
				<u> </u>		
II. Certification by Lead	Chief Operator					·
			•			Part I of this report. I certify that the
information provided in	this report is true and accurate to tl	he best of my knowled	lge. I certify that al	I drinking water tre	eatment chemicals u	used at thisplant conform to NSF
International Standard 60	0 or other applicable standards refe	erenced in subsection (62-555.320(3), F.A.	.C. I also certify th	at the following ad	ditional operations records for this
plant were prepared each	day that a licensed operator staffe	ed or visited this plant	during the month in	ndicated above: (1)	records of amounts	s of chemicals used and chemical feed
						records to the PWS owner so the PWS
	ogether with copies of this report, a					
o our rount mont, t	Source with opios of mis topoli,	a a convenioni nocano	101 at 10abt toll yo	·····		
	•	Mark March			C8287	
Signature and Date		Printed or Typed Nam	e		License Num	ber
-		~.				

Page 1

PWS I	lentificat	tion Number	r:	3424685		Plant Name:	Hawk's Po	int						
III. Da	ly Data i	for the Mont	h/Year of:		August-04	·								
			og Virus Inacti	viation/Rem			Free (Chlorin	e II	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	÷).			`	Cinornio I	Jiokido	Ш `	5201R	comomed emornie (emorannes)
			ıal Maintained i	n Distributio		-)-			Free Chl	orine	I Co	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
70.50				III DISTITUTE	CT Calculations	or HV Dose to	Demonstrate I	iour-Log				mionieu C	morme (Cinoi	
	Days				Ox Calculations	CT Calcu		Our Log	VII US III ACAIY	auou, n rspp	UV	salah menalih di melah jiki		
	Plant						Lowest CT	l				1		
	Staffed				Lowest Residual	Disinfectant	Provided						Lowest Residual	
1	or				Disinfectant	Contact Time	Before or			- 1 1 Y			Disinfectant	
	Visited	1 1			Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity	* * * * *	(C) Before or at	Measurement	Customer	Тетр.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month 1	"X")	Operation 24 hrs	Produced, gal 30,500	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	х	24 hrs	20,000				 	<u> </u>					1,1	
3	X	24 hrs	23,000					 					1.1	
-4	X	24 hrs	31,000				 	 				-	1.2	
5-	X	24 hrs	35,000										1.2	
6	Х	24 hrs	17,000										1.1	
7.7 00	Х	24 hrs	32,000				<u> </u>						1.2	
8		24 hrs	32,000				1							
9	Х	24 hrs	17,000				I						1.1	
:10	X	24 hrs	39,000	<u> </u>									1.2	
(11)	X	24 hrs	20,000				<u> </u>						1.1	
12	X	24 hrs	32,000	<u> </u>			<u> </u>			<u> </u>			1.2	
13	X	24 hrs	27,000	}	· · · · · · · · · · · · · · · · · · ·		ļ	ļ		<u></u>			1.3	
14	Х	24 hrs 24 hrs	24,500 24,500				 	<u> </u>					1.2	
16-	Х	24 hrs	25,000				 	<u> </u>				<u> </u>	1.1	
17	X	24 hrs	22,000				-					-	1.1	
18	X	24 hrs	27,000				1						1.2	· · · · · · · · · · · · · · · · · · ·
19	X	24 hrs	30,000				<u> </u>						1.3	
20	Х	24 hrs	23,000										1.2	
21	Х	24 hrs	30,000										1.3	
22		24 hrs	31,000											
23	Х	24 hrs	25,000										1.3	
24	Х	24 hrs	22,000									L	1.2	
.25 ?	Х	24 hrs	30,000										1.2	
26	X	24 hrs	23,000				ļ	L		<u> </u>	<u> </u>		1.2	
27	X	24 hrs	22,000				ļ	<u> </u>					1.3	
28 29	Х	24 hrs	30,000				 	<u> </u>			 	<u> </u>	1.3	
30	Х	24 hrs 24 hrs	31,000 24,000	_			 	 		 		-	12	
31	x	24 nrs 24 hrs	26,000				 						1.2	
Total		24 (05	825,500		L	L	1	L	1	<u> </u>	<u> </u>	<u> </u>	1.2	
			26,629	1										

39,000

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



See page 4 for instructions

I. General Information	for the Month/Year of: September-04				
A. Public Water System	(PWS) Information				
PWS Name:	Hawk's Point		PWS Identif	ication Number:	3424685
PWS Type:	X Community Non-Transient Non-Con	nmunity	Transient Non-Commu		Consecutive
Number of Service Cor	nections at End of Month: 129		Total Population Served	at End of Month:	452
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo	rida
Contact Person's Mailir	ng Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telepl			Contact Person Person's I	Fax Number:	(352) 732-3213
Contact Person's E-Mai	Address: <u>mvfitzgerald@aquaamerica.com</u>	1	· · · · · · · · · · · · · · · · · · ·		
B. Water Treatment Pla	nt Information			<u>. </u>	
Plant Name:	Hawk's Point		Plant Teleph	one Number:	(352) 369-4881
Plant Address:	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated		urchased Finished Wa	ater		
	Day Operating Capacity of Plant, gallons per day:	41,917			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection		A.C.) C
Licensed Operators	Name	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	c	8287		6 Days per week
Other Operators:					1
Statement of the statem					
			<u></u>	<u> </u>	
II Contidentian land	I/Chi of On worth				
II. Certification by Lead					
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	/chief operator of the	ne water treatment plant	identified in Part I o	of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	dge. I certify that al	I drinking water treatme	nt chemicals used a	t thisplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsection	62-555.320(3), F.A	.C. I also certify that the	following addition	al operations records for this
	n day that a licensed operator staffed or visited this plant				
	le, appropriate treatment process performance records.				
	ogether with copies of this report, at a convenient location			iai oporations recoi	as to the 1 We owner so the 1 We
owner can retain them, t	ogenier with copies of this report, at a convenient location	on for at least ten ye	ais.		
	Mark March			C8287	
Signature and Date	Printed or Typed Nam	ne		License Number	
5					

PWS I	WS Identification Number: 3424685 Plant Name: Hawk's Point														
		or the Mon			September-04										
			og Virus Inacti				Free C	Chlorine	e 📗	Chlorine I	Dioxide)zone	Combined Chlori	ne (Chloramines)
l l	Iltraviole	et Radiation	·		Other (Describe	:):									
Type o	f Disinfe	ctant Residu	ial Maintained i	n Distributio					Free Chl			mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	icable*				
	Days					CT Calcul	lations				UVI	Oose			
la giri	Plant						Lowest CT			-			Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided					13	Residual		
	OL			1	Disinfectant	Contact Time	Before or				1.00		Disinfectant		
1.1.2	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration		`.
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		ormal Operating Conditions
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		ce Work that Involves Takir
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Co	mponents Out of Operation
301071	X	24 hrs	25,000	 	1.3		 	 					1.3		
2`: -3-	X	24 hrs	25,000	 	1.4			 -					1 1 2		
4.4	X	24 hrs 24 hrs	33,000 25,000	 	1.3			 				ļ	1.2 1.2	·	·
- 75	^	24 hrs	25,000		1.3		<u> </u>	 					1.2		
6	х	24 hrs	17,000		1.4								1.1	·	
7	X	24 hrs	13,000		1.6		<u> </u>		·				1.3		
- 8	X	24 hrs	21,000		1.4								1.2	·	
-9.	X	24 hrs	25,000		1.5								1.4		
10	X	24 hrs	27,000		1.2				-				1.1		
:11	Х	24 hrs	29,500		1.3								1	·	·····
*12		24 hrs	29,500											**	
%13 4	Х	24 hrs	17,000		1.2								1.1		
1314	Х	24 hrs	22,000		1.2								1.2		
√15	X	24 hrs	23,000		1.3								1.2		
-¥16=	Х	24 hrs	30,000		1.5								1.2		
3×17 <€	Х	24 hrs	26,000		1.4								1.3		
18		24 hrs	26,000												
. 19	X	24 hrs	38,000		1.3										
∴20	X	24 hrs	21,000		1.2								1.1		
v21	Х	24 hrs	26,000	<u> </u>	1.4		<u> </u>						1.2		
~.22	X	24 hrs	19,000		0.7		<u> </u>	L	 				0.4		
∴23	Х	24 hrs	32,000	<u></u>	1		L	L			L		0.7		
24	Х	24 hrs	33,000		1.3		ļ						0.9		
≈25:>	X	24 hrs	22,000		1.2							<u> </u>	0.7		
-26		24 hrs	22,000	 			<u> </u>		ļ						
27 ~	X	24 hrs	36,000	ļ	1.3			<u> </u>			ļ		0.8		
28	X	24 hrs	21,000	<u> </u>	1				ļ			<u> </u>	<u> </u>		
29.	X	24 hrs	23,000		1.3	_			ļ	 		 	1.1		
30 **	Х	24 hrs	33,000		1.4	·	 	 	 	 		 	1.2	 	
31	Sa Partir sector	24 hrs	765 000	 	L	l	<u> </u>		L	L	L	<u> </u>	<u> </u>	<u> </u>	
Total			765,000	1											
Average	: 194. E.C.		25,500	i .											

38,000

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



See page 4 for instructions

See page 4 for instruction							
I. General Information		October-04			·		
A. Public Water Syster							
PWS Name:	Hawk's Point				PWS Identi	fication Number:	3424685
PWS Type:		Non-Transient Non-Com	munity [Transient Non-Comm	unity	Consecutive
	nnections at End of Month:	129			Total Population Served	at End of Month:	452
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Michael Fitzgerald				Contact Person's Title:	Area Manager -	
Contact Person's Maili					City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep					Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Ma		ald@aguaamerica.com					
B. Water Treatment Pla	ant Information						
Plant Name:	Hawk's Point				Plant Telep	hone Number:	(352) 369-4881
Plant Address:	S.E. 43rd Ave & S.E. 107th				City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated			rchased Finished	Wa	iter		
	Day Operating Capacity of Plant, gallo	ns per day:	41,917				
	ibsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsect	ion 62-699.310(4),	F.A.C.) C
Elicensed Operators	Name		License Clas	S	License Number	等 2000 网络 类多方式	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	1	C		8287		6 Days per week
Other Operators:	Barry Cohen	1	С		8253		6 Days per week
Applicated to the state of the							
	<u> </u>		<u> </u>				
	2 2						
操作性 。	A						
MATRICE ALEXT							
	·						
	1:01 1 2 0						
II. Certification by Lea	d/Chief Operator						
I, the undersigned water	r treatment plant operator licensed	in Florida, am the lead	chief operator	of th	ne water treatment plan	t identified in Par	t I of this report. I certify that the
	this report is true and accurate to t		_		-		
	60 or other applicable standards ref	-			_		
							of chemicals used and chemical feed
		_	_				
					_	onai operations re	scords to the PWS owner so the PWS
owner can retain them,	together with copies of this report,	at a convenient locatio	n for at least tei	n ye	ars.		
		Mark March				C9297	
Signature and Date		Mark March				C8287 License Number	
orgnature and Date		Printed or Typed Nam	C			License Number	Γ

DEP Form 62-555.900(3)Alternate Page 1

PWS Ic	lentificat	ion Number	r:	3424685		Plant Name:	Hawk's Po	int						
III Dai	ly Data f	or the Mont	th/Year of:		October-04									
			og Virus Inacti	viation/Rem			Free (Chlorin	<u> </u>	Chlorine I	Diovida		Dzone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	۸.		,111 () 1111		Cinorine	MOXICE	□ ')201E	Combined Chlorine (Chloramines)
			ıal Maintained i	n Distributio		·)·			I E CU			1: 10	11 : (01)	
Type o	Distille	Ctarit Nesiut	iai iviailitailieu l	ii Distributio		Minterpresident of the control of	Sec. 3.1.2		Free Chl			moinea C	hlorine (Chlor	amines) Chlorine Dioxide
	300	1.5			CT Calculations,	or UV Dose, to I	Jemonstrate I	OUT-LOG	Virus Inactiv	ation, if Appl			對於 成分的	[포트를 하면 보기를 보다 다음을
	Days					C1 Calcu		1 11		v (1 4,3) ■ 1 4 4 4	UVI	Jose		
	Plant		*				Lowest CT						Lowest	
	Staffed or			Art La A	Lowest Residual Disinfectant	Disinfectant Contact Time	Provided						Residual	
	Visited		,		Concentration	(T) at C	Before or at First				Lowest	Minimum	Disinfectant	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Тетр.		Minimum	Operating	UV Dose	Concentration at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	· pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c i	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
will e-	X	24 hrs	30,000		1.1								1.1	
ે? .2 ઃં	Х	24 hrs	24,000		1.6						!		1.2	
≫3·3·		24 hrs	24,000											
4	X	24 hrs	26,000		1.2								1	
- 5	X	24 hrs	36,000		1.2								1.1	
6	Х	24 hrs	36,000		1	-,							0.9	
<i>∴.1</i> (*)	Х	24 hrs	38,000		1								0.8	
* 8∵	X	24 hrs	27,000		1.2								I	
9::-	Х	24 hrs	32,000		1.4								1.2	
10 5		24 hrs	32,000							<u> </u>				
11.4	X	24 hrs	22,000		1.2			ļ					0.9	
12	X	24 hrs	23,000		1			<u> </u>					0.8	
13	X	24 hrs	26,000		1.2			<u> </u>					0.8	
∞14 → 15 ÷	X	24 hrs	33,000		1.3								1	
16	X	24 hrs 24 hrs	31,000 27,000		1.2					<u> </u>			0.8	· · · · · · · · · · · · · · · · · · ·
£17		24 hrs	27,000		1.3			 					0.8	
18	х	24 hrs	30,000		1.5			 					1	
19	$\frac{x}{x}$	24 hrs	31,000		1.4								1.2	
20	X	24 hrs	35,000		1.5					 			0.9	
21	X	24 hrs	72,000		1.4			 					1	
22	X	24 hrs	26,000		1.4		<u> </u>						0.9	
23	Х	24 hrs	35,000		1.3		-	<u> </u>					1.2	
24		24 hrs	35,000											
* 25	Х	24 hrs	18,000		1.6								1	
√26 ₩	Х	24 hrs	32,000		1.4								1.2	
27	Х	24 hrs	27,000		1.4				Î				1.1	
28	Х	24 hrs	24,000		1.3		[<u> </u>	· .				1.2	
∵ 29 ∵	Х	24 hrs	36,000		1	_							0.8	
∵30 🦎	Х	24 hrs	30,000		1.1								0.7	
ુ31 %		24 hrs	30,000											
		逐渐分分 辩。	955,000	1								-		
Average		Congression of the man	30,806	1										

72,000

Maximum

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



See page 4 for instructions November-04 1. General Information for the Month/Year of: A. Public Water System (PWS) Information PWS Identification Number: 3424685 PWS Name: Hawk's Point PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive 452 Number of Service Connections at End of Month: 129 Total Population Served at End of Month: Aqua Utilities Florida PWS Owner: Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Contact Person's Telephone Number: (352) 732-6027 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Telephone Number: (352) 732-6027 Plant Name: Hawk's Point Zip Code: 34880 S.E. 43rd Ave & S.E. 107th City: Belleview State: FL Plant Address: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 41,917 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 为《1876年》。 第二章 Licensed Operators Name License Class License Number Lead/Chief Operator: 6 Days per week Mark March C 8287 Other Operators: 6 Days per week 8253 Barry Cohen II. Certification by Lead/Chief Operator

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

	Mark March	C8287
Signature and Date	Printed or Typed Name	License Number

DEP Form 62-555.900(3)Alternate Page 1

PWS Id	lentificat	ion Number	T2	3424685		Plant Name:	Hawk's Po	int						
III. Dai	ly Data 1	or the Mont	h Year of:		November-04									-
			og Virus Inacti	viation/Rem			Free (Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):			• Ц	0		Ъ,		comemon constant (constanting)
			ıal Maintained i	n Distributio		7			Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
7.7P0 0						or UV Dose to	Demonstrate I	our-Log					(00	
	Days					CT Calcu		Our Dog		N SI SI S	UVI	Dose		
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided					,	Residual	
1	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First		and the first		Lowest	Minimum	Concentration	
	by	1 1	Net Quanity		(C) Before or at	Measurement	Customer	Тетр.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
5 1 5	X	24 hrs	18,000		1								0.7	
2.	Х	24 hrs	22,000		1.1		<u> </u>						0.9	
∴ 3	Х	24 hrs	25,000		1		<u> </u>						0.8	
4	Х	24 hrs	25,000		1.1		<u> </u>	<u> </u>					1	
5	Х	24 hrs	15,000		2.2		<u> </u>	<u> </u>					1.5	
-6	Х	24 hrs	38,000		1.8		ļ	L				L	1.4	
7.		24 hrs	38,000				L							
- 8	Х	24 hrs	30,000		2.2		<u> </u>		L				2	
9.	X	24 hrs	24,000		1.8			<u> </u>			<u> </u>		1.2	
10	Х	24 hrs	29,000	ļ	2			<u> </u>					1.4	
\$ 11.	X	24 hrs	28,000		2							ļ	1.6	
12	X	24 hrs	29,000		1.8			ļ	<u> </u>				1.3	
13.7	Х	24 hrs	25,000		1.8			 					1.2	
14		24 hrs	24,000				<u> </u>	ļ —						
15	X	24 hrs	25,000		1.7			<u> </u>		<u> </u>	[<u> </u>	1.2	
16	X	24 hrs	23,000		1.8						!		1.2	
.17	X	24 hrs	32,000		1.8			 	 				1.1	
18	X	24 hrs	32,000		1.6		ļ	├				 	1.2	
*19	X	24 hrs	13,000		1.8		_	 					1.1	
20	X	24 hrs	33,000		1.8		 	 	-			ļ	1.3	
21	Х	24 hrs	40,000		1.3	 	 	 	 	<u> </u>	<u> </u>	-	1	
	- V	24 hrs	40,000		1.5		 	 		 		-	1.2	
23	X	24 hrs	29,000 22,000		1.5		 	}	 		 _		1.2	
24 25	X	24 hrs	27,000		1.4	ļ	 	 						
26	X	24 hrs			1.4	ļ	!	 	 				1	
		24 hrs	29,000	 	1.4	-		 	 - -	 	 	}-	1	
27 28	X	24 hrs	30,000 22,000		1.1	-	<u> </u>	╂	 				0.8	
29	X	24 hrs 24 hrs	24,000		0.8	}	-	 		-		-	0.8	
30	X	24 hrs	28,000	 	0.8	 	 	+	 -	 		 	0.7	
31	 ^		20,000	 	0.7	 		 	 -	 	 	 	0.5	
Total	l. Sacrasiis Art	24 hrs	819,000	-	1	1	I	1		1	L	I	L	
Average			27.300	1										

40,000

Maximum

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



See page 4 for instructions

and balle a rest unparagraphic					
I. General Information for	······································	· · · · · · · · · · · · · · · · · · ·			
A. Public Water System			·		
	Hawk's Point			ication Number:	3424685
	X Community Non-Transient Non-Com	munity	Transient Non-Commu	_ 	Consecutive
	nections at End of Month: 129		Total Population Served a	at End of Month:	452
	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager - Florid	
Contact Person's Mailin	V		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph			Contact Person Person's I	Fax Number:	(352) 732-3213
Contact Person's E-Mail					
B. Water Treatment Plan	nt Information				
Plant Name:	Hawk's Point		Plant Teleph	one Number:	(352) 732-6027
	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated		rchased Finished War	ter		751.47
		41,917			
Plant Category (per sub	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	<u> </u>	Days per week
Other Operators:	Barry Cohen	С	8253	6	Days per week

				<u> </u>	
II. Cardiffeed and and and	/CL: f.O.				
II. Certification by Lead	Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	e water treatment plant i	identified in Part I of	this report. I certify that the
information provided in t	this report is true and accurate to the best of my knowled	ge. I certify that all	drinking water treatmen	nt chemicals used at t	thisplant conform to NSF
International Standard 60	or other applicable standards referenced in subsection 6	62-555.320(3), F.A.	C. I also certify that the	following additional	operations records for this
	day that a licensed operator staffed or visited this plant			_	•
	le, appropriate treatment process performance records. F	_	, ,		
	ogether with copies of this report, at a convenient location			iai operations records	to the i wis owner so the i wis
owner can retain mem, w	ogether with copies of this report, at a convenient location	ii ioi at ieast teii yea	115.		
	Mark March			C8287	
Signature and Date	Printed or Typed Name	P.		License Number	
~.B wild Duto	Timed or Typed Name	•		Diocuse italiand	

DEP Form 62-555.900(3)Atternate Page 1

	PWS Id	entificat	ion Numbe	r:	3424685		Plant Name:	Hawk's Po	int						
Meanus of Achieving Four-Log Virus Inactivation/Removals Other (Describe)	III. Dai	ly Data I	or the Mon	th/Year of:		December-04									
Untraviolet Radiation					viation/Rem	oval: *		Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chlorine) Chlorine Dioxide							e):								(
Day Plant Staffied Plant Staffied Power Plant Staffied Power Plant Staffied Power Plant Staffied Plant Plant Staffied Plant Plan	Type of	Disinfe	ctant Residu	ual Maintained i	n Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
Days Pater Staffed Content	0.00	2002					or UV Dose, to	Demonstrate I	Four-Log				Service.	19-4000 takenso	
Plant Solffied Solfi		Davs	est of the										Dose		[화물리 후 집 사람들이 다리를 하고 않는다]
Sufficient Visited V		7						Lowest CT						Lowest	
Validate Validate		Staffed				Lowest Residual	Disinfectant		1	-				The second secon	
By Do Operating Hours		or				Disinfectant	Contact Time	Before or	1						
Day of Operation Operati								at First	l			Lowest		Concentration	
The color The		- 1					4	1	1 .		1				
Month 'X' Operation Produced, pill Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 sec/cm2 System, mg/L Water System Components Out of Operation System Marker System Components Out of Operation System Syste											1			· ·	
Section Sect	1 1				•	1	1	1	1	•	1 .	1	1		, .
12 12 13 14 15 15 15 15 15 15 15					Rate, gpa	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2		Water System Components Out of Operation
1836 X 24 hrs 15,000 12 1.4 1.2 1.3 1.2 1.3 1.3 1.2 1.3						1		 	ļ. —		ļ	<u> </u>			
Cartest				<u> </u>			<u> </u>	}	 	 	 	<u> </u>	 		
24 hrs 32,000 1.5 1 1	-							-	├	 	 	 	 		
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Second Second								 	 						
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Salic X 24 hrs 9,000 1.5 1.2 1.2 1.2 1.2 1.2 1.3 1.2 1.3 1.2 1.3	.,							 	.			 			
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A	12		24 hrs	9,000											
15	3.13 .	Х	24 hrs	20,000		1.5				1				1.2	
16	: 14	X	24 hrs	33,000	ĺ	1.4			1					1	
179 X 24 hrs 38,000 1.4	15.	X	24 hrs	21,000		1.4			Ī					1.1	
18.8 24 hrs 38,000 1.2 1 1	ા6 ં	Х	24 hrs			1.2	-							I	
19 X 24 hrs 41,000 1.2		X				1.4]						1.2	
20 X 24 hrs 25,000 1.1 0.8 21 X 24 hrs 28,000 1.2 0.9 22 X 24 hrs 25,000 1.1 0.8 23 X 24 hrs 26,000 1.2 0.8 24 X 24 hrs 30,000 1.1 0.8 25 X 24 hrs 32,000 1.2 0.8 26 24 hrs 32,000 1.2 0.8 27 X 24 hrs 91,000 1.1 0.8 28 X 24 hrs 23,000 1 0.8 29 X 24 hrs 30,000 1 0.8 29 X 24 hrs 30,000 1 0.8 29 X 24 hrs 31,000 1 0.8 30 X 24 hrs 31,000 1 0.7 31 X 24 hrs 47,000 1.1 0.7 Total 975,000 Average 31,452							<u> </u>	<u></u>							
21				41,000				<u>i</u>	<u> </u>					<u> </u>	
22 X 24 hrs 25,000 1.1 0.8								1	L		ļ				
23								 	<u> </u>	L	ļ				
24 X 24 hrs 30,000 1.1 0.7 25 X 24 hrs 32,000 1.2 0.8 26 24 hrs 32,000 0.8 0.8 27 X 24 hrs 91,000 1.1 0.8 28 X 24 hrs 23,000 1 0.8 29 X 24 hrs 30,000 1 0.8 30 X 24 hrs 31,000 1 0.7 31 X 24 hrs 47,000 1.1 1 Tôtal 975,000 Average 31,452							ļ	↓	<u> </u>	<u> </u>	ļ				
25	. 100-00112							ļ		ļ		ļ			
26					ļ		 	 	 		ļ				
27		Х			ļ	1.2	 	 	╄	<u> </u>	ļ	ļ		0.8	
28 X 24 hrs 23,000 1 29 X 24 hrs 30,000 1 30 X 24 hrs 31,000 1 31 X 24 hrs 47,000 1.1 Total 975,000 Average 31,452		V				ļ —	ļ	 	 	 	 	ļ	 	<u> </u>	
29 X 24 hrs 30,000 1 0.8	-				1		1	1	1		 				
30 X 24 hrs 31,000 1 0.7					ļ · · · · · ·	 	ļ	-	1	 	1	 			
31 X 24 hrs 47,000 1.1 Total 975,000 Average 31,452					-			+	 	ļ	 	 			
Total 975,000 Average 31,452								+	 	 	 	 	 		
Average 31,452			1		 	1.1	1 .	1	1	<u> </u>	L	<u> </u>	1	L1	1
					1										
				91,000	1										

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



See page 4 for instructions

see page 4 for instruction		T T								
I. General Information		January-05								
A. Public Water Syster										
PWS Name:	Hawk's Point						ication Number	r:	3424685	
PWS Type:		Non-Transient Non-Com	ımunity			ent Non-Commu			Consecutive	
	nnections at End of Month:	129			Total Por	oulation Served	at End of Mont	h:	452	
PWS Owner:	Aqua Utilities Florida									
Contact Person:	Brian Heath				Contact I	Person's Title:	Area Manage	r - Flor		
Contact Person's Maili					City:	Leesburg		FL	Zip Code:	
Contact Person's Teler					Contact I	Person Person's	Fax Number:		(352) 787-	6333
Contact Person's E-Ma		aquaamerica.com								
B. Water Treatment Pl	ant Information									
Plant Name:	Hawk's Point					Plant Teleph	one Number:		(352) 787-	
Plant Address:	S.E. 43rd Ave & S.E. 107th				City:	Belleview	State: F	FL .	Zip Code:	34880
Type of Water Treated			urchased Finish	ed Wa	ater					1
	Day Operating Capacity of Plant, gallon		41,917							
	bsection 62-699.310(4), F.A.C.):	V	4	ar stort stores		ss (per subsection				TOTAL DESCRIPTION OF THE PROPERTY OF
Licensed Operators	Name		License Cl	ass	Lice	nse Number			<u> </u>	rked
"Lead/Chief Operator:	Mark March		C			8287			Days per weel	K
Other Operators:	g 5				1		<u> </u>			
										
									<u> </u>	
1977 Tark 1978	<u></u>									
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	<u> </u>				1	· · ·	_			
	<u> </u>				 					
	4				<u>.l</u>					
II. Certification by Lea	AlChief Operator									
	 _									
	r treatment plant operator licensed is									
information provided in	this report is true and accurate to the	ne best of my knowled	ige. I certify t	hat a	ll drinking	water treatme	ent chemicals	used at	thisplant conf	form to NSF
International Standard	60 or other applicable standards refe	renced in subsection	62-555.320(3)	, F.A	.C. I also	certify that the	following ad	ditiona	d operations re	ecords for this
plant were prepared each	ch day that a licensed operator staffe	d or visited this plant	during the mo	nth i	ndicated a	bove: (1) reco	rds of amount	s of ch	emicals used a	and chemical feed
	ble, appropriate treatment process po									
	together with copies of this report, a						• F			
omioi van rotain tiloin,	togother with copies of this report, a	a a convenient novation	n ioi ai ioasi (~11 }	,					
		Mark March					C8287			
Signature and Date		Printed or Typed Nam	ie				License Num	ber		

PWS Id	PWS Identification Number: 3424685 Plant Name: Hawk's Point													
III. Dai	v Data f	or the Mont	h/Year of:		January-05							<u> </u>		
			og Virus Inactiv				Free C	Chlorine	e T	Chlorine D	Dioxide		Ozone	Combined Chlorine (Chloramines)
		t Radiation	5		Other (Describe):	_							, ,
Type of	Disinfe	ctant Residu	al Maintained in	Distribution					Free Chlo	orine	Co	mbined Cl	nlorine (Chlora	amines) Chlorine Dioxide
		20. 电图像			CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log						
	Days			25.7		CT Calcu			aplanti in		UVI	Oose		
	Plant						Lowest CT					* * *	Lowest	
	Staffed			•	Lowest Residual	Disinfectant	Provided	.			;		Residual	
	or		•		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	. by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X") X	Operation	Produced, gal 17,000	Rate, gpd	Flow, mg/L 1.2	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2	_^_	24 hrs 24 hrs	17,000		1.2			1					1	
3	х	24 hrs	26,000		1.3								0.9	***************************************
- 4	X	24 hrs	26,000		1.5								1	
5	X	24 hrs	22,000		1.5								1.1	
· 6· ×	Х	24 hrs	25,000		1.4								1	
(.7 .)	Х	24 hrs	20,000		1.6								1.2	
2-8	X	24 hrs	31,000		1.8			L					1.4	
∵9∵		24 hrs	31,000			-								
10	X	24 hrs	25,000		2			<u> </u>					1.5	
11	Х	24 hrs	36,000		1.8		<u> </u>	ļ					1.4	
12	X	24 hrs	46,000		1.6			ļ					1.2	
13 · · · · · · · · · · · · · · · · · · ·	X	24 hrs	9,000 12,000		1.5		<u> </u>		<u> </u>				1.1	
- 15	X	24 hrs 24 hrs	11,000		1.6		 						1,2	
16	X	24 hrs	11,000		1.4		 					 	Ī	
17	X	24 hrs	65,000		0.5		 						0.4	
18	X	24 hrs	74,000		0.5			1					0.4	
19	х	24 hrs	64,000		0.9								0.5	
20	Х	24 hrs	20,000		1								0.6	
21	X	24 hrs	27,000		1						ļ		0.5	
22	Х	24 hrs	26,000		1.2			<u> </u>				L	0.6	
23		24 hrs	26,000				ļ	ļ	ļ		ļ			
24	Х	24 hrs	20,000		3		ļ		ļ	<u> </u>			2.2	
25	X	24 hrs	34,000		2.5		<u> </u>			ļ			2	
26	X	24 hrs	29,000		1.8		 	-	ļ		ļ		1.4	
27	X	24 hrs	31,000		0.1	4.1-	 	 	 -				0.9	
28	X	24 hrs	30,000 34,000	<u> </u>	0.1		 	 	 	 		-	0.5	
29.÷	Х	24 hrs 24 hrs	34,000		0.0		1	 	 	 	 	 	· · · · · · ·	
31	Х	24 hrs	22,000	 	0.6		 	<u> </u>	1		 	1	0.5	
		24 1115	901,000	<u> </u>	1	l		1			·		•	
			29,065	1										

74,000

Maximum

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



See page 4 for instructions

I. General Information f	or the Month/Year of: February-05				
A. Public Water System					
	Hawk's Point		PWS Identif	ication Number:	3424685
	X Community Non-Transient Non-Com	munity	Transient Non-Commu		Consecutive
	nections at End of Month: 132	indinty	Total Population Served		462
	Aqua Utilities Florida		Total I opulation out to	<u></u>	
	Brian Heath		Contact Person's Title:	Area Manager - Flo	rida
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	X		Contact Person Person's		(352) 787-6333
Contact Person's E-Mai					
B. Water Treatment Pla		-			
	Hawk's Point		Plant Teleph	one Number:	(352) 787-0980
	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated		rchased Finished Wa			
	ay Operating Capacity of Plant, gallons per day:	41,917			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsecti		
Licensed Operators	Name	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287		6 Days per week
Other Operators:	Bob Maxon	С	2812		6 Days per week
New York Control					
A STATE OF THE STA					
The second second					
Special Control of the Control of th					
reattern				<u> </u>	
Spirate Comments					
The Transaction of the State of			<u> </u>	<u> </u>	
II. Certification by Lead					
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	chief operator of th	e 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 knowled	lge. I certify that al	I drinking water treatme	ent chemicals used a	at thisplant conform to NSF
International Standard 6	0 or other applicable standards referenced in subsection of	52-555 320(3) F A	C. Lalso certify that the	e following addition	nal operations records for this
international Standard O	h day that a licensed operator staffed or visited this plant	during the month it	adicated above: (1) reco	rds of amounts of cl	hemicals used and chemical feed
piant were prepared each	n day that a licensed operator statted or visited this plant	Cuthaman Lagrag	to provide these addition	and operations reco	rds to the PWS owner so the PWS
rates; and (2) if applicat	le, appropriate treatment process performance records. I	rumermore, i agree	to provide these addition	mai operations recoi	ids to the 1 w5 owner so the 1 w5
owner can retain them, t	ogether with copies of this report, at a convenient location	on for at least ten ye	ars.		
	27.137.1			C8287	
0. 10.	Mark March			License Number	
Signature and Date	Printed or Typed Nam	IC .		Diceise Number	

PWS Ic	entificati	ion Number		3424685		Plant Name:	Hawk's Po	int						
III. Dai	v Data f	or the Mont	h/Year of:		February-05									
			og Virus Inactiv	riation/Remo			Free (Chlorin	e \square	Chlorine I	Dioxide	116	Dzone	Combined Chlorine (Chloramines)
		t Radiation	og viluo illustiv		Other (Describe) .	□	,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* Ш	Cintor nic 2) loxide	<u></u> Ч `	Zone	Combined Chlorine (Chloramnes)
			al Maintained in	Dietribution		<u>). </u>			Free Chle		Co	mbined C	nlorine (Chlora	minos) Chlorino Diovido
Type o		cain ixcside	iai iviaiiitaineti ii	1 Distribution		21 Try 20 22 122 1	Street to Acquiring the	321 - 442 - 4				momea C	norme (Chiora	amines) Chlorine Dioxide
					C1 Calculations,			oni-ro8	Virus inactiva	mon, ii Appi	UVI			[발화불발생활하고 생생 하기를 보고 계속 기
	Days		- 1 ()			C1 Calcu	lations				0 1	Jose		
	Plant Staffed			·	Lowest Residual	Dia-Gasta-t	Lowest CT Provided		4 p. 100				Lowest	
1. 61	OF				Disinfectant	Disinfectant Contact Time	Before or	1.5					Residual Disinfectant	
1	Visited				Concentration	(T) at C	at First	3.5			Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Тетр.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water,		UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	, C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	30,000	l	0.9								0.6	
:2:	X	24 hrs	17,000		11				<u> </u>				0.6	
_::3-∞	Х	24 hrs	26,000		2				ļ				1.6	
4.	X	24 hrs	35,000		2.5	·							1.5	
.75%		24 hrs	36,000				<u> </u>							
6™	X	24 hrs	23,000		1.8		<u> </u>		 				1.6	
7.	X	24 hrs	23,000		1.9		<u> </u>	ļ	}				1.7	
- 8:	X	24 hrs	31,000		2		<u> </u>	ļ	ļ				1.8	
9 10	X	24 hrs	26,000 25,000		2.5		·	ļ	ļ				2	
14.5	X	24 hrs 24 hrs	23,000		2.5		 	 					2	
12*4	$\frac{\hat{x}}{x}$	24 hrs	22,500		1.8		ļ	}	 		 -		1.5 1.6	
132	-	24 hrs	22,500		1.0		 		ļ				1.0	
-14:0	х	24 hrs	21,000		2		 	-	 		 		1.6	
15:	X	24 hrs	33,000		1.4						<u> </u>		1.0	
* 16	X	24 hrs	28,000		1.2		 		 				<u>-</u>	
17.	X	24 hrs	30,000		1		 		 		 	 	0.8	
*18:**	X	24 hrs	31,000		1		 						0.8	
19%	X	24 hrs	30,500		i i		 				 	-	0.6	
-20		24 hrs	30,500		-						 			
214.	Х	24 hrs	34,000		1.5				T				1	
22	Х	24 hrs	28,000		1.5		1					<u> </u>	1	
23	Х	24 hrs	31,000		1.7	-			T				1.2	
24	Х	24 hrs	28,000		1.9								1.5	
.25	Х	24 hrs	24,000		1.8				<u> </u>				1.4	
. 26	Х	24 hrs	25,000		1.6								1.4	
27		24 hrs	25,000											
≈28 ∞	X	24 hrs	30,000		1.5								1.2	
-29		24 hrs												
.∴30⊉.		24 hrs					<u> </u>							
>31		24 hrs			l	l	<u></u>		<u> </u>	<u> </u>				
			769,000]										
Average	7-15-0		27,464	!										
Maxim	m深汗经外		36,000	i										

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



See page 4 for instructions I. General Information for the Month/Year of: March-05 A. Public Water System (PWS) Information 3424685 Hawk's Point PWS Identification Number: PWS Name: Transient Non-Community Consecutive PWS Type: X Community Non-Transient Non-Community Total Population Served at End of Month: 462 Number of Service Connections at End of Month: 132 PWS Owner: Aqua Utilities Florida Area Manager - Florida Contact Person: Brian Heath Contact Person's Title: Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Zip Code: 34749 FL. (352) 787-6333 (352) 787-0980 Contact Person Person's Fax Number: Contact Person's Telephone Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information $(352) \overline{787} - 0980$ Plant Name: Plant Telephone Number: Hawk's Point Zip Code: 34880 Belleview State: FL Plant Address: S.E. 43rd Ave & S.E. 107th City: X Raw Ground Water Purchased Finished Water Type of Water Treated by Plant: 41,917 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Day(s)/Shift(s) Worked Licensed Operators License Class License Number Name 6 Days per week Lead/Chief Operator: C 8287 Mark March 6 Days per week $\overline{\mathbf{C}}$ 2812 Other Operators: **Bob Maxon** II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Page 1

Mark March

Printed or Typed Name

C8287

License Number

Signature and Date

PWS Id	entificati	ion Number	:	3424685		Plant Name:	Hawk's Po	int						
III. Daily Data for the Month Year of: March-05														
														
			og Virus Inactiv	riation/Remo			Free (hlorin	e [Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	<u>): </u>								
Type of	Disinfe	tant Residu	al Maintained in	n Distributio					Free Chle				nlorine (Chlora	amines) Chlorine Dioxide
			장면 병원하		CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiva	ation, if Appl				
	Days					CT Calcu		111 a			UVI	Oose		
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
1	or				Disinfectant	Contact Time	Before or			2.7			Disinfectant	
	Visited by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Т		Minimum	Lowest	Minimum UV Dose	Concentration	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of Water,	CT	Operating UV Dose.	Required,	at Remote Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	1. 1	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2011 -	x	24 hrs	22,000		1.9		Ĭ		 ''				1.5	
2	Х	24 hrs	26,000		1.4								1	
∴ુક∾	X	24 hrs	28,000		1.2								1	
- 4	X	24 hrs	20,000		1.5								1.2	
5.5	X	24 hrs	44,000		1.2				·				1	
>6'√		24 hrs	44,000						ļ					
. 37	X	24 hrs	28,000		0.6		<u> </u>		Ļ				0.4	
. 8 +	Х	24 hrs	28,000		11		ļ	<u> </u>	↓				0.8	
- 9	X	24 hrs	24,000		0.6		<u> </u>		<u> </u>	<u> </u>			0.4	
-10	X	24 hrs	30,000	<u> </u>	1.1		<u> </u>	 -	 	<u> </u>			1	
11.	X	24 hrs	35,000		0.9		 	 -	<u> </u>			ļ	0.6	
12		24 hrs	35,000 35,000		12		 		 			<u> </u>	1	
13. 14	X	24 hrs 24 hrs	35,000	 	1.2	· · · · · · · · · · · · · · · · · · ·	 	┼	 				1	
15	$\frac{\hat{x}}{x}$	24 hrs	35,000		1.5			 					1.2	
-16	$\frac{\lambda}{X}$	24 hrs	35,000		1.5	···	 	\vdash	 				1.2	
_17=9	X	24 hrs	35,000		1.8				 				1.4	
18	X	24 hrs	35,000		2		<u> </u>		†	<u> </u>			1.5	
19	X	24 hrs	35,000		1.5			1					1.2	
20*		24 hrs	35,000											
21	Х	24 hrs	35,000		1.5								1.2	
22	Х	24 hrs	35,000		1								0.6	
23	Х	24 hrs	35,000		1.2								1	
-24	X	24 hrs	35,000		1.4								1	
25	Х	24 hrs	35,000		1.2		1						1	
26		24 hrs	35,000				ļ		<u> </u>		ļ	ļ		
. 27		24 hrs	35,000	<u> </u>			1	<u> </u>					ļ	
28	Х	24 hrs	35,000		1.2		4		1				1	
29	X	24 hrs	35,000		1.1	 -	 		ļ	 	 	 	1 1	
30	X	24 hrs	35,000	<u> </u>	1.2	 		+	 	ļ	 	 	1	
31	X	24 hrs	35,000	 	1.2	L				L	<u> </u>	<u> </u>	1 .	
Total	04.66.983 1.00		1,029,000	4										

44,000

Maximum

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



See page 4 for instructions

I. General Information f	or the Month/Year of:	April-05				
A. Public Water System	(PWS) Information					
PWS Name:	Hawk's Point			PWS Ident	ification Number:	3424685
PWS Type:	X Community	Non-Transient Non-Com	munity 🔲	Transient Non-Comm	unity	Consecutive
Number of Service Con	nections at End of Month:	132		Total Population Served	l at End of Month:	462
PWS Owner:	Aqua Utilities Florida					
	Brian Heath			Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailin				City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph)980		Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mai	l Address: beheath@	aquaamerica.com				
B. Water Treatment Pla						
Plant Name:	Hawk's Point				hone Number:	(352) 787-0980
	S.E. 43rd Ave & S.E. 107th			City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated			rchased Finished W	/ater		
	Day Operating Capacity of Plant, gallo	ns per day:	41,917			
	osection 62-699.310(4), F.A.C.):	V		Plant Class (per subsec		
Licensed Operators	Name		License Class): D	ay(s)/Shift(s) Worked
□ Lead/Chief Operator: □ Lead/Chief Operator: □ Lead/Chief Operator: □ Lead/Chief Operator: □ Lead/Chief Operator: □ Lead/Chief Operator: □ Lead/Chief Operator: □ Lead/Chief Operator: □ Lead/Chief Operator:	Mark March		С	8287		6 Days per week
Other Operators:	Bob Maxon		С	2810		6 Days per week
To the second of						
					•	
	1/01: 00					
II. Certification by Lead						
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead/	chief operator of	the water treatment plar	t identified in Part I	of this report. I certify that the
information provided in	this report is true and accurate to t	he best of my knowled	lge. I certify that a	all drinking water treatn	ent chemicals used	at thisplant conform to NSF
International Standard 6	0 or other applicable standards ref	erenced in subsection 6	52-555.320(3), F. <i>A</i>	A.C. I also certify that the	ne following addition	nal operations records for this
nlant were prepared each	h day that a licensed operator staff	ed or visited this plant	during the month	indicated above: (1) rec	ords of amounts of o	chemicals used and chemical feed
retest and (2) if anniesh	le appropriete treatment progress	varformence records. F	Cuthermore I sere	e to provide these additi	onal operations reco	ords to the PWS owner so the PWS
					onai operations reco	itus to the r w s owner so the r w s
owner can retain them, t	ogether with copies of this report,	at a convenient locatio	n for at least ten y	ears.		
		Morle Morob			C8287	
C:t and D-4-		Mark March Printed or Typed Nam			License Number	
Signature and Date		Finited of Typed Nam	C		Diceise Number	

DEP Form 62-555.900(3)Atternate Page 1

PWS Id	entificat	ion Number		3424685		Plant Name:	Hawk's Po	int						
III. Dai	v Data t	or the Mont	h/Year of:		April-05									
			og Virus Inactiv	viation/Remo			Free C	Chlorin	еП	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation	· ·		Other (Describe	e):	لسا							(((
			al Maintained in	n Distributio		·		Γ	Free Chle	orine	Co	mbined Cl	nlorine (Chlora	amines) Chlorine Dioxide
	- Y-					, or UV Dose, to I	Demonstrate I	our-Log				Med North		
	Days			jiray, a Ki		CT Calcu					UVI	Dose		
	Plant						Lowest CT				1 1 1 1 1		Lowest	
	Staffed	1	<u> </u>		Lowest Residual	Disinfectant	Provided						Residual	
	or		,		Disinfectant	Contact Time	Before or						Disinfectant	
[[Visited		3740	l	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
Day of	by Operator	Hours	Net Quanity of Finished	1	(C) Before or at First Customer	Measurement Point During	Customer	Temp.	pH of Water,	Minimum	Operating	UV Dose	at Remote	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	During Peak Flow,	of Water,	if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
98 1 87	X	24 hrs	35,000	, 8	1.2				1.57	ing ittis 2	Sour Gills	SCOVERINE .	l J	Water bystom compensates out of operation
2	Х	24 hrs	35,000		1.2								1.2	
3		24 hrs	35,000											
4 :	Х	24 hrs	35,000		1.2								1	
.	X	24 hrs	35,000		1.4								1	
- 6	X	24 hrs	30,000		1.4								1.1	
7.7 W	Х	24 hrs	25,000		1.4								1.2	
8	X	24 hrs	21,000		1.6			L					1.2	
. 9 .	Х	24 hrs	23,500		1.4		<u> </u>			ļ			1.4	
10	- 	24 hrs	23,500		1.		 -			ļ			1.4	
11	X	24 hrs 24 hrs	22,000 29,000	 	1.6			├					1.4	
13	_ ^X	24 hrs	32,000	-	1.8		 	 	ļ			 	1.4	
-14	X	24 hrs	34,000	 	1.8		 	 -	· · · · · · · · · · · · · · · · · · ·				1.6	
-15	X	24 hrs	38,000	1	1.4		 					 	1.2	
16	X	24 hrs	38,500	1	1.6		 						1.2	
17		24 hrs	38,500											
18	Х	24 hrs	31,000		1.8								1.4	
19	Х	24 hrs	36,000		1.8								1.4	
-20	X	24 hrs	37,000		1.6								1.4	
.21	X	24 hrs	32,000		1.4		<u> </u>						1.1	
22,⊆	X	24 hrs	35,000		1.6			<u> </u>	ļ				1.2	
23.	X	24 hrs	35,500		1.8			<u> </u>		· ·			1.4	
24		24 hrs	35,500	ļ			ļ				 -			
25	X	24 hrs	32,000		1.6		<u> </u>	ļ				 	1.2	!
26 27	X	24 hrs 24 hrs	27,000 29,000		1.8	<u> </u>	 	<u> </u>	 	 			1.6	
28	$\frac{\lambda}{X}$	24 hrs	29,000		1.6		 	-	 	 			1.4	
29	$\frac{\hat{x}}{x}$	24 hrs	27,000	 	1.8		 		 	 	 -		1.4	
30	X	24 hrs	36,500		1.6		 	†		<u> </u>	 	 	1.4	
31		24 hrs			<u> </u>					 				
Total	K/#/#	3.4.1. 用数 多为	952,500						•					
Average		0 : 67 TAX	31,750	7										

38,500

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



See page 4 for instructions

I. General Information for the Month Year of: A. Public Water System (PWS) Information PWS Name: Hawk's Point PWS Identification Number: 3424685							
PWS Name: Hawk's Point PWS Identification Number: 3424685							
PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive							
	Total Population Served at End of Month: 462						
PWS Owner: Aqua Utilities Florida							
Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida							
Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749							
Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333							
Contact Person's E-Mail Address: beheath@aquaamerica.com							
B. Water Treatment Plant Information							
Plant Name: Hawk's Point Plant Telephone Number: (352) 787-0980	 						
Plant Address: S.E. 43rd Ave & S.E. 107th City: Belleview State: FL Zip Code: 34880							
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water							
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 41,917							
Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) C							
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked							
Lead/Chief Operator: Mark March C 8287 6 Days per week							
Other Operators: Bob Maxon C 2810 6 Days per week							
Paul Thompson A 7251 6 Days per week							
II. Certification by Lead/Chief Operator							
I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify	that the						
information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to							
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							
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 che							
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner	the PWS						
owner can retain them, together with copies of this report, at a convenient location for at least ten years.							
Mark March C8287							
Signature and Date Printed or Typed Name License Number							

DEP Form 62-555.900(3)Alternate Page 1

PWS Id	entificat	ion Number	<u> </u>	3424685		Plant Name:	Hawk's Po	int						
III. Dai	y Data f	or the Mont	h/Year of:		May-05						1.11 <u>-</u>			
Means	of Achie	ving Four-L	og Virus Inactiv		val: *		X Free C	Chlorine		Chlorine I	Dioxide)zone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe):								
Type of	Disinfe	ctant Residu	ual Maintained in	n Distributio		** 1/4 ***			Free Chle			mbined C	hlorine (Chlora	amines) Chlorine Dioxide
					CT Calculations									
	Days					CT Calcu		1 - 3-2			UVI	Dose		
	Plant						Lowest CT			The State of the			Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	· .	48 4.0				Residual	
	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First	į			Lowest	Minimum	Disinfectant Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Тетр.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water,	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1-1		24 hrs	36,500											
. 2	X	24 hrs	32,000	ļ	1.6			 					1.2	
3 · .:	X	24 hrs	40,000 18,000		1.4			 				<u> </u>	1.2 1.2	
-5	X	24 hrs 24 hrs	26,000		1.8								1.4	
6	X	24 hrs	36,000	<u> </u>	1.6			 			 		1.2	
7:6	Α	24 hrs	36,000		1.0								1.2	
8	Х	24 hrs	30,000		1.4			 			l		1.2	
9.7	X	24 hrs	45,000		1.6				i			1	1.2	
10	X	24 hrs	40,000		1.6								1.2	
*-H ?	X	24 hrs	31,000		1.4								1.2	
12	X	24 hrs	29,000		1.4								1.2	
413 €	X	24 hrs	49,000		1.6						<u> </u>		1.1	
14	Х	24 hrs	28,000		1.4			<u> </u>	<u> </u>				<u> </u>	
15	**	24 hrs	28,000		12		<u> </u>						1	
16.5 17.5	X	24 hrs 24 hrs	41,000 29,000		1.2		 	 	-			 	1	
18.8	X	24 hrs	32,000	<u> </u>	1.2		 	 				 	1	
19 >	$\frac{\lambda}{X}$	24 hrs	59,000	1	1.4		 	 					î	
₹.20	X	24 hrs	39,000		1.6			1		<u> </u>			1.2	
21	X	24 hrs	44,000		2								1.5	
22.		24 hrs	45,000											
23	X	24 hrs	51,000		1.8			<u> </u>					1.6	
24	X	24 hrs	40,000		2.5			↓				<u> </u>	1.2	
25	X	24 hrs	38,000		2.5			<u> </u>				ļ	1.4	
26	X	24 hrs	46,000	1	2.6		<u> </u>	ļ.—	-		1	 	1.6	
27	X	24 hrs	46,000 35,000		2.6		 -	 			 		1.6 1.2	
28	X	24 hrs 24 hrs	35,000		1.4		 	 		ļ		 	1.2	
30	Х	24 hrs	36,000	 	2.4		 	 	 		<u> </u>	 	1.2	
31	$\frac{\lambda}{X}$	24 hrs	23,000	 	2.5				t	<u> </u>		†	1.2	
Total		- 27 111 3	1,143,500	1				٠.			•		• 	<u> </u>
Average			36,887	1										

59,000

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



See page 4 for instructions

I. General Information for t	the Month/Year of: June-05			
A. Public Water System (P	WS) Information			
	wk's Point		PWS Identifie	cation Number: 3424685
	Community Non-Transient Non-Con	nmunity	Transient Non-Commun	nity Consecutive
Number of Service Connec	tions at End of Month: 132		Total Population Served a	at End of Month: 462
PWS Owner: Aq	ua Utilities Florida			
	an Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing A			City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone			Contact Person Person's F	Fax Number: (352) 787-6333
Contact Person's E-Mail A	ddress: beheath@aquaamerica.com			
B. Water Treatment Plant I	nformation			
Plant Name: Ha	wk's Point		Plant Telepho	one Number: (352) 787-0980
	. 43rd Ave & S.E. 107th		City: Belleview	State: FL Zip Code: 34880
Type of Water Treated by		urchased Finished Wa	ter	
	Operating Capacity of Plant, gallons per day:	41,917		
	tion 62-699.310(4), F.A.C.): V		Plant Class (per subsectio	on 62-699.310(4), F.A.C.) C
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	c	8287	6 Days per week
Other Operators:	Bob Maxon	С	2810	6 Days per week
	Paul Thompson	A	7251	6 Days per week
			<u> </u>	
		*		
II. Certification by Lead/Cl	net Operator			
I, the undersigned water trea	atment plant operator licensed in Florida, am the lead	d/chief operator of th	e water treatment plant i	identified in Part I of this report. I certify that the
information provided in this	s report is true and accurate to the best of my knowle	edge. I certify that al	l drinking water treatmer	nt chemicals used at thisplant conform to NSF
<u>-</u>	other applicable standards referenced in subsection	_	_	-
	y that a licensed operator staffed or visited this plant			
	appropriate treatment process performance records.	•	, ,	
			-	ial operations records to the 1 w 3 owner so the 1 w 3
owner can retain them, toge	ther with copies of this report, at a convenient location	on for at least ten ye	ars.	
	Mande Marrat			C0107
Signature and Date	Mark March			C8287 License Number
Signature and Date	Printed or Typed Nan	HC		License Number

DEP Form 62-555.900(3)Alternate Page 1

PWS Ic	lentificat	tion Number	r:	3424685		Plant Name:	Hawk's Po	int							
III. Dai	ly Data i	or the Mont	h/Year of:		June-05										
Means	of Achie	ving Four-L	og Virus Inactiv	viation/Remo	oval: *		X Free (Chlorin	e 📗	Chlorine I	Dioxide		Dzone	Combined Chlor	ine (Chloramines)
		et Radiation			Other (Describe	e):	L					LJ			, , , , , , , ,
			ual Maintained is	n Distributio		/		Īχ	Free Chl	orine	T Co	mhined C	hlorine (Chlora	amines)	Chlorine Dioxide
272 10 10	811.61		1245			, or UV Dose, to l	Demonstrate I					monica C	TO THE CHIEF	I was a second	Emornic Dioxide
	Days				O Culturation	CT Calcu		Out 10g	, virus III.	шин, л гърг	UV	Dose			
	Plant						Lowest CT			T		- 1	Lowest		
	Staffed		·		Lowest Residual	Disinfectant	Provided		1.4				Residual		
	or				Disinfectant	Contact Time	Before or			1			Disinfectant		
	Visited				Concentration	(T) at C	at First		1		Lowest	Minimum	Concentration		
4.4	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	1	Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,	СТ	UV Dose,	Required,	Point in	Emergency or Abr	normal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintena	nce Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Co	omponents Out of Operation
多如 2000	X	24 hrs	27,000		2.5		<u> </u>	<u> </u>	<u> </u>		<u> </u>		1.3		
2: *	X	24 hrs	27,000		2.5		<u> </u>		<u> </u>			<u> </u>	1.3		
5.3.F	X	24 hrs	18,000		2.6			L	Į			<u> </u>	1.4	-	
4	X	24 hrs	32,000		2.2		ļ	ļ			<u> </u>		1.4		
₹ 55≻		24 hrs	32,000	_			ļ	<u> </u>			<u> </u>	<u> </u>			
65-	X	24 hrs	29,000		2.6		<u> </u>	ļ	<u> </u>	ļ	ļ	ļ .	1.4		
25.7. K	<u>X</u> _	24 hrs	29,000	ļ	2.5			<u> </u>	ļ			ļ	1.2		
₹8.5	X	24 hrs	29,000		2.5		<u> </u>	ļ				ļ	1.2	ļ	
≥ 49 • 2	X	24 hrs	25,000		2.4	ļ	<u> </u>	ļ	 	<u> </u>			1.2		
10	X	24 hrs	21,000		2.3	ļ	ļ	ļ	 	ļ	ļ	 	1		
14	Х	24 hrs	60,000		2			 	<u> </u>		ļ		1.4	 	····
12	37	24 hrs	60,000 29,000		0.5		 	├				1	0.3	 	
-13; -14	X	24 hrs	47,000	<u> </u>	0.5		 	}	 	 -	 	 	0.3	 	
115	X	24 hrs 24 hrs	27,000	 	2	<u> </u>	 	 	 	 	 	 	1		
116%	X	24 hrs	23,000		1.7					 	 -	 	0.9	 -	
5/17/2	X	24 hrs	28,000	 	1.8	 -	 	 			 	 	0.7	 	
18	$\frac{\Lambda}{X}$	24 hrs	26,500		1.6	 	 	}	 	 	 	 	1.2	 	
19		24 hrs	26,500		1.0			 	 		 	 	1.2	 	
20	x	24 hrs	28,000	 	1.8	 -		 	 		 	<u> </u>	1.2	<u> </u>	
21	X	24 hrs	24,000		1.7		 	1	<u> </u>			†	1.2		
22	X	24 hrs	26,000		1.6			1	1	 		†	1		
23	X	24 hrs	28,000		1.7		 		 		·	1	1	 	
24	X	24 hrs	34,000		1.7		<u> </u>		 			——	0.8		
25	X	24 hrs	26,500	 	1.2			1	 		1		0.6		
26		24 hrs	26,500	i				Ì							
27	х	24 hrs	22,000		1.4		1	T	T				0.7		
28	Х	24 hrs	23,000		1.5		1				<u> </u>		0.7		
29	Х	24 hrs	27,000		1.5					I			0.7		
: 30	Х	24 hrs	19,000	1	1.5								0.7		
31∜	l	24 hrs													
Total .			880,000											-	
Average			29,333]											

60,000

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



See page 4 for instructions

I. General Information for t	he Month/Year of: July-05					
A. Public Water System (P	WS) Information					
	wk's Point		PWS Identif	ication Number:	3424685	
	Community Non-Transient Non-Comm	nunity 🔲	Transient Non-Commu	nity	Consecutive	
Number of Service Connec			Total Population Served	at End of Month:	462	
	ua Utilities Florida					
	an Heath		Contact Person's Title:	Area Manager - Flo	orida	
Contact Person's Mailing A			City: Leesburg	State: FL	Zip Code: 34749	
Contact Person's Telephone			Contact Person Person's	Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ac						
B. Water Treatment Plant I	nformation				-	
Plant Name: Hav	wk's Point		Plant Teleph	one Number:	(352) 787-0980	
Plant Address: S.E	. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880	
Type of Water Treated by		rchased Finished Wa	ter			
		41,917				
	tion 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 62-699.310(4), F.A	A.C.) C	
Licensed Operators	Name	License Class	License Number	Da	y(s)/Shift(s) Worked	
Lead/Chief Operator:	Gary Kissick	С	7846		6 Days per week	
Other Operators:	Mark March	С	8287	6 Days per week		
	Paul Thompson	A	7251		6 Days per week	
				1		
II. Certification by Lead Cl	nief Operator					
I, the undersigned water trea	atment plant operator licensed in Florida, am the lead/	chief operator of th	e water treatment plant	identified in Part I	of this report. I certify that the	
_	report is true and accurate to the best of my knowled	<u>-</u>	<u>-</u>		- · · · · · · · · · · · · · · · · · · ·	
-	other applicable standards referenced in subsection 6	•	· ·		•	
	y that a licensed operator staffed or visited this plant of	• • •	· ·	~	-	
	•	~				
	appropriate treatment process performance records. F	•	=	nai operations recor	rds to the PWS owner so the PWS	
owner can retain them, toge	ther with copies of this report, at a convenient location	n for at least ten ye	ars.			
	Gary Kissick			C7846		
Signature and Date	Printed or Typed Name	.		License Number		
orginature and Date	Trinica of Typea Name	•		Diceise Manioel		

PWS Ic	entificat	tion Number	•	3424685		Plant Name:	Hawk's Po	int						
III. Dai	v Data I	or the Mont	h 'Year of:		July-05								<u> </u>	
Means	of Achie	ving Four-L	og Virus Inactiv	iation/Remo	oval: *		X Free (Chlorin	e 📗	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	;):								
Type of	Disinfe	ctant Residu	al Maintained in	n Distributio	n System:			Х	Free Chl	orine	Co	mbined C	hlorine (Chlora	amines) Chlorine Dioxide
						, or UV Dose, to	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	icable*			
	Days						lations			(189 - 189	UV	Dose		[배일 그 19] 기본 경우 하기 화면 (수 시 호텔
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided					i	Residual	
	or				Disinfectant	Contact Time	Before or	.					Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by	j .	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	1	of Finished		First Customer	Point During	During	of	pH of Water,	1.	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow, minutes	Peak Flow,	Water, C	if Applicable	Required,	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	"X")	Operation 24 hrs	Produced, gal 28,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	-	Applicable	mg-min/L	Secrenz	Secrenz	System, mg/L	water System Components Out of Operation
2	X	24 hrs	25,000		1.6			 			-	 	1.2	
3		24 hrs	25,000		1.0		 	 	 	<u> </u>		 	1.2	
4	X	24 hrs	46,000	 	1.4		1	 			<u> </u>		1.2	
-5	X	24 hrs	40,000		1.6		† <u>-</u>						1	
6	X	24 hrs	14,000		1.6			t					1.8	
7.	X	24 hrs	40,000	<u> </u>	1.8								1.6	
- 8	X	24 hrs	12,000		1.8		Ī						1.2	
9	X	24 hrs	27,500	L	1.6								11	
10		24 hrs	27,500				<u> </u>	<u> </u>	<u> </u>	ļ				
#41.A	X	24 hrs	25,000		1.4		ļ	↓	<u> </u>	<u> </u>		<u> </u>	11	
12	<u> </u>	24 hrs	27,000		1.4		ļ	ļ				ļ	0.8	***************************************
13	X	24 hrs	23,000		1.3		 	├ ──	<u> </u>	<u> </u>		 	0.8	
14	X	24 hrs	21,000	L	1.3		 	-	<u> </u>		ļ	{	0.7	
15 16	X	24 hrs 24 hrs	32,000 15,000		1.5	}	ļ		}		 	 	1.2	
17		24 hrs	15,000		1.4		 	 	 	 	 	 	1.2	
18	X	24 hrs	15,000		2.2		 				<u> </u>		1.6	
19	X	24 hrs	20,000	 	2.2		 	 	 	1	 	 	1.6	
20	X	24 hrs	29,000		2.1		<u> </u>		İ				1.5	
21 ~	Х	24 hrs	24,000		2.2	-		1					1.6	
- 22	X	24 hrs	29,000		2.1		† T						1.5	
23.	X	24 hrs	35,000		2.4		1						2	
24		24 hrs	35,000											
25	X	24 hrs	26,000		2.4			<u> </u>					2	
26	X	24 hrs	43,000		1.7			<u></u>				Ļ	1.2	
::27,	X	24 hrs	30,000	<u> </u>	1.9		ļ	ļ				<u> </u>	1.4	
28	X	24 hrs	34,000		1.8			ļ		<u> </u>	<u> </u>	 	1.3	
29	X	24 hrs	30,000		1.7		ļ	 	 		 	 	1.1	
30	<u> </u>	24 hrs	33,000	ļ	1.6		 	+	 	<u> </u>	 	 	1.2	
31 Total	(Trabation 88 to	24 hrs	33,000	 	<u> </u>		1	<u> </u>	<u> </u>	<u> </u>	1	1	L	L
10tai		etterales (f. 2004) Objective (f. 2004)	859,000	1										

46,000

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



See page 4 for instructions							
I. General Information f	or the Month/Year of:	August-05					
A. Public Water System	(PWS) Information						
	Hawk's Point			PWS Identi	fication Number	er: 3424685	
		Ion-Transient Non-Com	munity	Transient Non-Comm	unity	Consecutive	
	nections at End of Month:	132		Total Population Served	at End of Mon	th: 462	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manag		
Contact Person's Mailin	g Address: PO Box 490310			City: Leesburg	State:	FL Zip Code:	
Contact Person's Teleph		980		Contact Person Person's	Fax Number:	(352) 787-	6333
Contact Person's E-Mai	l Address: beheath@:	aquaamerica.com					
B. Water Treatment Plan	nt Information						
	Hawk's Point				hone Number:	(352) 787-	
	S.E. 43rd Ave & S.E. 107th			City: Belleview	State:	FL Zip Code:	34880
Type of Water Treated			rchased Finished Wa	ater			
	Day Operating Capacity of Plant, gallor		41,917				
	bsection 62-699.310(4), F.A.C.):	V	The second of th	Plant Class (per subsect			a. Francisco (NACO (N. 1994) (1994) (1995)
Licensed Operators	Name		License Class	License Number			
Lead/Chief Operator:	Gary Kissick		<u>C</u>	7846		6 Days per wee	
Other Operators:	Mark March		С	8287		6 Days per wee	
	Paul Thompson	n	A	7251		6 Days per wee	<u>k</u>
				ļ			
				+			
						* 380	
II. Certification by Leac	l/Chief Operator	10.00				_	
		T1 11 11 11	(1: 6		4:1 4:C-1:-	Don't -C4Lie	Y and if that the
I, the undersigned water	treatment plant operator licensed in	n Florida, am the lead/	chief operator of t	ne water treatment plan	it identified in	Part 1 of this report.	free to NCE
information provided in	this report is true and accurate to the	he best of my knowled	ge. I certify that a	Il drinking water treatm	ent chemicals	used at thisplant con	form to NSF
International Standard 6	0 or other applicable standards refe	erenced in subsection 6	52-555.320(3), F.A	C. I also certify that the	ne following a	dditional operations r	ecords for this
plant were prepared each	h day that a licensed operator staffe	ed or visited this plant	during the month i	ndicated above: (1) rec	ords of amoun	its of chemicals used	and chemical feed
rates; and (2) if applicab	ole, appropriate treatment process p	erformance records. F	uthermore, I agree	to provide these additi	onal operation	s records to the PWS	owner so the PWS
owner can retain them, t	together with copies of this report, a	at a convenient location	n for at least ten ye	ears.			
			·				
		Gary Kissick			C7846		
Signature and Date		Printed or Typed Name	e		License Nur	mber	

PWS Id	lentificat	ion Number	:	3424685		Plant Name:	Hawk's Po	int						
III. Dai	ly Data f	or the Mont	h/Year of:		August-05									
			og Virus Inactiv	iation/Remo			X Free (Chlorin	e T	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		t Radiation	og virus moonv		Other (Describe	a-			` ⊔	Omormo L	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L.) `		comonico cinorino (cinorannico)
			al Maintained in	n Distribution		<i>y</i> ·		X	Free Chle	orine	T Co	mhined C	hlorine (Chlora	amines) Chlorine Dioxide
Type o	Dishine	conit residu	ai iviaimainea ii		CT Calculations	or IIV Dose to	Demonstrate I					MIDII KU C	To access to the	Linorne Dioxide
					Of Calculations	CT Calcu		Our Log	VII as macuv	аски, и дррі	UV	Dose		
	Days Plant					01 04100	Lowest CT	T				1	¥	
1	Staffed				Lowest Residual	Disinfectant	Provided			1 1 1 1			Lowest Residual	
1	or				Disinfectant	Contact Time	Before or						Disinfectant	
1	Visited	-5			Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
l	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	, C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
-1	X	24 hrs	18,000		1.9	-							1.4	
2	X	24 hrs	35,000		1.7								1.1	
∞3 <u>.</u> ∵	Х	24 hrs	21,000		1.8								1.4	
4	X	24 hrs	30,000	L	1.6								1.1	
· 5	Х	24 hrs	28,000		1.7		<u> </u>		L			<u> </u>	1.4	
6	X	24 hrs	27,500		1.8			ļ					1.4	
7.		24 hrs	27,500				ļ							
8	X	24 hrs	17,000		1.4							<u> </u>	0.8	
9	X	24 hrs	34,000		1.4			<u> </u>					0.8	
-10	X	24 hrs	22,000	L	1.3		<u> </u>			ļ			0.8	
911	X	24 hrs	34,000		1.4						.		0.9	
12	X	24 hrs	22,000		1.2			ļ					0.8	
13~	X	24 hrs	35,000		1		ļ						0.6	
14		24 hrs	35,000				<u> </u>	 _		L	<u> </u>			
15	X	24 hrs	30,000		1.4			ļ					0.8	
16	X	24 hrs	32,000		1.4		 	├		<u> </u>	 	<u> </u>	0.9	
17	X	24 hrs	35,000 39,000		1.5		ļ	 	ļ				1	
.18 .19	X	24 hrs 24 hrs	40,000		1.4		<u> </u>		 				0.8	
20	-	24 hrs 24 hrs	39,000		1.2		 	 	 	 	 	 	0.7	
.21	x	24 hrs	41,000		1.4		 	-		 	ļ		1	
22	x	24 hrs	18,000		1.4		 -	 	ļ	ļ	 -	-	0.7	
23 %	X	24 hrs	34,000		1.2		 	 			 	 	0.7	
24	$\frac{x}{x}$	24 hrs	23,000		1.3		 	 		 	 	l	0.9	
25	$\frac{x}{x}$	24 hrs	33,000	 	1.1			 					0.6	
26	X	24 hrs	30,000		1.2			 	 	 			0.8	
27	$\frac{\lambda}{X}$	24 hrs	29,000		1.1		 	 		 	 		0.8	
28		24 hrs	29,000	<u> </u>			 	 	 		 		0.7	
29	х	24 hrs	21,000	!	1.2		1	 	· · · · · · · · ·	 	 	 	0.7	
30	X	24 hrs	33,000		1.2			1	 	-		<u> </u>	0.8	
31	X	24 hrs	21,000	1	1.2		 	 	 		 		0.8	
			913,000	1		J	·	J	·	<u> </u>	L			<u> </u>
			29,452	1										

41,000

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



See page 4 for instructions

I. General Information f	or the Month/Year of: September-05				
A. Public Water System					<u> </u>
	Hawk's Point		PWS Identit	fication Number:	3424685
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commu		Consecutive
	nections at End of Month: 132	····	Total Population Served		462
	Aqua Utilities Florida		<u> </u>	——————————————————————————————————————	
	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail					
B. Water Treatment Plan	nt Information	_			
Plant Name:	Hawk's Point		Plant Telepl	hone Number:	(352) 787-0980
	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880
Type of Water Treated		rchased Finished Wa	iter		
	ay Operating Capacity of Plant, gallons per day:	41,917			
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsecti		
Licensed Operators	Name	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Gary Kissick	С	7846		6 Days per week
Other Operators:	Mark March	С	8287		6 Days per week
	Paul Thompson	Α	7251		6 Days per week
				<u> </u>	
II. Certification by Lead	Chief Operator				
	treatment plant operator licensed in Florida, am the lead/				
	this report is true and accurate to the best of my knowled				
	O or other applicable standards referenced in subsection 6				
	day that a licensed operator staffed or visited this plant				
rates; and (2) if applicable	le, appropriate treatment process performance records. F	uthermore, I agree	to provide these additio	nal operations recor	ds to the PWS owner so the PWS
	ogether with copies of this report, at a convenient location			-	
	• •	•			
	Gary Kissick			C7846	
Signature and Date	Printed or Typed Name	2		License Number	

PWS Id	entificat	ion Number	r:	3424685		Plant Name:	Hawk's Po	int		_				
III. Dai	v Data f	or the Mont	h/Year of:		September-05									,
			og Virus Inactiv	iation/Remo			X Free C	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe							L	ســا	· · · · · · · · · · · · · · · · · · ·
Type of	Disinfe	ctant Residu	ual Maintained in	n Distributio				Х	Free Chle	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
-400	5.0	老,为,就"五.			CT Calculations	or UV Dose, to	Demonstrate F		_				PATE THE PARKET	
	Days					CT Calcu		3, 747			UVI	Dose		
	Plant				1.00		Lowest CT	1.15					Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First			,	Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	D. J. Pl	First Customer	Point During	During	of	pH of Water,	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the Month	(Place	Plant in Operation	Water Produced gal	Peak Flow	During Peak	Peak Flow, minutes	Peak Flow,	Water, C	if Applicable	Required,	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
A.	<u>^</u>	24 hrs	33,000	Rate, gpd	Flow, mg/L 1.2	minutes	mg-min/L	۲	Applicable	mg-min/L	secreniz	SECICITIZ	0.8	water system components out of Operation
2	$-\frac{x}{x}$	24 hrs	21,000		1.1		 	 					0.6	
3 %	$\frac{x}{x}$	24 hrs	26,000		1.2		 		 				0.7	
4		24 hrs	26,000				<u> </u>				-			
20.5	X	24 hrs	38,000		1.3								0.8	
6 ::	Х	24 hrs	23,000		1.3		ĺ						0.8	
7.	X	24 hrs	25,000		1.2								0.8	
8.	X	24 hrs	28,000		1.2								0.7	
9 00	<u>X</u>	24 hrs	32,000		1.7		ļ						1.1	
10	<u>X</u>	24 hrs	30,000		1.8			ļ					11	
11		24 hrs	30,000		2.2		 						1.0	
12 ·	<u>X</u>	24 hrs 24 hrs	24,000 40,000		2.2		 	-	 				1.8	
14	_ <u>^</u>	24 hrs	28,000		1.9		 				ļ		1.5	
· 15	$-\frac{\Lambda}{X}$	24 hrs	29,000		1.5		 -	<u> </u>	 -	 			1.5	
16 **	$\frac{x}{x}$	24 hrs	29,000		1.5	 			 	 			1.1	
17	$-\frac{\pi}{x}$	24 hrs	40,000	<u> </u>	1.6		1	-			<u> </u>		1.4	
18		24 hrs	40,000	ļ — — — — — — — — — — — — — — — — — — —										
. 19	X	24 hrs	36,000		1.5		1						1.1	
20	X	24 hrs	21,000		1.5								1.1	
< 21 →	Х	24 hrs	30,000		1.5								1.1	
22:	<u> </u>	24 hrs	20,000		1.5		<u> </u>	L	ļ				1.1	
23 *	X	24 hrs	26,000		1.5			<u> </u>		_			1.1	
24	X	24 hrs	33,000		1.4			<u> </u>	ļ		<u> </u>		0.9	
25	7,	24 hrs	33,000	ļ		ļ			ļ				0.7	
26	<u>X</u>	24 hrs	23,000	 	1.2		 	 	}		1		0.7	
27	X	24 hrs 24 hrs	32,000 19,000	_	1.2	-	 		 	 _	1	 	0.7 0.8	
29	X	24 hrs	30,000		1.3	 	 		 		 		0.8	
30	<u>X</u>	24 nrs	20,000	 	1.2		 	 	 	 	<u> </u>	-	0.7	
31		24 hrs	20,000	<u> </u>	1	 		 			 		<u>~~</u>	
			865,000		Д		1	'			1		_	1
Average	777		28,833	1										

40,000

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



See page 4 for instructions

I. General Information I	or the Month/Year of:	October-05				
A. Public Water System	(PWS) Information					
	Hawk's Point			PWS	Identification Numbe	er: 3424685
		Non-Transient Non-Com	munity	Transient Non-C	Community	Consecutive
	nections at End of Month:	132		Total Population S	erved at End of Mont	th: 462
	Aqua Utilities Florida					
	Brian Heath			Contact Person's T		
Contact Person's Mailir				City: Leesb		FL Zip Code: 34749
Contact Person's Telepl				Contact Person Pe	rson's Fax Number:	(352) 787-6333
Contact Person's E-Mai B. Water Treatment Pla		aquaamerica.com				
				Inc		(0.12)
	Hawk's Point S.E. 43rd Ave & S.E. 107th				Telephone Number:	(352) 787-0980
Type of Water Treated		/oton Du	rchased Finished W	City: Bellev	view State: 1	FL Zip Code: 34880
	ay Operating Capacity of Plant, gallo		41,917	ater		
	osection 62-699.310(4), F.A.C.):	V	41,917	Plant Class (per su	bsection 62-699.310((4), F.A.C.) C
Licensed Operators	Name		License Class	License Numl		Day(s)/Shift(s) Worked
Lead/Chief Operator.	Gary Kissick		С	7846	701 (No. 1911) 1 (No. 1911) 1 (No. 1911)	6 Days per week
Other Operators:	Mark March		c	8287		6 Days per week
race and all the state of the same	Paul Thompso		Ā	7251		6 Days per week
ge Artis et al. Per de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya d						
					L	
II. Certification by Lead	Chief Operator					
			<u>-</u>			
						Part I of this report. I certify that the
information provided in	this report is true and accurate to t	he best of my knowled	ge. I certify that a	ll drinking water tr	eatment chemicals	used at thisplant conform to NSF
International Standard 6	or other applicable standards refe	erenced in subsection 6	52-555.320(3), F.A	C. I also certify the	nat the following ad	ditional operations records for this
						s of chemicals used and chemical feed
						s records to the PWS owner so the PWS
	ogether with copies of this report,				aditional operations	
	oge-nor with copies of and report,	ar a convenient recation	ii tot ut loust ton y			
	•					
		Gary Kissick			C7846	
Signature and Date		Printed or Typed Name	e		License Num	ber

PWS I	lentificat	ion Number	:	3424685		Plant Name:	Hawk's Po	int						
III. Dai	ly Data f	or the Mont	h/Year of:		October-05									
			og Virus Inactiv				X Free (Chlorin	e 🗍	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	e):	ـــا					ш,	لــا	comonica cincinia (cincinamics)
			al Maintained in	n Distributio				X	Free Chl	orine	170	mbined C	nlorine (Chlor	amines) Chlorine Dioxide
1 3 pc 0	Distinct	come record	idi Mantanica i	Distributio		or IIV Doce to	Domonetroto I					monied C	norme (Cilior	diffusion Chothe Dioxide
					C1 Calculations	CT Calcu		COUI-LOS	, viius macuv	auou, n Appi	UV			
	Days Plant					Or cure.		T	Ι	Γ	- 01	Jose		
	Staffed	1			Lowest Residual	Disinfectant	Lowest CT Provided	1					Lowest Residual	
	or				Disinfectant	Contact Time	Before or	1					Disinfectant	
	Visited	1			Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of Water,	ст	UV Dose,	Required	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
×3135	Х	24 hrs	36,000		1.3		<u> </u>	<u> </u>					0.9	
2:		24 hrs	36,000					<u> </u>						
3.**	Х	24 hrs	22,000		1.3		<u> </u>						0.8	
4 :/	Х	24 hrs	39,000		1.5		<u> </u>	<u> </u>					1.1	
75 3	X	24 hrs	38,000		1.6		<u> </u>	<u> </u>					1.2	
≪6.≨	X	24 hrs	30,000		1.5			1	1				1.1	
7	X	24 hrs	28,000		1.4			L					1	
88	X	24 hrs	30,000		1.2			ļ				L	1	
9		24 hrs	30,000					<u> </u>						
10	Х	24 hrs	21,000		1.4			<u> </u>					1.1	
11.7	X	24 hrs	34,000		1.4			!	<u> </u>				1	
12	Х	24 hrs	20,000		1.3		ļ	ļ	 				0.8	
13/	X	24 hrs	30,000		1.4		 	-	 				1	
14	X	24 hrs	25,000		1.2		ļ	┞—-		ļ			0.9	
15	X	24 hrs	33,000		1.4	<u> </u>	 	}	 				1	
16		24 hrs	33,000	<u> </u>	1.4		 		 	ļ				
17	X	24 hrs 24 hrs	35,000 26,000	 	1.4		 	 	 	<u> </u>			0.9	
19	$\frac{\hat{x}}{x}$	24 hrs	29,000	ļ	1.3			 	-				0.9	
20	X	24 hrs	37,000		1.2		 	 	 -				0.8	
21	x	24 hrs	22,000	 	1.1		 	 	 	 			0.6	
22	X	24 hrs	27,000		1.1		 		0.6					
23	-	24 hrs	27,000	 	1.1		 	 		 		1	0.0	
24	х	24 hrs	30,000		1.1		 	╁──	 -			-	0.7	
25	$\frac{\hat{x}}{x}$	24 hrs	45,000	 	1.1	 	 	 	 	<u> </u>		 	0.7	
26	X	24 hrs	31,000		1.2			 	 				0.8	
27:-	X	24 hrs	23,000		1.2		 	 				_	0.8	
28	X	24 hrs	35,000	 	1.2	 		1		 		 	0.8	
29	X	24 hrs	38,000	 	1.2	1-		1	 	 	 		1	
30		24 hrs	38,000				 	1	ļ · · · · · · · ·	 		 		
31	Х	24 hrs	38,000		1.2	 	 	†	1	 	 	 	0.9	
		57 185 A3M	966,000	 	<u> </u>	<u> </u>				1				
			31,161	1										

45,000

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



See page 4 for instructions

See page 1 for instruction	General Information for the Month/Year of: November-05											
A. Public Water System	n (PWS) Information											
PWS Name:	Hawk's Point		PWS Identifi	cation Number:	3424685							
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Commu		Consecutive							
	nnections at End of Month: 132		Total Population Served a	t End of Month:	462							
PWS Owner:	Aqua Utilities Florida											
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager								
Contact Person's Mail			City: Leesburg	State: FL	Zip Code: 34749							
Contact Person's Teler			Contact Person Person's F	ax Number:	(352) 787-6333							
Contact Person's E-Ma	nil Address: beheath@aquaamerica.com											
B. Water Treatment Pl	ant Information											
Plant Name:	Hawk's Point		Plant Telepho	one Number:	(352) 787-0980							
Plant Address:	S.E. 43rd Ave & S.E. 107th		City: Belleview	State: FL	Zip Code: 34880							
Type of Water Treate		rchased Finished Wa	ter									
		41,917										
	ubsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection									
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked							
Lead/Chief Operator?	Gary Kissick	C	7846	6	Days per week							
Other Operators:	Mark March	С	8287	6	Days per week							
	Paul Thompson	Α	7251	6	Days per week							
	5											
The Control of the State of the												
16-1-17-18-18-18-18-18-18-18-18-18-18-18-18-18-	3											
17 1 5 8 1 1 1 1 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
1.00												
	i i											
II. Certification by Lea	nd/Chief Operator											
I the undersigned water	r treatment plant operator licensed in Florida, am the lead/	chief operator of th	ne water treatment plant i	dentified in Part I of	this report. I certify that the							
	this report is true and accurate to the best of my knowled											
	60 or other applicable standards referenced in subsection 6											
	ch day that a licensed operator staffed or visited this plant of											
	ble, appropriate treatment process performance records. F			nal operations records	s to the PWS owner so the PWS							
owner can retain them,	together with copies of this report, at a convenient location	n for at least ten ye	ars.									
	Gary Kissick			C7846								
Signature and Date	Printed or Typed Name	•		License Number								

PWS Id	'S Identification Number: 3424685 Plant Name: Hawk's Point													
		or the Montl			November-05									
Means	of Achiev	ving Four-L	og Virus Inactiv				X Free C	Chlorine	е П	Chlorine D	ioxide		zone	Combined Chlorine (Chloramines)
TVICALS V	ltraviole	t Radiation	05 1 11 40 111 111		Other (Describe):	_							
			al Maintained in	Distribution				X	Free Chlo	orine	Co	mbined Ch	nlorine (Chlora	amines) Chlorine Dioxide
Type of	Distille	ciam residu	at Maintaines it	Distribution	CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log			cable*			
	2.20			1.78.74		CT Calcu					UVI	Dose		
	Days Plant						Lowest CT						Lowest	
	Staffed		·		Lowest Residual	Disinfectant	Provided						Residual	. 41.
	or				Disinfectant	Contact Time	Before or]				Disinfectant	
	Visited	1			Concentration	(T) at C	at First		1		Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water,		UV Dose, mW-	Required, mW	Point in Distribution	Repair or Maintenance Work that Involves Taking
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow, mg-min/L	Water,	if Applicable	Required, mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L 1.2	minutes	mg-muvL		Applicable	rug-mu/L	SWILL	JOHOLILE	0.8	
371-7	X	24 hrs	23,000		1.3		 	 	-				0.9	
· 2	X X	24 hrs 24 hrs	29,000 26,000		1.5			-					1.2	
4	X	24 hrs	30,000	<u> </u>	1.4								1	
5	x	24 hrs	37,000	 	1.4								1.2	
6		24 hrs	37,000					1						
7	х	24 hrs	28,000		1.4								1	
8	X	24 hrs	37,000	 	1.3								0.8	
9	X	24 hrs	25,000		1.4								11	
-10	Х	24 hrs	33,000		2.2								2	
11	Х	24 hrs	37,000		2.2								2	
12	Х	24 hrs	32,000		2			ļ					1.8	
- 13		24 hrs	32,000					!		<u> </u>		 _	17	
. 14	Х	24 hrs	29,000		2			ļ				 	1.7	
-15	X	24 hrs	28,000	L	1.4		ļ	├	 	ļ			1.4	
16	X	24 hrs	28,000		1.7		ļ	 	 	ļ	<u> </u>		1.4	
17	X	24 hrs	25,000		1.4				 			 	0.8	
18	X	24 hrs	23,000		1.1		 	\vdash	 			-	1.1	
19	X	24 hrs	28,000		1.5			 	 			 		
20	- V	24 hrs	28,000 30,000		1.2		 	\vdash	 	—			0.8	
21	X	24 hrs 24 hrs	23,000		1.2	-		 		1	†	1	0.8	
23	. X	24 hrs	37,000		1.4		 		 				1	
24	X	24 hrs	29,000	 	1.3			1	\top	1			0.9	
25	x	24 hrs	32,000		1.3			—	1				0.8	
26	$\frac{1}{x}$	24 hrs	31,000	1	1.2								0.8	
27	1 ~	24 hrs	31,000											
28	X	24 hrs	23,000		1.2	I							0.7	
29	Х	24 hrs	27,000		1.3								0.9	
30	X	24 hrs	27,000		1.5			1	1	ļ	<u> </u>	-	1.1	
31		24 hrs								<u> </u>	ــــــــــــــــــــــــــــــــــــــ		L	
Total	single in	2,41	885,000											
Averag	e	and feedble fire of the control of t	29,500											

Maximum 37,000

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



See page 4 for instructions

See page 4 for instructions									
I. General Information t		December-05							
A. Public Water System							_		
	Hawk's Point					ication Numbe	er:	3424685	
	X Community	Non-Transient Non-Com	munity		Non-Commu			Consecutive	
	nections at End of Month:	132		Total Popula	tion Served	at End of Mon	th:	462	
	Aqua Utilities Florida								
	Brian Heath			Contact Pers	on's Title:	Area Manage	er		
Contact Person's Mailin					Leesburg		FL	Zip Code: 3	
Contact Person's Teleph				Contact Pers	on Person's I	Fax Number:		(352) 787-633	13
Contact Person's E-Mai		@aguaamerica.com							
B. Water Treatment Pla	nt Information								
Plant Name:	Hawk's Point				Plant Teleph	one Number:		(352) 787-098	30
Plant Address:	S.E. 43rd Ave & S.E. 107th			City:	Belleview	State:	FL	Zip Code: 3	4880
Type of Water Treated			urchased Finished	Vater	-				
	bay Operating Capacity of Plant, gal	ons per day:	41,917						
	osection 62-699.310(4), F.A.C.):	V	-	Plant Class (per subsection	on 62-699.310	(4), F.A	.C.) C	
Licensed Operators	Name		License Class	License	Number		Day	(s)/Shift(s) Worke	d
Lead/Chief Operator:	Gary Kissi	ck	C	78	346		(6 Days per week	
Other Operators:	Mark Marc	h	С	82	287			6 Days per week	
	Paul Thomp	son	Α	72	251		(6 Days per week	
12 12 12 12 12 12 12 12 12 12 12 12 12 1									
									
						I			
II. Certification by Lead	/Chief Operator								
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead	chief operator of	the water treat	ment plant	identified in l	Part I o	f this report. I ce	rtify that the
	this report is true and accurate to								
-	0 or other applicable standards re		•	•				•	
	n day that a licensed operator stat								
	le, appropriate treatment process				iese addition	nal operations	s record	is to the PWS ow	mer so the PWS
owner can retain them, to	ogether with copies of this report	, at a convenient locatio	on for at least ten	ears.					
0'		Gary Kissick				C7846	,		
Signature and Date		Printed or Typed Nam	e			License Num	iber		

PWS Id	lentificat	tion Number	-	3424685		Plant Name:	Hawk's Po	int							
III. Dai	ly Data f	for the Mont	h/Year of:		December-05										
			og Virus Inactiv	iation/Remo	val: *		X Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine	e (Chloramines)
		et Radiation		П	Other (Describe):						•——			· (
			al Maintained in	n Distributio		<u> </u>		Х	Free Chl	orine	Co	mbined C	hlorine (Chlora	amines)	Chlorine Dioxide
27820		1907-11 (98)			CT Calculations	or UV Dose to	Demonstrate I								
	Days		조기가에만 다			CT Calcu		· · ·				Dose			
	Plant						Lowest CT						Lowest		
1	Staffed			1	Lowest Residual	Disinfectant	Provided				[1	Residual		
	or				Disinfectant	Contact Time	Before or						Disinfectant		19 31
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator		of Finished		First Customer	Point During	During	of	pH of Water	1	UV Dose,	Required,	Point in	Emergency or Abnor	rmal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	if	Required,	mW-	mW	Distribution		e Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Com	ponents Out of Operation
到发	X	24 hrs	30,000		1.2		ļ	<u> </u>					0.8		
2	X	24 hrs	20,000		1.2			ļ	ļ	ļ		<u> </u>	0.8		
3.	Х	24 hrs	33,000		1.2			 	 	ļ		ļ	1		
4.0	1	24 hrs	33,000				<u> </u>	 		ļ		<u> </u>			
5	X	24 hrs	27,000		1.4		<u> </u>	<u> </u>			_	↓	1.1		
6	X	24 hrs	28,000	ļ	1.3		1	!	ļ	ļ		 	0.8		
7.2	X	24 hrs	27,000	ļ	1.6		 	}	 	ļ	}	 	1.2		
8	X	24 hrs	35,000		1.2		 		 		<u> </u>		0.8		
9	X	24 hrs	24,000 30,000		1.3		 	 	 			ļ	0.9		
10	Х	24 hrs		<u> </u>	1.2		 	 	 			<u> </u>	1		
12	v	24 hrs	30,000 30,000		1.2			 	 	 			0.9		·
13	X	24 hrs 24 hrs	25,000	-	1.3		-		 	<u> </u>	 	 	1.1		
14	X	24 hrs	31,000		1.2		1	1	 	 	 	 	0.9		
15.	$\frac{\hat{x}}{x}$	24 hrs	23,000		1.2		 	╁──	 -	 		 	0.9		
16	X	24 hrs	31,000		1.1		-		 		 	 	0.9		
17	x	24 hrs	32,000	i	0.9		 	 	 	 		<u> </u>	0.5		
18	 ^	24 hrs	32,000		V./		 						V.5		
19	х	24 hrs	28,000		1.7			-	 	1		 	1.4		
20	X	24 hrs	28,000		1.5			1	<u> </u>	 	1		1.3		
21	X	24 hrs	29,000		1.5			<u> </u>			1	† · · · · ·	1.2		
22-	X	24 hrs	26,000		1.5		1		 	<u> </u>	†		1.2		
23	X	24 hrs	33,000		1.6		1	 				<u> </u>	1.2		
24	х	24 hrs	35,000		1.6			1					1.4		<u> </u>
-25		24 hrs	35,000									i			
26	х	24 hrs	32,000		1.4								1.1		
27	Х	24 hrs	28,000		1.3		1					1	1		
28	Х	24 hrs	33,000		1.3								1		
. 29 %	Х	24 hrs	25,000		1.3								1		
30	Х	24 hrs	26,000		1.3								1		
31	X	24 hrs	37,000		1.2								1		
Total		30.22 plan	916,000	l											
Average		4172 PASS	29,548]											

37,000

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

Marion Hills



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions I. General Information for the Month Year of: January-04 A. Public Water System (PWS) Information 3424001 PWS Name: Marion Hills PWS Identification Number: PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 102 PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person: Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL (352) 732-3213 Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information Plant Name: Marion Hills Plant Telephone Number: (352) 369-4881 Zip Code: 34491 Plant Address: 14009 S.E. 51st Ave City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 36,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Name License Class License Number Day(s)/Shift(s) Worked Licensed Operators Lead/Chief Operator: 3 Days per week William Landers В 7327 3 Days per week Other Operators: Mark March $\overline{\mathbf{c}}$ 8287 II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convienent location for at least ten years. B7327 William Landers License Number Printed or Typed Name Signature and Date

	PWS I	lentificat	ion Numbe	r:	3424001		Plant Name:	Marion Hi	lls					 	
Means of Achieving Four-Log Virus InactiviationRemoval: * Other Closurible Other Cl	III. Dai	ly Data f	or the Mon	th/Year of:		January-04								·	
Ultraviolet Radiation					viation/Rem	oval: *		Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
Day of Operation Hours H							e):							_	
Day of Operation Hours H					in Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlo	ramines) Chlorine Dioxide
Days Plant Sufficient S	\$25 Sept. 1	13. A 10.A	03.79.383				or UV Dose to	Demonstrate	Four-Log					QCVC CATYON IN	
Paint Staffed Coronal Concentration Co		Dove													
Staffed or Visited or Visited or Visited by Boy of Operator Hours the (Place Dark Flow Mater Poduced, gall Flow Mater P	1,41											Assessment of the second		Lowest	
Or Visited Consentation Cons		1 1				Lowest Residual	Disinfectant							A 100 Miles	
Day of Departor Hours Plant in Plant		•				Disinfectant	Contact Time	Before or							
Day of Operator Hours Hours Captain Hours Captain Point Captain Point Captain Point Produced, gal Produced, gal Produced		Visited				Concentration	(T) at C	at First	1		To Proceed	Lowest	Minimum	Concentration	
The first control of the fir		by					I think the second of the seco	1	Temp.		1	Operating	UV Dose	at Remote	
Month 'X' Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 sec/cm2 System, mg/L Water System Components Out of Operation System Syste		1 - 1													
24 hrs 6,000		,				1 -			1 '	3		1			1 .
		"X")			Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
24 hrs		├						 	 -	 			 	 	
24 hrs							·	 	-	 				1	
X 24 hrs 5,000		 						 	├			 			
24 hrs 5,000 1.1		x			 			 	╁	 	 			11	
X 24 hrs 5,000		^						 	 	 					
24 hrs		X							 		 			1.1	
39								 	 						
310	9/	Х							1					1.1	
24 hrs	10		24 hrs												
12 X 24 hrs 5,000	11 T		24 hrs	6,000											
14 X 24 hrs 5,000 1.2 215 24 hrs 5,000 1.2 15 24 hrs 6,000 1.2 17 24 hrs 5,000 1.2 38 24 hrs 6,000 1.2 20 24 hrs 5,000 1.2 20 24 hrs 5,000 1.1 21 X 24 hrs 5,000 1.1 22 24 hrs 5,000 1.1 23 X 24 hrs 6,000 1.1 24 24 hrs 5,000 1.1	12	Х	24 hrs				•							1.2	
315	13		24 hrs												
16		Х												1.2	
17															
18		X							<u> </u>					1.2	
19 X 24 hrs 6,000									<u> </u>						
24 hrs 5,000									 	<u> </u>	<u> </u>				
X 24 hrs 4,000		X						<u> </u>	<u> </u>		}	<u> </u>	<u> </u>	1.2	
22 24 hrs 5,000 23 X 24 hrs 6,000 24 24 hrs 5,000	1	 , 			ļ			<u> </u>	 		ļ		 -	1 .	
23 X 24 hrs 6,000 1.1 2.4 hrs 5,000 1.1								 	 		 			1.1	
24 hrs 5,000		- v				 		 	 	 	 	 	 	1 1	
								 	 	 	 			1.1	
	25		24 hrs	6,000		 		 	 	 	 			 	
26 X 24 hrs 6,000 1.1		X			 				 				 -	11	
27 24 hrs 6,000								 	—	 	 	1	— —		
28 X 24 hrs 5,000		х				 		 -	1	 	<u> </u>	<u> </u>	1	1.1	
29 24 hrs 6,000					1				1		1		1		
30 X 24 hrs 6,000		х												1	
31© 24 hrs 5,000			24 hrs					1	T	I	1	· · · · · ·			
Total 171,000	Total _	History Contraction	A length	171,000											

7,000

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions February-04 1. General Information for the Month Year of: A. Public Water System (PWS) Information 3424001 PWS Name: Marion Hills PWS Identification Number: Consecutive PWS Type: X Community Non-Transient Non-Community Transient Non-Community 102 Number of Service Connections at End of Month: 29 Total Population Served at End of Month: PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person: Contact Person's Mailing Address: City: Ocala State: FI. Zip Code: 34470 1343 NE 17th Road (352) 732-3213 (352) 369-4881 Contact Person Person's Fax Number: Contact Person's Telephone Number: myfitzgerald@suburbanwater.com Contact Person's E-Mail Address: B. Water Treatment Plant Information (352) 369-4881 Plant Name: Marion Hills Plant Telephone Number: Zip Code: 34491 Plant Address: 14009 S.E. 51st Ct. City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water 36,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4). F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked License Class License Number Ticensed Operators Name 3 Days per week Lead/Chief Operator: В 7327 William Landers 3 Days per week Other Operators: $\overline{\mathbf{C}}$ 8287 Mark March \$200 m A Section of the section II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convienent location for at least ten years. B7327 William Landers Printed or Typed Name License Number Signature and Date

PWS Ic	lentificat	tion Numbe	r:	3424001		Plant Name:	Marion Hi	lls						
III. Dai	ly Data I	or the Mon	th/Year of:		February-04									
			og Virus Inacti	viation/Rem	oval: *		Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):			_					
Type of	Disinfe	ctant Resid	ual Maintained	in Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
(2.04)	3.5%			r in white English	CT Calculations,	or UV Dose, to	Demonstrate I	Four-Log	Virus Inactiv	ation, if App			Provenie de	
数。	Days									Company of the Company	UV	Dose		
	Plant						Lowest CT					100	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or		. *		Disinfectant	Contact Time	Before or	1	ļ		i		Disinfectant	
	Visited				Concentration	(T) at C	at First		ļ		Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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14,000

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



See page 4 for instructions March-04 I. General Information for the Month/Year of: A. Public Water System (PWS) Information PWS Name: PWS Identification Number: 3424001 Marion Hills Consecutive Transient Non-Community PWS Type: X Community Non-Transient Non-Community 102 Total Population Served at End of Month: Number of Service Connections at End of Month: PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person: Contact Person's Mailing Address: 1343 NE 17th Road Ocala State: Zip Code: 34470 City: FL (352) 732-3213 Contact Person Person's Fax Number: Contact Person's Telephone Number: (352) 369-4881 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information (352) 369-4881 Plant Name: Plant Telephone Number: Marion Hills Zip Code: 34491 14009 S.E. 51st Ct. City: Ocala State: FL Plant Address: X Raw Ground Water Purchased Finished Water Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 36,000 Plant Class (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked License Number Licensed Operators Name License Class Lead/Chief Operator: 3 Days per week C 8287 Mark March Other Operators: Tom Felton \mathbf{C} 2241 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convienent location for at least ten years.

Page 1

Mark March

Printed or Typed Name

C8287

License Number

Signature and Date

PWS Id	S Identification Number: 3424001 Plant Name: Marion Hills														
III Dai	ly Data (or the Mon	h/Year of		March-04		 .								
			og Virus Inacti				Free (Chlorine	.	Chlorine I	Diovide		Dzone	Combined Chlorine (Chloramines)	
		et Radiation			Other (Describe	J -		Z111O11111		Chiornic L	DIONIGE		7201C	Combined Chlorine (Chloradines)	
			ual Maintained i	in Distributio		.,,.			Free Chl	orina		mhinad C	hlorine (Chlor	ramines) Chlorine Diox	
Type o		Carroa	zar ivzaintainteu i	Distributed	CT Calculations,	or LIV Dose to I	Namonetrata I	Cour Than				ilibilied C	morme (Cinoi	anines) Chlorine Dio	kide
	Danis				CI Calculations,	CT Calcu			VII US IIIACUV	auon, n Appi	UV				
	Days Plant					O2 Garda	Lowest CT					5030	1		
1	Staffed				Lowest Residual	Disinfectant	Provided						Lowest Residual		•
	or				Disinfectant	Contact Time	Before or						Disinfectant		
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by	* +	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Cond	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves	
Month 1	"X") X	Operation 24 hrs	Produced, gal 4,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Opera	ation
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

A. Public Water System (PWS) Information PWS Name: Marion Hills PWS Identification Number: 3424001 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 29 Total Population Served at End of Month: 102 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470	
PWS Name: Marion Hills PWS Identification Number: 3424001 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 29 Total Population Served at End of Month: 102 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470	
Number of Service Connections at End of Month: 29 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Mailing Address: 1343 NE 17th Road Total Population Served at End of Month: 102 Contact Person's Title: Area Manager - Florida City: Ocala State: FL Zip Code: 34470	
PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470	
Contact Person:Michael FitzgeraldContact Person's Title:Area Manager - FloridaContact Person's Mailing Address:1343 NE 17th RoadCity:OcalaState:FLZip Code:34470	
Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470	
Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: <u>mvfitzgerald@aguaamerica.com</u>	
B. Water Treatment Plant Information	
Plant Name: Marion Hills Plant Telephone Number: (352) 369-4881	
Plant Address: 14009 S.E. 51st Ct. City: Ocala State: FL Zip Code: 34491	
Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 36,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):	Zon'lke"usin
Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked	
Lead/Chief Operator: Mark March C 8287 3 Days per week	
Other Operators: Tom Felton C 2241 3 Days per week	
· · · · · · · · · · · · · · · · · · ·	
II. Certification by Lead/Chief Operator	
	t the
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 the	r uic E
information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NS	Г 1. ! .
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	nis
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 chemicals	al feed
rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so	ne PWS
owner can retain them, together with copies of this report, at a convienent location for at least ten years.	
Mark March C8287	
Signature and Date Printed or Typed Name License Number	

PWS I	lentificat	tion Numbe	r:	3424001		Plant Name:	Marion Hi	lls							
III. Dai	ly Data f	for the Mon	th/Year of:		April-04										
			Log Virus Inacti	viation/Rem			Free C	Chlorine	•	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)	
		et Radiation			Other (Describe	e):			_					·	
Type o	Disinfe	ctant Resid	ual Maintained i	n Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Did	oxide
					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	icable*	157737	*********	Area of the second seco	
s if it was	Days			1 (1)		CT Calcu	lations	41 ju			UV	Dose			
	Plant		·				Lowest CT						Lowest		
	Staffed		į		Lowest Residual	Disinfectant	Provided						Residual		
	or	7			Disinfectant	Contact Time	Before or						Disinfectant		
	Visited		31-40		Concentration	(T) at C	at First	_	:		Lowest	Minimum	Concentration		
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	UV Dose	at Remote	P	4:4:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Con- Repair or Maintenance Work that Involve	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Ope	
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Average

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



See page 4 for instructions

1. General Information for the Month/Year of:	May-04				
A. Public Water System (PWS) Information					
PWS Name: Marion Hills			PWS Identifie	cation Number:	3424001
	Ion-Transient Non-Com	munity	Transient Non-Commun	nity Co	nsecutive
Number of Service Connections at End of Month:	29		Total Population Served a	t End of Month:	102
PWS Owner: AquaSource Utility, Inc.					
Contact Person: Michael Fitzgerald			Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocala	1	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4			Contact Person Person's F	ax Number:	(352) 732-3213
	d@aquaamerica.com			· · · · · · · · · · · · · · · ·	
B. Water Treatment Plant Information					
Plant Name: Marion Hills			Plant Telepho		(352) 369-4881
Plant Address: 14009 S.E. 51st Ct.			City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated by Plant: X Raw Ground W		irchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallon	s per day:	36,000	· · · · · · · · · · · · · · · · · · ·		
Plant Category (per subsection 62-699.310(4), F.A.C.):		• of 1877 (1971)	Plant Class (per subsection		
Licensed Operators Name		License Class	License Number		Shift(s) Worked
Lead/Chief Operator: Mark March		С	8287		ys per week
Other Operators: Tom Felton		C	2241	3 Da	ys per week
	·				
744					
					·
			<u> </u>	<u></u>	<u></u>
II. Certification by Lead Chief Operator					
		,			
I, the undersigned water treatment plant operator licensed in					
information provided in this report is true and accurate to the	ne best of my knowled	lge. I certify that al	l drinking water treatmer	nt chemicals used at this	splant conform to NSF
International Standard 60 or other applicable standards refe	renced in subsection (62-555.320(3), F.A.	C. I also certify that the	following additional op	perations records for this
plant were prepared each day that a licensed operator staffe					
rates; and (2) if applicable, appropriate treatment process pe					
owner can retain them, together with copies of this report, a			-	ar operations records to	
owner can readily definit, together with copies of this report, a	u a conviction tocatio	in for at least ten ye	uis.		
	Mark March			C8287	
Signature and Date	Printed or Typed Nam	e		License Number	
•					

PWS Id	WS Identification Number: 3424001 Plant Name: Marion Hills														
III. Dail	II. Daily Data for the Month/Year of: May-04														
	leans of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)														
	Ultraviolet Radiation														
	rpe of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide														
以 新期					CT Calculations,	or UV Dose, to I	Demonstrate F	our-Log							
	Days										ÜVI				3.7
	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided	1					Residual		
	or			*.	Disinfectant	Contact Time	Before or	ŀ					Disinfectant		
	Visited		Nas Oussites		Concentration	(T) at C	at First	Тоши		None in the	Lowest	Minimum	Concentration		- 1
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Condition	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Tak	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c l	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation	
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20		24 hrs	8,000												
.321	х	24 hrs	8,000							<u> </u>			1		
22		24 hrs	12,600												
23		24 hrs	12,600												
.⊭24 ∂	Х	24 hrs	11,000				L					<u> </u>	1.1		
25		24 hrs	11,000				<u> </u>	<u> </u>							
∂∗26 »	Х	24 hrs	17,000					 					1		\dashv
27		24 hrs	17,000	ļ							-	1	1	· ·	
∂ .28 ∴	X	24 hrs	11,000				ļ	 			}	 	1		
#29* ≈30∵		24 hrs	11,000 11,000		-		 	 			-	 			—
**30 <i>\$</i> :	Х	24 hrs 24 hrs	13,000			 	 	 	 		†	 	1.2		
		1 24 iiis	296.300	<u> </u>	1	1		. 	L	1					

9,558 17,000

Average

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



See page 4 for instructions

See page 4 for instructions											
I. General Information	for the Month/Year of: June-04										
A. Public Water System											
PWS Name:	Marion Hills				ication Number		24001				
PWS Type:		ent Non-Community		Transient Non-Commu		Conse	cutive				
	nnections at End of Month: 29			Total Population Served	at End of Mont	th: 102	2				
PWS Owner:	AquaSource Utility, Inc.										
Contact Person:	Michael Fitzgerald			Contact Person's Title:	Area Manage						
Contact Person's Mailin				City: Ocala			Code: 34470				
	Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213										
Contact Person's E-Ma		merica.com									
B. Water Treatment Pla	nt Information										
Plant Name:	Marion Hills				none Number:		2) 369-4881				
Plant Address:	14009 S.E. 51st Ct.			City: Ocala	State: I	FL Zij	Code: 34491				
Type of Water Treated		Purchased Finish	ed Wa	ter		·····					
	Day Operating Capacity of Plant, gallons per day:	36,000				-					
	bsection 62-699.310(4), F.A.C.):			Plant Class (per subsecti			20.000				
Licensed Operators	Name	License Cl	ass	License Number			t(s) Worked				
Lead/Chief Operator:	Mark March	C		8287			per week				
Other Operators:	Tom Felton	C		2241		3 Days	per week				
							<u> </u>				
100000000000000000000000000000000000000		<u> </u>									
		<u></u>		<u>L.,</u>							
II Contification by Los	1/Chief Operator										
II. Certification by Lea											
I, the undersigned water	treatment plant operator licensed in Florida,	am the lead/chief operator	r of th	e water treatment plant	identified in I	Part I of this r	eport. I certify that the				
information provided in	this report is true and accurate to the best of	my knowledge. I certify t	hat al	l drinking water treatme	ent chemicals	used at thispla	ant conform to NSF				
International Standard 6	0 or other applicable standards referenced in	subsection 62-555,320(3)	. F.A.	C. I also certify that the	e following ad	ditional opera	ations records for this				
	h day that a licensed operator staffed or visite	, ,		-	_	-					
	ble, appropriate treatment process performance										
					nai operacions	s records to th	c i ws owner so the i ws				
owner can retain them,	together with copies of this report, at a convie	enent location for at least t	en ye	ars.							
	Mark Ma	roh			C8287		•				
Signature and Date		r Typed Name			License Num						
Signature and Date	rimed O	i Typeu ivaine			Livense Ivani	1001					

PWS Id	entificat	tion Number	r:	3424001		Plant Name:	Marion Hi	lls	***					
III Dai	III. Daily Data for the Month Year of: June-04													
			og Virus Inacti				Free C	Chlorine	: []	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe									,
			ıal Maintained i	n Dietributic		7.			Free Chl	orine	Co	mhined C	hlorine (Chlor	amines) Chlorine Dioxide
Type of	Disinie	Lant Residt	iai iviailitailieu i		CT Calculations,	or I IV Doce to I	Domonetrate E	iour Log	4				19-53-8560 T. N.C.	
					Calculations,			Out-120g	VII US HIZICUV		UV			[발경왕기의 그는 : 이 제] 시설시설(1) [점
	Days	ļ .					Lowest CT			1 1 1 1 1 1 1 1 1		Secret	Lowest	
	Plant Staffed	!		·	Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by	!	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
70des	<u></u>	24 hrs	13,000				<u> </u>				ļ	 		
7.2	X	24 hrs	6,500								ļ		1.3	
33.3	37	24 hrs	6,500									 	1.1	
4	X	24 hrs	8,000				<u> </u>					 	1.1	
5		24 hrs	8,000				ļ			-	 	 		
-66 1-7	X	24 hrs 24 hrs	8,000 6,500					<u> </u>					1	
- 8		24 hrs	6,500				 	 		 	 	 	-	
× 9	х	24 hrs	7,500				 				 	1	1.2	
<i>≈</i> 10 ≈		24 hrs	7,500	<u> </u>			 	 			†			
3916	Х	24 hrs	7,300										0.8	
120		24 hrs	7,300					1	-		<u> </u>	1		
343		24 hrs	7,300	·	1		<u> </u>							
14	Х	24 hrs	6,000	Î .							<u> </u>		1.1	
15		24 hrs	6,000											
. 16	X	24 hrs	8,500										1.2	
-17		24 hrs	8,500					<u> </u>			<u> </u>			
: 1 8 :	X	24 hrs	7,600					<u> </u>			ļ		1.1	
*19/		24 hrs	7,600				1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	 		
20.	ļ	24 hrs	7,600						<u> </u>		<u> </u>	 	 	
21.5	X	24 hrs	7,000	1	<u> </u>		ļ	<u> </u>				<u> </u>	1.2	
22		24 hrs	7,000				 	 			-	 	1.3	
23 +	X	24 hrs	10,000			 	 	1	_	 	 	 	1.5	
24	V	24 hrs	10,000	}	 		· · · · · · · · · · · · · · · · · · ·	-			 	╁┈──	1.1	
25	X	24 hrs 24 hrs	9,300 9,300			 	 	 		 	+	1	 	
· 20 ·	 	24 hrs	9,300	1		 	1	1			 	 	<u> </u>	
28	х	24 hrs	8,500		 		 	1					1.2	
-29	 ^ -	24 hrs	8,500		1		 	1						
30	х	24 hrs	11,000						1				1.1	
±31-≥		24 hrs	,			1		1	1					
	show which	ALARTY DATE	241 600	†		_								

8,053 13,000

Average

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions I. General Information for the Month/Year of: July-04 A. Public Water System (PWS) Information PWS Identification Number: 3424001 PWS Name Marion Hills Consecutive Transient Non-Community PWS Type: Community Non-Transient Non-Community 102 Number of Service Connections at End of Month: Total Population Served at End of Month: PWS Owner: Agua Utilities Florida Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person: Zip Code: 34470 City: Ocala State: FL Contact Person's Mailing Address: 1343 NE 17th Road (352) 732-3213 Contact Person Person's Fax Number: Contact Person's Telephone Number: (352) 369-4881 Contact Person's E-Mail Address: myfitzgerald@aguaamerica.com B. Water Treatment Plant Information Plant Telephone Number: (352) 369-4881 Marion Hills Plant Name: Ocala State: FL Zip Code: 34491 City: Plant Address: 14009 S.E. 51st Ct. Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 36,000 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 The control of the control of the License Number Name License Class ..Lead/Chief Operator: \mathbf{C} 8287 3 Days per week Mark March Other Operators: e areas and the 11. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convienent location for at least ten years. C8287 Mark March License Number Printed or Typed Name Signature and Date

PWS Identification Number: 3424001					Plant Name:	Marion Hi	lls							
III. Dai	1. Daily Data for the Month Year of: July-04													
	eans of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
		et Radiation			Other (Describe	;):			<u></u>			ل ــــا	L J	,
Type of	Disinfe	ctant Resid	ual Maintained i	in Distributio		-			Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
102					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log			icable*	(waters	E 💝 500 H74	
	Days					CT Calcu			him it is		UV	Dose		
	Plant	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					Lowest CT		300 mm		1.14	T	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided					<u> </u>	Residual	
	or		1		Disinfectant	Contact Time	Before or				* .		Disinfectant	
1	Visited			}	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
D	by	**	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
Month	"X")	Operation	Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution	Repair or Maintenance Work that Involves Taking
- Jan		24 hrs	11,000	reate, gpu	How, mg/C	minues	mg-milet.	C	Applicable	ing-mive	Secrenz	Sec/Citiz	System, mg/L	Water System Components Out of Operation
2	X	24 hrs	7,600							<u> </u>	<u> </u>	 	1	
3		24 hrs	7,600											
4 .		24 hrs	7,700		· · · · · · · · · · · · · · · · · · ·									
5.3	Х	24 hrs	9,500									1	1.1	
6.		24 hrs	9,500											
7	Х	24 hrs	7,000							· · ·	1		1.1	
8.+		24 hrs	7,000											
9	X	24 hrs	9,000										1.2	
10		24 hrs	9,000											
41%		24 hrs	9,000											
12	X	24 hrs	6,500										1.1	
.13.		24 hrs	6,500											
14	Х	24 hrs	9,000										1.1	
15.* 16 ↓	X	24 hrs 24 hrs	9,000								<u> </u>	L		
17		24 hrs	7,000 7,000							<u> </u>	.		1.2	
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20		24 hrs	6,000						<u> </u>				1	
21%	Х	24 hrs	6,000				<u> </u>			****			1	
22		24 hrs	7,000											
23	X	24 hrs	19,300										1.2	
24:7		24 hrs	19,300			-								
25*		24 hrs	19,300											
26	X	24 hrs	17,000										1.1	
27		24 hrs	17,000				L						-	
28	X	24 hrs	6,000										1.4	
29		24 hrs	6,000		·			 						
- 30 €	Х	24 hrs	7,000					ļ				<u> </u>	1.6	
31 %	egiger ya elkeri	24 hrs	7,000				L			<u> </u>	Ь	<u> </u>		L
			288,800	ł										

19,300

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



See page 4 for instructions

I. General Information f	or the Month/Year of:	August-04									
A. Public Water System	(PWS) Information	****		······							
PWS Name: Marion Hills PWS Identification Number: 3424001											
		Ion-Transient Non-Com	Transient Non-Community Consecutive								
	nections at End of Month:	Total Population Serv	ed at End of Month:	102							
	PWS Owner: Aqua Utilities Florida										
	Michael Fitzgerald			Contact Person's Title	: Area Manager - Fi	orida					
Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470											
Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213											
Contact Person's E-Mai	Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com										
B. Water Treatment Plant Information											
	Marion Hills			Plant Tel	ephone Number:	(352) 369-4881					
	14009 S.E. 51st Ct.			City: Ocala	State: FL	Zip Code: 34491					
Type of Water Treated			rchased Finished Wa	ater							
	ay Operating Capacity of Plant, gallor	s per day:	36,000								
	section 62-699.310(4), F.A.C.):	V		Plant Class (per subse	ction 62-699.310(4), F.	A.C.) D					
Licensed Operators	Name		License Class	License Number Day(s)/Shift(s) Worked							
# Lead/Chief Operator:	Mark March		С	8287		3 Days per week					
Other Operators:											
102 - 20 St. 10 St. 10 St. 10 St. 10 St. 10 St. 10 St. 10 St. 10 St. 10 St. 10 St. 10 St. 10 St. 10 St. 10 St.				<u> </u>							
II. Certification by Lead	/Chist One and a										
	·										
I, the undersigned water	treatment plant operator licensed in	n Florida, am the lead/	chief operator of the	ne water treatment pla	int identified in Part I	of this report. I certify that the					
information provided in	this report is true and accurate to th	e best of my knowled	ge. I certify that al	I drinking water treat	ment chemicals used	at thisplant conform to NSF					
_	or other applicable standards refe	-		•		-					
	day that a licensed operator staffe		• • • •		_	•					
						ords to the PWS owner so the PWS					
	ogether with copies of this report, a		. •	-	donar operations reco	itus to the i wa owner so the i wa					
owner can retain them, to	ogether with copies of this report, a	i a convienent locatio	n for at least ten ye	ars.		•					
		Mark March			C8287						
Signature and Date		Printed or Typed Nam	e		License Number	1-12-1-1-1					
			-		Divolpo i tamovi						

									
III. Daily Data for the Month/Year of: August-04									
Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)									
Ultraviolet Radiation Other (Describe):	inoramines)								
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose									
Plant Lowest CT Lowest Staffed Lowest Residual Disinfectant Provided Residual									
Staffed Lowest Residual Disinfectant Provided Residual Disinfectant Contact Time Before or Disinfectant Disi									
Visited Concentration (T) at C at First Lowest Minimum Concentration									
by Net Quanity (C) Before or at Measurement Customer Temp. Minimum Operating UV Dose at Remote									
Day of Operator Hours of Finished First Customer Point During During of pH of CT UV Dose, Required, Point in Emergency or Abnormal	perating Conditions:								
the (Place Plant in Water Peak Flow During Peak Peak Flow, Peak Flow, Water, Water, if Required, mW- mW Distribution Repair or Maintenance Wo									
Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 sec/cm2 System, mg/L Water System Components									
24 hrs 7,000									
X 24 hrs 6,000 1.4									
X 24 hrs 6,000									
X 24 hrs 6,500									
24 hrs 6,500									
24 hrs 6,600 1.3									
② 24 hrs 6,600									
X 24 hrs 6,000 1.4									
12 X 24 hrs 5,500 1.2	 								
1.2 24 hrs 5,500									
24 hrs 7,600 1									
14 24 hrs 7,600									
24 hrs 7,700									
16 X 24 hrs 7,000									
24 hrs 8,000									
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19 24 hrs 6,000									
20 X 24 hrs 8,000 1.1									
21 24 hrs 8,000									
22 22 24 hrs 8,000									
23. X 24 hrs 6,000 1									
24 24 hrs 6,000									
25 X 24 hrs 5,000									
26 24 hrs 6,000									
27 X 24 hrs 6,700 1.3									
28% 24 hrs 6,700									
29 24 hrs 6,600									
※30※ X 24 hrs 5,000※31法 24 hrs 5,000									
Total 200,800									
Average 6,477									

8,000

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



See page 4 for instructions

1. General Information for the Month/Year of:	September-04									
A. Public Water System (PWS) Information										
PWS Name: Marion Hills			PWS Ident	fication Number:	3424001					
PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Comm		Consecutive					
Number of Service Connections at End of Month:	29		Total Population Served		102					
PWS Owner: Aqua Utilities Florida										
Contact Person: Michael Fitzgerald			Contact Person's Title:	Area Manager - Flor	rida					
Contact Person's Mailing Address: 1343 NE 17th R	oad		City: Ocala	State: FL	Zip Code: 34470					
Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213										
	zgerald@aquaamerica.com									
B. Water Treatment Plant Information										
Plant Name: Marion Hills			Plant Telep	hone Number:	(352) 369-4881					
Plant Address: 14009 S.E. 51st Ct.			City: Ocala	State: FL	Zip Code: 34491					
Type of Water Treated by Plant: X Raw Gro	und Water Pu	rchased Finished Wa	ter							
Permitted Maximum Day Operating Capacity of Plant	, gallons per day:	36,000								
Plant Category (per subsection 62-699.310(4), F.A.C.			Plant Class (per subsect							
Licensed Operators Na	me	License Class	License Number	A FARE EVEN : Day	(s)/Shift(s) Worked					
Lead/Chief Operator Mark	March	С	8287		3 Days per week					
Other: Operators: ***										
					-					
Service Control of th										
II. Certification by Lead/Chief Operator										
I, the undersigned water treatment plant operator lice	nsed in Florida, am the lead	chief operator of th	e water treatment plan	t identified in Part I o	of this report. I certify that the					
information provided in this report is true and accura		-			-					
International Standard 60 or other applicable standard	-		_							
plant were prepared each day that a licensed operator										
· · · · · · · · · · · · · · · · · · ·		_								
rates; and (2) if applicable, appropriate treatment pro	•		-	onal operations record	ds to the PWS owner so the PWS					
owner can retain them, together with copies of this re	port, at a convienent location	n for at least ten yea	ars.							
				COOOT						
0' 10'	Mark March			C8287						
Signature and Date	Printed or Typed Nam	e		License Number						

PWS Id	lentificat	ion Numbe	r:	3424001		Plant Name:	Marion Hi	lls							
III. Dai	ly Data I	or the Mon	th/Year of:		September-04						***************************************				
Means	of Achie	ving Four-I	og Virus Inacti	viation/Rem			Free (Chlorin		Chlorine I	Dioxide		Ozone	Combined Chlorine	e (Chloramines)
		et Radiation			Other (Describe	:):									· · · · · · · · · · · · · · · · · ·
Type of	Disinfe	ctant Residu	ual Maintained i	in Distributio					Free Chl			mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
		-20-25			CT Calculations,					ation, if Appl					
	Days					CT Calcu	lations	r		JANG Pend	ÜV	Dose	[하고 왕기]		
	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided				1		Residual		
	or				Disinfectant	Contact Time	Before or					1.0	Disinfectant		
1	Visited by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnor	mal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C ·	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		ponents Out of Operation
24 1 -2	X	24 hrs	6,000		1.6								1.5		
- 2.∗∻		24 hrs	6,000												
∴3.	Х	24 hrs	5,300		1.4								1.3		
4	:	24 hrs	5,300												
5		24 hrs	5,200								ļ				
6	X	24 hrs	11,000		0			ļ					0		
7	X	24 hrs	9,000		1.6		ļ	 			<u> </u>		1.6	<u> </u>	
<u>8</u>	X	24 hrs	15,000 7,000	<u> </u>	1.4			-			<u> </u>	ļ	1.4		
10	$\frac{\lambda}{X}$	24 hrs 24 hrs	6,700		1.5		<u> </u>	-			<u> </u>	 	1.2		
11		24 lus 24 hrs	6,700	 	1.5		-	 					1.2	 	
12		24 hrs	6,600					 							
13.	х	24 hrs	5,000		1.6		 						1.4		
14		24 hrs	5,000												
	х	24 hrs	6,000		1.5								1.3		
16 %		24 hrs	7,000									1			
217	Х	24 hrs	6,600		1.4								1.2		
18 2		24 hrs	6,600												
3.19		24 hrs	6,700				<u> </u>					ļ			
. 20	X	24 hrs	6,000		1.5		ļ				 	ļ	1.3		
. 21	ļ	24 hrs	7,000	<u> </u>	, ,		<u> </u>	<u> </u>			-				
22	Х	24 hrs	4,000		1.6		 	-		ļ. — — —	1	1	1.3	 	
23 ×	- 	24 hrs	4,000	ļ	2	•	 	 		ļ	 	1	1.4		
24 ± 25	X	24 hrs 24 hrs	7,000 7,000				1	1			ļ	 	1.4		
26		24 hrs	7,000	 		ч	1	 		 	 -	 			
27	х	24 hrs	9,000		1.6		 		<u> </u>		 		1,6		
28	x	24 hrs	8,000		1.8		1			 	t	 	1.4		
29	X	24 hrs	5,000	 	1.7		1	 	<u> </u>		l	†	1.6		
∞30 ⊹		24 hrs	5,000					1							
. 31		24 hrs													
Total **	#.Z:48	51. 200	201,700												<u> </u>
Acres	Sec. 132.	to the the widther of	(722	1											

15,000

Maximum

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

1. General Information for the	Month/Year of:	October-04				
A. Public Water System (PWS	S) Information					
PWS Name: Mario	n Hills			<u> </u>	ication Number:	3424001
		on-Transient Non-Com	munity	Transient Non-Commu		Consecutive
Number of Service Connection		29		Total Population Served	at End of Month:	102
	Utilities Florida					
	el Fitzgerald			Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing Add				City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone N				Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail Addr		d@aquaamerica.com				
B. Water Treatment Plant Info	ormation					
1	n Hills				one Number:	(352) 369-4881
	S.E. 51st Ct.			City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated by Pla			rchased Finished Wat	ter		
	erating Capacity of Plant, gallons		36,000			
Plant Category (per subsectio		V		Plant Class (per subsection		
Licensed Operators			License Class	License Number	De De	ay(s)/Shift(s) Worked
Lead/Chief Operator	Mark March		С	8287	ļ	3 Days per week
Other Operators:	Barry Cohen		С	8253		3 Days per week
			, . np.sp		<u> </u>	
					ļ	
	*				<u> </u>	
1.00					<u> </u>	
		-			<u> </u>	
					<u> </u>	
					<u> </u>	
II. Certification by Lead/Chie	f Operator					
	·····					
						of this report. I certify that the
information provided in this re						
International Standard 60 or of	ther applicable standards refer	enced in subsection 6	52-555.320(3), F.A.	C. I also certify that the	e following addition	nal operations records for this
						hemicals used and chemical feed
rates: and (2) if applicable, and	propriate treatment process pe	rformance records. F	outhermore. I agree	to provide these additio	nal operations reco	rds to the PWS owner so the PWS
owner can retain them, together					•	
owner dan rount them, togethe	or wrant copies or and report, a	u convionom rocarro	ii 101 at ioast toil y ot			
		Mark March			C8287	
Signature and Date		Printed or Typed Name	Α		License Number	
Signature and Date		rimed of Typed Name	5		Diccise ivalide	

Page 1

PWS Id	lentificat	tion Number	r:	3424001		Plant Name:	Marion Hi	lls						
			1.27		0 4 1 04									
		for the Mont			October-04									0 11 1011 1 (011 1)
			og Virus Inacti	viation/Rem			Free (Chlorin	е 📙	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):		· · ·	_					
Type of	Disinfe	ctant Residu	ual Maintained i	n Distributio					Free Chl				hlorine (Chlo	
沙 斯斯			主体交易等的		CT Calculations,			our-Log	Virus Inactiv	ation, if App				
	Days			41,754,744		CT Calcu	lations				ÜV	Dose		
	Plant						Lowest CT						Lowest	
٠.	Staffed				Lowest Residual	Disinfectant	Provided	1					Residual	24 7
100	or				Disinfectant	Contact Time	Before or	i					Disinfectant	
	Visited				Concentration	(T) at C	at First	 			Lowest	Minimum	Concentration	
Day of	by	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose.	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions;
Day of the	Operator (Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
14 Mag	X	24 hrs	6,000	, _D r	1.7			1	<u> </u>	1			1.6	
*2		24 hrs	6,000				1			T			·	
1993		24 hrs	6,000											
104	Х	24 hrs	5,000		1.8								1.6	
1785 See		24 hrs	6,000											
- 26. ≥	Х	24 hrs	5,000		1.8								1.4	
347a		24 hrs	6,000				· .	<u> </u>						
- 8	X	24 hrs	7,000		1.6			<u> </u>					1.4	
9 :		24 hrs	7,000					<u> </u>				<u> </u>		
10 >		24 hrs	7,000				<u> </u>					ļ	ļ <u>. </u>	
×11.4	X	24 hrs	5,000		2			<u> </u>				<u> </u>	1.5	
12 -		24 hrs	5,000	<u> </u>				ļ		ļ		<u> </u>		
13	X	24 hrs	6,000		2		 	ļ		<u> </u>		<u> </u>	1.4	
14	-	24 hrs	6,000	!			 	ļ		 		 	1.6	
15	Х	24 hrs	7,000	<u> </u>	2.2		1	<u> </u>		}		 	1.0	
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417. 18%	Х	24 hrs	6,000	 	2.1		1			 	 		1.5	
119	$\frac{\lambda}{X}$	24 hrs	5,000		2.1		1			 	 	 	1.5	
20	X	24 hrs	5,000		2.2	 	1	 	 	 	 	 	1.4	
21.2	_^_	24 hrs	5,000		2.2		1	†	 	<u> </u>	 	<u> </u>		
22	Х	24 hrs	7,000		2.2			1		1			1.6	
∂ 23,∜		24 hrs	7,000					1						
#24 e		24 hrs	7,000							1	· · ·			
× 25	Х	24 hrs	4,000		1.5								1.1	
26 %		24 hrs	4,000											
. 27	Х	24 hrs	5,000		1.3								0.8	·
≥28×		24 hrs	5,000							1				
- 29	Х	24 hrs	5,000		1.5					ļ	L		1	
<≥30 ∵	<u> </u>	24 hrs	5,000					ļ	<u> </u>		 		1	
-31		24 hrs	5,000	ļ	<u> </u>	1	1	<u> </u>	<u> </u>	<u> </u>		<u>l</u>	1	
Total	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contract But to	179 000											

5,774 7,000

Average

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



See page 4 for instructions

1. General Information for the Month/Year of:	November-04				
A. Public Water System (PWS) Information					
PWS Name: Marion Hills			PWS Identif	ication Number: 3424001	
PWS Type: X Community	Non-Transient Non-Comm	nunity	Transient Non-Commu		e
Number of Service Connections at End of Month:	29		Total Population Served:	at End of Month: 102	
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocala		e: 34470
Contact Person's Telephone Number: (352) 732-			Contact Person Person's	Fax Number: (352) 73	22-3213
	aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Marion Hills				one Number: (352) 73	
Plant Address: 14009 S.E. 51st Ct.			City: Ocala	State: FL Zip Cod	le: 34491
Type of Water Treated by Plant: X Raw Ground V		chased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallo		36,000	[a. a	(2 (22 212(4) F. 4 C) P	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	ente de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della c		on 62-699.310(4), F.A.C.) D Day(s)/Shift(s)	TRACE SANGER OF THE CASE OF THE
Licensed Operators Name		License Class	License Number		Worked
:: Lead/Chief Operator: Mark March		C	8287	3 Days per w	
Other Operators: Barry Coher		C	8253	3 Days per w	eek
					
					
					
		···			
(1) 表现是对对对于1000年(1) 1000年(1)					
II. Certification by Lead Chief Operator					
I, the undersigned water treatment plant operator licensed	in Florida, am tha laad/s	shiof anarotar of th	ne syster treatment night	identified in Part I of this report	L certify that the
i, the undersigned water treatment plant operator needsed	ili Fiorida, alli die ieau/C	iner operator or u	I deinking water treatme	ent chamicals used at this plant of	onform to NSF
information provided in this report is true and accurate to	ine best of my knowledg	ge. I certify that an	O I de control de la control	- full - vive a dditional anarction	a racarda for this
International Standard 60 or other applicable standards ref	erenced in subsection 62	2-555.320(3), F.A.	.C. I also certify that the	e following additional operation	s records for uns
plant were prepared each day that a licensed operator staff	ed or visited this plant d	luring the month in	ndicated above: (1) reco	rds of amounts of chemicals use	and chemical leed
rates; and (2) if applicable, appropriate treatment process				nal operations records to the PV	VS owner so the PWS
owner can retain them, together with copies of this report,	at a convienent location	ı for at least ten ye	ars.		
				G0007	
	Mark March			C8287	
Signature and Date	Printed or Typed Name			License Number	

Page 1

PWS I	lentifica	tion Numbe	τ:	3424001		Plant Name:	Marion Hi	lls						
III. Da	ly Data i	for the Mon	th/Year of:		November-04				·		*****			
			Log Virus Inacti	viation/Rem			Free C	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								,
Type o	f Disinfe	ctant Resid	ual Maintained i	n Distribution					Free Chl	orine	TTC	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
- JP-	\$4.5 E		With His Cong		CT Calculations	or UV Dose to	Demonstrate I	our-Log						
	Days			Tail ()							UV			는 돈이 경험되는 이동은이 불러 화려했다.
	Plant			1,445			Lowest CT						Lowest	
	Staffed	1		1	Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or	1					Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	1	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Takin
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
wide.	X	24 hrs	7,000	 	1.2		 						0.8	
**2 **3	Х	24 hrs 24 hrs	7,000 6,000	ļ	1.1		 				 			
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€15×	X	24 hrs	7,000		1.2			<u> </u>			<u> </u>		0.7	
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£ 17 ₩	X	24 ftrs	6,000		1.2		<u> </u>	<u> </u>		<u> </u>			0.8	
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5€21 ×	X	24 hrs	5,000		0.8	ļ	 	ļ		<u> </u>	 	 	0.5	
/ 22	-	24 hrs	5,000					├ ─		<u> </u>	 	 		
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28		24 hrs	8,000	 			 	\vdash	 		 	 	t	
- 29	х	24 hrs	5,000		1.5	 	1	†	1			 	1.1	
130	- ^-	24 hrs	5,000		†		 	1	1	† <u>-</u>	 	 		
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6,133

8,000

Average

Maximum

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



See page 4 for instructions I. General Information for the Month/Year of: December-04 A. Public Water System (PWS) Information PWS Identification Number: 3424001 PWS Name: Marion Hills x Community Transient Non-Community Consecutive PWS Type: Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 102 29 PWS Owner: Aqua Utilities Florida Brian Heath Contact Person: Contact Person's Title: Area Manager - Florida 1343 NE 17th Road State: Zip Code: 34470 Contact Person's Mailing Address: City: Ocala FL Contact Person's Telephone Number: (352) 732-6027 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 732-6027 Plant Name: Marion Hills Plant Telephone Number: Zip Code: 34491 Plant Address: 14009 S.E. 51st Ct. City: State: FL Ocala Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 36,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Day(s)/Shift(s) Worked "Licensed Operators Name License Class License Number Lead/Chief Operator: Mark March 3 Days per week \mathbf{C} 8287 Other Operators: 8253 3 Days per week Barry Cohen \mathbf{C} II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convienent location for at least ten years. Mark March C8287

License Number

Printed or Typed Name

Signature and Date

PWS I	lentificat	tion Number	r:	3424001		Plant Name:	Marion Hi	lls						
111 D	Daily Data for the Month Year of: December-04													
				· · · · · · · · · · · · · · · · · · ·				71.1 .	- 1-1	O1.1	 			0 1: 1011 : (011 :)
			og Virus Inacti	viation/Rem			Free (Chlorin	e []	Chlorine I	Jioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								
Type of	f Disinfe	ctant Residu	ual Maintained i						Free Chl			mbined C	hlorine (Chlor	
					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	icable*			
	Days					CT Calcu	lations				UVI	Dose		
	Plant						Lowest CT						Lowest	
	Staffed		."		Lowest Residual	Disinfectant	Provided :						Residual	
	or		A		Disinfectant	Contact Time	Before or						Disinfectant	
	Visited			14	Concentration	(T) at C	at First	1.5			Lowest	Minimum	Concentration	
D	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	** 6	Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During Peak Flow,	During Peak Flow,	of Water,	pH of	CT	UV Dose, mW-	Required, mW	Point in	Emergency or Abnormal Operating Conditions;
Month	"X")	Operation	Produced, gal	Rate, gpd	During Peak Flow, mg/L	minutes	mg-min/L	Water,	Water, if Applicable	Required, mg-min/L	sec/cm2	sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	$\frac{\hat{x}}{x}$	24 hrs	5,000	Rate, gpu	1.8	tintiacs	Ing-mayL		Applicable	Hig-HillVL	SECICIIZ	SCUCINZ	1.4	water System Components Out of Operation
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3+	x	24 hrs	7,000		1.8	L	 	 		 	· · · · ·		1.5	
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±19.2	Х	24 hrs	7,000		1.6								1.4	
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123		24 hrs	6,000					ļ		<u></u>				
7 24	Х	24 hrs	7,000		1.5		<u> </u>	!					1.2	
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AVCTAGE	和是多数的数据 。	是4.5元(特別的)	6,226	I										

7,000

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



See page 4 for instructions

I. General Information f	or the Month/Year of:	January-05						
A. Public Water System	(PWS) Information							
PWS Name:	Marion Hills				PWS Identifi	cation Number	er: 342400	1
PWS Type:	X Community	Non-Transient Non-Com	munity		Non-Commu		Consecutiv	<i>r</i> e
	nections at End of Month:	29		Total Popul	lation Served a	t End of Mon	th: 102	
	Aqua Utilities Florida							
1	Brian Heath			Contact Per	rson's Title:	Area Manage		
Contact Person's Mailin				City:	Leesburg			de: 34749
Contact Person's Teleph			4	Contact Per	rson Person's F	ax Number:	(352) 7	87-6333
Contact Person's E-Mai		aquaamerica.com						
B. Water Treatment Plan	nt Information							
	Marion Hills				Plant Teleph			87-0980
	14009 S.E. 51st Ct.			City:	Ocala	State:	FL Zip Co	de: 34491
Type of Water Treated			rchased Finished Wa	ter				
	ay Operating Capacity of Plant, gallo		36,000	· · · · · · · · · · · · · · · · · · ·				
	section 62-699.310(4), F.A.C.):	V	T		(per subsection			
Licensed Operators	Name		License Class					Worked
Lead/Chief Operator:	Mark March	1	С	8	3287		3 Days per v	veek
Other:Operators:								
New York								
Taranta da Paranta da Paranta da Paranta da Paranta da Paranta da Paranta da Paranta da Paranta da Paranta da P			· · · · · · · · · · · · · · · · · · ·		-	<u> </u>		
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42.50				<u> </u>		ļ		·······
						 		
				l		<u>i </u>		
II. Certification by Lead	/Chief Operator							
·								
I, the undersigned water	treatment plant operator licensed	in Florida, am the lead/	chief operator of the	ne water trea	atment plant	identified in	Part I of this repor	t. I certify that the
information provided in	this report is true and accurate to	the best of my knowled	ge. I certify that al	l drinking v	vater treatme	nt chemicals	used at thisplant of	conform to NSF
International Standard 6	0 or other applicable standards ref	ferenced in subsection 6	52-555.320(3), F.A.	.C. I also co	ertify that the	following a	dditional operation	is records for this
plant were prepared each	n day that a licensed operator staff	ed or visited this plant	during the month in	ndicated abo	ove: (1) recor	ds of amoun	ts of chemicals us	ed and chemical feed
rates: and (2) if applicab	le, appropriate treatment process	nerformance records F	uthermore Lagree	to provide	these addition	nal operation	s records to the P	WS owner so the PWS
	ogether with copies of this report,							
Owner can retain them, o	ogenici with copies of this report,	at a convictiont locatio	ii ioi at icast ten ye	w. 5.				
		Mark March				C8287		
Signature and Date		Printed or Typed Nam	e		- .	License Nur	nber	

Page I

PWS Id	lentifica	tion Number	r:	3424001		Plant Name:	Marion Hi	lls						
III. Dai	ly Data	for the Mon	th Year of:	,	January-05								······································	
			og Virus Inacti	viation/Rem			Free (Chlorin	e 🗍	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):								
Type of	Disinfe	ctant Residu	ual Maintained i	in Distribution					Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
COMP	31.4.987	576			CT Calculations,	or UV Dose, to	Demonstrate I	our-Log				and the state of	9-1-2006-03	
	Days					CT Calcu	lations		ēr 1		ŪV	Dose		
	Plant						Lowest CT			1			Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or					1 .	Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator		of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
193	X	24 hrs	6,000		1.5			ļ				ļ	1	
20	- 7/	24 hrs	6,000									<u> </u>		70-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
3°4*	X	24 hrs	5,000		1.6			<u> </u>					1.2	
.5.	Х	24 hrs 24 hrs	5,000 5,000	<u> </u>	1.5		ļ					 	· · · · · · · · · · · · · · · · · · ·	
.o		24 hrs	5,000		1.5		ļ	<u> </u>				ļ	1.1	
7.2	X	24 nrs 24 hrs	5,000		1.5							ļ	1.0	
. 8		24 hrs	6,000		1.5		<u> </u>	1			 	ļ	1.2	
		24 hrs	6,000		ļ							<u> </u>		
10	Х	24 hrs	5,000		1.6		 			ļ		1	1.0	
2110		24 hrs	5,000		1.0		 	 					1.2	
12	х	24 hrs	5,000		1.4		 	-		_		 	1	
13		24 hrs	5,000		1.4		 					 		
14%2	X	24 hrs	5,600		1.5		 			<u> </u>			1.2	
153		24 hrs	5,600		1.5			 				1	1.2	
16		24 hrs	5,600									 	··	
17	Х	24 hrs	5,600		1.6	****	 					 	1.2	
18	- 7.	24 hrs	5,600		1.0		· · · · · · · · · · · · · · · · · · ·						1.2	
19*		24 hrs	6,000	<u> </u>	†	*****	 					 		
20.	Х	24 hrs	7,000	 	1.5			1		<u> </u>		 	1	
21		24 hrs	7,000		1		1			<u> </u>	<u> </u>	 	<u></u>	
225	Х	24 hrs	7,000		1.6		1			 	!	 	1.2	
- 23″≌		24 hrs	8,000							t		1		
24 :	Х	24 hrs	5,000		1.8								1.4	
25:	Х	24 hrs	6,000	l	1.2			1					1	
26	Х	24 hrs	7,000		1						<u> </u>		0.9	
27:	Х	24 hrs	7,000		1.5								1.1	
28	Х	24 hrs	7,000		1.4					Ĺ		1	1.1	
29 🚌		24 hrs	7,000											
÷ 30 ₹		24 hrs	7,000											
÷31:		24 hrs	7,000											
		7000000	185,000											
Average	13 7 4 1	301000000	5 968	1										

8,000

Maximum

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



See page 4 for instructions February-05 I. General Information for the Month Year of: A. Public Water System (PWS) Information PWS Name: Marion Hills PWS Identification Number: 3424001 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 29 Total Population Served at End of Month: 102 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida PO Box 490310 Contact Person's Mailing Address: City: Leesburg State: Zip Code: 34749 FL Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Marion Hills Plant Telephone Number: (352) 787-0980 Plant Address: 14009 S.E. 51st Ct. Zip Code: 34491 City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 36,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Name Day(s)/Shift(s) Worked License Class License Number ALead/Chief Operator. Mark March C 8287 3 Days per week Other Operators. **Bob Maxon** C 2812 3 Days per week A TOTAL STATE

II. Certification by Lead/Chief Operator

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

	Mark March	C8287
Signature and Date	Printed or Typed Name	License Number

DEP Form 62-555.900(3)Alternate Page 1

PWS I	dentifica	tion Numbe	Γ:	3424001		Plant Name:	Marion Hi	lls						
III. Da	ly Data	for the Mon	th/Year of:		February-05								· · · · · · · · · · · · · · · · · · ·	
			og Virus Inacti				Free (Chlorin	еП	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		let Radiation			Other (Describe	a):			· —			` لسسا		comonica cinornio (cinoralninos)
			ual Maintained i	in Distributio		·/-			Free Chi	orine		mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
13,000			73728753648	M Distribution	CT Calculations,	or IIV Dose to I	Demonstrate I	one Loc				mionica C	morme (Cinoi	annies) Chlorine Dioxide
	1				e Ci Calculations,		lations			ation, it Appi	UV			
** .	Days Plant					CI Culcu	Lowest CT	jary a				I		나스로 하지만 하고 있었는 사람들 속이다.
	Staffed				Lowest Residual	Disinfectant	Provided						Lowest Residual	
ł	or			1	Disinfectant	Contact Time	Before or	le s					Disinfectant	
ļ.	Visited			1	Concentration	(T) at C	at First	13 4 4	ļ ·		Lowest	Minimum	Concentration	
Ì	by ·		Net Quanity	•	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
24 1 24	X	24 hrs	2,000		1.8								1.2	
₹2 €	X	24 hrs	2,000		0.8								0.4	
1:3-A		24 hrs	2,000				<u> </u>							
· 4,	X	24 hrs	4,000		0.6								0.4	
: 5	X	24 hrs	3,500				<u> </u>							
·6	Х	24 hrs	3,500		·		ļ	<u>. </u>						
7	X	24 hrs	2,000		2		ļ						1.6	
**8		24 hrs	2,000				ļ. <u></u>		ļ					
- '9' -	X	24 hrs	2,500		2		ļ						1.5	
- 10		24 hrs	2,500				ļ	 _						
-41	X	24 hrs	3,300	ļ	2		ļ	ļ			ļ		1.5	
12 13		24 hrs	3,300				ļ	 				 		
- 13 - 44		24 hrs	3,300		1.5			<u> </u>	<u> </u>				1.2	
115	X	24 hrs	3,000 3,000		1.5		 				 	ļ	1.2	
· 16	Х	24 hrs 24 hrs	3,500	 	1.9			-					1.1	
17.7	 ^	24 hrs	3,500		1.9		 	 -			 .	 	1.1	
18	х	24 hrs	4,000	 	1.5		1	 					1	
19	<u> </u>	24 hrs	4,500	 	1.5		1				 	 	1	
. 20		24 hrs	4,500				 	-			 	 		
21	х	24 hrs	5,500		1.5		 				 	 	1.1	
22	 ^	24 hrs	5,500	!	1.5		 					 	*.1	
23	x	24 hrs	3,000	 	1.2		 	—			 		1	
24	X	24 hrs	2,000		1.2								i	
25	X	24 hrs	2,000		1.1		· - · · · · · · · · · · · · · · · · · ·						0.9	
26		24 hrs	4,000				<u> </u>						0.7	
₹27 ⊹.		24 hrs	4,000							†				
28	Х	24 hrs	5,500		1.2			 	 			———	1	, , , , , , , , , , , , , , , , , , ,
29		24 hrs					1	<u> </u>			1	1	-	
30∴		24 hrs												
31		24 hrs									1	<u> </u>		
Total 🚣		Contraction of	93,400		-		•			*		•	-	
Average	12 July 1	No. Laws	3,336	1										

5,500

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information f	or the Month/Year of: March-05				
A. Public Water System	(PWS) Information				
PWS Name:	Marion Hills		PWS Identif	ication Number:	3424001
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Commu	inity	Consecutive
Number of Service Con	nections at End of Month: 29		Total Population Served	at End of Month:	102
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Flo	rida
Contact Person's Mailin	g Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph	ione Number: (352) 787-0980		Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mai	Address: <u>beheath@aquaamerica.com</u>				
B. Water Treatment Plan	nt Information				
Plant Name:	Marion Hills	-	Plant Teleph	none Number:	(352) 787-0980
Plant Address:	14009 S.E. 51st Ct.		City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated		urchased Finished Wa	ter		
	ay Operating Capacity of Plant, gallons per day:	36,000			
	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsecti		
Licensed Operators	Name	License Class	License Number	Da Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287		3 Days per week
Other Operators:	Bob Maxon	С	2812		3 Days per week
10 May 1					
57.5%					
THE THE PERSON NAMED IN					
	101: 00				
II. Certification by Lead	•				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	/chief operator of th	ne water treatment plant	identified in Part I	of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowled	dge. I certify that al	I drinking water treatme	ent chemicals used a	at thisplant conform to NSF
	0 or other applicable standards referenced in subsection				
	day that a licensed operator staffed or visited this plant				
	le, appropriate treatment process performance records.				
				mai operations reco	ids to the i wa owner so the i wa
owner can retain them, to	ogether with copies of this report, at a convienent location	on for at least ten ye	ars.		
	Mark March			C8287	
Signature and Date	Printed or Typed Nam	ne		License Number	
O-B-monto min Duto	Times of Typourtain				

Page 1

March Object March Object Obj	PWS Io	S Identification Number: 3424001 Plant Name: Marion Hills													
Means of Achieving Four-Log Virus Inactivation/Removal:	III. Dai	ly Data f	or the Mon	th/Year of:		March-05									
Universided Radiation					viation/Rem	oval: *		Free C	Chlorine		Chlorine I	Dioxide)zone	Combined Chlorine (Chloramines)
Type of Districtant Residual Maintained in Distribution System:							:):	_					_	_	· · · · · · · · · · · · · · · · · · ·
Days Plant	Type o	f Disinfe	ctant Residu	ual Maintained i	n Distributio	•	,			Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
Part Part	3/4/25-4	367	Paragraphic				or UV Dose, to I	Demonstrate I	our-Los						
Plant Suffield S	1	Dave											Dose		
Saffed or or or or or or or or or or or or or									1 2 11 3		147 6 14.5	¥.		Lowest	[단속기술 발생하다는 보급은 본 원자 그리다. []
Visited by Vis						Lowest Residual	Disinfectant								
Second Process Proce]	or			71	Disinfectant	Contact Time	Before or						Disinfectant	
Day of Day of Day of Potentian P		Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
The Place Plant in Water Peak Flow Peak F		by									Minimum				
Month XY Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 sec/cm2 System, mg/L Water System Components Out of Operation	1 1					1	-							The second secon	
24 hrs 5,500					1				· ·	7					
\$\frac{1}{2} X		"X")			Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
24 ls						1.3			<u> </u>						
1	-	_ <u> </u>				1.2		<u> </u>	 				ļ	ı l	
24 hrs 6,000						12									
24 hrs	30.00					1.2								1	
3													 		
38 24 hrs 5,000 1.1 1 1 1 1 1 1 1 1		v			•	1.2				· · · · · · · · · · · · · · · · · · ·				1	
Yes X 24 hrs 4,000 1.1 1.1 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.3 1.4 1.2 1.2 1.3 1.4 1.2 1.3 1.4 1.2 1.3 1.4 1.2 1.3 1.4 1.4 1.3 1.4 1.4 1.3 1.4 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.4 1.5 1.5 1.4 1.5 1		-^-				1.2						<u> </u>	 		
24 hrs		Y				1 1							1	1	
		<u> </u>							ļ		-				
12		x				14								1.2	
13						<u></u>									
143 X 24 hrs 4,500 1.8 1.4 1.4 1.5 1.4 1.5 1.5 1.4 1.5 1.5 1.4 1.5 1.5 1.4 1.5 1	1											······································			
15	11000	Х				1.8								1.4	
166 X 24 hrs 7,000 1.8 1.4 117 24 hrs 7,000 1.6 1.2 188 X 24 hrs 3,000 1.6 1.2 199 24 hrs 3,000 1.8 1.4 201 X 24 hrs 2,500 1.8 1.4 222 24 hrs 2,500 1.8 1.4 223 X 24 hrs 3,000 1.8 1.4 24 24 hrs 3,000 1.8 1.4 255 X 24 hrs 4,000 1.4 1.2 266 24 hrs 4,600 1.4 1.2															
17	16	Х				1.8		<u> </u>						1.4	
24 hrs 3,000			24 hrs												
24 hrs 3,000 1.8 1.4 1.4	418	Х	24 hrs	3,000		1.6								1.2	
X 24 hrs 2,500 1.8 1.4			24 hrs												
22 24 hrs 2,500			24 hrs												
23 X 24 hrs 3,000 1.8 1.4		X				1.8							<u> </u>	1.4	
24 hrs 3,000									<u> </u>	<u> </u>	L	<u> </u>	<u> </u>		
25 X 24 hrs 4,000 1.4 1.2		Х				1.8			<u> </u>				<u> </u>	1.4	
26 24 hrs 4,600									!				<u> </u>		
227 24 hrs 4,600		X				1.4	<u> </u>		 		<u> </u>			1.2	
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		ļ.,,			ļ	1		 	 	 		 	 	12	
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31 24 hrs 134,200		L 1885) 4,575 a		134 200	 	1		!	<u> </u>	<u> </u>	L	.		<u> </u>	
Average 4,473	Average	and the second			1										

7,000

Maximum

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



See page 4 for instructions I. General Information for the Month/Year of: April-05 A. Public Water System (PWS) Information PWS Name: Marion Hills PWS Identification Number: 3424001 PWS Type: X Community Consecutive Transient Non-Community Non-Transient Non-Community Number of Service Connections at End of Month: 102 Total Population Served at End of Month: 29 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager - Florida Contact Person: Brian Heath Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 Leesburg State: FL City: Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Telephone Number: (352) 787-0980 Plant Name: Marion Hills Zip Code: 34491 Plant Address: 14009 S.E. 51st Ct. City: Ocala State: FI. Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 36,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) License Number Day(s)/Shift(s) Worked Licensed Operators Name License Class 3 Days per week Lead/Chief Operator: Mark March C 8287 Other Operators: $\overline{\mathbf{c}}$ 3 Days per week 2810 Bob Maxon II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convienent location for at least ten years. C8287 Mark March Printed or Typed Name License Number Signature and Date

DEP Form 62-555.900(3)Alternate Page 1

PWS I	dentificat	tion Number	r:	3424001		Plant Name:	Marion Hi	lls								
III. Da	ly Data I	or the Mon	th/Year of:		April-05			_								
Means	of Achie	ving Four-I	og Virus Inacti	viation/Rem	oval: *		Free (Chlorine	e 🗌	Chlorine I	Dioxide		Ozone	Combined Chl	orine (Chloramines)
		et Radiation			Other (Describe	e):	_									
			ual Maintained i	n Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines)	\Box	Chlorine Dioxide
Z Z		otalit regio			CT Calculations,	or IIV Dose to 1	Demonstrate I	Four-Log					Besselve to		50 x 75°	STATE OF A STATE
						CT Calcu						Dose				
	Days						Lowest CT			12 M 14 M			Lowest		- i	
	Plant Staffed				Lowest Residual	Disinfectant	Provided						Residual			
	or				Disinfectant	Contact Time	Before or						Disinfectant			
l	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration			
1.0	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote			
Day of	Operator	Hours	of Finished	2	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency of A	bnorma!	l Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution			ork that Involves Takin
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System	Compon	ents Out of Operation
32100	Х	24 hrs	4,600		1								0.8			
: 2 :		24 hrs	4,600													
7.3.		24 hrs	4,600													
4	Х	24 hrs	4,600		1								0.8			
<i>i</i> 35 ∺		24 hrs	4,600													
∵ .6 ∵	Х	24 hrs	4,000		1								0.8			
· 374.5		24 hrs	1,000													
. 8.7	Х	24 hrs	3,000		1.2					<u> </u>			1			
. 9-		24 hrs	3,000							<u> </u>						
. 10	<u> </u>	24 hrs	3,000					<u> </u>			<u> </u>		İ			
\$11.7g	X	24 hrs	4,000		1.5		<u> </u>	<u> </u>					11			
»: 12 ::		24 hrs	4,000					ļ		<u> </u>						
13	X	24 hrs	4,000		1.9			ļ				1	1.5			
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15	Х	24 hrs	2,000		1.4		 				<u> </u>		1.2	 		
16°		24 hrs	2,000				ļ	-				ļ				
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22**	х	24 hrs	3,000		1.4		 	 		 	— —	 	1.2			
23	-	24 lus 24 hrs	3,000		1.7	 	 	1				 	l			
24		24 hrs	3,000	-				 			 	1		<u> </u>		
×25	х	24 hrs	2,000	†	1.5		 	†	 	t	-		1.2			
267		24 hrs	2,000		1		 	1				1		<u> </u>		
27	х	24 hrs	1,000	1	1.4		<u> </u>	1		T	T		1.2			
28		24 hrs	1,000			 										
29+	х	24 hrs	1,500		1								0.8			
30		24 hrs	1,500			l		1								
31		24 hrs	,				1	1	1							
	41735A	Confidence of	85,000		• • • • • • • • • • • • • • • • • • • •		-							-		
		in the state of the		1												

4,600

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



See page 4 for instructions

I. General Information f	or the Month Year of: May-05	- W			
A. Public Water System	(PWS) Information				
PWS Name:	Marion Hills		PWS Identifi	cation Number:	3424001
	X Community Non-Transient Non-Comm		Transient Non-Commun		Consecutive
	nections at End of Month: 29	. ===	Total Population Served a	t End of Month:	102
	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager - F	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph			Contact Person Person's F	ax Number:	(352) 787-6333
Contact Person's E-Mai				·	
B. Water Treatment Plan	nt Information				
	Marion Hills		Plant Telepho		(352) 787-0980
	14009 S.E. 51st Ct.		City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated		rchased Finished Wat	ter		
		36,000			
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
6 1 11111 11	Name	License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	<u> </u>	3 Days per week
Other Operators:	Bob Maxon	С	2812		3 Days per week
	Paul Thompson	A	7251		3 Days per week
					<u> </u>
And the second second				<u> </u>	
II. Certification by Lead	Chief Operator				
	treatment plant operator licensed in Florida, am the lead/				
	this report is true and accurate to the best of my knowled				
International Standard 60	O or other applicable standards referenced in subsection 6	2-555.320(3), F.A.6	C. I also certify that the	following addition	onal operations records for this
plant were prepared each	day that a licensed operator staffed or visited this plant of	luring the month in	dicated above: (1) recor	ds of amounts of	chemicals used and chemical feed
rates; and (2) if applicab	le, appropriate treatment process performance records. F	uthermore, I agree t	to provide these addition	al operations rec	ords to the PWS owner so the PWS
owner can retain them, to	ogether with copies of this report, at a convienent location	n for at least ten vea	ars.	-	
,		3			
	Mark March			C8287	
Signature and Date	Printed or Typed Name	;		License Number	

Page 1

Means of Achieving Four-Log Virus Inactivation/Removal: * X Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	PWS Id	entificat	tion Number	r:	3424001		Plant Name:	Marion Hi	lls						
Means of Achieving Four-Log Virtue Fractivistion/Removal.* S Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)	III. Dai	N Data I	for the Mont	th/Year of:		May-05	<u></u>								· · · · · · · · · · · · · · · · · · ·
Universide Radiation Other (Describe): X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Paper					viation/Rem		_	X Free C	hloring	,	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
Type of Districtant Residual Maintained Distribution System State Chlorine Chl					П			ш · · ·		L			ٔ لـــا		· · · · · · · · · · · · · · · · · · ·
Part Plant Suffice Pla					n Distributio		<u>/</u>		Х	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
Day Plant Suffed of of Plant in Pl		\$6.00 (C)					or UV Dose to	Demonstrate F						\$2500 PW 528	
Plant Suffed Context Concentration C		Dove											Dose		발생물 강경이 나타를 돌아가 하셨다.
Suffed						1,000,000		Lowest CT	100			ra teri ĝi	are de la	Lowest	
Visibed Visi						Lowest Residual	Disinfectant								
No		or	- 1			Disinfectant	Contact Time	Before or						Disinfectant	
Day of Deptine Hours Plant in Water Plant in Water Plant in Water Plant in Water Plant in Water Plant in						1 '1		4						and the second second	
the (Place Plaint month (Nate) (Poperation)									-						
Month YS Operation Produced gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L C C C C C C C C C			1 · I	1	D1- F1		•	1 ~		•	•	1			
1893 1893 1894 1895			\$ I		i .	1		1							
1.4 1.4 1.5 1.					Raic, gpu	riow, ing/L	limiues	IIIg-IIIIVL	<u> </u>	Аррисавіс	ing-inite	SCOCIIIZ	SECICIEZ	System, mg/L	water System Components Out of Operation
24 hrs 4,600 1.4 1.2 1.2 1.4 1.4 1.4 1.5 1.2 1.2 1.5 1.4 1.4 1.5		×			<u> </u>	14		 			 		 	12	
記録等 X 24 hrs 4,600		- /1				4,-7		· · · · · · · · · · · · · · · · · · ·					 	1.2	
24 hrs		x				1.4	*	<u> </u>				 	 	1.2	
1.8 1.4 1.4 1.5											l		1		
24 hrs 1,000		Х				1.8								1.4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
System 24 hrs 3,000 1.4			24 hrs												
A			24 hrs	3,000											
A	:- '9	Х	24 hrs			. 1.4								1.2	
24 hrs			24 hrs												
Name		Х				1		<u> </u>	ļ				<u> </u>	0.9	
1.2								<u> </u>			ļ	<u> </u>			
24 hrs 2,000 1.6						1.2			<u> </u>			<u> </u>		1	
No. No.		•			ļ			<u> </u>	<u> </u>		ļ	ļ			
24 hrs 2,000 1.8 1.4						1.0		ļ	 			<u> </u>	 	12	
18		X				1.0								1.2	
198		v				10		 			-	<u> </u>	+	14	
20 X 24 hrs 2,000 1.8 1.4						1.6		 				·\	<u> </u>		
24 hrs 2,000		- 	+		 	1.8			1		İ	 		1.4	
22 24 hrs 3,000 1.8 1.4 1.4		 ^ -				1.0			-	· · · · · · · · · · · · · · · · · · ·	<u> </u>	 	†		
\$\frac{323}{248}\$ X \$24 \text{ hrs} \$3,000 \$1.8 \$1.4 \$\frac{3248}{24}\$ \$24 \text{ hrs} \$3,000 \$2.5 \$1.4 \$\frac{325}{25}\$ X \$24 \text{ hrs} \$2,000 \$2.5 \$1.4 \$\frac{3276}{24}\$ X \$24 \text{ hrs} \$1,000 \$2.5 \$1.4 \$\frac{328}{228}\$ \$24 \text{ hrs} \$1,000 \$2.5 \$1.4 \$\frac{328}{229}\$ \$24 \text{ hrs} \$1,500 \$1.500 \$1.4		 											1		
24 hrs 3,000		Х			t e	1.8								1.4	
225 X 24 hrs 2,000 2.5 1.4															
226 24 hrs 2,000		Х				2.5								1.4	
28 24 hrs 1,000	* 26 %		24 hrs	2,000											
29 24 hrs 1,500	27	Х	24 hrs			2.5						<u> </u>		1.4	
															
1872-087 V 1 24 bre 1 1500 1 1 25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							ļ	ļ	ļ		ļ	<u> </u>	<u> </u>	1	
23.00 r.s A 24 ms 1,500	30	X	24 hrs	1,500		2.5			 	 	 	 	1	1.4	
24 hrs 1,500		<mark>.</mark> 2000-maria - 1			 	<u></u>	!	J	L	<u> </u>	<u> </u>	1		1	

2,790 4,600

Average

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



See page 4 for instructions

L. Canaval Information		June-05				·		
· · · ·	for the Month/Year of:	June-05						
A. Public Water System					1		2121221	
	Marion Hills				1	cation Number:	3424001	
	X Community	Non-Transient Non-Com	munity		Non-Commur		Consecutive	
	nnections at End of Month:	29		Total Popul	lation Served a	t End of Month:	102	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath	******			rson's Title:	Area Manager - F		····
Contact Person's Mailir			· 4	City:	Leesburg	State: FL	Zip Code:	
Contact Person's Telepl				Contact Per	rson Person's F	ax Number:	(352) 787-0	5333
Contact Person's E-Mai	il Address: <u>beheath(</u>	<u> Daquaamerica.com</u>						
B. Water Treatment Pla	nt Information							
Plant Name:	Marion Hills				Plant Telepho	one Number:	(352) 787-0)980
Plant Address:	14009 S.E. 51st Ct.		·····	City:	Ocala	State: FL	Zip Code:	34491
Type of Water Treated		Water Du	rchased Finished Wa	ater				
	Day Operating Capacity of Plant, gall	ons per day:	36,000					
	bsection 62-699.310(4), F.A.C.):	V		Plant Class	(per subsectio	n 62-699.310(4), F	F.A.C.) D	
Licensed Operators		A CONTRACTOR	License Class	Licens	e Number	Taring Towns of the same of th	Day(s)/Shift(s) Wo	rked
Lead/Chief Operator	Mark Marc		С	8	3287		3 Days per weel	(
Other Operators:	Bob Maxo		С	2	2812		3 Days per weel	C
	Paul Thomps		A	7251			3 Days per weel	
44.20.00								
200				†				
State of the state								
				†				
RECORDS AND ARRESTS OF A SECTION AS A PART OF			<u></u>					
II. Certification by Lead	d/Chief Operator							
information provided in International Standard 6 plant were prepared each rates; and (2) if applicable	treatment plant operator licensed this report is true and accurate to 0 or other applicable standards re h day that a licensed operator staf ble, appropriate treatment process together with copies of this report	the best of my knowled ferenced in subsection (fed or visited this plant performance records. F	lge. I certify that al 62-555.320(3), F.A during the month in Futhermore, I agree	II drinking v .C. I also condicated about to provide to	vater treatmer ertify that the ove: (1) record	nt chemicals used following addition ds of amounts of	l at thisplant confonal operations received a	form to NSF ecords for this and chemical feed
		Mark March			_	C8287		
Signature and Date		Printed or Typed Nam	e			License Number		

PWS Id	lentifica	tion Numbe	r:	3424001		Plant Name:	Marion Hi	lls						
HL Dai	ly Data	for the Mon	th/Year of		June-05									
			og Virus Inacti	viation/Rem			X Free C	Chlorin	e T	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe		<u> </u>			001		<u></u> О ,	رے ۔۔۔۔۔	(
			ual Maintained i	n Distributio		· · · · · · · · · · · · · · · · · · ·		X	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
13pc of	Distille		ALL-UNDER BLOOM		CT Calculations,	or LTV Dose to 1	Demonstrate F					momea C	mornic (cino:	annes) Chome Dioxide
	Days				C1 Culculations,	CT Calcu		· · · · · ·		ation, it rapp	UV			
	Plant	340					Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or.				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
1 1	by	1	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator		of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
4.5	X	24 hrs	13,000		2.6		 				ļ		1.4	
3	X	24 hrs	6,500 6,500		2.7				} -			<u> </u>	1.4	
4.5		24 hrs 24 hrs	8,000		2.1		 	 					1.4	
-5		24 hrs	8,000				 	├──			ļ			
6	Х	24 hrs	8,000		2.6		 	-					1.4	
7.2		24 hrs	6,500		2.0		 		-	 		 	1.4	
8	Х	24 hrs	6,500		2.7								1.4	
9.		24 hrs	7,500		2.7		<u> </u>			<u> </u>			1.4	
10	Х	24 hrs	7,500		2.6		 						1.3	
11		24 hrs	7,300		2.0		 	 			 	— —	1.5	
12		24 hrs	7,300				 	 	_		i			
13.7	Х	24 hrs	7,300		2.5		T	 		<u> </u>			1.3	
14		24 hrs	6,000								h			
15	Х	24 hrs	6,000		2.6		l						1.4	
`16		24 hrs	8,500											
17**	X	24 hrs	8,500		2.6								1.4	
+ 18%		24 hrs	7,600											
∵19∗∵		24 hrs	7,600				<u> </u>							
20	X	24 hrs	7,600		2.7								1.3	
21.		24 hrs	7,000								 			
22	X	24 hrs	7,000		2.5		 	ļ	 -	<u> </u>	ļ		1.3	
23	- 17	24 hrs	10,000	ļ.——	2.6		 	 			 	 		
24	Х	24 hrs	10,000		2.6		 	├—	 -			ļ	1.3	
25 √		24 hrs	9,300 9,300				<u> </u>							
26	Х	24 hrs	9,300		2.6		 	-					1.4	
28		24 hrs 24 hrs	9,300 8,500		2.0		 	1	 				1.4	
29	X	24 nrs 24 hrs	8,500		2,7		 	-	 		<u> </u>	<u> </u>	1.4	
30	· · · · · · · · · · · · · · · · · · ·	24 hrs	11,000		2.1		 	 	 			<u> </u>	1.7	
31		24 hrs	11,000				1		 	 		 		
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	77.00	241,600				<u> </u>		L		<u> </u>	<u> </u>	I	1
Average	AMAY A		8,053	1										

13,000

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



See page 4 for instructions I. General Information for the Month Year of: July-05 A. Public Water System (PWS) Information 3424001 PWS Name: Marion Hills PWS Identification Number: PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: Total Population Served at End of Month: 102 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Marion Hills Plant Telephone Number: (352) 787-0980 Plant Address: 14009 S.E. 51st Ct. City: Ocala State: FL Zip Code: 34491 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 36,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Gary Kissick C 7846 3 Days per week Other Operators: Mark March $\overline{\mathbf{c}}$ 8287 3 Days per week Paul Thompson Ã 7251 3 Days per week II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convienent location for at least ten years. C7846 Gary Kissick Printed or Typed Name License Number Signature and Date

Page 1

PWS Io	lentificat	ion Number	r:	3424001		Plant Name:	Marion Hi	lls						
III. Dai	ly Data f	or the Mon	th'Year of:		July-05				_					
			og Virus Inacti				X Free (Chlorin	e T	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):						` لـــا		(0,
			ual Maintained i	in Distributio		<u>, ,</u>		X	Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
100						or UV Dose to	Demonstrate I							
	Days					CT Calcu					UV			
	Plant	1 12 7					Lowest CT	l					Lowest	
	Staffed	, i		4 1	Lowest Residual	Disinfectant	Provided			1.			Residual	
	. or				Disinfectant	Contact Time	Before or		2.5			•	Disinfectant	
l .	Visited				Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
5015Y	X	24 hrs	1,000		2.8		<u> </u>						1.4	
2	<u> </u>	24 hrs	1,000						<u> </u>					
3.3	х	24 hrs	2,000	ļ	2.2		 	<u> </u>	<u> </u>	<u> </u>			1.6	
43		24 hrs	2,000					ļ	<u> </u>	ļ	 			
-5 -6	х	24 hrs 24 hrs	2,000 2,000		1.8		 			-		 _		
2.71		24 nrs 24 hrs	2,000		1.8		 			 		ļ	1.4	
8	X	24 hrs	1,000		1.8		-	-	 				16	
	 ^ 	24 hrs	2,000		1.0		 	-	<u> </u>	 	ļ	 	1.6	
10.		24 hrs	2,000				 	├	<u> </u>	<u> </u>	 	 		
3.11	x	24 lus 24 hrs	2,000		2.5							 	1.4	
1217		24 hrs	1,500		2.3		1	 	<u> </u>				1.4	
13	х	24 hrs	1,500		2.5		 	 	<u> </u>	1		 	1.4	
/214,	<u> </u>	24 hrs	1,500		2.5		 	 	-			 	1.7	
15	X	24 hrs	2,000		2.6		 						1.4	
₹ 16.		24 hrs	2,000		2.0		-	 					1	
i 17.4		24 hrs	2,000				 	 	_		<u> </u>	 		
418	Х	24 hrs	2,000		2.7		 	 				 	1.4	
-19		24 hrs	2,000				<u>†</u>	†				T		
20°≥	Х	24 hrs	2,000	†	2.2		1	†					1.8	
21:		24 hrs	2,000	<u> </u>	<u> </u>		1	1	T					
- 22 -	Х	24 hrs	2,000	1	2.2		1	1					1.9	
23∜		24 hrs	2,000					<u> </u>						
24		24 hrs	2,000					1						
25	Х	24 hrs	7,000		2.8			L					1.4	
26		24 hrs	7,000											
-27	X	24 hrs	2,500		1.2								0.7	
- 28		24 hrs	2,500											
. 29	X	24 hrs	2,300		2.2		1						1.8	
₹30,	1	24 hrs	2,300					<u> </u>			<u> </u>	<u> </u>		
4.31		24 hrs	2,300		1		1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
		31.79.1135	69,400	J										
Average	530577	米力以表記	2,239	1										

7,000

Maximum

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



See page 4 for instructions

I. General Information for the Month/Year of:	August-05				
A. Public Water System (PWS) Information			•		
PWS Name: Marion Hills			PWS Ide	tification Number:	3424001
PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Com	munity	Consecutive
Number of Service Connections at End of Month:	29		Total Population Serv	ed at End of Month:	102
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title		
Contact Person's Mailing Address: PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 78			Contact Person Person	i's Fax Number:	(352) 787-6333
	@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Marion Hills				ephone Number:	(352) 787-0980
Plant Address: 14009 S.E. 51st Ct.	·		City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated by Plant: X Raw Ground		urchased Finished Wat	ter		
Permitted Maximum Day Operating Capacity of Plant, gal	lons per day:	36,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			ction 62-699.310(4), F.A	
States of the programmer of the contract of th	AND THE PROPERTY OF THE PARTY O	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator: Gary Kissi		С	7846		3 Days per week
Other Operators Mark Mar		С	8287		3 Days per week
Paul Thomp	son	A	7251		3 Days per week
				-	
					· · · · · · · · · · · · · · · · · · ·
					
Reference 1.5 (2006年 年 日本) 1.5 (2007年 日本) 1.5 (the same of the sa
II. Certification by Lead Chief Operator				•	
I, the undersigned water treatment plant operator license	-	•	•		- -
information provided in this report is true and accurate to		_	_		=
International Standard 60 or other applicable standards re	eferenced in subsection 6	62-555.320(3), F.A.	C. I also certify that	the following addition	nal operations records for this
plant were prepared each day that a licensed operator sta	ffed or visited this plant	during the month in	dicated above: (1) re	cords of amounts of cl	hemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process	performance records. F	Futhermore, I agree t	to provide these addi	tional operations recor	rds to the PWS owner so the PWS
owner can retain them, together with copies of this repor	-	· -	-	•	
•	•	•			
	Gary Kissick			C7846	
Signature and Date	Printed or Typed Nam	ie		License Number	

Page 1

PWS Id	lentificat	tion Numbe	r:	3424001		Plant Name:	Marion Hi	lls						
III. Dai	ly Data i	for the Mon	th Year of:		August-05									
Means	of Achie	ving Four-I	og Virus Inacti	viation/Rem	oval: *		X Free (Chlorine	e	Chlorine [Dioxide	П)zone	Combined Chlorine (Chloramines)
Πι	Iltraviole	et Radiation			Other (Describe	e):	_					_		
			ual Maintained i	n Distribution	on System:		****	Х	Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
24 925	_3-66°A.50	70 22 F		New Addition		or UV Dose to	Demonstrate I						1.44.242.535	
	D										UVΙ			
	Days Plant						Lowest CT					1 1 1	Lowest	
	Staffed			1	Lowest Residual	Disinfectant	Provided	7.	*.				Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited	-		1	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	2.0	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
241.5	X	24 hrs	2,000		2.1								1.8	
₹2. **		24 hrs	2,000							<u> </u>				
A 3 3	X	24 hrs	1,000		1.5			<u> </u>					1.2	
414		24 hrs	1,000											
3/-5√z	X	24 hrs	1,600		1.4					<u></u>			1.2	
6 6		24 hrs	1,600					<u> </u>						
7.9		24 hrs	1,600					<u> </u>						
64.8 AS	X	24 hrs	500	ļ	1.3		ļ	ـــــــ					0.9	
9.5		24 hrs	500				ļ					<u> </u>		
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- 12 🗤	Х	24 hrs	300		1.2			ļ			<u> </u>		0.9	
132		24 hrs	300			ļ	 	<u> </u>			<u> </u>			
14,		24 hrs	300			ļ	}	!					0.0	
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			1,374]										

1,374 4,000

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



See page 4 for instructions

1. General Information for the Month Year of:	September-05					
A. Public Water System (PWS) Information						
PWS Name: Marion Hills				fication Number:	3424001	
	Non-Transient Non-Com	munity	Transient Non-Comm		Consecutive	
Number of Service Connections at End of Month:	29		Total Population Served	at End of Month	: 102	
PWS Owner: Aqua Utilities Florida						
Contact Person: Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailing Address: PO Box 490310			City: Leesburg	State: FL		
Contact Person's Telephone Number: (352) 787-			Contact Person Person's	Fax Number:	(352) 787-63	333
	<u> aquaamerica.com</u>					
B. Water Treatment Plant Information						
Plant Name: Marion Hills				hone Number:	(352) 787-09	
Plant Address: 14009 S.E. 51st Ct.			City: Ocala	State: FL	Zip Code:	34491
Type of Water Treated by Plant: X Raw Ground V		ırchased Finished Wa	iter			
Permitted Maximum Day Operating Capacity of Plant, galle	ons per day:	36,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsect			
		License Class	License Number	TALL THE COLUMN	Day(s)/Shift(s) Work	ed
Ecad/Chief Operator: Gary Kissic		C	7846		3 Days per week	
Other Operators: Mark Marc	1	С	8287		3 Days per week	
Paul Thomps	on	A	7251		3 Days per week	
				1		
				·=·=·		
II. Certification by Lead Chief Operator						
I, the undersigned water treatment plant operator licensed	in Florida, am the lead	chief operator of th	ne water treatment plan	t identified in Pa	art I of this report. I o	certify that the
information provided in this report is true and accurate to						
International Standard 60 or other applicable standards re-						
plant were prepared each day that a licensed operator staff	ed or visited this plant	during the month is	ndicated above: (1) rece	orde of amounts	of chemicals used an	d chemical feed
piant were prepared each day mat a needsed operator stand	eu or visiteu mis plant		ta	mal amenetians	magarda to the DWC o	umar so the DWS
rates; and (2) if applicable, appropriate treatment process				onai operations i	records to the Pw3 o	wher so the P w 3
owner can retain them, together with copies of this report,	at a convienent locatio	n for at least ten ye	ars.			
	0 11 11			07946		
	Gary Kissick			C7846		
Signature and Date	Printed or Typed Nam	e		License Numb	рег	

DEP Form 62-555.900(3)Atternate Page 1

PWS Id	S Identification Number: 3424001 Plant Name: Marion Hills													
III. Dai	ly Data	for the Mon	th Year of:		Setpember 05									
Means	of Achie	ving Four-I	Log Virus Inacti	viation/Rem	oval: *		X Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe							_		` ,
			ual Maintained i	n Distributio		,		Īχ	Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
120 (B)	The section	24,012			CT Calculations,	or LIV Dose to 1	Demonstrate I					Anomica C		Situation Dioxide
	Days					CT Calcu						Dose		
	Plant						Lowest CT	- 1 2 X		·			Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	4.00		i '· '	1		Residual	
	or				Disinfectant	Contact Time	Before or		1.5				Disinfectant	
	Visited	1. 11. 11. 11.			Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator		of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	· C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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4.4		24 hrs	3,000				<u> </u>							
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8,000

Maximum *

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



See page 4 for instructions

I. General Information for the Month/Year of:	October-05				
A. Public Water System (PWS) Information					
PWS Name: Marion Hills			PWS Identifie	cation Number:	3424001
PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Commun	nity	Consecutive
Number of Service Connections at End of Month	: 29		Total Population Served a	t End of Month:	102
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title:	Area Manager	
Contact Person's Mailing Address: PO Box 4				State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's F	ax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Marion Hills			Plant Telepho		(352) 787-0980
Plant Address: 14009 S.E. 51st Ct.			City: Ocala	State: FL	Zip Code: 34491
		rchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of		36,000			
Plant Category (per subsection 62-699.310(4), F			Plant Class (per subsectio		
Licensed Operators	Name	License Class	License Number	Da Da	y(s)/Shift(s) Worked
Lead/Chief Operator -	Gary Kissick	С	7846		3 Days per week
Other Operators: 1977	Mark March	С	8287		3 Days per week
P	aul Thompson	A	7251		3 Days per week
A Part of the Part					
to the state of th					
		*			
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operate	or licensed in Florida, am the lead	chief operator of th	e water treatment plant i	dentified in Part I o	of this report. I certify that the
information provided in this report is true and a		-	-		- · · · · · · · · · · · · · · · · · · ·
International Standard 60 or other applicable st					
plant were prepared each day that a licensed op					
rates; and (2) if applicable, appropriate treatmen			-	ai operations recor	as to the Pws owner so the Pws
owner can retain them, together with copies of	his report, at a convienent location	n tor at least ten ye	ars.		
	Comp Windsta			07946	
Signature and Date	Gary Kissick			C7846 License Number	
Signature and Date	Printed or Typed Name	t		License Number	

DEP Form 62-555.900(3)Alternate Page 1

PWS I	dentifica	tion Numbe	r:	3424001		Plant Name:	Marion Hi	lls						
III Dai	ls Doto	for the Mon	th/Your of		October-05						··-			
			Log Virus Inacti	viction/Dom			X Free (Chlorin		Cl.1- 1 1	· · · · · ·			0 1: 1011 : (011 :)
		et Radiation				-3.	X Free C	_niorin	е 📙	Chlorine I	Jioxide	□ '	Ozone	Combined Chlorine (Chloramines)
					Other (Describe	e):		· I	1					
1 ype o	I Disinie	ctant Resid	ual Maintained i					X		lorine	L Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
Ÿ					CT Calculations,	or UV Dose, to	Demonstrate I				icable*			
	Days			A 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CT Calcu	· · · · · · · · · · · · · · · · · · ·		45,000		UV	Dose		
	Plant						Lowest CT					1	Lowest	
1	Staffed	T		* .	Lowest Residual	Disinfectant	Provided						Residual	
1	or Visited	1			Disinfectant	Contact Time	Before or					1	Disinfectant	
	by		Net Quanity		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
Day of	Operator	Hours	of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	nU of	Minimum CT	Operating UV Dose,	UV Dose	at Remote	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	pH of Water, if	Required,	mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions;
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable		sec/cm2	sec/cm2	System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
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ે30ે.⊹		2≏ hrs	6,000					1	1				<u> </u>	
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Average		100	4,871	l										

6,000

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



DEP Form 62-555 900(3)Atternate

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

See page 4 for instructions

1. General Information for the Month/Year of:	November-05			_								
A. Public Water System (PWS) Information												
PWS Name: Marion Hills			PWS Identifi	ication Number:	3424001							
PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Community Consecutive									
Number of Service Connections at End of Month:	29	Total Population Served	at End of Month:	102								
PWS Owner: Aqua Utilities Florida			<u> </u>									
Contact Person: Brian Heath		Contact Person's Title:	Area Manager									
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749								
Contact Person's Telephone Number: (352) 787-0	980	Contact Person Person's I	Fax Number:	(352) 787-6333								
Contact Person's E-Mail Address: beheath@aquaamerica.com												
B. Water Treatment Plant Information				· · · · · · · · · · · · · · · · · · ·								
Plant Name: Marion Hills Plant Telephone Number: (352) 787-0980												
Plant Address: 14009 S.E. 51st Ct.			City: Ocala	State: FL	Zip Code: 34491							
Type of Water Treated by Plant: X Raw Ground W		rchased Finished Wa	iter									
Permitted Maximum Day Operating Capacity of Plant, gallon	ns per day:	36,000										
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection									
	1000mm (1000mm)	License Class	License Number	Day	(s)/Shift(s) Worked							
Lead/Chief Operator: Gary Kissick		С	7846	3	Days per week							
Other Operators: Mark March		С	8287	3	Days per week							
Paul Thompso	n	Α	7251	3	Days per week							
Paul Thompso												
U Cartification by Land(Ching)												
II. Certification by Lead/Chief Operator												
I, the undersigned water treatment plant operator licensed i	n Florida, am the lead/	chief operator of th	ne water treatment plant i	identified in Part I of	f this report. I certify that the							
information provided in this report is true and accurate to the												
International Standard 60 or other applicable standards refe												
plant were prepared each day that a licensed operator staffe												
rates; and (2) if applicable, appropriate treatment process p	-	_	• •									
owner can retain them, together with copies of this report,				iai operations record	is to the 1 wa owner so the 1 wa							
owner can retain them, together with copies of this report,	n a convicuent iocano	ii ioi at icasi teli ye	ais.									
	Gary Kissick			C7846								
Signature and Date	Printed or Typed Name	<u></u> -		License Number								
	Timos of Typos Itali	•		Distribe Mannoci								

PWS I	lentificat	ion Numbe	г:	3424001		Plant Name:	Marion Hi	lls						
III. Dai	III. Daily Data for the Month/Year of: November-05													
			og Virus Inacti	viation/Rem		-	X Free (hlorin	,	Chlorine I	Diovida		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	a).	M Hack	J111O1111	لــا	Chiornic	Jioxide	ш,)Z01R	Combined Chlorine (Chloramines)
			ual Maintained	in Distributio		·)		Х	Free Chl			-hinad C	Chlorine (Chlor	(Chlaria Dia 11
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	Staffed				Lowest Residual	Disinfectant	Provided		1	5 1			Lowest Residual	
	ОГ				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	The second of th
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	ļ.	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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14	х	2∸ hrs	5,000		1.2		 		ļ	 	 	<u> </u>	<u> </u>	
15 16	x	2≤ hrs 2≤ hrs	5,000 5,000	 	1.2		 	-			ļ	-	1	
17	 ^ 	2≃ hrs	5,000		1.2		-	 			 	-	ı	
18	х	2- hrs	5,000	 	1.8			1					1.6	
119	 	2∸ hrs	5,000	t -	1.0	 	 	1			 	 	1.0	
320		2∸ hrs	5,000			<u> </u>						 		
21	х	2∸ hrs	6,000		1 .				t	l	1		0.8	
22 3		2∸ hrs	6,000											
23	Х	2≐ hrs	5,000		1			L					0.8	
24 ∴		2≏ hrs	5,000					1			,			
~ 25.7	X	2≏ hrs	7,000	ļ	1					ļ		<u> </u>	0.7	
26		2∸ hrs	7,000	ļ				 					ļ	
*27	 	2≏ hrs	7,000	ļ .	ļ.,	ļ	 	<u> </u>	 	<u> </u>	-	ļ <u>.</u>		
28	Х	24 hrs	4,000	ļ	1.1		 		 		ļ	ļ	0.9	
∴29 ∋30	Х	2≏ hrs 2≃ hrs	4,000 4,000		1		 	 	 	 			 	
31	^	2= hrs 2= hrs	4,000	1	1		 	 	 		1	1	0.8	
Total			165,000	 	l	L	1	Ц	<u> </u>	i	<u>.</u>	1	l	L
Average		78.2	5,500	1										

7,000

Maximum

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



See page 4 for instructions

1. General Information for th	e Month Year of: December-05				
A. Public Water System (PW	/S) Information				
	on Hills		PWS Identif	ication Number:	3424001
	Community Non-Transient Non-Com	munity	Transient Non-Commu	inity 🔲	Consecutive
Number of Service Connection			Total Population Served	at End of Month:	102
	a Utilities Florida				
	n Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Ad			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone l			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail Add					
B. Water Treatment Plant In					
	on Hills		Plant Teleph	one Number:	(352) 787-0980
	9 S.E. 51st Ct.		City: Ocala	State: FL	Zip Code: 34491
Type of Water Treated by Pl		rchased Finished Wa	ter		
		36,000		·- ·-	
Plant Category (per subsecti		A	Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
* Lead/Chief Operator	Gary Kissick	С	7846		Days per week
Other Operators:	Mark March	C	8287		Days per week
	Paul Thompson	A	7251	3	Days per week
			·		
				<u> </u>	· · · · · · · · · · · · · · · · · · ·
					· · · · · · · · · · · · · · · · · · ·
			<u> </u>	<u> </u>	
II. Certification by Lead Chi-	ef Operator				
		-1-1-C .4. C41		:1 .:C 1: D .T C	
	ment plant operator licensed in Florida, am the lead/				
	eport is true and accurate to the best of my knowled				
	other applicable standards referenced in subsection 6				
	that a licensed operator staffed or visited this plant of				
rates; and (2) if applicable, ap	propriate treatment process performance records. F	uthermore, I agree	to provide these addition	nal operations records	s to the PWS owner so the PWS
	er with copies of this report, at a convienent location			-	
•	- · · ·	•		•	
	Constitution			07946	
Signature and Date	Gary Kissick		·	C7846	
Signature and Date	Printed or Typed Name	:		License Number	

PWS Id	lentificat	tion Numbe	r:	3424001		Plant Name:	Marion Hi	lls							
III Dai	III. Daily Data for the Month/Year of: December-05														
			Log Virus Inacti				X Free (Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine (C	Chloramines)
		et Radiation			Other (Describe	e):			ــا		<i></i>	` لــا		00	, , , , , , , , , , , , , , , , , , ,
			ual Maintained i	in Distributio				X	Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines)	Chlorine Dioxide
7	10.44 A					or UV Dose, to	Demonstrate I								
	Days						ilations				υv	Dose	li itaa ku eet		
'	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
1	or				Disinfectant	Contact Time	Before or	1					Disinfectant		
	Visited				Concentration	(T) at C	at First	!			Lowest	Minimum	Concentration		
Downer	by	Haum	Net Quanity of Finished	7-	(C) Before or at	Measurement	Customer	Temp.	.,	Minimum	Operating	UV Dose	at Remote	1	
the	Operator (Place	Hours Plant in	Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose,	Required, mW	Point in Distribution	Emergency or Abnormal Repair or Maintenance We	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Compone	
13.1 5.		24 hrs	4,000	7.00	, , , , , , , , , , , , , , , , , , , ,				търгични	1			5,000,	Water System Compone	nu out of operation
2	Х	24 hrs	6,000		1		<u> </u>						0.8		
∕*3≪		24 hrs	6,000									İ			
.4		24 hrs	6,000												
225 € 5	Х	24 hrs	5,000		1.1								0.8		
- 6		24 hrs	5,000					<u> </u>							
27	Х	24 hrs	6,000		1		ļ	<u> </u>			ļ	<u> </u>	0.8		
≥8 =	37	24 hrs	6,000					_	ļ	<u> </u>	ļ				
· . 9	Х	24 hrs	6,000 6,000		1		 			1		1	0.8		
210)		24 hrs 24 hrs	6,000				 	 	<u> </u>	 	 -	 			
.12**	х	24 hrs	6,000		2.2		 	 			 	 	2		
13		24 hrs	6,000					 	l		 	 			
-14	Х	24 hrs	5,000		1.3						 	1	1.1		
15:2		24 hrs	5,000										i		
16.	Х	24 hrs	7,000		I								0.8		
47.5		24 hrs	7,000												
180		24 hrs	7,000								<u> </u>				
-: 19.	X	24 hrs	5,000		1.1		ļ	.			<u> </u>	ļ	0.8		
20°	37	24 hrs	5,000				ļ	_	<u> </u>			 			
21 22	X	24 hrs	5,000 6,000		1						 	-	0.8		
23	x	24 hrs 24 hrs	5,000	-	1.2		-	-	<u> </u>		 	 	1		
24		24 hrs	5,000		1.2		 	 			 	 	<u> </u>		
25		24 hrs	5,000			····	 	-				 			
26	Х	24 hrs	9,000		1.1		<u> </u>	 			•	 	0.8		No.
- 27		24 hrs	9,000				1	†				1			
28	х	24 hrs	5,000		0.9		1						0.6		
29		24 hrs	5,000							<u> </u>					
230⊝	X	24 hrs	8,000		1.5								1.3		
231	S. C. S. S. T. S. S. S.	24 hrs	8,000		l	l	<u></u>	<u> </u>	<u> </u>		L	1	L	<u> </u>	
Total		24.35	185,000	1											
Average	压力思到	扩展消除或	5,968	I											

9,000

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

Ridge Meadows



See page 4 for instructions I. General Information for the Month Year of: January-05 A. Public Water System (PWS) Information . 6424591 **PWS Identification Number: PWS Name:** Ridge Meadows **Transient Non-Community** Consecutive X Community Non-Transient Non-Community PWS Type: Total Population Served at End of Month: 139 66 Number of Service Connections at End of Month: PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's Telephone Number: beheath@aquaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information Plant Telephone Number: (352) 787-0980 Plant Name: Ridge Meadows Zip Code: 34482 957 N.W. 58th Court State: Plant Address: Ocala FL X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): License Number Day(s)/Shift(s) Worked Licensed Operators Name License Class Lead/Chief Operator: 8287 3 Days per week \mathbf{C} Mark March Other Operators: Time of the state II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March Signature and Date Printed or Typed Name License Number

DEP Form 62-555.900(3)Alternate Page 1

PWS Ic	lentificat	tion Number	r:	6424591		Plant Name:	Ridge Mea	adows						
III. Dai	HI. Daily Data for the Month/Year of: January-05													
	Means of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine 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													
Type o		Less was two		MEAN TO A COLOR		or IIV Dose to I	Demonstrate i	our-loo				e establishe	magasa vi Alka	
	and the			Market States	V Calculations,	CT Calcu	lations	• • • • • • • • • • • • • • • • • • •	5.55 (1.55 for			Dose		
	Days Plant			10 A 1 A 1 A 1 A 1			Lowest CT			* * * * * * * * * * * * * * * * * * * *		1.1.1.5	Lowest	
	Staffed	1 7 4			Lowest Residual	Disinfectant	Provided	\$ 1					Residual	
1	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited	1		'	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
0.2 1 20		24 hrs	12,600											
2		24 hrs	12,600											
3	Х	24 hrs	10,000		1.2								11	
(244)		24 hrs	11,000			·		<u> </u>						
5.	X	24 hrs	11,000		1.6			<u> </u>				<u> </u>	1.4	<u> </u>
. 6 ↔		24 hrs	11,000	L			<u>.l.</u>				ļ			
授 7 40	Х	24 hrs	12,600		1.4		ļ				ļ	<u></u> .	1.2	
× 8. ×		24 hrs	12,600				<u> </u>					<u> </u>		
• 9.		24 hrs	12,600	<u></u>								ļ		
₹10	Х	24 hrs	17,000		1.6			<u> </u>			<u> </u>	.	1.4	
241		24 hrs	12,000								<u> </u>	<u> </u>		
76.12 ·	X	24 hrs	10,000		1.8		1			<u> </u>	<u> </u>	ļ	1.4	
13.		24 hrs	11,000					ļ			ļ	ļ		
F14°	X	24 hrs	13,000		1.6		ļ	ļ			<u> </u>	ļ <u> </u>	1.2	
₹.15 €.		24 hrs	13,000	L			1	<u> </u>			<u> </u>	<u> </u>		
* 16 °		24 hrs	13,000					<u> </u>				 		
17	X	24 hrs	12,500		1.6					ļ		1	1.4	
18.		24 hrs	12,500				ļ	<u> </u>			ļ	 		
198	X	24 hrs	13,000		1.8		<u> </u>	1			<u> </u>	 	1.2	
÷ 20.,5		24 hrs	12,000	ļ				1			 	_		
2021	X	24 hrs	13,000		1.6		ļ	 	ļ		<u> </u>	ļ	1.4	
222		24 hrs	13,000		<u> </u>		 	1	<u> </u>		↓			
: 23	 _	24 hrs	13,000	 							 	 	1	
24	X	24 hrs	12,000	<u> </u>	1.6			ļ	<u> </u>	ļ	↓	 	1.6	
25	ļ	24 hrs	12,000	ļ:				1		<u> </u>	 	 	 	
√26	X	24 hrs	18,000	1	1.4		 	1	1	 	<u> </u>	 	1,2	<u> </u>
27 -		24 hrs	19,000	1	ļ,		_			 	 	 	1,2	
- 128	X	24 hrs	24,000	 	1.6		1		 	 	1	 	1.2	
‡ †29::		24 hrs	24,000	 	<u> </u>	ļ	ļ	 	-	<u> </u>	1		-	
≠30 ./		24 hrs	24,000	<u> </u>	1		<u> </u>	 	ļ	<u> </u>	1		1.4	
315	X	24 hrs	20,000	ļ	1.6	L		1	<u> </u>	<u> </u>	<u>L</u>		1.4	
1 otal	44.	ne war	437,000	4										

24,000

Maximum

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



See page 4 for instructions

I. General Information for	the Month/Year of: February-05				
A. Public Water System (P					
	dge Meadows		PWS Identif	ication Number:	6424591
	Community Non-Transient Nor	n-Community	Transient Non-Commi		Consecutive
Number of Service Connec	etions at End of Month: 65		Total Population Served	at End of Month:	228
PWS Owner: Ac	ua Utilities Florida				
	ian Heath		Contact Person's Title:	Area Manager - Flor	ida
Contact Person's Mailing A		City: Leesburg	State: FL	Zip Code: 34749	
Contact Person's Telephon		Contact Person Person's	Fax Number:	(352) 787-6333	
Contact Person's E-Mail A		<u>m</u>			
B. Water Treatment Plant	Information				
	dge Meadows		Plant Telepl	none Number:	(352) 787-0980
	7 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by		Purchased Finished Wa	ater		
	Operating Capacity of Plant, gallons per day:				
	ction 62-699.310(4), F.A.C.): V		Plant Class (per subsecti		
Licensed Operators	Name	License Class	License Number	Day	/(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	CC	8287		3 Days per week
Other Operators:					
- 14 Telegrap					
1000 1000 1000 1000 1000 1000 1000 100				<u> </u>	
11 6 75 7 1 1 176	1: 60				
II. Certification by Lead C					
I, the undersigned water tre	atment plant operator licensed in Florida, am the	e lead/chief operator of the	he water treatment plant	identified in Part I o	of this report. I certify that the
information provided in thi	s report is true and accurate to the best of my kn	owledge. I certify that a	ll drinking water treatme	ent chemicals used at	t thisplant conform to NSF
International Standard 60 o	or other applicable standards referenced in subsec	ction 62-555.320(3), F.A	.C. I also certify that the	e following additions	al operations records for this
	ay that a licensed operator staffed or visited this				
	appropriate treatment process performance reco				
	ether with copies of this report, at a convenient le			mai operations recon	as to the 1 we owner so the 1 we
owner can retain mem, tog	cuici with copies of this report, at a convenient to	ocation for at least tell ye	a13.		
	Mark March		· ·	C8287	
Signature and Date	Printed or Typeo	d Name		License Number	

PWS I	lentificat	tion Number	r:	6424591		Plant Name:	Ridge Mea	adows							
III. Dai	ly Data I	for the Mont	th Year of:		February-05										
Means	of Achie	ving Four-L	og Virus Inacti	viation/Remo	oval: *		Free C	Chlorin	e 🔲	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chlor	ramines)
	Ultraviolet Radiation Other (Describe):														
			al Maintained i	n Distributio	on System:				Free Chl	orine	T Co	ombined C	hlorine (Chlor	ramines) Chlo	orine Dioxide
100 m	7. 4.50°	12.12.125				or UV Dose; to 1	Demonstrate I	our-Log					ARCERSE SE		No.
	Days					CT Calcu	lations					Dose			
	Plant	1		2211214			Lowest CT						Lowest		
	Staffed]	• •		Lowest Residual	Disinfectant	Provided	1					Residual		
	or				Disinfectant	Contact Time	Before or	l					Disinfectant	N. E. C. C.	
	Visited	1			Concentration	(T) at C	at First	•			Lowest	Minimum	Concentration		•
l	by	ł	Net Quanity	1	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote		
Day of	Operator	Hours	of Finished	D. 1 Pl	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Oper	
the	(Place "X")	Plant in	Water Produced, gal	Peak Flow	During Peak	Peak Flow, minutes	Peak Flow,	Water,	Water, if	Required,	mW- sec/cm2	mW	Distribution	Repair or Maintenance Work th Water System Components (-
Month 1		Operation 24 hrs	20,000	Rate, gpd	Flow, mg/L	trantutes	mg-min/L	 	Applicable	mg-min/L	SEC/CHIZ	sec/cm2	System, mg/L	water System Components C	Jul of Operation
2.	x	24 hrs	24,000	 	1.6	-	 	 			 	┼	1.2		
3.4		24 hrs	25,000	<u> </u>	1.0		 	├──			 	 	1.2		
4	\overline{x}	24 hrs	23,000		1.8		 	 			<u> </u>	 	1.2		
5.5	-^-	24 hrs	23,000		1.0		 	┼			 	 	 		
6 .	<u> </u>	24 hrs	23,000	 				 				 	 		
7 7	x	24 hrs	25,000	 	1.6			1		 	 	 	1.4	f	
8		24 hrs	25,000		1.0		 			 		†			
9.4	X	24 hrs	21,000		1.8		 	 				 	1.2		
10		24 hrs	21,000								<u> </u>				
11.	х	24 hrs	23,000	† 	1.6		<u> </u>	1					1.1		
12		24 hrs	23,000												
¥13.		24 hrs	24,000												
44	X	24 hrs	20,000		1.6								1.4		
15 ::		24 hrs	21,000												
~16	X	24 hrs	21,000		1.6		<u> </u>						1.2		
A 17 A		24 hrs	22,000	1							L	<u> </u>			
18	<u> </u>	24 hrs	21,600		1.4			 		L		<u> </u>	1.2		
∗19 -		24 hrs	21,700				ļ	 		Ļ		 			
20		24 hrs	21,700		ļ		 	 	<u> </u>	ļ		 	 		
21	x	24 hrs	23,000	<u> </u>	1.5				 		 	 	1.2	<u> </u>	
22		24 hrs	23,000	 	-		 	├		 		 	1.4	 	···
• 23	<u> </u>	24 hrs	19,000	ļ	1.6		-	 	ļ	ļ	 		1.4	 	
√24 ∘		24 hrs	19,000	<u> </u>	 		 			 		 	1.2		
25	X	24 hrs	21,000	 	1.6		 			 	 	 	1.2		
26 27	— —	24 hrs	22,000 22,000	 			 	 	ļ	 	+	 	 		
-28	Х	24 hrs 24 hrs	23,000	 	1.4	 		 	 	 	+		1.2		
29	 ^	24 hrs	23,000	 	1.4		 	 	 	1	 	 	1		
30	1-	24 hrs	 	 		 		+	 		 	\dagger			
.31		24 hrs			1		-	† – –		 	1	1		1	
Total	L. Creation	27 III3	621,000	†	1	·	·		<u> </u>	1		-	<u> </u>	•	
Averag		374	22,179	1											

25,000

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



See page 4 for instructions March-05 1. General Information for the Month/Year of: A. Public Water System (PWS) Information PWS Name: Ridge Meadows PWS Identification Number: 6424591 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 228 65 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 State: City: Leesburg FL (352) 787-0980 Contact Person's Telephone Number: Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: Ridge Meadows Plant Telephone Number. Plant Address: 957 N.W. 58th Court City: Ocála State: FL Zip Code: 34482 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) Name Day(s)/Shift(s) Worked Licensed Operators License Number License Class Lead/Chief Operator: Mark March \mathbf{C} 8287 3 Days per week Other Operators: II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March License Number Signature and Date Printed or Typed Name

PWS Id	lentifica	tion Number	r:	6424591		Plant Name:	Ridge Mea	adows							
III. Dai	III. Daily Data for the Month Year of: March-05														
			og Virus Inacti	viation/Rem			Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine	(Chloramines)
		et Radiation			Other (Describe	e):									,
			al Maintained i	n Distributio				Γ	Free Chl	огіпе	Co	ombined C	hlorine (Chlor	ramines)	Chlorine Dioxide
	多 基本的	ASSESSY	al salari da da	\$148 V. \$4	_	or UV Dose, to	Demonstrate I	Four-Log				STATE OF		200-100-100-100-100-100-100-100-100-100-	
	Days							i veri	Bar of the		UV				
	Plant						Lowest CT	125			- 474,3474	1.5	Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided	1					Residual		
	or				Disinfectant	Contact Time	Before or	l .		·			Disinfectant		
	Visited	·	•		Concentration	(T) at C	at First	·			Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		nal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Comp	onents Out of Operation
2.3	Х	24 hrs	23,000				<u> </u>	 				 			
33.3		24 hrs 24 hrs	20,000 21,000	 	1.4		<u> </u>	 -				 	1	<u></u>	
341.	Х		22,000	ļ	1.6		 	 		<u> </u>		 			
35in		24 hrs 24 hrs	23,000	 	1.6		 	 	 		ļ		1.2		
-6		24 hrs	23,000				 	├	} -			 	 -	 	
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8	^_	24 hrs	22,000		1.4		 	 				 	1.2	ļ	
9 1	X	24 hrs	20,000		1.6		<u> </u>	 				 	1.4	 	
710		24 hrs	20,000	-	1.0		-	 			 	 	1.4		
Z-11/2	Х	24 hrs	22,000	 	1.4		 	╁	 _	<u> </u>	-	 	1.2		
\$12 zz		24 hrs	22,000		1.7			╁───	 			 	1.2	<u> </u>	
13.		24 hrs	22,000	 	 		 	1							
	Х	24 hrs	22,000	 	1.6		1	<u> </u>				 	1.4		
1577		24 hrs	22,000	1	1.0		 	 	 		 	 			
116 %	X	24 hrs	20,000	 	1.4		1			·		 	1.2		
17%		24 hrs	20,000	 			<u> </u>		†						
2:18	Х	24 hrs	18,000		1.6								1.2		
*19 ×		24 hrs	18,000							 			i		
#20±		24 hrs	18,000				1	T			1	1			
. 21.5	Х	24 hrs	28,000		1.4							T	1.2		
÷ 22 🖈		24 hrs	28,000												
-:23	Х	24 hrs	22,000		1.5								1		
₹ 24 ≥		24 hrs	23,000					Ĺ							
.≎25 ¢	X	24 hrs	24,600		1.6			<u> </u>					1.4		
- 26 r		24 hrs	24,600												
-127		24 hrs	24,600												
∴28 ∌.	X	24 hrs	20,000		1.6		1					ļ	1.2		· · · · · · · · · · · · · · · · · · ·
. ≱29		24 hrs	21,000				<u> </u>					<u> </u>			
≈ 30 %	X	24 hrs	23,000		1.6		<u> </u>		<u></u>				1.4		
3317		24 hrs	23,000				<u> </u>	<u> </u>	L		L	<u> </u>		L	
Total	相。1900年	LENEY SOLD	680,800	1											
Average	24.7 KA	Min Transfer	21,961	1											

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



See page 4 for instructions General Information for the Month/Year of: April-05 A. Public Water System (PWS) Information 6424591 PWS Identification Number: PWS Name: Ridge Meadows X Community Consecutive Transient Non-Community PWS Type: Non-Transient Non-Community 228 Total Population Served at End of Month: Number of Service Connections at End of Month: 65 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager - Florida Contact Person: Brian Heath Zip Code: 34749 State: FL Contact Person's Mailing Address: PO Box 490310 City: Leesburg (352) 787-6333 Contact Person Person's Fax Number: Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Telephone Number: Plant Name: Ridge Meadows State: Ocala FL Zip Code: 34482 Plant Address: 957 N.W. 58th Court City: X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked License Number Name Licensed Operators License Class 3 Days per week Lead/Chief-Operator: 8287 C Mark March 3 Days per week Other:Operators: C 2810 Bob Maxon II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Printed or Typed Name Signature and Date

PWS I	dentificat	tion Number	r:	6424591		Plant Name:	Ridge Mea	adows						-	
III. Da	III. Daily Data for the Month Year of: April-05														
			og Virus Inacti	viation/Rem			Free (Chlorin	e	Chlorine l	Dioxide		Dzone	Combined Chlorin	e (Chloramines)
		et Radiation			Other (Describe	e):									,
			ıal Maintained i	n Distributio		· · · · · · · · · · · · · · · · · · ·		T	Free Chl	orine	C	ombined C	hlorine (Chlor	ramines)	Chlorine Dioxide
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	anga yan.	14 14 14 14 14 14 14 14 14 14 14 14 14 1		1 10 10 3 3 3 3	CT Calculations	or HV Doce to	Demonstrate 1	Form I of				-: (10) - (10)	SALES CONTROL		CHIOTHIC DIOXIGE
	D				C1 Calculations			I Oui-LNE		adoit, ii App		Dose			
	Days Plant						Lowest CT					1	Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or		•		Disinfectant	Contact Time	Before or			l			Disinfectant		
	Visited				Concentration	(T) at C	at First		·		Lowest	Minimum	Concentration		
	by		Net Quanity	l	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnor	mal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		e Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Com	ponents Out of Operation
如如何	X	24 hrs	5,000	<u> </u>	1.6			<u> </u>					1.2	_	
223		24 hrs	5,000												
. 18 ar		24 hrs	5,000		<u> </u>		<u> </u>			<u></u>					
3484	X	24 hrs	23,000		1.6		<u> </u>	<u> </u>	L				1.4		
725,30		24 hrs	23,000		ļ			<u> </u>				<u> </u>			
- 6' ∵	X	24 hrs	23,000		1.4		<u> </u>	<u> </u>	<u> </u>		ļ		1.2		
A Table		24 hrs	23,000	ļ <u> </u>			<u> </u>	<u> </u>				<u> </u>			
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112	X	24 hrs	10,000		1.4							<u> </u>	1.2		
12		24 hrs	11,000	<u> </u>	_		<u> </u>		<u> </u>			<u> </u>			
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1176		24 hrs	13,000			<u> </u>	 	1	 				1.3		
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23				 	 	 	 	 	 		 	 	0.0		
244		24 hrs 24 hrs	11,000 11,000	 				1	 	 	 	+	··		
25	X	24 hrs 24 hrs	16,000	 	1.4	 	+	1-	 	 	 	+	1.2		
∴26*s	1-	24 hrs	16,000	 	1.4	 	 	 	 	 	1	 	1.2	 	
275	x	24 hrs	11,000	 	1.8		 	 	 	 	 	 	1.4		
28	 ^-	24 hrs	11,000		1.0		 	 	 	 	 	 	1.4	 	
229 %	x	24 hrs	14,000		1.6	-	 	+	 		 	 	1,4		
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A STANSON	The second second	AND THE STREET	12.267	1											

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



See page 4 for instructions

- r g	···						
	for the Month/Year of:	May-05					
A. Public Water System					·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··		·
PWS Name:	Ridge Meadows				entification Number		
PWS Type:		on-Transient Non-Com	munity	Transient Non-Co		Consecutive	
	onnections at End of Month:	65		Total Population Ser	ved at End of Montl	h: 228	
PWS Owner:	Aqua Utilities Florida					·	
Contact Person:	Brian Heath			Contact Person's Tit			
Contact Person's Mail		· · · · · · · · · · · · · · · · · · ·		City: Leesbur	<u> </u>	L Zip Code:	
Contact Person's Telep				Contact Person Pers	on's Fax Number:	(352) 787-6	333
Contact Person's E-Ma		aquaamerica.com					
B. Water Treatment Pl	ant Information						
Plant Name:	Ridge Meadows			Plant To	elephone Number:	(352) 787-0	
Plant Address:	957 N.W. 58th Court			City: Ocala	State: F	L Zip Code:	34482
Type of Water Treate			rchased Finished Wa	ter		· · · · · · · · · · · · · · · · · · ·	
	Day Operating Capacity of Plant, gallon	s per day:		·			
	ubsection 62-699.310(4), F.A.C.):	V		Plant Class (per sub			
Licensed Operators			License Class	License Numbe	r (244, 353)	Day(s)/Shift(s) Wor	
Eead/Chief-Operator:	Mark March		С	8287		3 Days per week	
Other Operators: ** **	Bob Maxon		C	2810		3 Days per week	
· 描绘主义 / 2017	Paul Thompsor	1	A	7251		3 Days per week	
TO THE PARTY OF						·	
Carried Control of the	8						
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TO HAVE SELECT	<u></u>						
716E 7775 177							
						<u> </u>	
	1/611 60						
II. Certification by Lea						<u> </u>	
I, the undersigned water	er treatment plant operator licensed in	n Florida, am the lead	chief operator of th	ne water treatment p	lant identified in P	Part I of this report. I	certify that the
	n this report is true and accurate to th						
International Standard	60 or other applicable standards refe	renced in subsection (62-555.320(3), F.A.	.C. I also certify tha	t the following ad	ditional operations re	cords for this
nlant were prepared ear	ch day that a licensed operator staffe	d or visited this plant	during the month in	idicated above: (1)	records of amounts	s of chemicals used a	nd chemical feed
rates: and (2) if annies	able, appropriate treatment process pe	erformance records	Futhermore I soree	to provide these ad-	ditional operations	records to the PWS	owner so the PWS
					inonai operanons	icolus io dio i wo	
owner can retain them,	together with copies of this report, a	u a convenient locatio	ni ior at ieast ten ye	a15.			
		Mark March			C8287		
Cionatura and Data	10000000	Mark March Printed or Typed Nam			License Num	her	
Signature and Date		rimed or Typed Nam	ic		License Num		

DEP Form 62-555.900(3)Alternate Page 1

PWS I	lentificat	ion Number	•	6424591		Plant Name:	Ridge Mea	adows			. <u>.</u>			
III Dai	I. Daily Data for the Month Year of: May-05													
			og Virus Inactiv				X Free (`hlorin	<u> </u>	Chlorine I	Diovido		Ozone	Combined Chlorine (Chloramines)
		t Radiation	og virus macm		Other (Describe		M Hee	JIIIOI 111	• Ц	Chlorine	Jioxide	ш	Zone	Combined Chlorine (Chloramines)
			-1) (-1 -4 -1 1 1	D': 4 T 4':		:).		[v] D (1)				11 . (011	
Type o	Disinie	ctant Residu	al Maintained i			To the second second second	international students		Free Chl		Co	mbined C	hlorine (Chlor	
# ### E					CT Calculations,			our-Log	Virus Inactiv	ation, if App				
11.5	Days					CT Calcu	1				UVI	Dose		
1	Plant					D	Lowest CT						Lowest	
	Staffed or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or	1					Residual	
	Visited		3.55		Concentration	(T) at C	at First				Lowest	Minimum	Disinfectant Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
*** 1 ***		24 hrs	14,000											
· : 2 7	Х	24 hrs	15,000		1.4								1.2	
3		24 hrs	15,000											
4	Х	24 hrs	16,000		1.6								1.4	
∴5∴		24 hrs	16,000					ļ						
√6	Х	24 hrs	11,600		1.6		<u> </u>	ļ	ļ				1.2	
.7		24 hrs	11,600											
- 8		24 hrs	11,700				<u> </u>							
. 9	X	24 hrs	12,000		1.4			ļ					1.2	
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18	х	24 hrs	11,000		1.4			 			 	 	1	
19	 ^-	24 hrs	10,000		1.7		 	 		 	 	 		
20.	х	24 hrs	12,000		1.6	· · · · · · · · · · · · · · · · · · ·	 	 	 		 	 	1.4	
21	 ^	24 hrs	12,000		1.0		 	 	 		 	1		
22		24 hrs	13,000					 	 	 	†		-	
×23 1	Х	24 hrs	17,000		1.4		 	 	 	 	-		1.2	·······
24		24 hrs	17,000				 	T	 	 	<u> </u>	1		
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26		24 hrs	12,000	<u> </u>			1							
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£314	1	24 hrs	12,000				<u> </u>					<u> </u>		
		an day.	398,800											
Averag	发 媒体的	数学统	12,865]										
Maxim	military.	Made States	17,000	ł										

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



See page 4 for instructions

See page 4 for instruction													
I. General Information					•								
A. Public Water System	n (PWS) Information												
PWS Name:	Ridge Meadows		PWS Identif	fication Number:	6424591								
PWS Type:	X Community Non-Transient Non-	Community	Transient Non-Commu		Consecutive								
	nnections at End of Month: 65		Total Population Served	at End of Month:	228								
PWS Owner:	Aqua Utilities Florida												
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Flo									
Contact Person's Mail			City: Leesburg	State: FL	Zip Code: 34749								
Contact Person's Tele			Contact Person Person's	Fax Number:	(352) 787-6333								
Contact Person's E-Ma]											
B. Water Treatment Pl													
Plant Name:	Ridge Meadows		Plant Teleph	none Number:	(352) 787-0980								
Plant Address:	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482								
Type of Water Treate		Purchased Finished W	ater										
	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.) D													
**Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked													
Bead/Chief Operator:	Mark March	С	8287		3 Days per week								
Other Operators:	Bob Maxon	С	2810										
	Paul Thompson	A	7251	7251 3 Days per week									
The second second													
of the state of th				<u> </u>									
Marin Carlo				.									
				 									
建的外部分外。	4			<u> </u>									
II Cartification by La	od/Chief Operator												
II. Certification by Lea	<u> </u>												
	r treatment plant operator licensed in Florida, am the												
information provided in	n this report is true and accurate to the best of my kno	wledge. I certify that a	all drinking water treatme	ent chemicals used a	t thisplant conform to NSF								
	60 or other applicable standards referenced in subsect												
	ch day that a licensed operator staffed or visited this p												
rates: and (7) if annies	ble, appropriate treatment process performance record	ds Futhermore Lagre	e to provide these addition	onal operations reco	rds to the PWS owner so the PWS								
				mai operations recoi	as to the 1 w 5 owner 50 the 1 w 5								
owner can retain them,	together with copies of this report, at a convenient lo	cation for at least ten y	cais.										
	Mark March			C8287									
Signature and Date	Printed or Typed	Name		License Number									
Signature and Date	rinited of Typed	1 vaitile		Diceise Number									

PWS Id	Identification Number: 6424591 Plant Name: Ridge Meadows														
III. Dai	y Data f	or the Mont	h/Year of:		June-05										
			og Virus Inactiv	viation/Remo	oval: *		X Free (Chlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorine	(Chloramines)
		et Radiation			Other (Describe		لسيسا						_		,
			al Maintained in	n Distributio		<u></u>		X	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
ANA 1889	GEORGE		AND THE STATE		CT Calculations,	or UV Dose to I	Demonstrate I								
	Days										UV				
	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	OΓ			4.4	Disinfectant	Contact Time	Before or						Disinfectant		
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	·	Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnorn	nal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance	Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Comp	onents Out of Operation
31年139	X	24 hrs	11,000		1.4			ļ					1		
12		24 hrs	11,000				ļ	<u> </u>			ļ	ļ			
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×14		24 nrs 24 hrs	13,000		0.8		 	├		ļ — —			0.4	<u> </u>	
215	Х	24 hrs	10,000		1		 	-	 		<u> </u>	ļ.———	0.6	<u> </u>	
16	_^	24 hrs	11,000		1		 	 	<u> </u>		 		0.0		
*17:	Х	24 hrs	16,000		1.2		-					 	1		
186	_^_	24 hrs	16,000		1.2		 	 	-	 		 	<u> </u>		
19		24 hrs	16,000				 	1	 						
20	х	24 hrs	13,000		1		 	 		 			0.8		
21	_^_	24 hrs	14,000	 	† -		 	1	 		 				
22	х	24 hrs	13,000		1.2		 	t		 			1		
.23	<u></u> -	24 hrs	13,000		T		<u> </u>	1		1					
24	Х	24 hrs	13,000	t	1.4		 						1.2		
25 =	<u> </u>	24 hrs	13,000									1			
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27	X	24 hrs	12,000	1	1.6								1.2		
28		24 hrs	13,000		T T			T :							
: ≨ 29 2 *	Х	24 hrs	12,000		1								0.8		
30		24 hrs	13,000												
231 cs		24 hrs					J						<u> </u>	<u> </u>	-
Total 3	de to de la constante de la co		381,000												
Cafe Sections	# +1 Programme	Contract of the second	12 700	1											

16,000

Maximum .

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



See page 4 for instructions

1. General Information fo	r the Month Year of: July-0:	5				
		<u>. </u>				
A. Public Water System (<u>-</u>	1-1-1-1		
	idge Meadows				ication Number:	6424591
		ient Non-Comm	unity	Transient Non-Commu		Consecutive
Number of Service Conne				Total Population Served	at End of Month:	228
	qua Utilities Florida				4 14	
	rian Heath			Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailing				City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telepho Contact Person's E-Mail			. <u> 1</u>	Contact Person Person's	rax Number:	(352) 787-6333
		erica.com				<u></u>
B. Water Treatment Plant						
	idge Meadows				none Number:	(352) 787-0980
	57 N.W. 58th Court			City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated b			chased Finished Wat	er		
	y Operating Capacity of Plant, gallons per day: ection 62-699 310(4), F.A.C.): V	:		DI (Classification)	(2 (00 210(4) F A	(C) D
Licensed Operators	100000000000000000000000000000000000000		License Class	Plant Class (per subsecti		C.) D v(s)/Shift(s) Worked
						
Lead/Chief Operator.	Mark March		<u>C</u>	8287		3 Days per week
Other Operators:	Gary Kissick		C	7846		3 Days per week
	Paul Thompson		Α	7251	-	3 Days per week
					 	
					 	
					 	
					 	
						
	the state of the s	l			1	
II. Certification by Lead/	Chief Operator					
					· · · · · · · · · · · · · · · · · · ·	
-	eatment plant operator licensed in Florida		•	<u> </u>		
	is report is true and accurate to the best of		_	_		=
	or other applicable standards referenced ir					
plant were prepared each	day that a licensed operator staffed or visit	ted this plant d	uring the month in	dicated above: (1) reco	rds of amounts of ch	emicals used and chemical feed
rates; and (2) if applicable	, appropriate treatment process performan	ice records. Fu	thermore, I agree t	o provide these addition	nal operations record	ds to the PWS owner so the PWS
	gether with copies of this report, at a conve			=	-	
,			•			
	Mark M	larch			C8287	
Signature and Date	Printed of	or Typed Name			License Number	

DEP Form 62-555.900(3)Alternate Page 1

PWS I	lentificat	tion Number	Γ:	6424591		Plant Name:	Ridge Mea	adows						
III. Da	Daily Data for the Month/Year of: July-05													
			og Virus Inacti	viation/Rem			X Free C	Chlorine	e II	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe		<u>~</u> `		ٔ ت	Cinornio L)IOMIGE	` لــا `	320U	Comomou Cinornio (Cinoralinios)
			ıal Maintained i	n Dietributie		· <u>/·</u>		Īv	Free Chl	orino		mbinad C	hlorine (Chlor	ramines) Chlorine Dioxide
1 ype o	Disinie	Ctalit Residt	iai Maintaineu i	ii Distributio		Safay Star (2)	New District of the						morme (Cmor	amines) [Chlorine Dioxide
					C1 Calculations,	OF UV Dose, to	Jemonstrate I			auon, II Appi		Dose		
	Days					C1 Calcu				00 # 85 W.A.F	UV	l		
	Plant Staffed			100	Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	
	or				Disinfectant	Contact Time	Before or			1 m 2 m			Disinfectant	
1	Visited			ear in ear	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
J. 1.	by		Net Quanity	* *	(C) Before or at	Measurement	Customer	Temp.	11.5	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
160	X	24 hrs	13,000		1								0.8	
. 2.		24 hrs	13,000											
. 3	X	24 hrs	19,500		1								0.6	
4.4		24 hrs	19,500											
⊊-5≱⊹.	Х	24 hrs	13,000		1			I					0.6	
∴ 6∵		24 hrs	13,000								<u> </u>			
2: 7 :	Х	24 hrs	12,000		1								0.8	
- 8 - 7		24 hrs	12,000											
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10 *	Х	24 hrs	10,000		1								0.6	
: 311 2	Х	24 hrs	12,000		1								0.8	
- 12 ×		24 hrs	12,000									1		
d 13.5	X	24 hrs	12,000		1			<u> </u>					0.6	
. 14		24 hrs	12,000											
\$ 15 h	X	24 hrs	16,000		1							<u> </u>	0.8	
** 16 **		24 hrs	16,000									<u> </u>		
17		24 hrs	17,000									ļ		
18	X	24 hrs	10,000		0.8		ļ	1					0.6	
19	X	24 hrs	12,000	ļ	0.8		ļ	 	<u></u>			 	0.6	
20	X	24 hrs	13,000		1.2		ļ	 	_		ļ	 	1	
-21	X	24 hrs	12,000		2.2			 	<u> </u>	 _	 	 	1.8	
22 -	Х	24 hrs	13,000		1.8		ļ	 	ļ		ļ	 	1.4	
- 23		24 hrs	13,000	 	1		 	-	ļ		ļ	<u> </u>		
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25	X	24 hrs	13,000	.	1.4		ļ	-			ļ	 	1	
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√28 29	 	24 hrs	13,000 13,000	ļ	0.8		 	 	 	 	 	1	0.6	
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		Market Pro-	13.323	i										

19,500

Maximum

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



See page 4 for instructions

I. General Information fo	or the Month/Year of: August-05				
A. Public Water System	(PWS) Information				
PWS Name:	Ridge Meadows		PWS Identif	ication Number:	6424591
	X Community Non-Transient Non-Comm	munity	Transient Non-Commu	inity	Consecutive
	nections at End of Month: 65		Total Population Served	at End of Month:	228
PWS Owner:	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telepho			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail					
B. Water Treatment Plan					
	Ridge Meadows		Plant Teleph	one Number:	(352) 787-0980
	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated b		rchased Finished Wat	ter		
	y Operating Capacity of Plant, gallons per day:				
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 62-699.310(4), F.A	A.C.) D
* Licensed Operators	Name	License Class	License Number	Day	y(s)/Shift(s) Worked
Isead/Chief Operator:	Paul Thompson	Α	7251		3 Days per week
Other Operators:	Mark March	С	8287		3 Days per week
	Gary Kissick	С	7846		3 Days per week
Park the L					
All Victoria Control					
III. ComiContinuo la Londi	Cl:-CO				
II. Certification by Lead	Chief Operator				
I, the undersigned water to	reatment plant operator licensed in Florida, am the lead/	chief operator of the	e water treatment plant	identified in Part I o	of this report. I certify that the
	his report is true and accurate to the best of my knowled				
	or other applicable standards referenced in subsection 6				
	day that a licensed operator staffed or visited this plant of				
	e, appropriate treatment process performance records. F			nai operations record	as to the PWS owner so the PWS
owner can retain them, to	gether with copies of this report, at a convenient location	n for at least ten yea	irs.		
	David Thamas			A 705 1	
Signature and Date	Paul Thompson			A7251	
Signature and Date	Printed or Typed Name	;		License Number	

PWS Ic	entificat	tion Number	r:	6424591		Plant Name:	Ridge Mea	adows							
III. Dai	ly Data 1	for the Mont	th Year of:		August-05										
			og Virus Inactiv	viation/Rem		-	X Free C	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorin	e (Chloramines)
		et Radiation			Other (Describe	e):			_				_		
Type of	Disinfe	ctant Residu	ıal Maintained i	n Distributio	on System:			X	Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines)	Chlorine Dioxide
	Ringi ji			32,451470	CT Calculations,			our-Log	Virus Inactiv	ation, if App	licable*	300000 使	表 对于1000年	A sugar	
	Days			THE PROPERTY		CT Calcu	lations	15 (14 (15 (16))	Albert Albertain	502504 5 CO.	UV	Dose			
1	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or			All the second	Disinfectant	Contact Time	Before or						Disinfectant		
	Visited by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Tomm		Minimum	Lowest Operating	Minimum UV Dose	Concentration		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	Minimum CT	UV Dose,	Required,	at Remote Point in	Emergency or Ahnor	mal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		e Work that Involves Taking
Month	`"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		ponents Out of Operation
3.13	Х	24 hrs	13,000		1.2								1		<u> </u>
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ે 3હ દ	Х	24 hrs	12,000		1								0.6		
4		24 hrs	12,000			ļ		<u> </u>							
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110		24 hrs	11,000				1	 				 			
-12 ·	х	24 hrs	12,600		1	 				<u> </u>			0.6		
13		24 hrs	12,600												
. = 14 = 1		24 hrs	12,700												
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16		24 hrs	13,000		ļ <u>.</u>				ļ			<u> </u>			
17%	X	24 hrs	11,000		0.8		ļ	<u> </u>		<u> </u>	ļ	 	0.6		
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\$25×		24 hrs	9,000		†			†			<u> </u>				
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228		24 hrs	15,000				1	<u> </u>			ļ	 			
29	X	24 hrs	15,000		1	<u> </u>	1	⊢ –			<u> </u>	 	0.6		
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313		24 hrs	15,000		1	L	1	L	<u> </u>	L	<u> </u>		0.5	<u> </u>	

12,284 15,000

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



See page 4 for instructions

DEP Form 62-555,900(3)Alternate

See page 4 for instruction								
I. General Information		September-05						
A. Public Water System								
PWS Name:	Ridge Meadows				PWS Identi	fication Number	: 6424591	
PWS Type:	X Community	Non-Transient Non-Com	nmunity [Transient Non-Comm	unity [Consecutive	
	nnections at End of Month:	65			Total Population Served	at End of Mont	h: 228	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath				Contact Person's Title:	Area Manager		
Contact Person's Maili					City: Leesburg		L Zip Code: 34749	
Contact Person's Telep					Contact Person Person's	Fax Number:	(352) 787-6333	
Contact Person's E-Ma		@aquaamerica.com						
B. Water Treatment Pla	ant Information							
Plant Name:	Ridge Meadows				Plant Telep	hone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court				City: Ocala	State: F	L Zip Code: 34482	
Type of Water Treated			urchased Finishe	d Wa	ter			
	Day Operating Capacity of Plant, gal	lons per day:						
	bsection 62-699.310(4), F.A.C.):	V			Plant Class (per subsect	ion 62-699.310(4	4), F.A.C.) D	
Licensed Operators	Name		License Cla	SS	License Number	生物學的學學	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Paul Thomp	oson	A		7251		3 Days per week	
Other Operators:	Mark Mar	ch	C		8287		3 Days per week	
ALCOHOL: AND	Gary Kissi	ck	С		7846 3 Days per week			

10 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
A STATE OF THE STA								
THE PERSON								
II. Certification by Lea	d/Chief Operator							
L the undersigned water	r treatment plant operator license	d in Florida, am the lead	/chief operator	of th	e water treatment plant	identified in P	Part Lof this report Legrify	that the
	this report is true and accurate to							
-	<u> </u>		-		•		-	
	60 or other applicable standards re				-		-	
	h day that a licensed operator sta							
	ble, appropriate treatment process					onal operations	records to the PWS owner s	so the PWS
owner can retain them,	together with copies of this repor	t, at a convenient locatio	on for at least to	n ye	ars.			
		Paul Thompson				A7251		
Signature and Date		Printed or Typed Nam	ne			License Num	ber	

Page 1

PWS Id	lentificat	ion Number	T	6424591		Plant Name:	Ridge Mea	dows						
III. Dai	Daily Data for the Month/Year of: September-05													
Means	of Achie	ving Four-L	og Virus Inactiv	viation/Remo	oval: *		X Free C	Chlorine	e	Chlorine I	Dioxide		zone	Combined Chlorine (Chloramines)
Πt	Iltraviole	t Radiation			Other (Describe) :								
Type of	Disinfe	ctant Residu	al Maintained in	n Distributio	on System:			Х	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
24.55	NATE:	43.44		1.09198939	CT Calculations,	or UV Dose, to I	Demonstrate F	our-Log					ALCOT STATE	
1	Days							No.			ÜVI	Dose		
	Plant				1 1 1 1 1 1 1 1		Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided		** .				Residual	
	or			·	Disinfectant	Contact Time	Before or						Disinfectant	
1.3	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity	·	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Monta	"X")	Operation 24 hrs	Produced, gal 15,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
×425	x	24 hrs	13,000		0.6			 	ļ	ļ			0.4	
33	_^_	24 hrs	14,000		0.0			 					0.4	
944		24 hrs	14,000					<u></u>		<u> </u>				
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4 13 ·		24 hrs	17,000											
214	Х	24 hrs	16,000		1.4								1.2	
美15 美		24 hrs	17,000											
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州7 天		24 hrs	17,000											
18-		24 hrs	17,000				ļ							
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720 a		24 hrs	12,000	<u> </u>				<u> </u>	 			<u> </u>	13	
₹ 21. ≠	Х	24 hrs	11,000		1.4		 		 		 	1	1.2	
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		(2) (2) (2)	13,330	1										

17,000

Maximum

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



See page 4 for instructions							···-		
I. General Information for	r the Month/Year of:	October-05							
A. Public Water System	(PWS) Information								
	Ridge Meadows					fication Numb		6424591	
		on-Transient Non-Com	munity		t Non-Comm			Consecutive	<u> </u>
	ections at End of Month:	65		Total Popu	lation Served	at End of Mo	nth:	228	
	Aqua Utilities Florida								
	Brian Heath				rson's Title:	Area Mana			
Contact Person's Mailing				City:	Leesburg	State:	FL	Zip Code:	
Contact Person's Telepho				Contact Pe	rson Person's	Fax Number:		(352) 787-6	333
Contact Person's E-Mail		aquaamerica.com							
B. Water Treatment Plan	t Information								
	Ridge Meadows				Plant Telep	hone Number:		(352) 787-0	
	957 N.W. 58th Court			City:	Ocala	State:	FL	Zip Code:	34482
Type of Water Treated l			rchased Finished Wa	ater					· · · · · · · · · · · · · · · · · · ·
	y Operating Capacity of Plant, gallon	s per day:							
	section 62-699.310(4), F.A.C.):	V				ion 62-699.31	0(4), F.A.C	i.) D	= ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Name		. License Class	Licens	se Number	ni ciyesti day	Day(s)/Shift(s) Wor	ked
Lead/Chief Operator:	Paul Thompson	1	A		7251			Days per week	
Other Operators	Mark March		С] ;	8287	<u> </u>		Days per week	
	Gary Kissick		C	<u>.</u>	7846		3 I	Days per week	
					· · · · · · · · · · · · · · · · · · ·				
				<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
THE STATE OF THE PARTY OF THE P				_					
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		,	<u></u>	<u> </u>					
II Contification by Lond	Chief On suctor								
II. Certification by Lead	· · · · · · · · · · · · · · · · · · ·								
I, the undersigned water t	reatment plant operator licensed in	Florida, am the lead	chief operator of th	ne water tre	atment plant	t identified in	Part I of	this report. I	certify that the
information provided in t	his report is true and accurate to th	e best of my knowled	lge. I certify that al	ll drinking v	water treatme	ent chemicals	s used at tl	hisplant confe	orm to NSF
International Standard 60	or other applicable standards refer	renced in subsection (62-555.320(3), F.A.	.C. I also c	ertify that th	e following a	dditional	operations re	cords for this
	day that a licensed operator staffed								
	e, appropriate treatment process pe								
	gether with copies of this report, a		_	-	mose acame	mai operation	no records	to allo x vi o v	
owner can retain them, to	genier with copies of this report, a	i a convenient locatio	ni ioi at icast icii ye	<i>a</i> 13.					
		Paul Thompson				A7251			
Signature and Date		Printed or Typed Nam	e		_	License Nu	mber		

DEF Form 62-555.900(3)Alternate Page 1

PWS I	dentificat	ion Number	r:	6424591		Plant Name:	Ridge Mea	adows						
III. Dai	ly Data f	or the Mon	th/Year of:		October-05	* **				·		. ···	·······	
			og Virus Inactiv	viation/Remo	oval: *		X Free C	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe		لــا							(00.
Type o	f Disinfe	ctant Residu	ıal Maintained i	n Distributio		·		X	Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
2005 1019°	5 200	S1 - 4\$0 - 2253		文字 计分类数据		or LIV Dose to 1	Jemonstrate F						Mornie (Cino	Chorne Dioxide
	David					CT Calcu			Transmitter		UV.			
· ·	Days Plant						Lowest CT			77 97 17 19	Torus et al.	1	Lowest	
	Staffed		A 1		Lowest Residual	Disinfectant	Provided						Lowest Residual	
}	or				Disinfectant	Contact Time	Before or					1 14	Disinfectant	
	Visited				Concentration	(T) at C	at First	ŀ	* * * * * *		Lowest	Minimum	Concentration	
1	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
*1:		24 hrs	9,000											
: 2 ½		24 hrs	10,000											
43	X	24 hrs	11,000		1.4								1.2	
弄4.8		24 hrs	11,000											
表5.本	Х	24 hrs	11,000		1.2								l	
∴6:≨		24 hrs	11,000											
- 27张	X	24 hrs	12,000		1.4								1.2	
28:		24 hrs	12,000											
9.		24 hrs	13,000				<u> </u>		L					
₹10,7	X	24 hrs	13,000		1.2			1					1	
2111金		24 hrs	13,000								<u> </u>			
-412*	Х	24 hrs	13,000		1.4				<u> </u>		ļ		1	
13.	 	24 hrs	13,000				 	<u> </u>			<u> </u>			
14/2	Х	24 hrs	17,000		1.4		 	<u> </u>		ļ	! -		1.2	
7,15.6 7,16.5		24 hrs	17,000					}	ļ					
*17.	V	24 hrs	17,000		1.6			-						
18.5	Х	24 hrs	13,000		1.5			-					1.3	
.19	х	24 hrs	13,000		1.4			1	 		 	ļ		
±20	^-	24 hrs	12,000 12,000		1.4			 		 	 		1.1	
21	х	24 hrs 24 hrs	13,000		1.5			-	 	 	 			
*22 is	 ^ 	24 hrs 24 hrs	13,000		1.3		 			 	 	 	1.3	
23.		24 hrs	13,000				 	├		 	 	 	1.3	
24.	X.	24 hrs	13,000		1.4						 	 	1.2	
*25.5	 ^ -	24 hrs	13,000		1.4		 	-	 	 	 	-	1.2	
¥26¥	х	24 hrs	11,000		1.6		 		 	 		 	1.2	
\$27.5		24 lus 24 hrs	11,000		1.0		 	 	 	 	 	t	1.2	
.128	X	24 hrs	13,000		1.4	<u> </u>	 	 	 	 	 	 	1	
1294	 ^ 	24 hrs	14,000		1.7		 	 	 	 	 	 		
(30)		24 hrs	14,000				 	 	 -	 				
31	х	24 hrs	12,000		1.2			 		 	 		1	
		2430034	393,000			,	 		I		<u> </u>	<u>. </u>	· · ·	
				l										

17,000

Maximum = "two " " " " "

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

See page 4 for instructions							
	for the Month/Year of: November-05						
A. Public Water System	ı (PWS) Information						
PWS Name:	Ridge Meadows		PWS	Identification No	umber:	6424591	
PWS Type:	X Community Non-Transient Non-Comm	munity	Transient Non-			nsecutive	
Number of Service Cor	nnections at End of Month: 65		Total Population	Served at End of	Month:	228	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath		Contact Person's				
Contact Person's Maili				burg State:		Zip Code: 34749	
Contact Person's Telep			Contact Person F	erson's Fax Numb	ber:	(352) 787-6333	
Contact Person's E-Ma							
B. Water Treatment Pla	nt Information						
Plant Name:	Ridge Meadows			t Telephone Num		(352) 787-0980	
Plant Address:	957 N.W. 58th Court		City: Oca	a State:	FL	Zip Code: 34482	
Type of Water Treated		rchased Finished Wa	iter				
	Day Operating Capacity of Plant, gallons per day:						
	bsection 62-699.310(4), F.A.C.): V			subsection 62-699		D	
* Licensed Operators	Name	License Class	License Nur	nber - ·	Day(s)/S	Shift(s) Worked	60至1300
Lead/Chief Operator:	Paul Thompson	A	7251	·		ys per week	
Other Operators:	Mark March	С	8287			ys per week	
	Gary Kissick	С	7846		3 Da	ys per week	
						4	
。这种对外							
II. Certification by Lea	Chief Operator			-		·····	
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	ne water treatmen	nt plant identifie	d in Part I of thi	is report. I certify that	t the
	this report is true and accurate to the best of my knowled						
	60 or other applicable standards referenced in subsection 6						
	h day that a licensed operator staffed or visited this plant of						
	ole, appropriate treatment process performance records. F			additional opera	ations records to	the PWS owner so th	ne PWS
owner can retain them,	together with copies of this report, at a convenient location	n for at least ten ye	ars.		•		
	Paul Thompson			A7251			
Signature and Date	Printed or Typed Name	e		License	Number		

Page 1

PWS Id	entificat	ion Number	:	6424591		Plant Name:	Ridge Mea	dows			_			
II'. Dai	ly Data I	or the Mont	h/Year of		November-05									
			og Virus Inactiv	viation/Remo			X Free C	Chlorine	: []	Chlorine D	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe							السا	L	
1			al Maintained in	n Distributio		<u>, </u>		X	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
3500		11.12.3.45.3	200 - C C C C C C C		CT Calculations,	or UV Dose, to I	Demonstrate F					4C4037 = 1	新疆安徽的 图4	
	Days					CT Calcu		es a su de la				Dose		
	Plant			- (1)		2.35 (1.55	Lowest CT		A	3.300			Lowest	
	Staffed	l I		1	Lowest Residual	Disinfectant	Provided						Residual	
	ог	·			Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	
Day of	Operator	Hours	of Finished	Peak Flow	First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the Month	(Place	Plant in Operation	Water Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
£134		24 hrs	12,000	_ Rate, gpu	Tiow, mg/L	minutes ·	ing-inite.		търновою	mg-mac.	300001112	SCOTCINE	System, mg/L	water system components out of operation
€2∘7	X	24 hrs	12,000		1.4							 	1.2	
*30		24 hrs	13,000				<u> </u>			· · · · ·				
424	х	24 hrs	13,000		1.4					· · · · · · · · · · · · · · · · · · ·			1	
25.4		24 hrs	14,000								· · · · · · ·			
364		24 hrs	14,000											
477	Х	24 hrs	13,000		1.4								1.2	
7.8 8		24 hrs	14,000									ļ		
- 9° U	X	24 hrs	12,000		1.4							<u> </u>	1.2	
\$10,3	<u> </u>	24 hrs	12,000						ļ	1	·			
211	X	24 hrs	15,000		1.6		ļ	ļ	<u> </u>		-	ļ	1.2	
:12		24 hrs	15,000							<u> </u>		 		
13%		24 hrs	15,000	ļ	14		<u> </u>	-				 	1.2	
914	X	24 hrs	12,000	 -	1.4		 	-		-	 	├ ──	1.2	
215 k	х	24 hrs 24 hrs	13,000 13,000	 	1.6		 		<u> </u>		 	 -	1.2	
317.K		24 hrs	13,000	<u> </u>	1.0		 	 		 		 	1.2	
四8年	х	24 hrs	13,000		1.4				<u> </u>	-	 	 	1	
19 ×	- ^-	24 hrs	13,000	<u> </u>			<u> </u>							
204		24 hrs	13,000					t						
214	х	24 hrs	15,000		1.4								1.1	
- 221		24 hrs	15,000											
123	Х	24 hrs	13,000		1.4								0.9	
124		24 hrs	13,000					<u> </u>				<u> </u>		
~25点	X	24 hrs	13,000		1.9					<u> </u>		<u> </u>	1.6	
舞26年		24 hrs	13,000					<u> </u>				<u> </u>	ļ	
127	!	24 hrs	13,000	L	<u> </u>		 			<u> </u>	<u> </u>	_		
28	X	24 hrs	13,000		1.7		 	—	 	 	-	 	1.4	
*29.	1	24 hrs	13,000		1.4		 	 	 	 	 	 	1.3	<u> </u>
230}	X	24 hrs	12,000		1.4		 	 	 		 	+	1.3	
31		24 hrs	397,000		<u> </u>	L		L	<u> </u>		1	1		

13,233 15,000

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



See page 4 for instructions

A. Public Water System (PWS) Information PWS Name: Ridge Meadows PWS Type: [X] Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 65 Total Population Served at End of Month: 228 PWS Owner: Aque Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City Leesburg State: PL Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ridge Meadows Plant Address: 957 N. W. Sth Court Type of Water Treated by Plant: [X] Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant; galloon per day: Plant Category (per subsection 62-699 310(4), F.A.C.) V Plant Category (per subsection 62-699 310(4), F.A.C.) D Plant Category (per subsection 62-699 310(4), F.A.C.) V Plant Category (per subsection 62-699 310(4), F.A.C.) D Plant Category (per subsection 62-699 310(4), F.A.C.) Name License Class Debic*Operation's Paul Thompson A 7251 3 Days per week Debic*Operation's Paul Thompson A 7251 3 Days per week Debic*Operation's Paul Thompson A 7251 3 Days per week Debic*Operation's Paul Thompson A 7251 3 Days per week Debic*Operation Paul Thompson A 7251 3 Days per week Debic*Operation's Department Paul Thompson A 7251 3 Days per week Debic*Operation's Department Paul Thompson A 7251 3 Days per week Debic*Operation's Department D	L. General Information	for the Month Year of:	December-05	· · · · · · · · · · · · · · · · · · ·					
PWS Name: Ridge Meadows PWS Type: [X] Community Non-Transient Non-Community Non-Conmunity Non-Conmunity Non-Conmunity Non-Conmunity Non-Community Non-Conmun									
PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 65 Total Population Served at End of Month: 228 PWS Owner: Aqua Utilities Florida Contact Person's Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 Contact Person's Telephone Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Address: beheath@aquaamerica.com Plant Address: PST N.W. 58th Court Permitted Maximum Day Operating Capacity of Plant, galloos per day: Plant Category (per subsection 62-699 310(4), F.A.C.) Plant Category (per subsection 62-699 310(4), F.A.C.) V Plant Category (per subsection 62-699 310(4), F.A.C.) D Citicansed Operators: Paul Thompson A 7251 But Class (per subsection 62-699 310(4), F.A.C.) D Certification by Lead Chief Operator II. Certification by Lead Chief Operator II. Certification by Lead Chief Operator II. the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. 1 also certify that the following additional operations records for this plant were prepared each day that al licensed operator staffed or visited this plant during the month indicates of armounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.						PWS Identif	ication Number:	6424591	
Number of Service Connections at End of Month: 228			Non-Transient Non-Com	nmunity					
PWS Owner: Aqua Utilities Florida Contact Person: Brain Heath Contact Person: Brain Heath Contact Person's Telephone Number: (352) 787-0980 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Telephone Number: (352) 787-0980 Beheath@aquamerica.com Plant Name: Rige Meadows Plant Address: PS 78 N.W. S8th Court Type of Water Treatment Plant Information Plant Name: Rige Meadows Plant Address: 957 N.W. S8th Court Type of Water Treated by Plant: \(\frac{1}{2} \) Zip Code: 34482 Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per adsocction 62-699 310(4), F.A.C.): Pla									
Contact Person's Mailing Address: PO Box 490310 City: Lesburg State: FL Zip Code: 34749 Contact Person's Telephone Number: (352) 787-0980 Contact Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: Deheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ridge Meadows Plant Address: 957 N.W. 58th Court Plant Name: Ridge Meadows Plant Address: 957 N.W. 58th Court Type of Water Treated by Plant: IXI Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699 310(4), F.A.C.) Plant Category							<u>"</u> ,		· · · · · · · · · · · · · · · · · · ·
Contact Person's E-leghone Number: (352) 787-0980 Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ridge Meadows Plant City: Ocala State: FL Zip Code: 34482 Type of Water Treated by Plant: XI Raw Ground Water Person Water Treated by Plant: XI Raw Ground Water Person Water Treated by Plant: XI Raw Ground Water Person Water Treated by Plant: XI Raw Ground Water Person Water Treated by Plant: XI Raw Ground Water Person Water Treated by Plant: XI Raw Ground Water Person Water Treated by Plant: XI Raw Ground Water Person Water Treated by Plant: XI Raw Ground Water Person Water Wat	Contact Person:	Brian Heath			Contact Pers	on's Title:	Area Manager		
B. Water Treatment Plant Information Plant Name: Ridge Meadows Plant Address: 957 N.W. \$8th Court Type of Water Treated by Plant: Early Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Tolesse Number Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Tolesse Number Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Tolesse Number Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Tolesse Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.310(4), F.A.C.; Plant T	Contact Person's Maili	ng Address: PO Box 490310			City:	Leesburg	State: FL	Zip Code:	34749
B. Water Treatment Plant Information Plant Name: Ridge Meadows Plant Telephone Number: (352) 787-0980 Plant Address: 957 N.W. 58th Court City: Ocala State: FL Zip Code: 34482 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.) D Licensed Operators Name License Class License Number Day(9)/5thff(s)/Worked Schadichief Operators Paul Thompson A 7251 3 Days per week Schadichief Operators A 7251 3 Days per week Schadichief Operators A 7251 3 Days per week Gary Kissick C 7846 3 Days per week Gary Kissick C 7846 3 Days per week It certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	Contact Person's Telep	hone Number: (352) 787	'-0980		Contact Pers	on Person's I	Fax Number:	(352) 787-	6333
Plant Name: Ridge Meadows Plant Address: 957 N. W. Sth Court Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Category (per subsection 62-699.	Contact Person's E-Ma	il Address: beheath	@aquaamerica.com						
Plant Address: 957 N.W. 58th Court Type of Water Treated by Plant: X Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.) Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Class (per subsection 62-699.310(4), F.A.C.) Paul Thompson A 7251 3 Days per week Other Operators Mark March C 8287 3 Days per week Other Operators Gary Kissick C 7846 3 Days per week It Certification by Lead Chief Operator It, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.	B. Water Treatment Pla	ant Information							
Type of Water Treated by Plant: X Raw Ground 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.): D 1 Licensed Operators Name License Class License Number Day(s)/Shift(s)/Worked 1 Days per week 1 Days per week 2 Days per week 2 Days per week 3 Days per week 4 Gary Kissick C 7846 3 Days per week 4 Gary Kissick C 7846 3 Days per week 4 License Operator Operat	Plant Name:	Ridge Meadows				Plant Teleph	one Number:	(352) 787-	0980
Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699-310(4), F.A.C.): V Plant Category (per subsection 62-699-310(4), F.A.C.): D Capacity Plant Category (per subsection 62-699-310(4), F.A.C.): D Capacity Paul Thompson A 7251 3 Days per week Other Operators: Mark March C 8287 3 Days per week C 7846 3 Days per week D C 7846 3 Days per week D C 7846 D C	Plant Address:	957 N.W. 58th Court			City:	Ocala	State: FL	Zip Code:	34482
Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) D Elicensed Operators Name License Class License Number Day(SyShift(s)-Worked Mark March C 8287 3 Days per week Gary Kissick C 7846 3 Days per week Gary Kissick C 7846 3 Days per week License Number Responsible of the control of the contro	Type of Water Treated	by Plant: X Raw Ground	Water Pu	urchased Finished Wa	ter				
Licensed Operators Name License Class License Number Day(\$)/Shift(\$) Worked			ons per day:						
Paul Thompson A 7251 3 Days per week Other Operators Mark March C 8287 3 Days per week Gary Kissick C 7846 3 Days per week The control of this report is the state of the s			V						
Mark March Gary Kissick C 7846 3 Days per week 3 Days per week 3 Days per week 1 Days per week 3 Days per week 1 Days per week 3 Days per week 3 Days per week 4 Days per week 4 Days per week 5 Days per week 1 Days per week 1 Days per week 3 Days per week 4 Days per week 5 Days per week 6 Days per week 6 Days per week 6 Days per week 6 Days per week 6 Days per week 6 Days per week 6 Day	Licensed Operators	Name	W. Santana Carlo	License Class	License	Number	1	Day(s)/Shift(s)-Wo	rked
II. Certification by Lead Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251		Paul Thomp	son	A	72	251			
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owner can retain them, together with copies of this report, at a convenient location for at least ten years. Paul Thompson A7251									
Paul Thompson A7251					_	iose addition	nar operanone rec	ords to the rail	omidi bo the i mo
	owner can retain mem,	rogonier with copies of this tepon	, at a convenient localic	ni ioi ai icasi icii ye	a15.				
			Paul Thompson				A7251		
	Signature and Date			ne					• • • • • • • • • • • • • • • • • • • •

DEP Form 62-555.900(3/Alternate Page 1

PWS Id	lentifica	tion Number	r:	6424591		Plant Name:	Ridge Me	adows						
III. Dai	ly Data i	for the Mon	th/Year of:		December-05									
			.og Virus Inacti	viation/Rem			X Free (Chlorin	е 📗	Chlorine l	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								
Type o	f Disinfe	ctant Residu	ual Maintained i	in Distributio	on System:			X	Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
			落 图 经推荐	第二次	CT Calculations,	or UV Dose, to	Demonstrate l	our-Log	Virus Inactiv	ation, if App	licable*			
	Days					CT Calcu					UV	Dose		
	Plant -					3 25	Lowest CT	Part ye					Lowest	
	Staffed			·	Lowest Residual	Disinfectant	Provided				1		Residual	
	or		tana. Nama		Disinfectant	Contact Time	Before or					-	Disinfectant	
<u></u>	Visited			1 .	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of the	Operator	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
Month	(Place	Operation	Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW	Distribution	Repair or Maintenance Work that Involves Taking
9414E	A).	24 hrs	11,000	Kate, gpu	Flow, nig/L	minutes	mg-mar.	-	Applicable	Ing-mint.	SCOCILZ	sec/cm2	System, mg/L	Water System Components Out of Operation
12 -	х	24 hrs	13,000		1.4		-	├	 	<u> </u>	<u> </u>		1.2	
3.4	- ^-	24 hrs	13,000		1.7		-	 				 	1.2	
4		24 hrs	13,000	 			 	 	 		.	-		
5.	Х	24 hrs	13,000		1.4						 		1	
16		24 hrs	14,000	!			 	 				 	 	
47	Х	24 hrs	12,000		1.6			1		1	<u> </u>	 	1.4	
8.		24 hrs	13,000				 	1			\	 		
- 179 4	Х	24 hrs	13,000		1.4			1				<u> </u>	1.2	
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HILE		24 hrs	13,000					1						
112	Х	24 hrs	13,000		1.4								1	
113		24 hrs	12,000											
314年	Х	24 hrs	12,000		1.2								1.2	
115		24 hrs	12,000					<u> </u>		<u> </u>	<u> </u>			
116/4	X	24 hrs	13,000	ļ	1.4			<u> </u>	ļ	<u> </u>	ļ <u> </u>	ļ	1.2	
1175		24 hrs	14,000	ļ				1						
118		24 hrs	14,000				1		<u> </u>	ļ <u> </u>	 			
419	X	24 hrs	13,000	↓	1.6			<u> </u>	<u> </u>	<u> </u>	1	-	1.4	
\$20	ļ	24 hrs	13,000	<u> </u>	ļ		1	 	 					
121 122	X	24 hrs	13,000	 	1.4	<u> </u>	 	ļ	ļ	 	ļ	 	1.2	
123		24 hrs	12,000 14,000	<u> </u>	1.6		 	}	<u> </u>	<u> </u>	 	┼──	1.4	
124%	X	24 hrs 24 hrs	15,000	<u> </u>	1.6		 		<u> </u>	 	┼	 	1.4	
125	—	24 hrs	15,000		 			 	 	 	1	 		
126	х	24 hrs	13,000	 	1.4		 	<u> </u>	 	 	 	 	1.2	
1278	 ^	24 hrs	14,000	 	1.7		+	 	 	 	 	 	1.2	
128	х	24 hrs	14,000		1.4		1			<u> </u>	1		1	
129.	 	24 hrs	14,000	 			†	 	 	†	 	†		
4130	х	24 hrs	16,000		1.4	l	†	1		<u> </u>	1	†	1.2	
131		24 hrs	16,000	1		 	1							
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		14 7 9 7 7 7 7 1 7 1 7 1		1										

16,000

Maximum

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



See page 4 for instructions

I. General Information for the Month/Year of: January-04				
A. Public Water System (PWS) Information				
PWS Name: Ridge Meadows			cation Number:	6424591
PWS Type: X Community Non-Transient Non-Com	nmunity	Transient Non-Commun	ity	Consecutive
Number of Service Connections at End of Month: 66		Total Population Served at	t End of Month:	139
PWS Owner: AquaSource Utility, Inc.				
Contact Person: Michael Fitzgerald		l	Area Manager - Flor	
Contact Person's Mailing Address: 1343 NE 17th Road			State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person Person's Fa	ax Number:	(352) 732-3213
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com				
B. Water Treatment Plant Information				
Plant Name: Ridge Meadows		Plant Telepho		(352) 369-4881
Plant Address: 957 N.W. 58th Court			State: FL	Zip Code: 34482
	urchased Finished Wat	ter		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	· · · · · · · · · · · · · · · · · · ·			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection		
場口censed Operators Name	License Class	License Number		(s)/Shift(s) Worked
ALead/Chief Operator. William Landers	В	7327		3 Days per week
Other Operators Mark March	C	8287		3 Days per week
	<u> </u>		L	
II Cartification by Land (Chiefe)				
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead				
information provided in this report is true and accurate to the best of my knowle	dge. I certify that all	drinking water treatmen	it chemicals used at	thisplant conform to NSF
International Standard 60 or other applicable standards referenced in subsection				
plant were prepared each day that a licensed operator staffed or visited this plant				
rates; and (2) if applicable, appropriate treatment process performance records.				
			ai operations record	is to the i was owner so the i was
owner can retain them, together with copies of this report, at a convenient location	on for at least ten yea	ars.		
William Landam			B7327	
Signature and Date William Landers Printed or Typed Nan	ne		License Number	
Signature and Date rinned or Typed Nam	IR.		Dionise Indition	

Mean of Achieving Four Log Virus Insactivisation Removal: * Free Chlorine Clorine Dioxide Ozone Combined Chlorine (Chloramines)	PWS Iden	ntificati	ion Number	•	6424591		Plant Name:	Ridge Mea	idows						
Maria of Achieving Four-Log Virus Inactivation Chlorine Chlo	III. Daily	Data fe	or the Mont	h'Year <u>of:</u>		January-04							<u> </u>		
Universide Radiation					viation/Reme			Free C	Chlorine	· []	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
Type of Department Procession Destrict Destri							a):						المسلط		` .
Companies Comp					n Distributio)-			Free Chl	orine	Co	mhined C	hlorine (Chlor	amines) Chlorine Dioxide
Plant Staffed Staffe	Here of E						or IIV Dose to I	Jemonotrate T	our I od				,iiioiiioa C		
Plant Staffed Staffe						C1 Calculations,							Dose		
Suffect or Content Flow Conten							CI Calcu			y y a stranger are since a language of the particle	2018 (M. 20 A.)		1		
Viside V		. 1				Louwet Pecidual	Dicinfortant	1 . 1.							
Viside V	I -: I.	- 1				1									
By Day	l	1	4.4			1 1				i A		Lowest	Minimum		
Day of Day of Day of Policy Companies Policy Day of Policy		- 1		Net Ouanity					Temp		Minimum	Taranta and the same of the sa	1 .		
Description Product of the control Peak Flow P	Day of O		Hours				* * * * * * * * * * * * * * * * * * * *	1	1	pH of					Emergency or Abnormal Operating Conditions;
24 hrs			Plant in	Water	Peak Flow	During Peak			Water,		Required,	mW-		Distribution	
1		"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	7相38		24 hrs	13,000											
1488 24 lbs 14,000		X	24 hrs											1	
1			24 hrs												
1			24 hrs												
1372 X 24 hrs 15,000		Х	24 hrs	15,000										1	
1888 24 hrs 16,000 1.2			24 hrs	14,000								<u> </u>			
Section Sect		Х	24 hrs						Ĺ					11	
100 100			24 hrs									<u> </u>			
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X 24 hrs 13,000		Х			-				₩		 	 	 	1.2	
24 hrs 12,000		- ,			 	 					 	 	1	1	
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Maximum 17.000					1										
	Maximum		213732	17,000	1										

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information for	r the Month/Year of: February-04		•		
A. Public Water System (PWS) Information				
	idge Meadows		PWS Identifie	cation Number: 64245	591
	Community Non-Transient Non-Comm	nunity	Transient Non-Commun	nity Consecut	tive
Number of Service Conne			Total Population Served a	t End of Month: 139	
	quaSource Utility, Inc.				
	fichael Fitzgerald		Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailing			City: Ocala	State: FL Zip C	ode: 34470
Contact Person's Telepho			Contact Person Person's F	Fax Number: (352)	732-3213
Contact Person's E-Mail					
B. Water Treatment Plant					
	idge Meadows		Plant Telepho		369-4881
	57 N.W. 58th Court		City: Ocala	State: FL Zip C	dode: 34482
Type of Water Treated b		rchased Finished Wa	ter		
	Operating Capacity of Plant, gallons per day:		······································		
	ection 62-699.310(4), F.A.C.):	Company and Comment	Plant Class (per subsectio		Colorina in the colorina with the superior colorina total
Licensed Operators	Name	License Class	License Number) Worked
Lead/Chief Operator	William Landers	<u>B</u>	7327	3 Days per	
Other Operators:	Mark March	С	8287	3 Days per	week
					, <u>.</u>
				<u> </u>	
II. Certification by Lead/	Chief Operator				
		· · · · · · · · · · · · · · · · · · ·			
	eatment plant operator licensed in Florida, am the lead/o	•		-	
	is report is true and accurate to the best of my knowleds				
International Standard 60	or other applicable standards referenced in subsection 6	2-555.320(3), F.A.	C. I also certify that the	following additional operation	ons records for this
plant were prepared each of	day that a licensed operator staffed or visited this plant of	during the month in	dicated above: (1) record	ds of amounts of chemicals u	sed and chemical feed
	, appropriate treatment process performance records. F				
	gether with copies of this report, at a convenient location			•	
· · · · · · · · · · · · · · · · · · ·	,	, , , , , , , , , , , , , ,			
:					
i	William Landers			B7327	
Signature and Date	Printed or Typed Name			License Number	
<u> </u>	- /F				

Page 1

Distribution Other (Describe): Prec Chlorine Combined Chlorine (Chloramines) Chlorine Diorectal Personal Residual Maintained in Distribution System. CT Calculations, or UV Does, to Distribution System. CT Calculations, or UV Does, to Distribution System. CT Calculations, or UV Does, to Distribution System. CT Calculations or UV Does, to Distribution System. CT Calculations or UV Does, to Distribution System. CT Calculations or UV Does, to Distribution System. CT Calculations CT Calcula	WS I	lentificat	ion Numbe	r:	6424591		Plant Name:	Ridge Mea	dows							
Nears of Achieving Folia-Log Virus Inactivation/Removal.* Tree Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Chlorine Dioxide Ozone Chlorine Chlorine (Chloramines) Chlorine Dioxide Ozone Chlorine Dioxide Ozone Chlorine Chlorine (Chloramines) Chlorine Dioxide Ozone Chlorine Chlor	H Dai	ly Data I	or the Mort	th Year of		February 04										
Distribution Other (Describe): Prec Chlorine Combined Chlorine (Chloramines) Chlorine Dio								Free (hloring	_	Chlorine I	Diovide	77)zone	Combined Chlorine (Chloramines)	
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Refer to the instructions for this report to determine which plants must provide this information.



\$ignature and Date

DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions General Information for the Month/Year of: March-04 A. Public Water System (PWS) Information 6424591 PWS Name: Ridge Meadows PWS Identification Number: 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: 139 66 PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person: Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470 (352) 369-4881 (352) 732-3213 Contact Person's Telephone Number: Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com Water Treatment Plant Information Plant Name: Plant Telephone Number: (352) 369-4881 Ridge Meadows Zip Code: 34482 Plant Address: 957 N.W. 58th Court City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Day(s)/Shift(s) Worked Licensed Operators License Number Name License Class Lead/Chief Operator: Mark March \mathbf{C} 8287 3 Days per week Other Operators: II. Certification by Lead/Chief Operator , the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS wher can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number

Page 1

Printed or Typed Name

March-94	ĦΝ	S Id	entificati	ion Number	r:	6424591		Plant Name:	Ridge Mea	idows						
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						viation/Dam			Free	hloring	<u> </u>	Chlorine I)iovide)zone	Combined Chlorine (Chloramines)
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Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions . General Information for the Month Year of: April-04 A. Public Water System (PWS) Information PWS Name: Ridge Meadows PWS Identification Number: 6424591 X Community PWS Type: Non-Transient Non-Community Consecutive Transient Non-Community Number of Service Connections at End of Month: 66 139 Total Population Served at End of Month: PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person: Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: Zip Code: 34470 FL Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com B. Water Treatment Plant Information Ridge Meadows Plant Name: Plant Telephone Number: (352) 369-4881 Plant Address: 957 N.W. 58th Court Zip Code: 34482 City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Number Day(s)/Shift(s)/Worked License Class Lead/Chief Operators Mark March C 8287 3 Days per week other Operators 3 II. Certification by Lead/Chief Operator L the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this blant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS

 Mark March
 C8287

 Signature and Date
 Printed or Typed Name
 License Number

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

PV	S Id	entificat	ion Numbe	r:	6424591		Plant Name:	Ridge Me	adows						
		le Data (for the Mon	th Your of		April-04								***************************************	- Company of the Comp
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	y of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
I ifi:	he	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
	onth	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
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Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions General Information for the Month/Year of: May-04 A. Public Water System (PWS) Information PWS Name: Ridge Meadows PWS Identification Number: 6424591 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 139 66 Total Population Served at End of Month: PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person: Contact Person's Title: Area Manager - Florida Zip Code: 34470 Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Contact Person's Telephone Number: (352) 732-3213 (352) 369-4881 Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@aguaamerica.com B. Water Treatment Plant Information Plant Name: Plant Telephone Number: (352) 369-4881 Ridge Meadows Plant Address: 957 N.W. 58th Court State: FL Zip Code: 34482 City: Ocala Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Number Day(s)/Shift(s) Worked License Class Lead/Chief Orlerator: 8287 3 Days per week Mark March C Ther Operators II. Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF international Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS wher can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March

Page 1

Printed or Typed Name

License Number

Signature and Date

		entifica	tion Number	Γ:	6424591		Plant Name:	Ridge Mea	adows						
	II. Dai	ly Data i	for the Mon	th Year of		May-04			···						W W-12-11
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						C1 Calculations,	CT Calcu			Virus inacuv		UV.	Dose		
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		Staffed				Lowest Residual	Disinfectant	Provided	100					Lowest Residual	
		or				Disinfectant	Contact Time	Before or					ļ ·	Disinfectant	
li		Visited				Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
		by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
ŗ	av of	Operator		of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
11	tke 10ath	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
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			24 hrs	14,000											
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	4		24 hrs	18,000											
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	1105		24 hrs	14,000		ļ	ļ	<u> </u>	 	<u> </u>		 	 	<u> </u>	
Â		X	24 hrs	17,000	 	L	l		<u></u>	1	<u> </u>	1,	<u> </u>	1.1	<u> </u>
	11 M	7. 1. 1. 1. S. 1.		478,600	-										

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



See page 4 for instructions General Information for the Month Year of: June-04 A. Public Water System (PWS) Information PWS Name: Ridge Meadows PWS Identification Number: 6424591 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 66 Total Population Served at End of Month: 139 PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person: Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road State: Zip Code: 34470 City: Ocala FL. Contact Person's Telephone Number: (352) 369-4881 (352) 732-3213 Contact Person Person's Fax Number: Contact Person's E-Mail Address: mvfitzgerald@aquaamerica.com B. Water Treatment Plant Information Plant Name: Ridge Meadows Plant Telephone Number: (352) 369-4881 Plant Address: 957 N.W. 58th Court State: Zip Code: 34482 City: Ocala FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators License Number Day(s)/Shiff(s) Worked Name License Class Lead/Chief Operator Mark March C 8287 3 Days per week her Operators # # 11. Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March License Number Printed or Typed Name Signature and Date

P	WS Id	entificat	ion Number	<u> </u>	6424591		Plant Name:	Ridge Mea	adows						
	l L Dai	b Dota-f	or the Mort	th Waar of:		June-04									
	faces	of Achie	uina Easta I	og Virus Inacti	viotion /D			F	Chlorin		Chlaria	Nauld-	1 -		Combined Chloring (Chloridae)
1	IGAIIS (JI ACIIE	ving Four-1 t Radiation	og virus inacti	viation/Keme		Λ.	rree (-miorin		Chlorine I	Jioxide		Dzone	Combined Chlorine (Chloramines)
					<u> </u>	Other (Describe	:):			1					
4	ype of	Disinte	tant Residu	ıal Maintained i				er e e Eliza de e e	an e or ello e le	Free Chl				hlorine (Chlor	
ľ										Virus Inactiv					
		Days		현실 기계 등 등 및 회사 등 () 1980년 - 1985년 - 1985년 ()			CT Calcu	r :	To the second			UV	Dose		
		Plant Staffed				T T 1 1	Dist. C. 4-14	Lowest CT						Lowest	
		or			1	Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
į		Visited				Concentration	(T) at C	at First				Lowest	Minimum	Disinfectant Concentration	
		by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	i eresi.	Minimum	Operating	1	at Remote	
ľ	Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	ĊT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
	the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
	Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
3	加强性	X	2¼ hrs	17,000											
	2	Х	24 hrs	14,200										1	
1	kB"		24 hrs	14,200											
1			24 hrs	14,200											
0	5		24 hrs	14,200											
14	6		24 hrs	14,200											
1	74	Х	24 hrs	12,000										1.2	
2.5	8		24 hrs	13,000											
	93.	X	24 hrs	14,000										1.3	
7	0.4		24 hrs	14,000								ļ	<u> </u>		
44.6	1	X	24 hrs	13,300					<u> </u>	ļ			<u> </u>	1.4	
	12		24 hrs	13,300								ļ	<u> </u>		
18	3.7		24 hrs	13,300	 			ļ	<u> </u>						
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H	NO ET		24 hrs	14,000					 			 	 		
Н	201264	Х	24 hrs	13,000	 			 	 	 	 	 -	 	1.3	
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12	D aba	х	24 hrs	14,500				 	1		 	 	 	1.2	
100	44		24 hrs	14,500				— ——	\vdash	 	 	 	†		
100	25	х	24 hrs	14,000				 	f	 		†	†	1.2	
Q.	26		24 hrs	14,000	1				l —				1		
1	77		24 hrs	14,000		1							1		
Ž	28	Х	24 hrs	12,000										1.2	
15745	29.		24 hrs	13,000	1				<u> </u>						
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7454V			24 hrs												
P.E.	d at			399,400]										
8	per participation of	2. 6. 4.4.4	安全定有的的 網底水 線	12 212	I										

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



See page 4 for instructions

I. General Information for the Month Year of: July-04				
A. Public Water System (PWS) Information				
PWS Name: Ridge Meadows		PWS Identific	ation Number:	6424591
PWS Type: X Community Non-Transient N	on-Community	Transient Non-Commun		Consecutive
Number of Service Connections at End of Month: 66		Total Population Served at	End of Month:	139
PWS Owner: Aqua Utilities Florida				
Contact Person: Michael Fitzgerald			Area Manager - Flo	
Contact Person's Mailing Address: 1343 NE 17th Road			State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881		Contact Person Person's Fa	ax Number:	(352) 732-3213
Contact Person's E-Mail Address: mvfitzgerald@aquaameri	ca.com			
B. Water Treatment Plant Information				
Plant Name: Ridge Meadows		Plant Telepho		(352) 369-4881
Plant Address: 957 N.W. 58th Court			State: FL	Zip Code: 34482
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished Wa	ater		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		In . Cl (l t	(0 (00 310/4) F	4.03
Plant Category (per subsection 62-699.310(4), F.A.C.):	TOTAL ALCOHOLOGY TO THE CONTROL OF A SECOND	Plant Class (per subsection		A.C.): y(s)/Shift(s) Worked
Licensed Operators Name	License Class	7		
Lead/Chic Operator Mark March	C	8287		3 Days per week
Other:Operators # 4				
		<u></u>		***************************************
				
			4114	AND AND AND AND AND AND AND AND AND AND
A CARLO CONTROL OF THE STATE OF		<u>.l.</u>		
II. Certification by Lead Chief Operator				
, the undersigned water treatment plant operator licensed in Florida, am t	the lead/shief amountar of th	no vyotor troatmont plant i	dentified in Port I	of this report. I cartify that the
	-	-		
information provided in this report is true and accurate to the best of my				
International Standard 60 or other applicable standards referenced in subs				
plant were prepared each day that a licensed operator staffed or visited the				
rates; and (2) if applicable, appropriate treatment process performance rec	_	-	al operations reco	rds 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 ye	ears.		
Mark March			C8287	
Signature and Date Printed or Typ	ed Name		License Number	
DEP Form 62-555.900(3)Alternate	Page 1			

4	'S Id	entificati	ion Numbe	τ:	6424591		Plant Name:	Ridge Mea	dows						
	Dail	v Data-f	or the Man	th/Year of:		July-04				·····					
				og Virus Inactiv				Free C	Chlorine		Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
			t Radiation			Other (Describe):			لـــا			· ب		()
Тy				ual Maintained in	n Distributio					Free Chle	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
1					\$ TANK IN		or UV Dose, to I)emonstrate F	our-Log	Virus Inactiv	ation, if Appl			1.5 M. 184.3	
1		Days	* *				CT Calcul	ations	100			UVI	Dose		면볼레이트를 통하는 경기를 보고 있다.
	y of he	Plant	1 1					Lowest CT						Lowest	
		Staffed				Lowest Residual	Disinfectant	Provided						Residual	
3	# 4	or				Disinfectant	Contact Time	Before or	1					Disinfectant	
		Visited by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Тото		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	
Ь	v of	Operator,	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	Minimum CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
П	he	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
		"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
H	100米		24 hrs	11,500											
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	8#4		24 hrs	12,000										1.2	
	94	х	24 hrs	12,000										1.2	
H	0.5		24 hrs	12,000											
ij	150	1	24 hrs	12,000											
H	23/	Х	24 hrs	13,000										1.1	
	36		24 hrs	13,000											
		Х	24 hrs	17,000										1.1	
	5.		24 hrs	17,000				<u> </u>							
	6.4	X	24 hrs	13,000				<u> </u>						1.2	
4	7.00		24 hrs	13,000							-	<u> </u>			
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	20%	^-	24 hrs	18,500					-					1.2	
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	3	х	24 hrs	13,600		1			i					1.2	
1	4		24 hrs	13,600											
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	72		24 hrs	12,500	ļ									ļ <u>.</u>	
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		and second	24 nrs	425,400			L	<u> </u>	L	l	L	i		·	
A	rage	Spens	11 21		1										

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



See page 4 for instructions

F 8					
 General Information 	on for the Month Year of: August-04				
A. Public Water Syst	em (PWS) Information				
PWS Name:	Ridge Meadows	·	PWS Ider	ntification Number:	6424591
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Com	munity	Consecutive
	Connections at End of Month: 66		Total Population Serv	ed at End of Month:	139
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Michael Fitzgerald		Contact Person's Title	: Area Manager - Flo	orida
Contact Person's Ma	<u> </u>		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Tel			Contact Person Person	n's Fax Number:	(352) 732-3213
Contact Person's E-l					
B. Water Treatment	Plant Information				
Plant Name:	Ridge Meadows		Plant Tele	ephone Number:	(352) 369-4881
Plant Address:	957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Trea		rchased Finished Wa	ater		
	n Day Operating Capacity of Plant, gallons per day:				
	subsection 62-699.310(4), F.A.C.): V		Plant Class (per subse	ection 62-699.310(4), F.A	A.C.) D
Licensed Operators	Name	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Orerator	Mark March	С	8287		3 Days per week
Other Operators:					
			•		
II. Certification by L.	ead/Chief Operator				
I, the undersigned wa	ter treatment plant operator licensed in Florida, am the lead/	chief operator of th	he water treatment pla	int identified in Part I	of this report. I certify that the
- 1	in this report is true and accurate to the best of my knowled	-	•		
	d 60 or other applicable standards referenced in subsection 6				
1	ach day that a licensed operator staffed or visited this plant			_	_
7 - 1		-			
	able, appropriate treatment process performance records. F			tional operations recoi	rds to the PWS owner so the PWS
owner can retain then	n, together with copies of this report, at a convenient location	n for at least ten ye	ears.		
	Mark March			C8287	·
Signature and Date	Printed or Typed Name	e		License Number	
DEP Form 62-555 900/3\Alternate		Page 1			

P۷	S Id	entificat	ion Numbe	r:	6424591		Plant Name:	Ridge Mea	idows						
	Dail	v Data f	Sertha Nikan	th Year of:		August-04									
				Log Virus Inactiv	/D			F (Chlorine		Chi : F			· · · · · ·	Continuo (Chambia)
TY G	ans (or Achie	t Radiation	Log virus inacuv	viation/Kem		.	rree (MOUN	÷ Ш	Chlorine D	Dioxide		Ozone	Combined Chlorine (Chloramines)
-						Other (Describe	s):			1					
V	pe of	Disinfe	ctant Kesid	ual Maintained in	n Distributio		The second of the second of the	data www.par		Free Chl			mbined C	hlorine (Chlor	amines) Chlorine Dioxide
		4.2				CT Calculations,	or UV Dose, to I	Demonstrate I lations	our-Log	Virus Inactiv	ation, if Appl				
		Days:					C1 Calcu				#10.57 (A)	UVI	Jose		
		Plant Staffed					75 6.	Lowest CT						Lowest	
		OF				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or			10 S			Residual Disinfectant	
		Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
		by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	1 A 1 A	Minimum	Operating	UV Dose	at Remote	
Da	y of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
	y of he onth	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
М	onth	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
			24 hrs	11,600				L		ļ	ļ				
1	24	_ <u>X</u> _	24 hrs	14,500		<u> </u>			<u> </u>	ļ		ļ		1.2	
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	26		24 hrs	13,500	 	 	 		-	 	 	 	 	l	
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	28		24 hrs	13,300	 	1		1 -	1		1		1	1	
H			24 hrs	13,400											
		Х	24 hrs	9,500										0.6	
4	NAME		24 hrs	9,500						<u> </u>		1	<u> </u>		<u> </u>
10		が代き	24 1113	427,500											

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



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

See page 4 for instructions

1. General Information for the Month/Year of: Septe	mber-04
A. Public Water System (PWS) Information	
PWS Name: Ridge Meadows	PWS Identification Number: 6424591
	sient Non-Community Transient Non-Community Consecutive
Number of Service Connections at End of Month: 66	Total Population Served at End of Month: 139
PWS Owner: Aqua Utilities Florida	
Contact Person: Michael Fitzgerald	Contact Person's Title: Area Manager - Florida
Contact Person's Mailing Address: 1343 NE 17th Road	City: Ocala State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 369-4881	Contact Person's Fax Number: (352) 732-3213
Contact Person's E-Mail Address: mvfitzgerald@aqua	america.com
B. Water Treatment Plant Information	
Plant Name: Ridge Meadows	Plant Telephone Number: (352) 369-4881
Plant Address: 957 N.W. 58th Court	City: Ocala State: FL Zip Code: 34482
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day	
Plant Category (per subsection 62-699.310(4), F.A.C.): V Licensed Operators Name	Plant Class (per subsection 62-699.310(4), F.A.C.) D License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operator: Mark March	C 8287 3 Days per week
Cher-Operators:	
See all the American American Microsoft Constitutions (Constitution Co	
11. Certification by Lead/Chief Operator	
I the undersigned water treatment plant operator licensed in Florid	a, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the
	of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF
	n subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this
	ted this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed
	nce records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS
owner can retain them, together with copies of this report, at a conv	enient location for at least ten years.
Mark N	March C8287
	or Typed Name License Number
DEP Form 62-555.900(3)Alterrate	Page 1

PWS I	dentifica	tion Numbe	r:	6424591		Plant Name:	Ridge Mea	dows	_						
III. Da	ily Data	for the Mor.	th Year of:		September-04										
			og Virus Inacti	viation/Rem	oval· *		Free C	Chlorine		Chlorine I	Diovide		Ozone	Combined Chlorine (Chloramines	<u>-</u>
	Jitraviol	et Radiation			Other (Describe	s)·		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ٔ ب	Chiornic I	NONIUC	ш,	52011C	Combined Cinornic (Cinoralnine)	')
			ıal Maintained i	n Distributio	on System:				Free Chl	orina	T C	mbined C	hlorine (Chlor	amines) Chlorine D	
	\$4.48E	261625		ii Distributio	CT Calculations,	of HV Does to 1	Damonalnita E	SA T AA			Line Co	momea C	morme (Cmor	amines) Chlorine D	ioxide
	D	经 有关。			CT Calculations,	CT Calcu		our-rog	VII US IIIACUV	auon, 11 App	UV	Doce .			
	Days Plant					OI Calcu			-		UV	Dose			
	Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest		1 1
	or				Disinfectant	Contact Time	Before or						Residual Disinfectant		
	Visited			ł	Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by		Net Quanity	l	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished	İ	First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Co	nditions:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involv	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Or	
3117	X	24 hrs	12,000		1.4								1.2		
		24 hrs	13,000	_											
36.03	X	24 hrs	11,000		1.8								1.6		
		24 hrs	11,000												
	 	24 hrs	11,000												
3 6 0 5	X	24 hrs	12,000	ļ	1.2		<u> </u>			<u> </u>			1.1		
#34k	X	24 hrs	3,000	ļ	1.6								1.3		
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X	24 hrs	5,000	· · · · · · · · · · · · · · · · · · ·	1.8								1.6		
200	X	24 hrs	17,000	ļ	1.6								1.3		
	X	24 hrs	14,000		1.5		ļ						12		
		24 hrs	14,000							L					
#197	- V	24 hrs	14,000		1.		1								
*************************************	X	24 hrs	12,000 13,000		1.6		l —			 		 	1.4		
4 150	Х	24 hrs 24 hrs	13,000	ļ	1.7		 					 		·	
	1 ^	24 hrs	14,000	-	1.7	· · · · · · · · · · · · · · · · · · ·	.						1.3		
110	x	24 hrs	15,600		1.1		 		_		 -	 	1		
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1-	24 hrs	15,600	 	1.1		 					 	1		
10.0	- -	24 hrs	15,700	 			 	-							
190	x	24 hrs	14,000	 	1.6		1	-			ļ	 	1.3		
1018	 ``	24 hrs	14,000	 	1.0	<u> </u>	 '		_	-	 	 	1		-
200	х	24 hrs	13,000	 	1.2	***************************************	 			l —			1.1		
1211	<u> </u>	24 hrs	13,000		† -		†				l	 			
241	X	24 hrs	12,300		1.9		t			 		 -	1,4		
25		24 hrs	12,300	1						T		1			
26		24 hrs	12,300	1			i								
25	Х	24 hrs	8,000		1.4								1.3		
28	Х	24 hrs	8,000		1.8		T						1.4		
129	Х	24 hrs	17,000		1.7	i	1						1.6		
130		24 hrs	17,000												
北3 版。		24 hrs													
Total :	始。相	14.134	376,800					-			_				
P. RECEIVED	A	建 。2014年11日	12.660	1											

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



See page 4 for instructions

I. General Info	rmation for the Month Year of: October-04				
A Public Wate	r System (PWS) Information				
PWS Name:	Ridge Meadows		PWS Identif	ication Number:	6424591
PWS Type:	X Community Non-Transient Non-Co	mmunity	Transient Non-Commu	nity	Consecutive
	rvice Connections at End of Month: 66		Total Population Served	at End of Month:	139
PWS Owner:	Aqua Utilities Florida				
Contact Perso	<u> </u>		Contact Person's Title:	Area Manager - Flor	ida
	n's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
	n's Telephone Number: (352) 369-4881		Contact Person Person's l	Fax Number:	(352) 732-3213
	n's E-Mail Address: <u>mvfitzgerald@aquaamerica.co</u>	<u>m</u>			
	ment Plant Information				
Plant Name:	Ridge Meadows		Plant Teleph	one Number:	(352) 369-4881
Plant Addres	s: 957 N.W. 58th Court		City: Ocala	State: FL	Zip Code: 34482
		Purchased Finished Wa	nter		
Permitted Ma	ximum Day Operating Capacity of Plant, gallons per day:				
	y (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection	on 62-699.310(4), F.A	.C.) D
Licensed Ope		License Class	License Number	Day	(s)/Shift(s) Worked
Lead/Chief O	crator. Mark March	C	8287	1	3 Days per week
Office Operators:	Barry Cohen	C	8253		3 Days per week
B aran Kaling					
Control 1					
Property of the state of the st					
				<u> </u>	
II. Certification	hy Lead/Chief Operator				
I, the undersign	ed water treatment plant operator licensed in Florida, am the lea	d/chief operator of th	ne water treatment plant	identified in Part I o	f this report. I certify that the
	vided in this report is true and accurate to the best of my knowle				
	andard 60 or other applicable standards referenced in subsection				
	ared each day that a licensed operator staffed or visited this plan				
	applicable, appropriate treatment process performance records.				
				nai operations record	12 to the r w 2 owner so the P W 2
owner can retai	n them, together with copies of this report, at a convenient locati	ion for at least ten ye	ars.		
	X4_ 1-X41			C0207	
Signature and Da	Mark March			C8287	
Signature and Da	tte Printed or Typed Nar	me		License Number	
DEP Form 62-555.900(3)	Altarrata	Dogg 1			
J⊑F FOITH 02-333.900(3)	AISTE SIM ITEM	Page 1			

	S Ic	Identification Number: 6424591 Plant Name: Ridge Meadows													
i Hii	 Dai	ly Data I	or the Mon	ti Year of:		October-04				•					· · · · · · · · · · · · · · · · · · ·
				og Virus Inacti	viation/Rem			Free (Chlorin		Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
			et Radiation			Other (Describe	۸۰		JIII 01 III.	~ Ш	Chiornic 1	JIOAIUC	⊔ `)2011C	combined emornic (emorantines)
Tive				ual Maintained i	n Distributio		·)-		—Т	Free Chl				1-1i (Ch1	
191	, O O	DISHING			n Distributio		5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Control Control	L				moinea C	hlorine (Chlor	amines) Chlorine Dioxide
						CT Calculations,	or UV Dose, to 1			Virus Inactiv	ation, if Appl	ucable* UV	(1.54) Daniel		
		Days Plant					Ci Calcu				- 44 * 10 (A4)	UV	Dose		
		Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest	[이 이번 하루이 되었다. 이번 경험도
		or				Disinfectant	Contact Time	Before or						Residual Disinfectant	
		Visited]	Concentration	(T) at C	at First		1. The control of the		Lowest	Minimum	Concentration	
	1	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	9	Minimum	Operating	UV Dose	at Remote	
Da	of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
T		(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Mo		"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
相		Х	2,4 hrs	15,600		1.8						<u> </u>		1.6	
113	į,		24 hrs	15,600								<u> </u>			***************************************
1			2/4 hrs	15,600											
10	经	Х	24 hrs	12,000		1.5	1					 		1.4	
*	W.		24 hrs	12,000											
胸		Х	24 hrs	12,000		1								0.8	***************************************
婚			24 ars	12,000										•	
朋		X	24 ars	14,600		1.3								1	
蠳			24 ars	14,600											
1			24 ars	14,700											
181		Х	24 nrs	13,000		0.8								0.4	
1			24 hrs	14,000		1.8								1.4	
魯		Х	24 hrs	14,000		1.8								1.6	
h	经		24 hrs	14,000											
#1		Х	24 hrs	12,600		1								0.8	
超	É		24 hrs	12,600											
物			24 hrs	12,600										Ţ.	·
10		Х	24 hrs	12,000		1.4								1.1	
10	7		24 hrs	12,000											
122	3	X	24 hrs	13,000		1.2		1	ļi					1.1	
122			24 hrs	14,000					ļ			<u> </u>			
112		X	24 hrs	15,000		1.4								1.2	
102			24 hrs	15,000	ļ										
122	5.1	إسبيسا	2∠ hrs	15,000	ļ										
		Х	24 hrs	12,000		1.1								0.8	
12			24 hrs	13,000		-						ļ			
122	150	X	24 hrs	10,000		1								7	
12		X	24 hrs	9,000		1						ļ		0.6	
102		Х	24 hrs	16,600		1.3		<u> </u>				<u> </u>	 	1.2	
胸			24 hrs	16,600				 	ļ						
		delenan an	24 hrs	16,600		l		L	L	L	<u> </u>	<u> </u>	<u> </u>	<u> </u>	L
	nge	etin de la		421,300	ł										
Att	dage		经事情点	13,590											

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



See page 4 for instructions

	ec page 4 for men derions					
I.		ovember-04				
Ą	Public Water System (PWS) Information					
Ц	PWS Name: Ridge Meadows				fication Number:	6424591
Ц	PWS Type: X Community Non-	Transient Non-Comm	unity	Transient Non-Comm	unity	Consecutive
Ц	Number of Service Connections at End of Month: 66			Total Population Served	at End of Month:	139
	PWS Owner: Aqua Utilities Florida					
4	Contact Person: Brian Heath			Contact Person's Title:	Area Manager - Flo	orida
Ц	Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocala	State: FL	Zip Code: 34470
Н	Contact Person's Telephone Number: (352) 732-6027			Contact Person Person's	Fax Number:	(352) 732-3213
Ų	Contact Person's E-Mail Address: beheath@aqua	aamerica.com				
B	Water Treatment Plant Information					
4	Plant Name: Ridge Meadows	······································			hone Number:	(352) 732-6027
4	Plant Address: 957 N.W. 58th Court			City: Ocala	State: FL	Zip Code: 34482
\dashv	Type of Water Treated by Plant: X Raw Ground Water		chased Finished Wa	ater		
+	Permitted Maximum Day Operating Capacity of Plant, gallons pe Plant Category (per subsection 62-699.310(4), F.A.C.):	r day:		Dland Cland	(0 (00 010(0) =	1.0)
8	Licensed Operators Name	v november statement in the lea	License Class	Plant Class (per subsect		
	Service Office And Company Anna Service Anna			 		y(s)/Shift(s) Worked
ä	CONTRACTOR CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE PROPE		<u> </u>	8287		3 Days per week
	her Operators Barry Cohen		С	8253	 	3 Days per week
1		_ 				
				<u> </u>	 	
					 	
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1					 	
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Į.						
				<u></u>		
П	1. Certification by Lead Chief Operator					
I	the undersigned water treatment plant operator licensed in Flo	orida, am the lead/cl	hief operator of th	ne water treatment nlant	identified in Part L	of this report. I certify that the
	formation provided in this report is true and accurate to the be					
	nternational Standard 60 or other applicable standards reference					
	ant were prepared each day that a licensed operator staffed or					
	ates; and (2) if applicable, appropriate treatment process perfor				nal operations recor	rds to the PWS owner so the PWS
ď	wner can retain them, together with copies of this report, at a c	convenient location	for at least ten ye	ars.		
	1	sale Manale			00007	
d	 	ork March			C8287	
3	Estatute and Date Pf	nted or Typed Name			License Number	
DE	RP Form 62-555 900(3)Alternate	1	Page 1			

PW\$	Identifica:	tion Number	<u> </u>	6424591		Plant Name:	Ridge Mea	idows						
		for the Mon			November-04									
Mean			og Virus Inacti	viation/Remo	oval: *		Free (Chlorine	e 📗	Chlorine I	Dioxide)zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe):								
Type	of Disinfe	ctant Residu	ıal Maintained i	n Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
1914					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log					Contraction of	
-\$60 \$10	Days				that a the fact of the fact	CT Calcu			Tare Walley		UVI	Oose		
F 14	Plant			-			Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or					, i	Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by 5		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day		1 4 4 4	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plantin	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Mont		Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
****	X	24 hrs	16,000		1.6				<u> </u>				1.4	
7821 983	劉	24 hrs 24 hrs	16,000					<u> </u>						
314	X X	24 hrs	13,000		1.8			<u> </u>					1.6	
42	X	24 hrs	15,000 13,000		3.5			<u> </u>					2.8	
116	35 A	24 hrs			2			<u> </u>					1.4	
建设	44 24	24 hrs	13,000 14,000					<u> </u>						
11/82	X	24 hrs	11,000		1.6			<u> </u>						
10	는 ^ 등	24 hrs	11,000		1.6								1.4	
and the	X	24 hrs	13,000		1.4								1.0	
	21 A	24 hrs	14,000		1.4								1.2	
1112	X	24 hrs	14,000		1.6			 					1.4	
建		24 hrs	14,000		1.0	· · · · · · · · · · · · · · · · · · ·							1.4	
建	Q.	24 hrs	15,000					1				<u> </u>		
3145	X	24 hrs	12,500		1.4		 	 					1.2	
400	4	24 hrs	12,500					 					1.4	
100	X	24 hrs	12,000		1.4								1.1	
7418	2	24 hrs	13,000					1	<u> </u>					
- Tab	X	24 hrs	13,300		1.6		 		†				1.4	
(12b)	O C	24 hrs	13,300		<u> </u>		1							
121	50 50	24 hrs	13,300		1									
120	X	24 hrs	12,000	[1.5								1	
3128	8	24 hrs	12,000											
\$24	X	24 hrs	16,000		1.4								1.2	
1825	ě	24 hrs	16,000											
726	#	24 hrs	16,000											
427	Y X	24 hrs	19,500		1.5								1.3	
128	ž.	24 hrs	19,500											
\$120	X	24 hrs	10,000		1.2								1.2	
. 1 /3 b	8	24 hrs	10,000					L						
181		24 hrs			L		L	1		<u> </u>	l	l		
1014	Chr. V		412,900]										

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



See page 4 for instructions					
 General Information for the Mo 					
A. Public Water System (PWS) In	ıformation				-
PWS Name: Ridge Me	adows		PWS Identi	ification Number:	6424591
PWS Type: X Comm		munity	Transient Non-Comm	unity	Consecutive
Number of Service Connections a			Total Population Served	at End of Month:	139
	ities Florida	•			
Contact Person: Brian Hea			Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailing Address			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Numb			Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
B. Water Treatment Plant Inform				·	
Plant Name: Ridge Me				hone Number:	(352) 732-6027
	58th Court		City: Ocala	State: FL	Zip Code: 34482
Type of Water Treated by Plant:		rchased Finished W	ater		
	ng Capacity of Plant, gallons per day:		Int. (Ob.)	:_ (2 (00 210(4) E 4	(C) D
Plant Category (per subsection 62	-699.310(4), F.A.C.): V	l recessorations	Plant Class (per subsect License Number	10n 62-699.310(4), F.A Day	
Zead/Chiel Operator: Coher Operator:		License Class			****
MATERIAL CONTROL OF THE PROPERTY OF THE PROPER	Mark March	C	8287		3 Days per week
Surer voerages : 1	Barry Cohen	С	8253		3 Days per week
	7.2.				
		L			
II. Certification by Lead Chief Or	perator				
I the undersigned water treatment	plant operator licensed in Florida, am the lead/	ohiaf aparatar af t	ha water treatment plan	t identified in Port I o	f this report Leartify that the
	t is true and accurate to the best of my knowled				
	applicable standards referenced in subsection 6				
111	a licensed operator staffed or visited this plant	-			
[] -] -	riate treatment process performance records. F		_	onal operations record	ds to the PWS owner so the PWS
owner can retain them, together w	ith copies of this report, at a convenient location	n for at least ten ye	ears.		
	Mark March		<u>.</u>	C8287	
Signature and Date	Printed or Typed Name	e		License Number	
DEP Form 62-555.900(3) Afternate		Page 1			

PWS I	dentifica	tion Number	:	6424591		Plant Name:	Ridge Mea	dows						
III. Da	ily Data	for the Mont	h'Year of:		December-04				_					
			og Virus Inactiv				Free (Chlorine	e II	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
	Ultraviol	et Radiation			Other (Describe	e):	ш		نے ا					,
			al Maintained in	n Distributio		·/			Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
1871	13.00			2 No. 1195	CT Calculations,	or UV Dose, to 1	Demonstrate I	our-Log					DAMES S	
	Days			Design that have		CT Calcu					UV	Dose		
	Plant						Lowest CT						Lowest	
1	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
100	or			1.1.	Disinfectant	Contact Time	Before or	1				1	Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
Daylor	by		Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer	Temp.	all of	Minimum	Operating UV Dose,	UV Dose	at Remote	F
Day of the	Operator (Place	Hours Plant in	Water	Peak Flow	During Peak	Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
184	X	24 hrs	10,000	, 01	1.8				T				1.6	
324		24 hrs	11,000											
·超	X	24 hrs	14,000		1.6								1.4	
199		24 hrs	14,000											
181		24 hrs	14,000				<u></u>					ļ		
	X	24 hrs	15,000		1.6			!				ļ	1.2	
		24 hrs	15,000	ļ			<u> </u>		<u> </u>	` ` `		 		
38	X	24 hrs 24 hrs	14,000		2		<u> </u>				<u> </u>		1.5	
	X	24; hrs	14,000 10,600		2		1	 					1.8	
	 ^	24 hrs	10,600				1	 				 	1.0	
100	3	24 hrs	11,000											
200	X	24 hrs	14,000		1.8		 						1.6	
3004		24 hrs	14,000	l										
4	X	24 hrs	8,000		1.6								1.4	
344	100	24 hrs	9,000											
黎	Х	24 hrs	11,000		1.8							<u> </u>	1.4	
West .		24 hrs	11,000				<u> </u>		<u></u>	ļ				
		24 hrs	11,000		1.		ļ	<u> </u>				 -	12	
	X	24 hrs	13,000 13,000	ļ	1.6		 	ļ <u>.</u>	 	 		 	1.2	
		24 hrs 24 hrs	12,500	-	1.6		 	 	 	-	 	 	1.4	
	4 ^	24 hrs	12,500	 	1.0		 	 	 	 		 	1.4	
	X	24 hrs	14,000	 	1.6		 	\vdash	 		 	†	1.2	
A		24 hrs	15,000				1	—	†					
220		24 hrs	15,000											
324	Х	24 hrs	10,000		1.5								1.2	
2028	3	24 hrs	10,000											
***	X	24 hrs	15,000		1.8			<u> </u>		<u></u>		<u> </u>	1.2	
		24 hrs	15,000	ļ			<u> </u>	<u> </u>				<u> </u>	ļ.,,	
1334	X	24 hrs	12,600	ļ	1.8	<u> </u>	1	L	L	<u> </u>	<u> </u>	<u>i</u> _	1.4	1
XXXX			388,800 12,542	-										

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

Westview



See page 4 for instructions General Information for the Month/Year of: January-04 A. Public Water System (PWS) Information PWS Name: West View PWS Identification Number: 3424036 PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 102 29 PWS Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: Zip Code: 34470 FL Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com B. Water Treatment Plant Information Plant Name: (352) 369-4881 West View Plant Telephone Number: 2475 N.E. 45th Road Zip Code: 34475 Plant Address: City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators License Number Day(s)/Shift(s): Worked Name License Class #Lead/Chief Operator 3 Days per week Mark March C 8287 Other Operators: 3 Days per week William Landers $\overline{\mathbf{B}}$ 7327 Apparations II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Mark March C8287 Signature and Date License Number Printed or Typed Name

Page 1

PWS Id	VS Identification Number: 3424036 Plant Name: West View														
		for the Mon			January-04										
Means	of Achie	ving Four-I	og Virus Inacti	viation/Rem	oval: *		Free (Chlorine	•	Chlorine I	Dioxide)zone	Combined Chlo	orine (Chloramines)
		et Radiation			Other (Describe):	_						_		
			ual Maintained i	n Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
- 77 - 4					CT Calculations,	or UV Dose, to I	Demonstrate F	our-Log				18.00	``	The sales	Terror States
	Days					CT Calcu					UVI	Dose			
	Plant						Lowest CT						Lowest		
	Staffed	114 19	20		Lowest Residual	Disinfectant	Provided	721		+ N			Residual		
	or				Disinfectant	Contact Time	Before or		1 1				Disinfectant		
	Visited				Concentration	(T) at C	at First	+			Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
	Operator	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in		bnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		nance Work that Involves Taking
Month	"X") .	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	∵ C ∪	Applicable	mg-min/L	sec/cm2	sec/cm2s	System, mg/L	water System	Components Out of Operation
23.4	Х	24 hrs	8,000				 						1.2		
3		24 hrs 24 hrs	7,000 7,000				 	 				-	1.2		
4		24 hrs	7,000				 	 							
5.0	Х	24 hrs	6,000										1.2		
6	^	24 hrs	6,000					 					1.2		
4.72	х	24 hrs	6,000				1	.					1.3		
- 8		24 hrs	6,000	-				 							
9/*	Х	24 hrs	7,000				1	†					1.2		
.10 >		24 hrs	7,000					1							
:11		24 hrs	7,000					 							
112	Х	24 hrs	6,500					1					1.3		
-,135		24 hrs	6,500												
24 14	X	24 hrs	6,500										1.2		
-15%		24 hrs	6,500									<u> </u>			
16	Х	24 hrs	8,300							<u> </u>		<u> </u>	1.3		
177		24 hrs	8,300					<u> </u>		ļ. ·					
.18	 	24 hrs	8,300				 	1			 	1	- 12	ļ	
19	Х	24 hrs	5,500		ļ		 	 			 	 	1.2		
20 %		24 hrs	5,500				 	 	 	1	 	 	1.3	-	
21	X	24 hrs	7,000		 		 	1	 	 	 		1.3	 	
22 ;		24 hrs	7,000		 	 		1	 	<u> </u>	 	-	1.2	 	
23 24+	X	24 hrs 24 hrs	6,300 6,300	 			 	1	 	├	-	 			
25	 	24 hrs	6,300	 	 		 	+	 			 			
26.7	Х	24 hrs	7,000				1		· · · · ·	 		 	1.2	1	· · · · · ·
27	1-	24 hrs	7,000	 	 	 		+	 				<u> </u>		
28.	X	24 hrs	6,000		 			 				1	1.3		
29,		24 hrs	6,000		1		 		 	1		T			
30	X	24 hrs	6,300				 	1				1	1.1		
31	1	24 hrs	6,300	 	 		1	1		1	T				
	. 1501		207,400		-1	•.			.4.4						
			6,690]											

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



Signature and Date

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

See page 4 for instructions February-04 I. General Information for the Month Year of: A. Public Water System (PWS) Information West View 3424036 PWS Name: PWS Identification Number: PWS Type: X Community Transient Non-Community Consecutive Non-Transient Non-Community Number of Service Connections at End of Month: 102 Total Population Served at End of Month: PWS Owner: AquaSource Utility, Inc. Michael Fitzgerald Contact Person: Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: Zip Code: 34470 1343 NE 17th Road City: Ocala State: FL. Contact Person's Telephone Number: (352) 369-4881 Contact Person Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: myfitzgerald@suburbanwater.com B. Water Treatment Plant Information (352) 369-4881 Plant Name: West View Plant Telephone Number: Zip Code: 34475 Plant Address: 2475 N.W. 45th Road Ocala State: FI. City: X Raw Ground Water Type of Water Treated by Plant: Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50.000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Alicensed Operators Name Day(s)/Shift(s) Worked -License Class License Number *Lead/Chief Operator / 3 Days per week C 8287 Mark March Other Operators: William Landers B 7327 3 Days per week APPENDING TO BE A SECOND II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. C8287 Mark March

License Number

DEP Form 62-555.900(3)Alternate Page 1

Printed or Typed Name

PWS I	dentificat	tion Numbe	er:	3424036		Plant Name:	West View	v								
III. Dai	ly Data I	for the Mon	th/Year of:		February-04											
			Log Virus Inacti	iviation/Rem			Free (Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlo	orine (Chl	loramines)
		et Radiation			Other (Describe	e):			• •		Jionido	Г,	220110	Comonica Cin	orme (Cm	oramics
			ual Maintained	in Distribution		7		$\neg \tau$	Free Ch	orine	C	ombined C	hlorine (Chlor	cominac)	C	hlorine Dioxide
-31		110010			CT Calculations,	or ITV Dose to I	Damonetrate.	Pour I or				Jiiibilied C	lilorine (Cilio	l annies)	1 0	norme Dioxide
	Days				C1 Calculations,	CT Calcu	lations	-Cui-Log	, virus macuv	auon, n App	UV	Dora				
	Plant					- Cr Calcu	Lowest CT	T	r		Carry Silver	Dose				
	Staffed				Lowest Residual	Disinfectant	Provided						Lowest Residual			
	or		1		Disinfectant	Contact Time	Before or				沙亚大学 。		Disinfectant			
12.0	Visited		1		Concentration	(T) at C	at First				Lowest	Minimum	Concentration			
	by .	1	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote			
	Operator	Hours	of Finished	1.00	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or A	bnormal On	perating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	⊮ mW-	mW	Distribution	Repair or Mainten	ance Work	that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd *	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System C	Components	Out of Operation
11		24 hrs	6,400													
*2 -	Х	24 hrs	6,100										1.2			
3		24 hrs	6,100													
7.64	Х	24 hrs	6,000										1.1			
5	1	24 hrs	6,000					ļ								
46.	Х	24 hrs	6,600	ļ			ļ					<u> </u>	1.3			
. 7 · 8		24 hrs	6,600				<u> </u>	_								
- 9	- V	24 hrs	6,700							ļ				L		
10 -	X	24 hrs 24 hrs	6,500 6,500					<u> </u>					1.2	ļ		
11	х	24 hrs	6,000	 				 								
12 7	1	24 hrs	6,000				 	 				-	1.2			
13.	х	24 hrs	7,000	 			 	├	<u> </u>	 		ļ	1.0			
2*14 %		24 hrs	7,000						<u> </u>			 	1.0	 		
15		24 hrs	7,000					 		ļ		ļ <u>.</u>				
16	х	24 hrs	6,500				 	 			<u> </u>	 	1.1			
17.	- 	24 hrs	6,500	 				1		 		 -	1.1			
18	Х	24 hrs	6,500	 			 				<u> </u>		1.2			
⇒719 <i>2</i> °		24 hrs	6,500	 				{ − −−		 		 	1.2			
20	х	24 hrs	8,000	l —			 	 		 			1.2			
-:21		24 hrs	8,000					1	 	-		 	1.2			
2.22		24 hrs	8,000				 	1				1				
#23 ···	Х	24 hrs	7,000	l						 		 	1.3			
24		24 hrs	7,000	1				1	 	l	 	1				
25-4	Х	24 hrs	9,000		****			T					1.2			
26 *		24 hrs	9,000													
27	Х	24 hrs	7,200										1.3			
28		24 hrs	7,200											V		
29		24 hrs	7,200					1								
· 30		24 hrs														
31° T	A. adams No. 2 Co. 2	24 hrs							L							
Total-		2.6.5	200,100			 .										
	Control of the Contro	Part of the Control o	£ 000													

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



See page 4 for instructions

L Committee Committee	Court No. No. 11/2/2019 C	March-04	···						
	for the Month/Year of:	March-04							
A. Public Water System					Environ I de			2424026	
PWS Name:	West View				PWS Identific			3424036	
PWS Type:	X Community	Non-Transient Non-Com	munity		Non-Commun			nsecutive	
	onnections at End of Month:			Total Popula	ation Served a	t End of Mon	th:	102	
PWS Owner:	AquaSource Utility, Inc.		·	T					
Contact Person:	Michael Fitzgerald			Contact Pers		Area Manag			21152
Contact Person's Mail								Zip Code:	
Contact Person's Telep				Contact Pers	son Person's F	ax Number:		(352) 732-3	.213
Contact Person's E-Ma		rald@suburbanwater.com	···						
B. Water Treatment Pl	ant Information					****			
Plant Name:	West View				Plant Telepho			(352) 369-4	
Plant Address:	2475 N.W. 45th Road				Ocala	State:	FL	Zip Code:	34475
Type of Water Treate			ırchased Finished Wa	ter					
	Day Operating Capacity of Plant, gal	lons per day:	50,000			····			
	ubsection 62-699.310(4), F.A.C.):				(per subsection				and the second second second second
: Licensed Operators	Name	TANK TO STATE	- License Class	License	Number	三级 中,为1	, Day(s)/S	shift(s).Wor	ked.
Lead/Chief Operator:	Mark Mar	ch	С	82	287		3 Da	ys per week	<u> </u>
Other Operators:	ž.								
75 Fig. 11.									· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·							
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	\$								

"The STATE OF THE	\$								
II. Certification by Lea	ad Chief Operator								
I, the undersioned water	er treatment plant operator license	l in Florida, am the lead	chief operator of th	e water trea	tment plant i	dentified in	Part I of thi	is report. I	certify that the
	n this report is true and accurate to								
	60 or other applicable standards re								
	ch day that a licensed operator sta								
	ble, appropriate treatment process				hese addition	ial operation	s records to	the PWS	owner so the PWS
owner can retain them,	together with copies of this repor	t, at a convenient location	on for at least ten ye	ars.					
		Mark March			_	C8287			
Signature and Date		Printed or Typed Nam	ie			License Nur	nber		

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

PWS I	WS Identification Number: 3424036 Plant Name: West View													
III. Da	lv Data f	or the Mon	th Year of:		March-04								 	
			Log Virus Inactiv				Free C	hlorin		Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
	Jltraviole	t Radiation	<u> </u>		Other (Describe	:):								
Type o	f Disinfe	ctant Residu	ual Maintained i	n Distributio					Free Chl			mbined C	hlorine (Chlor	amines) Chlorine Dioxide
		•			CT Calculations,			our-Log	Virus Inactiv	ation, if Appl				
	Days					CT Calcu		<u> </u>			Ţ. UV I	Dose .		
	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	
	Of				Disinfectant	Contact Time	Before or				4.7.14		Disinfectant	
	Visited	4 1	er la d		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	[
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT.	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	"X")	Operation . 24 hrs	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	. ∗ C	Applicable:	>-ud-uim+>	sec/cm2	sec/cm2	System, mg/L	- water System Components Out of operation
-2	x	24 hrs	11,000					<u> </u>				 	1.4	
4.43		24 hrs	11,000								l	_		
224	Х	24 hrs	6,500										1.4	
5		24 hrs	6,500											
6	X	24 hrs	6,000										1.4	
3 7		24 hrs	6,000											
₹8	X	24 hrs	7,000										1.3	
≥9+		24 hrs	7,000				ļ				 		1.3	
#10 #11	X	24 hrs	6,500 6,500		-		 	-			<u> </u>		1.3	
12	x	24 hrs 24 hrs	7,000				 					 	1.3	
13.		24 hrs	7,000			······································						 		
14		24 hrs	7,000					 -						
45	х	24 hrs	8,500										1.1	
16		24 hrs	8,500											
47	X	24 hrs	6,000						ļ				1.2	
18		24 hrs	6,000				ļ		ļ	ļ		 		
19-	X	24 hrs	9,600				ļ		ļ	 		 	1.1	
~20 21		24 hrs 24 hrs	9,600 9,700					 		-	-	 	 	
22	X	24 hrs	7,000	 			 	 	 	 	-	 	1.2	
723	X	24 hrs	9,000					 	<u> </u>			· · · · · ·		
24	X	24 hrs	7,500									1	1	
25		24 hrs	7,500											
26-	X	24 hrs	7,000	[0.3	
, 27	X	24 hrs	8,000					ļ					0.6	
28		24 hrs	8,000							1		 		
₹29	X	24 hrs	11,000	<u> </u>	<u> </u>	ļ	 	<u> </u>			 	 	0.4	
÷ 30:	1 v	24 hrs	11,000			ļ	 	-	<u> </u>		1	 	0.9	
31 Total	X	24 hrs	8,500 244,600	1	<u> </u>	<u> </u>	.i	L		l	<u> </u>	<u> </u>	1	1

7,890

11,000

Average

Maximum 3

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information fo	r the Month/Year of:	April-04						······································
A. Public Water System (PWS) Information		··· ··· ··					
PWS Name: V	Vest View		····	PWS	Identification Num	nber:	3424036	
PWS Type:	Community	Non-Transient Non-Com	munity	Transient Non-			secutive	
Number of Service Conn	ections at End of Month:	29		Total Population	Served at End of M		102	
	quaSource Utility, Inc.							
	Aichael Fitzgerald			Contact Person's	Title: Area Man	ager - Florida		
Contact Person's Mailing		d		City: Ocal	a State:	FL .	Zip Code:	34470
Contact Person's Telepho		69-4881		Contact Person P	erson's Fax Number	r: ((352) 732-3	3213
Contact Person's E-Mail		erald@aquaamerica.com						
B. Water Treatment Plant	Information							
	Vest View			Plant	Telephone Numbe	er:	(352) 369-4	1881
Plant Address: 2	475 N.W. 45th Road			City: Ocal			Zip Code:	
Type of Water Treated b			rchased Finished Wa	ter				
	y Operating Capacity of Plant, ga	allons per day:	50,000					
	ection 62-699.310(4), F.A.C.):			Plant Class (per s	ubsection 62-699.3	10(4), F.A.C.):		
Licensed Operators	Name		License Class	License Nun	nber 💮 🦠 🖏	: // Day(s)/S	hift(s) Wor	ked ⁱ
Lead/Chief Operator:	Mark Ma	rch	С	8287		3 Day	ys per week	
Other Operators:								
	<u> </u>							
II. Certification by Lead	Chief Operator							
I, the undersigned water to	eatment plant operator license	ed in Florida, am the lead	chief operator of th	e water treatmen	t plant identified i	in Part I of this	s report. I	certify that the
	nis report is true and accurate							
_	or other applicable standards	~	•	•			•	
	day that a licensed operator st							
	e, appropriate treatment proces	-	. •	•	additional operation	ons records to	the PWS	owner so the PWS
owner can retain them, to	gether with copies of this repo	rt, at a convenient location	n for at least ten ye	ars.				
		Moule Mouah			C9297			
Signature and Date		Mark March		···-	C8287	(sumbon		
orginature and Date		Printed or Typed Nam	e		License N	umoer		

Page 1

PWS Id	entificat	ion Numbe	r:	3424036		Plant Name:	West View	v							
III. Dai	I. Daily Data for the Month Year of: April-04														
			og Virus Inacti	viation/Rem			Free (Chlorine	e II	Chlorine I	Dioxide		Dzone	Combined Chlori	ne (Chloramines)
		t Radiation			Other (Describe	:):									,
			ual Maintained i	n Distributio		,			Free Chle	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
1900				I Diodroutic	CT Calculations,	or UV Dose, to I	Demonstrate F	POUT-LOS					(00		
	Days				or carearation,	CT Calcul		<u> </u>			UVI	Dose			
	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or						Disinfectant		
	Visited			1. 1. 1.	Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abn	ormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		ce Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Co	nponents Out of Operation
1		24 hrs	8,500												
. 2	Х	24 hrs	10,000					ļ	<u> </u>				0.4		
37		24 hrs	10,000					<u> </u>							
4	V	24 hrs	10,000					 				ļ.——	1	· · _ · _	
5 6	Х	24 hrs 24 hrs	8,500 8,500					 			 	<u> </u>	1		
7.5	х	24 hrs	8,000					 			1		1.1		
8	 ^ 	24 hrs	8,000				 	 			 		1.1	 	<u> </u>
9.5	х	24 hrs	8,000				 	 					1.2		
-10.		24 hrs	8,000				 	 			· · · · · · · · · · · · · · · · · · ·	1			
115		24 hrs	8,000					1							
12	х	24 hrs	8,500								Ì		1.1		
13.7		24 hrs	8,500		1		1	1							
, 14	Х	24 hrs	7,000	l	1								1.2		
15		24 hrs	7,000												
-16	Х	24 hrs	7,000										1.2		
117%		24 hrs	7,000					<u> </u>							
18.		24 hrs	7,000				<u> </u>	ļ							
19	X	24 hrs	7,500				ļ	ļ			ļ	ļ	1.3		·
20	ļ.,	24 hrs	7,500				ļ	<u> </u>	ļ				1.3		
21	X	24 hrs	11,000				1		1		├ ──	-	1.3		
22	v	24 hrs 24 hrs	11,000 9,300	-			 		 	 	 	 	1.2		
24	X	24 hrs	9,300	 	 			1		 	 	 -	1.4	 	
25*		24 hrs	9,300	 			 	1		 	 	 		 	
26	х	24 hrs	10,000						 		1	1	1.2		
27	<u> </u>	24 hrs	10,000				 	1	 	 -	†	1			
28	х	24 hrs	6,500	f				T	t				1.1	†	
29		24 hrs	6,500					1							
30	х	24 hrs	7,000					1					1.2		
.,31 ·		24 hrs												<u> </u>	
Total 3	CAME:		252,400												
Average	To the		8,413	1											
Maxim	me :		11,000]											

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

See page 4 for instructions	S										
I. General Information	for the Month/Year of	May	y-04								
A. Public Water System	n (PWS) Information										
PWS Name:	West View						PWS Identi	fication Numb	oer:	3424036	
PWS Type:	X Community	Non-Tra	ansient Non-Com	munity		Transie	ent Non-Comm	unity		Consecutive	
Number of Service Co	nnections at End of Mor	th: 29				Total Pop	oulation Served	at End of Mo	nth:	102	
PWS Owner:	AquaSource Utility, In	2.									
Contact Person:	Michael Fitzgerald						Person's Title:	Area Mana			
Contact Person's Maili		E 17th Road				City:	Ocala	State:	FL	Zip Code: 3	
Contact Person's Telep		(352) 369-4881				Contact 1	Person Person's	Fax Number:		(352) 732-32	13
Contact Person's E-Ma	il Address:	mvfitzgerald@ag	quaamerica.com	<u> </u>							
B. Water Treatment Pla	ant Information										
Plant Name:	West View						Plant Telep	hone Number	:	(352) 369-48	
Plant Address:	2475 N.W. 45th Road					City:	Ocala	State:	FL	Zip Code:	34475
Type of Water Treated		law Ground Water		urchased Finish	ed Wa	ater					
	Day Operating Capacity		day:	50,000							
	bsection 62-699.310(4)	F.A.C.):					iss (per subsect				and the second of the second o
Licensed Operators	14 14 14 14 14 14 14 14 14 14 14 14 14 1	Name -		License C	lass _	Lice	nse Number		Da	ıy(s)/Shift(s) Work	3 d
* Lead/Chief Operator:		Mark March		C _			8287			3 Days per week	
Other Operators:											
\$40 P. P. P. P. P. P. P. P. P. P. P. P. P.											
						T					*
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184 184 E. F.											
	<u> </u>										
有数一条数据公司											
II. Certification by Lea	d/Chief Operator										
I, the undersigned water	r treatment plant opera	tor licensed in Flor	ida, am the lead	l/chief operate	or of th	he water t	reatment plan	t identified in	n Part I	of this report. I c	ertify that the
information provided in	this report is true and	accurate to the hes	t of my knowle	dae Icertify	that al	II drinking	water treatm	ent chemical	s used a	at thisplant confo	rm to NSF
International Standard		standards reference	d in subsection	42 555 220(2) E A	C Inlea	cortify that th	e following:	addition	nal operations rec	ords for this
international Standard	oo or omer applicable	stanuarus reference	u iii subsection	02-333.320(3	J, 1°./\ 41- :-	.C, I also	have (1)	e tonowing o	nto of o	hamicals used an	d chemical feed
plant were prepared each	ch day that a licensed of	perator started or v	isited this plant	auring the m	onui i	ndicated a	above: (1) reco	oraș or amou	inis or c		a chemical feed
rates; and (2) if applica							e these addition	onai operatio	ns reco	ras to the PWS o	wher so the r w s
owner can retain them,	together with copies of	f this report, at a co	nvenient location	on for at least	ten ye	ears.					
								C0007			
<u> </u>			k March					C8287 License Nu	b		***
Signature and Date		Print	ted or Typed Nan	ne				License Ni	umber		

Page 1

PWS Ic	S Identification Number: 3424036 Plant Name: West View														
111 120	le: Dota i	or the Mon	ds/Marson a C		Mari 04										
Moons	of Ashio	or the Mon	un a car on	· · · · · · · · · · · · · · · · · · ·	May-04										
lvicans r	Ol Acille	ving Four-i et Radiation	Log Virus Inacti	viation/Rem			Free (Chlorin	е 📙	Chlorine I	Dioxide		Ozone	Combined Chlorine	(Chloramines)
					Other (Describe	e):									<u>:</u>
Type o	Disinfe	ctant Resid	ual Maintained	in Distributio					Free Chl			mbined C	hlorine (Chlor	ramines)	Chlorine Dioxide
					CT Calculations,			our-Log	Virus Inactiv	ration, if App					
	Days					CT Calcu	lations				UV	Dose			
i	Plant					4	Lowest CT	12					Lowest		
i i	Staffed				Lowest Residual	Disinfectant	Provided	1					Residual		
	or Visited				Disinfectant	Contact Time	Before or	11.0			.: _ '		Disinfectant		
	by		Net Quanity		Concentration (C) Before or at	(T) at C	at First	т			Lowest	Minimum	Concentration		
Day of	Operator	Hours	of Finished		First Customer	Measurement Point During	Customer During	Temp.	pH of	Minimum CT	Operating UV Dose,	UV Dose	at Remote		
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow.	Water	Water, if	Required	mW-	Required, mW	Point in Distribution		nal Operating Conditions; Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow mg/L	minutes	mg-min/L	c.	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Come	onents Out of Operation
ેવ ે		24 hrs	7,000						Service Participation of the service				Dysam, mg23	у при при при при при при при при при при	ments out of operation 1
2		24 hrs	7,000									<u> </u>			
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~⊹5	Х	24 hrs	7,000		_								1.1		
6		24 hrs	7,000												
7.	X	24 hrs	10,600										1.1		
8		24 hrs	10,600												
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11.		24 hrs	7,500												
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₹25°		24 hrs	8,000												
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total	tak IV		263,500	1											T .
Average	He was a second	200-787	8,500	I											

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



See page 4 for instructions

oce bage . for unparactions					
1. General Information t					
A. Public Water System	(PWS) Information				
	West View			fication Number:	3424036
	X Community Non-Transient Non-Com	nmunity	Transient Non-Comm		Consecutive
	nections at End of Month: 29		Total Population Served	at End of Month:	102
	AquaSource Utility, Inc.				
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Teleph			Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mai		<u>n</u>			
B. Water Treatment Pla	nt Information				
Plant Name:	West View		Plant Telep	hone Number:	(352) 369-4881
Plant Address:	2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated		urchased Finished Wa	nter		
Permitted Maximum D	ay Operating Capacity of Plant, gallons per day:	50,000			
	section 62-699.310(4), F.A.C.):		Plant Class (per subsect		
Licensed Operators	Name	License Class	License Number	D a	ry(s)/Shift(s):Worked
Lead/Chief Operator	Mark March	C	8287		3 Days per week
Other Operators:					
**************************************	·				
SIA ANA ES					
II. Certification by Lead	/Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead	l/chief operator of the	he water treatment plan	identified in Part I	of this report. I certify that the
information provided in	this report is true and accurate to the best of my knowle	dge. I certify that al	ll drinking water treatm	ent chemicals used	at thisplant conform to NSF
International Standard 6	O or other applicable standards referenced in subsection	62-555 320(3) F A	C Lalso certify that th	e following addition	nal operations records for this
International Standard O	day that a licensed operator staffed or visited this plant	. d	ndicated above: (1) rese	rds of amounts of a	hamicals used and chemical feed
plant were prepared each	i day that a needsed operator started or visited this plant	r during the month i	iluicaleu above. (1) lecc	1tiana	and to the DWS owner so the DWS
	le, appropriate treatment process performance records.			mai operations reco	ids to the r w 5 owner so the r w 5
owner can retain them, t	ogether with copies of this report, at a convenient location	on for at least ten ye	ears.		
	•				
				00007	
	Mark March			C8287	
Signature and Date	Printed or Typed Nan	ne		License Number	

PWS I	lentifica	tion Numbe	r.	3424036		Plant Name:	West Viev	v						
III. Da	ly Data	for the Mon	th/Year of:		June-04								,,	
			Log Virus Inacti	viation/Rem	oval: *		Free (Chlorin	e 🗌	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
🔲 t	Iltraviol	let Radiation	1		Other (Describe	e):			_				_	
Type o	f Disinfe	ectant Resid	ual Maintained	in Distributio	on System:				Free Chl	orine	Co	ombined C	hlorine (Chlor	amines) Chlorine Dioxide
	٠.			Ι		, or UV Dose, to	Demonstrate I	Four-Los					. Santana	
	Days				Tijstria	CT Calcu		11.				Dose		
140	Plant						Lowest CT	1.					Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	1					Residual	그렇게 되어가는 그는 그 그 그 그 그 때문
1	or				Disinfectant	Contact Time	Before or						Disinfectant	[제일 과학의 - 인하는 민준이라의 모드를 .
	Visited				Concentration	(T) at C	at First			* 1	Lowest	Minimum	Concentration	
1. 1	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
and the state of	Operator	1 " " · · · · · · · · · · · · · · · · ·	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	::mW	- Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L.	minutes	mg-min/L	C ·	Applicable	mg-min/L	sec/cm2	sec/cm2	. System, mg/L	Water System Components Out of Operation 3
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312 ;	 _	24 hrs	7,600					1	-		ļ	<u> </u>	 	
43	v	24 hrs	7,700	 	-		1	<u> </u>	<u> </u>		 -	 		
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*26		24 hrs	7,000	1				 						
27	<u> </u>	24 hrs	7,000	1			 	 		1	 			
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Average	The Table	20130100	7,697	1										

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



See page 4 for instructions

See page 4 for histractions	,								
I. General Information	for the Month Year of:	July-04							
A. Public Water System	a (PWS) Information								
PWS Name:	West View				PWS Identif	ication Numb	er:	3424036	
PWS Type:	X Community	Non-Transient Non-Com	munity	Trans	ient Non-Commu	nity	\bigcap C	onsecutive	
	nnections at End of Month:	29		Total P	opulation Served	at End of Mo	nth:	102	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Michael Fitzgerald			Contact	Person's Title:	Area Manag	ger - Florida	!	
Contact Person's Maili				City:	Ocala	State:	FL	Zip Code:	
Contact Person's Telep				Contact	Person Person's l	Fax Number:		(352) 732-3	213
Contact Person's E-Ma		ald@aguaamerica.com							-
B. Water Treatment Pla	ent Information								
Plant Name:	West View				Plant Teleph	one Number:		(352) 369-4	881
Plant Address:	2475 N.W. 45th Road			City:	Ocala	State:	FL	Zip Code:	34475
Type of Water Treated			rchased Finished	Vater					
	Day Operating Capacity of Plant, gallo	ns per day:	50,000						
	bsection 62-699.310(4), F.A.C.):				lass (per subsection				
Licensed Operators	Name		License Class	Lic	ense Number		Day(s)	/Shift(s) Worl	ked 📜 🚁 🏥
Lead/Chief Operator:	Mark March	1	C		8287		3 D	ays per week	
Other:Operators:									
THE CHEW P.									_
CONTRACT OF THE STATE OF THE ST									
	e e e e e e e e e e e e e e e e e e e								
17 T. 18 18 18 18 18 18 18 18 18 18 18 18 18									
II. Certification by Lea	d/Chief Operator								
I, the undersigned water	r treatment plant operator licensed	in Florida, am the lead	chief operator of	the water	treatment plant	identified in	Part I of the	his report. I	certify that the
	this report is true and accurate to t								
International Standard	60 or other applicable standards ref	Command in subspection 4	60. 1 coluly ulai 62.555 220(2) E	A.C. I ala	a cortification that the	following a	dditional c	nerations re	cords for this
international Standard (of other applicable standards fell	erenced in subsection (02-333.320(3), F.	A.C. 1 als	-1 (1)	· IOHOWHIG a	.40 of abam	icale wood o	ed showing! food
plant were prepared each	h day that a licensed operator staff	ed or visited this plant	during the montr	indicated	above: (1) reco	ras or amour	its of cheff	ncais used ai	id chemical feed
	ble, appropriate treatment process p				de these additio	nal operation	ns records	to the PWS o	owner so the PWS
owner can retain them,	together with copies of this report,	at a convenient location	on for at least ten	years.					
		Mark March				C8287			
Signature and Date		Printed or Typed Nam	ie			License Nu	mber		

DEP Form 62-555.900(3)Alternate Page 1

PWS Ic	/S Identification Number: 3424036 Plant Name: West View															
III. Dai	ly Data f	or the Mon	th Year of:		July-04											
			og Virus Inacti	viation/Rem			Free (Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlor	ine (Chloramines)	
		et Radiation			Other (Describe	·)-			ــا	Cinorine 2	JIOAIGO	Ш `	,20	Comonica Cino	me (emoramics)	
			ual Maintained i	n Dietributia		<i>.</i> y.			Free Chl	orine		mhined C	hlorine (Chlor	aminec)	Chlorine Dio	vide
Type o	Disilio	Can Resid	uai iviaintaineu i	וו טואווטמנוני	CT Calculations,	or IIV Dose to I	Demonstrate I	Four Los				inomea C		annies)	Chiorne Dio	xide
	n				C1 Calculations,	CT Calcu		Out-LOE	Vitus macuv	ation, it App	UV	Dose				-
	Days Plant					0. 0	Lowest CT					1	Lowest			
	Staffed				Lowest Residual	Disinfectant	Provided						Residual			
	or	1.0			Disinfectant	Contact Time	Before or						Disinfectant			
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration			
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote			
	Operator	Hours	of Finished	D1-191	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		ormal Operating Cond	
the Month	(Place	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	1 3 4 7 5 GA 1 1 1	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L		nce Work that Involves emponents Out of Open	
12	es A.y.	24 hrs	8,000	-reate, gpa	- Tiow, ing.	SE Summice (SE	Fiing-irmnr.	(), ()	Applicable	Pmg-mmvc	SCOCIIIZ	SOUCHIZ	System, mg/L	water System Co	imponents Out of Oper	ísmön 🛠 🔻
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Total	+#2 YUX	*********	249,500					•		*************************************						
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^{*} Refer to the instructions for this report to determine which plants must provide this information.



See page 4 for instructions

I. General Information	for the Month/Year of:	August-04						
A. Public Water System	m (PWS) Information	-						
PWS Name:	West View				PWS Identifi	cation Number:	3424036	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transien	t Non-Commu	nity	Consecutive	
	onnections at End of Month:	29		Total Popu	lation Served a	t End of Month:	102	
PWS Owner:	Aqua Utilities Florida			-				
Contact Person:	Michael Fitzgerald			Contact Pe	rson's Title:	Area Manager - Flo	orida	
Contact Person's Mail	ing Address: 1343 NE 17th Road			City:	Ocala	State: FL	Zip Code:	34470
Contact Person's Telep	phone Number: (352) 369-	-4881		Contact Pe	rson Person's F	ax Number:	(352) 732-3	3213
Contact Person's E-Ma	ail Address: <u>mvfitzger</u>	ald@aquaamerica.com						
B. Water Treatment Pl	ant Information		-					
Plant Name:	West View	77			Plant Telepho	one Number:	(352) 369-4	1881
Plant Address:	2475 N.W. 45th Road			City:	Ocala	State: FL	Zip Code:	
Type of Water Treate	ed by Plant: X Raw Ground V	Water Pu	rchased Finished Wa	iter		· . · . · . · . · . · . · . · . · . · .	····	
Permitted Maximum	Day Operating Capacity of Plant, galle	ons per day:	50,000			T. A		
	ubsection 62-699.310(4), F.A.C.):	V		Plant Class	s (per subsection	n 62-699.310(4), F.	A.C.) D	
Licensed Operators	Name		License Class		se Number			ked 🐔 🚵 🚈
Lead/Chief Operator.	Mark Marc	h	С		8287		3 Days per week	
Other Operators:				<u> </u>	9.40		····	
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II. Certification by Lea	ad/Chief Operator							
I the undersigned water	er treatment plant operator licensed	in Florida, am the lead	/chief operator of th	a water tre	atment plant i	dentified in Part I	of this report I	certify that the
_	n this report is true and accurate to		•		-		_	•
-	-	•	-	_			-	
	60 or other applicable standards re							
	ch day that a licensed operator staff	_	-					
rates; and (2) if applica	ble, appropriate treatment process	performance records. F	Futhermore, I agree	to provide	these addition	nal operations reco	rds to the PWS	owner so the PWS
owner can retain them,	together with copies of this report,	at a convenient locatio	n for at least ten ye	ars.				
			-					
		Mark March				C8287		
Signature and Date		Printed or Typed Nam	e		_	License Number		
		••						

Page 1

PWS I	S Identification Number: 3424036 Plant Name: West View														
III. Dai	iy Data t	or the Mon	th/Year of:		August-04										
			Log Virus Inactiv	viation/Rem	oval: *		Free C	Chlorine		Chlorine I	Dioxide)zone	Combined Chlorine	Chloramines)
		t Radiation			Other (Describe	e):									
Type o	Disinfe	ctant Resid	ual Maintained i	n Distributio					Free Chl			mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
					CT Calculations,							1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	4.	e e e e e e e e e e e e e e e e e e e	
	Days				r	CT Calcu	lations		12.34	estas in	UVI	Oose			
}	Plant			: :			Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or Visited				Disinfectant Concentration	Contact Time	Before or	A 27 (2)			Tammet		Disinfectant		
	by		Net Quanity	*	(C) Before or at	(T) at C Measurement	at First Customer	Temp.	1.19 45	Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose	Required,	Point in	Emergency or Abnorma	d Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		Vork that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes w _{ie}	mg-min/L	. C:	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Compo	nents Out of Operation
2013		24 hrs	7,300												
2 .	X	24 hrs	7,000				<u> </u>						1		
:: ≥30€	X	24 hrs	7,000				<u> </u>						1		
4 3	Х	24 hrs	7,500	,			ļ <u> </u>					 	0.8		
_5,∗³ 6 3	X	24 hrs 24 hrs	7,500 8,000		 				•			ļ	0.9		
7 %		24 hrs	8,000										0.9		
8. 8. □		24 hrs	8,000							 					
9 :	x	24 hrs	7,000							 			1		
10		24 hrs	7,000												······································
1116	х	24 hrs	9,000				 			<u> </u>			1		
120		24 hrs	9,000												
13	Х	24 hrs	6,300										1		
1459		24 hrs	6,300												
15%		24 hrs	6,400												
16	Х	24 hrs	7,000				ļ				<u> </u>		1.1		
17	<u> </u>	24 hrs	6,000							ļ	<u> </u>		1.0		
18	X	24 hrs	6,000									<u> </u>	1.2	<u> </u>	
19 · · · · · · · · · · · · · · · · · · ·	х	24 hrs 24 hrs	7,000 6,000				-	-			ļ		1.2		
217		24 hrs	6,000				 	 		 	 	 	1.2		
21 22		24 hrs	6,000	_ 			 	 		 					
23.	х	24 hrs	8,000				 						1.1		
24		24 hrs	8,000				 			†		<u> </u>			
25%	х	24 hrs	7,000							1			1.3		
26:		24 hrs	7,000												
***27°	Х	24 hrs	7,600										1.3		
28#		24 hrs	7,600												
1296€		24 hrs	7,700							<u> </u>					
30	Х	24 hrs	8,000				↓	<u> </u>		ļ			1.4		
31.		24 hrs	8,000		<u> </u>	l	<u>L</u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	
Total 🎋	14 17 17 14	2,355.4°E	224,200												

7,232 9,000

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



See page 4 for instructions

See page 4 for instructions							
1. General Information for the Month Year of:	September-04						
A. Public Water System (PWS) Information							
PWS Name: West View			PW	S Identification Num	ber:	3424036	•
PWS Type: X Community	Non-Transient Non-Com	munity 🔲	Transient Non	-Community		Consecutive	
Number of Service Connections at End of Month:	29		Total Population	Served at End of Mo	onth:	102	
PWS Owner: Aqua Utilities Florida							
Contact Person: Michael Fitzgerald			Contact Person's				
Contact Person's Mailing Address: 1343 NE 17th Road			City: Oca		FL	Zip Code: 3	
Contact Person's Telephone Number: (352) 36			Contact Person	Person's Fax Number:		(352) 732-321	13
	erald@aquaamerica.com						
B. Water Treatment Plant Information							
Plant Name: West View			Plai	nt Telephone Number		(352) 369-488	
Plant Address: 2475 N.W. 45th Road			City: Oca	la State:	FL .	Zip Code: 3	4475
Type of Water Treated by Plant: X Raw Ground		rchased Finished V	ater				<u></u>
Permitted Maximum Day Operating Capacity of Plant, ga	llons per day:	50,000					
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			subsection 62-699.31			
Licensed Operators Name	V. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	License Class	License Nu	mber . Signatur	Day(s)/Shift(s) Worke	d ::
Lead/Chief Operator: Mark Ma	rch	С	8287		3	Days per week	
Other Operators:							<u></u>
A Charles of the Control of the Cont			<u> </u>				
							·
			* *				
II. Certification by Lead/Chief Operator							
I, the undersigned water treatment plant operator license	ed in Florida, am the lead	chief operator of	the water treatme	nt plant identified in	n Part I of	this report. I co	ertify that the
information provided in this report is true and accurate to	to the best of my knowled	lge. I certify that	all drinking water	treatment chemical	ls used at t	thisplant confor	m to NSF
International Standard 60 or other applicable standards	referenced in subsection (52-555 320(3) F	A.C. Lalso certify	that the following	additional	operations reco	ords for this
plant were prepared each day that a licensed operator st	offed or visited this plant	during the month	indicated above:	(1) records of amou	nts of che	micals used and	I chemical feed
plant were prepared each day that a needsed operator so		Total	naicated above.	additional approfic	ne record	s to the DWS ov	wher so the PWS
rates; and (2) if applicable, appropriate treatment proces				additional operation	ilis recordi	s to the I was ov	viici so tile i ws
owner can retain them, together with copies of this repo	π, at a convenient locatio	on for at least ten	ears.				
	Mark March			C8287			
Signature and Date	Printed or Typed Nam	e		License N	umber		

Page 1

PWS Io	lentifica	tion Number	r:	3424036		Plant Name:	West View	<i>i</i>						
III. Da	ly Data .	for the Mon	th/Year of:		September-04							·		
Means	of Achie	ving Four-L	og Virus Inacti	viation/Rem	oval: *		Free (Chlorine	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):						_		
Type o	f Disinfe	ctant Residu	ual Maintained i	in Distribution					Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
-78-					CT Calculations	or LIV Dose to	Demonstrate I	Four-Los						
	Days	. 1			33.11	CT Calcu			,	J		Dose		[- B. B. B. B. B. B. B. B. B. B. B. B. B.
ļ	Plant				1 1 1 1 1 1 1 1 1		Lowest CT						Lowest	
[Staffed		·		Lowest Residual	Disinfectant	Provided	{ · · · · ·					Residual	
	or				Disinfectant	Contact Time	Before or	'				1,040	Disinfectant	
ļ - · ·	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
1	by	1	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	1	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	1 1	of Finished		First Customer	Point During	During	of	pH of	CI	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	. Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	`.C :	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	12,000		1.8		<u> </u>	1			<u>. </u>	ļ	1.4	
2	<u> </u>	24 hrs	12,000				<u> </u>	ـــــ		ļ				
3	X	24 hrs	7,000	!	1.6			<u> </u>	<u> </u>	ļ	ļ		1.3	
4.		24 hrs	7,000	ļ		<u> </u>		—			<u> </u>		 	
5.5		24 hrs	8,000	<u> </u>	<u> </u>	 	<u> </u>	—				<u> </u>	ļ	
: 6	X	24 hrs	9,000	<u> </u>	1.5	ļ <u> </u>		<u> </u>	<u> </u>	ļ	<u> </u>	ļ	1.3	
± 75	X	24 hrs	5,000]	1.1			 		 	<u> </u>	 	1.1	
8	X	24 hrs	5,000	 	1.6	1	 	—		 	<u> </u>	 	1.1	<u> </u>
- 9	X	24 hrs	3,000	<u> </u>	1.7		ļ	├	}	 	ļ		1.3	
10	X	24 hrs	2,500		1.6		 	 	 -			 	1.6	
11	X	24 hrs	2,500 10,000	 	1.4			₩	}	 -	ļ	 	1.6	
13	X	24 hrs	10,000	 	1.8	}	 	├ ─	 -	}	}	 	1.0	
13.	х	24 hrs	5,000		1.8		 	├	 	 	 	 	1.7	
45 3	1	24 hrs	5,000	├ ──	1.0	 		 	 	 -	 -	 	1.7	
16		24 hrs	6,000	 	 	 		 	 	 	 	 	 	
17.	X	24 hrs	8,000	 	1.6	 -	 	+-	 	 	 	 	1.3	
18	1	24 hrs	8,000	 	1.0	 	 -	 	 -		 	 		
19	 	24 hrs	8,000	 	 			+-	 		 	 		
20	x	24 hrs	8,000		1.4	 		+	 		-	 	1.2	
21	} ^` -	24 hrs	8,000	 	T	† 	 	†		 	 	T	1	
22	X	24 hrs	9,000	 	1.5	1	 	+	 	 		1	1.3	
23	1	24 hrs	9,000	 	 	1	 	t	\vdash				1	
24	Х	24 hrs	8,000	 	1.4								1	
25		24 hrs	8,000	1	 		†		T			1		
26		24 hrs	9,000	1	t	 	1	1				1	I .	
27	X	24 hrs	9,000	T	1.6			T		1	1		1.1	
- 28	Х	24 hrs	11,000		1.7	T	T	1			1		1.3	
29	Х	24 hrs	12,000		1.6								1.4	!
30	į.	24 hrs	12,000											
31		24 hrs												
Total	eron	03.7046	236,000											
		1.50		7										

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



See page 4 for instructions

I. General Information for th	e Month/Year of: October-04				
A. Public Water System (PW					
PWS Name: West	View		PWS Identifi	cation Number:	3424036
PWS Type:	Community Non-Transient Non-Cor	nmunity 📗	Transient Non-Commun	nity	Consecutive
Number of Service Connection	ons at End of Month: 29		Total Population Served a	t End of Month:	102
	utilities Florida				
	ael Fitzgerald		Contact Person's Title:	Area Manager - Florie	
Contact Person's Mailing Ad			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone			Contact Person Person's F	ax Number:	(352) 732-3213
Contact Person's E-Mail Add		<u>n</u>			
B. Water Treatment Plant In	formation				
Plant Name: West	View		Plant Telepho	one Number:	(352) 369-4881
	N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by P		urchased Finished Wa	ter		
	perating Capacity of Plant, gallons per day:	50,000			
Plant Category (per subsecti	on 62-699.310(4), F.A.C.): V		Plant Class (per subsectio		
Licensed Operators	Name.	License Class	License Number	Day(s)/Shift(s);Worked
Lead/Chief Operator:	Mark March	С	8287	3	Days per week
Other Operators:	Barry Cohen	С	8253	3	Days per week
Jacobson -					
(*************************************					
44.494.52				<u> </u>	
II. Certification by Lead/Chi	ef Operator				
I, the undersigned water treat	ment plant operator licensed in Florida, am the lead	d/chief operator of th	e water treatment plant i	dentified in Part I of	this report. I certify that the
	report is true and accurate to the best of my knowle				
	other applicable standards referenced in subsection				
	that a licensed operator staffed or visited this plan				
	opropriate treatment process performance records.		=	ai operations record	s to the PWS owner so the PWS
owner can retain them, togeth	ner with copies of this report, at a convenient locati	on for at least ten ye	ars.		
				00000	
Ci	Mark March			C8287	
Signature and Date	Printed or Typed Nar	ne		License Number	

DEP Form 62-555.900(3)Alternate Page 1

PWS I	lentificat	ion Numbe	r:	3424036		Plant Name:	West View	v								
III Dai	ly: Data f	or the Mon	th Year of:		October-04								4			
			Log Virus Inacti	vistion/Dem			Eroo (Chlorin		Chlorine I	Diovida		Ozone	Combined Cl	lorine ((Chloramines)
		t Radiation			Other (Describe	۸.	глес с			CHIOTHE	NOXIGE	Ц,)Zone	Combined Ci) om ton	Cinoramines
						5).			T.E., OLI				Liaire (Chian		$\overline{}$	Chlarina Diomida
Type o	Disinie	ciani Kesio	ual Maintained i	in Distributio		177.5			Free Chl			omoinea C	hlorine (Chlor	amines)	للل	Chlorine Dioxide
					CT Calculations,	or UV Dose, to I		OUT-LO	y Virus Inactiv	ation, if App.						
1 .	Days				r	CT Calcu	T		1		UV	Dose				
	Plant						Lowest CT	1					Lowest			
	Staffed				Lowest Residual	Disinfectant	Provided		Esta No.			· .	Residual			
	or Visited				Disinfectant	Contact Time	Before or	1			T		Disinfectant	e national		
1	by		Net Quanity	1	Concentration (C) Before or at	(T) at C Measurement	at First Customer	Tomp		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote			
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	CT	UV Dose,	Required,	Point in	Emergency or	Ahnorms	al Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water.		Required	mW-	mW	Distribution			Vork that Involves Taking
Month	"X")	Operation	Produced gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	4 4 4	Applicable		sec/cm2	sec/cm2	System, mg/L			nents Out of Operation
1.	x	24 hrs	9,600	.,	1.6								1.3	,		
* 2		24 hrs	9,600	1		<u> </u>	 	 	_		1					
3.		24 hrs	9,700										 			
4	Х	24 hrs	9,500	l	1.8		<u> </u>	1					1.3			
5		24 hrs	9,500				1									
6	X	24 hrs	10,000		1.8			1					1.4			
2.78		24 hrs	10,000	1				1								
-8	Х	24 hrs	11,000		1.6								1.4			
. 9:		24 hrs	11,000									<u> </u>				
-,10		24 hrs	11,000	1				T								
114	Х	24 hrs	9,000		1.8								1.4	L		
∵12		24 hrs	10,000													
- 13	Х	24 hrs	11,000		1.6					<u></u>	<u> </u>		1.4			
14:		24 hrs	10,000					<u> </u>	<u> </u>	<u> </u>		<u> </u>				
÷215 ∺	Х	24 hrs	10,000		1.8		1	1	<u> </u>			ļ	1.5			
-16		24 hrs	10,000		L		<u> </u>	<u> </u>		· .	<u> </u>	<u> </u>		ļ		
9817 a		24 hrs	11,000	<u> </u>			<u> </u>	<u> </u>			<u> </u>	ļ	<u> </u>			
- 18	Х	24 hrs	11,000		1.6	İ	<u> </u>	<u> </u>		<u> </u>	<u> </u>		1.6			
719		24 hrs	12,000	<u> </u>							L	<u> </u>		 		
≥20.	Х	24 hrs	10,000	 -	1.4	ļ	<u> </u>	 	 		 	 	1.3	ļ		
21		24 hrs	11,000				ļ	 		<u> </u>	 			 		
s: 22.	Х	24 hrs	9,600	 	1.6	ļ	-	 		 	↓	 	1.2			
∴23 №		24 hrs	9,600	ļ	 -		 	<u> </u>	 		 	 	 	 		
24	<u></u>	24 hrs	9,600	 	ļ			-		 	lder	 	14	_		
: 25 =	Х	24 hrs	10,000	 	1.6			₩-				├ ──	1.4	 _		
26		24 hrs	10,000	<u> </u>	1.	1	 	 -		 	 	}	12	 		
÷27 ÷	X	24 hrs	7,000	 	1.6	 		+-	 	 	├ ──	 	1.3	1		
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¥30:		24 hrs	8,300	 	 	 	 	+	 	+	 	 	 	 		
231	New Marie Se	24 hrs	8,300 304,600	 	<u> </u>	<u> </u>		1			1		<u> </u>			
Avarage	Administration of		9,826	1												
			12,000	1												
Minumin	MARK CANAL	9.400 张龙大学和西亚	4 12,000													

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



See page 4 for instructions

I. General Information for the I	Month/Year of:	November-04						
A. Public Water System (PWS)	Information							
PWS Name: West V	iew				PWS Identif	ication Number:	3424036	
PWS Type: X Cor	nmunity	Non-Transient Non-Com	munity		Non-Commu		Consecutive	
Number of Service Connections	s at End of Month:	29		Total Popula	ation Served	at End of Month:	102	
PWS Owner: Aqua U	tilities Florida							
Contact Person: Brian H				Contact Per	son's Title:	Area Manager -	Florida	
Contact Person's Mailing Addre	ess: 1343 NE 17th Road			City:	Ocala	State: FL	Zip Code:	34470
Contact Person's Telephone Nu		2-6027	-	Contact Per	son Person's I	Fax Number:	(352) 732-3	3213
Contact Person's E-Mail Addres	ss: <u>beheath</u>	@aguaamerica.com						
B. Water Treatment Plant Infor	mation							
Plant Name: West V	iew				Plant Teleph	one Number:	(352) 732-	6027
Plant Address: 2475 N	.W. 45th Road		·	City:	Ocala	State: FL	Zip Code:	34475
Type of Water Treated by Plan	t: X Raw Ground	Water Pi	urchased Finished Wa	iter				
Permitted Maximum Day Oper	rating Capacity of Plant, gal	lons per day:	50,000					
Plant Category (per subsection	62-699.310(4), F.A.C.):	V		Plant Class	(per subsection	on 62-699.310(4),	F.A.C.) D	
Licensed Operators	Name		License Class	License	Number	2000 CSR 为安全	Day(s)/Shift(s).Wor	ked 💛 💮
Lead/Chief Operator	Mark Mar		С	8	287		3 Days per weel	ζ
Other:Operators	Barry Coh	en	С	8	253		3 Days per weel	ζ
A CONTRACT OF THE PARTY OF THE		· · · · · · · · · · · · · · · · · · ·						
		•						
II. Certification by Lead/Chief	Operator							
I, the undersigned water treatme	ent plant operator license	d in Florida, am the lead	/chief operator of the	ne water trea	tment plant	identified in Par	t I of this report. I	certify that the
information provided in this rep	port is true and accurate to	the heet of my knowled	dge I certify that al	l drinking w	rater treatme	nt chemicals use	ed at thisplant conf	form to NSF
Information provided in this rep		-f	ego. Toothiy maca	C Lalas as	etificthat the	fallowing addit	tional operations re	ecorde for this
International Standard 60 or oth	ier applicable standards r	eierencea in subsection	02-333.320(3), F.A.	.C. Taiso ce	ruiy ulat ule	tonowing addit	e de la composición del composición de la composición de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composic	and abamical food
plant were prepared each day th	iat a licensed operator sta	ited or visited this plant	during the month if	ndicated abo	ve: (1) reco	rds of amounts of	or chemicals used a	ing chemical feed
rates; and (2) if applicable, appl					hese additio	nal operations re	ecords to the PWS	owner so the PWS
owner can retain them, together	with copies of this repor	t, at a convenient location	on for at least ten ye	ars.				
		Moule Moush				C8287		
Signature and Date		Mark March			_	License Numbe	·	
Signature and Date		Printed or Typed Nam	IC .			Piceuse Mannoe	ı	

Data for the Month Year of November-04	PWS I	WS Identification Number: 3424036 Plant Name: West View														
Means of Achieving Four-Log Virus Inactiviation/Removal: *	III. Da															
Ultraviolet Radiation Other (Describe): Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* CT Calculations UV Dose Plant Staffed or Visited Or Visited Days Operator Hours of Finished The GPlace Plant in Water Peak Flow During Peak Peak Flow, During Peak Peak Flow, Month SY") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L Sec/cm2 System mg/L* Water System Components Out of Operation C Applicable mg-min/L Sec/cm2 System mg/L* Water, System Components Out of Operation C Applicable mg-min/L Sec/cm2 System mg/L* Water, System Components Out of Operation C Applicable mg-min/L Sec/cm2 System mg/L* Water, System Components Out of Operation C Applicable mg-min/L Sec/cm2 System mg/L* Water, System Components Out of Operation C Applicable mg-min/L Sec/cm2 System mg/L* Water, System Components Out of Operation C Applicable mg-min/L Sec/cm2 System mg/L* Water, System Components Out of Operation C Applicable mg-min/L Sec/cm2 System mg/L* Water, System Components Out of Operation C Applicable mg-min/L Sec/cm2 System mg/L* Water, System Components Out of Operation C Applicable mg-min/L Sec/cm2 System Components Out of Operation C Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Work that Involves Take Maintenance Wor								Free (Chlorine	,	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines	j)
Type of Disinfectant Residual Maintained in Distribution System: CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable* UV Dose							e):	السيا	-	لــــا			ш `		· · · · · · · · · · · · · · · · · · ·	^
Days Plant Staffed or Visited by Net Quanity Operation by Operator the Plant in Water Peak Flow Month X Operation Produced, gal Rate, gpd 1.6 CT Calculations					n Distribution					Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine D	ioxide
Days Plant Staffed Staffed Or Visited Or Visited Day of Operator Hours He Plant in Month TX Operation Month TX Operation Net Quanty Temp. Concentration During Peak Plant in Month TX Operation Temp. Operation Temp. Minimum Operating Temp. Operation Temp. Operation Temp. Minimum Operating Temp. Operation Operation Operation Operation Oper	-72-		1				or IIV Dose to I	Demonstrate l	COURT OF				7.11.01.100			
Plant Staffed or Visited or Visited by Day of Operator the (Place Plant in Month: X*) Operation Produced, gal Rate, gpd Flow, mg/L minutes X 24 hrs 8,000		Down				Or concurations,			our Dog	VII as Maouv	ation, a repp		Dose			
Staffed or Visited or Visited by Net Quanity Operator Hours (C) Before or at the (Place Plant in Worth 187) Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable M 1.6 X 24 hrs 8,000 X 24 hrs 8,000 X 24 hrs 8,000 X 24 hrs 8,000 X 24 hrs 9,000 X 25 Hrs 9,000 X 26 Hrs 9,000 X 26 Hrs 9,000 X 26 Hrs 9,000 X 27 Hrs 9,000 X 26 Hrs 9,000 X 26 Hrs 9,000 X 26 Hrs 9,000 X 27 Hrs 9,000 X 26 Hrs 9,000 X 27 Hrs 9,000 X 26 Hrs 9,000 X 27 Hrs 9,000 X 26 Hrs 9,000 X 27 Hrs 9,000 X 26 Hrs 9,000 X 27 Hrs 9,000 X 27 Hrs 9,000 X 28 Hrs 9,000 X 28 Hrs 9,000 X 28 Hrs 9,000 X 28 Hrs 9,000 X 28 Hrs 9,000 X 28 Hrs 9,000 X 28 Hrs 9,000							Fig. Classic e	T	T					Lowwoot		
or Visited by Net Quanity Day of Operator the Plant in Month X*) Operation Produced, gal Rate, gpd Rate, gpd Rate, gpd X 24 hrs 8,000						Lowest Residual	Disinfectant	i .						1. A 1. A 1. A 1. A 1. A 1. A 1. A 1. A	[1] 등실 등 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Visited by Net Quanity Operator Hours (Place Plant in Month X*) Operation Produced, gal Rate, gpd Rate, gpd 1.6	1.0	1	1		•		the second second	1 1 1 1 1 1 1 1			100					
by Day of Operator (Place Plant in Month XX") Operation (Produced, gal Rate, gpd Flow, mg/L minutes Repair of Applicable (Power Month) (Power) I					19.7	1 :				Lowest	Minimum			
the Place Plant in Water Peak Flow During Peak Pow, Peak Flow, mg-min/L C Applicable mg-min/L sec/cm2 System, mg/L Water System Components Out of Operation Variable Plant in Water Peak Flow		by		Net Quanity	et in the	(C) Before or at		Customer	Temp.		Minimum	and the second second				
Month "X" Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/cm2 System, mg/L Water System Components Out of Operation 1.2 2.4 hrs 8,000 1.4 1.2 1.2 2.4 hrs 9,000 2.2 1.8	Day of	Operator	Hours	of Finished	Programme A	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Co	nditions;
X 24 hrs 8,000 1.6 1.2	13 6 76 6	***** / / / ***	and the state of t				AT MARKET SHOPE TO THE HER		Water,				and the second second	Distribution .		
24 hrs 8,000					Rate, gpd	, Flow, mg/L	minutes	mg-min/L	, C	Applicable	mg-min/L	sec/cm2	_sec/cm2	System, mg/L	Water System Components Out of Op	cration
X 24 hrs 6,000 1.4 1.2 1.8		X				1.6					<u> </u>			1.2		
紫線線 X 24 hrs 9,000 22 1.8								.	ļ		 _					
					 						ļ	ļ	<u> </u>			
					ļ				<u> </u>		<u> </u>		 _			
X 24 hrs 8,000 1.8 1.3		1 × 1				1.8		 	ļ			<u> </u>	 	1.3		
24 hrs 8,000 24 hrs 8,000		3			 			 	 				├	<u> </u>		
7 24 hrs 8,000 1.6 1.4						1.6	***	 	 		<u> </u>	 	 	14		
24 hrs 6,000 1.6		1-^-			 	1.0		 -			 		 	1.4		
24 lis 0,000 24 lis 7,000 1.6		Y				16		<u> </u>	 				 	12		
7,000 1.0 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2		1				1.0		 	 							
1.2 X 24 hrs 7,000 1.8		$\frac{1}{x}$				1.8		<u> </u>	 		 		 	12		
24 hrs 7,000		1 ~				1.0			1		 	}	} 	 		~
24 hrs 800								 	<u> </u>			1	†			
15 X 24 hrs 6,000 1.6		X				1.6		 	-					1.4		
24 hrs 6,000						 			1				<u> </u>			
X 24 hrs 6,500 1.6		Х				1.6			1					1.2		
24 hrs 6,500			24 hrs													
9 X 24 hrs 7,600 1.8 1.4		X	24 hrs	7,600		1.8								1.4		
20 24 hrs 7,600			24 hrs	7,600												
21 24 hrs 7,700			24 hrs													
22 X 24 hrs 6,000 1.1		X				1.1								1		
23 24 hrs 7,000						<u> </u>						ļ				
24 X 24 hrs 7,000 1.2		X				1.2		<u> </u>	1				-	1.1		
25 24 hrs 7,000		1			ļ		ļ		<u> </u>	ļ			 	 		
26 X 24 hrs 8,000 1.4		1 X			.	1.4		\	}	<u> </u>		}		1.2		
27 24 hrs 8,000		1				 	 	ļ	1		ļ	_		 		
28 24 hrs 9,000 1.6 1.4		1 .			 	1.6	 	 -	 		 	L		14		
		X				1.0	 	 	 	 	 -	 	 	1.4		
230 24 hrs 4,500 24 hrs 4,500		3 2		4,500	 	 	 	 	 	 	 	 	 			
		T Angletski		205 700	 	L	L	<u> </u>		<u> </u>	J	<u> </u>	1	1		
Total 205,700 Average 6,857	4.3.4				-											
Maximum 9,000		um 1975			1											

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions										
I. General Information fo	r the Month/Year of:	December-04								
A. Public Water System	(PWS) Information									
PWS Name:	West View					PWS Identif	ication Numb	er:	3424036	
PWS Type:	X Community	Non-Transient Non-Com	munity		Transie	nt Non-Commu	ınity	Co	nsecutive	
	ections at End of Month:	29			Total Pop	ulation Served	at End of Mor	nth:	102	
PWS Owner:	Aqua Utilities Florida									
	Brian Heath			•	Contact P	erson's Title:	Area Manag			
Contact Person's Mailing	Address: 1343 NE 17th Roa	d			City:	Ocala		FL	Zip Code:	
Contact Person's Telepho		32-6027			Contact P	erson Person's	Fax Number:		(352) 732-3	213
Contact Person's E-Mail		h@aquaamerica.com								
B. Water Treatment Plan	t Information									
Plant Name:	West View					Plant Teleph	none Number:		(352) 732-6	
Plant Address:	2475 N.W. 45th Road				City:	Ocala	State:	FL	Zip Code:	34475
Type of Water Treated I			irchased Finishe	d Wa	ter					
	y Operating Capacity of Plant, g	allons per day:	50,000							
	section 62-699.310(4), F.A.C.):	V			Plant Clas	ss (per subsecti	on 62-699.310	0(4), F.A.C.)) D	The season was the self-
Licensed Operators	Name		License Cla	SS	Licer					ked.
Lead/Chief Operator.	Mark Ma	arch	C			8287			ays per week	
Other Operators:	Barry Co	hen	C			8253		3 D	ays per week	<u> </u>
					<u> </u>					
										<u> </u>
A CANADA					<u> </u>					
					<u> </u>					
					<u> </u>		<u>. L</u>			
II. Certification by Lead										
I the undersigned water	treatment plant operator licens	ed in Florida, am the lead	/chief operator	of th	ie water tr	eatment 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 knowled	dge. I certify th	nat al	l drinking	water treatme	ent chemicals	s used at thi	isplant conf	form to NSF
International Standard 60	or other applicable standards	referenced in subsection	62-555 320(3)	FA	C Lalso	certify that the	e following a	additional o	perations re	ecords for this
international Standard of	day that a licensed operator s	affed as visited this plant	during the mo	nth is	ndicated a	hove: (1) reco	rds of amou	nts of chem	r icals used a	and chemical feed
plant were prepared each	day that a licensed operator's	tarred or visited this plant		11111111	tid	those additio	nal operation	ne recorde t	the PWS	owner so the PWS
rates; and (2) if applicable	e, appropriate treatment proce	ss performance records.	rumermore, i a	gree	to provide	e mese adding	mai operation	ns records t	o die i wo	Owner so me i
owner can retain them, to	ogether with copies of this rep	ort, at a convenient location	on for at least t	en ye	ars.					
		Manda Manuala					C8287			
		Mark March					License Nu	ımber		
Signature and Date		Printed or Typed Nam	ne				PICEUSE IND	IIIIOCI		
DEP Form 62-555.900(3)Alternate			Page 1							

PWS Id	PWS Identification Number: 3424036 Plant Name: West View													
III. Dai	ly Data f	or the Mon	th/Year of:		December-04								<u></u>	
			og Virus Inacti	viation/Rem			Free (Chlorin	e II	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	.)·	Ш		· ш			٠ا		(- m
			ıal Maintained i	n Distributio		7.			Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
Type of	Distille	ctant resid	iai iviailitailicu i	n Distribution	CT Calculations,	or IIV Dose to I	Domonatrata I	iour I on	_1			inonica C	mornic (Cinor	animes) — Chromic Dioxide
	n			 	C1 Calculations,	CT Calcu		Oui-Log	VII US IIIACUV	анон, и Аррі	UV	Jose		
}	Days Plant	1000				0. 00	Lowest CT	1		-17.1		030	Lowest	[[[[[[[[[[[[[[[[[[[
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	나라 보이는 아름을 맞아 하는데 얼굴이 된다.
	or				Disinfectant	Contact Time	Before or						Disinfectant	요하면 요하는데^^^^ 요하면 하는데 이번 것이다.
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	[사람 교육 경기 중요 개발] 그 이 아이는 얼마 있다.
. Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	∵CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation:	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	· C·	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
4. 0	X	24 hrs	6,000		1.6							L	1.2	
2.		24 hrs	6,000											
3 1	Х	24 hrs	7,000		1.6			<u> </u>					1.4	
4		24 hrs	7,000	<u> </u>				ļ						
:5		24 hrs	8,000	ļ				<u> </u>						
- 6	X	24 hrs	8,000	ļ <u> </u>	2		ļ	ļ]	1.2	
1.		24 hrs	8,000					<u> </u>						
-8:	X	24 hrs	7,000		1.2	······································	ļ	<u> </u>					0.8	
::39		24 hrs	7,000				ļ	<u> </u>						
-10	Х	24 hrs	4,600		1.2		ļ	}					11	
11 5		24 hrs	4,600		ļ			 						
13	- v	24 hrs	4,600	 	1.6								1.2	
14	X	24 hrs 24 hrs	7,000 8,000	 	1.6			 	 		 		1.2	
15	x	24 hrs	6,000		1.8		 	-	 				1.4	
16	 ^- -	24 hrs	5,000		1.0			 		 		 	1.7	
17	X	24 hrs	6,700		1.6		 	 	 	 			1.2	
18	^	24 hrs	6,700	-	1.0			 		 		 		
19		24 hrs	6,700		 		 	 						
20	X	24 hrs	6,000	 	1.8		 	 		 	 	 	1,4	· · · · · · · · · · · · · · · · · · ·
21		24 hrs	6,000	 	† 			†	 		—	 		
22	х	24 hrs	6,000	 	1.4		 	 		· ·		—	1.2	
.23		24 hrs	7,000	† 			†	†					1	
- :24	X	24 hrs	7,000	1	1.4		<u> </u>	†					1	
25::		24 hrs	7,000				1	1						
26		24 hrs	7,000										<u> </u>	
27	X	24 hrs	7,000		1.4	l		1	1				1.1	
>28		24 hrs	7,000		1						L			
**29	X	24 hrs	8,000		1.4			1					1.1	
⇒30 -		24 hrs	7,000											
31	X	24 hrs	8,600		1.2								1	
Total :	10 S. Z.	4.10	207,500											
Average			6,694	Į										

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



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

See page 4 for instruction	1S										
I. General Information	for the Month/Year of	Ja	nuary-05								
A. Public Water System	m (PWS) Information										
PWS Name:	West View		*,, -				PWS Identi	fication Nur	nber:	3424036	
PWS Type:	X Community	Non-	Transient Non-Con	nmunity	\sqcap	Transie	nt Non-Commi	unity		Consecutive	
	onnections at End of Mor			· · · · · · · · · · · · · · · · · · ·		Total Pop	ulation Served	at End of M	Ionth:	102	
PWS Owner:	Aqua Utilities Florida										
Contact Person:	Brian Heath					Contact P	erson's Title:	Area Mar	nager - Flo	orida	
Contact Person's Mail	ing Address: PO Box	490310				City:	Leesburg	State:	FL	Zip Code:	34749
Contact Person's Tele	phone Number:	(352) 787-0980				Contact P	erson Person's	Fax Numbe	er:	(352) 787-	6333
Contact Person's E-Ma	ail Address:	beheath@aqua	aamerica.com								
B. Water Treatment Pl	ant Information										
Plant Name:	West View	· · · · · · · · · · · · · · · · · · ·					Plant Telepi	hone Numb	er:	(352) 787-	0980
Plant Address:	2475 N.W. 45th Road					City:	Ocala	State:	FL	Zip Code:	34475
Type of Water Treate	d by Plant: X I	Raw Ground Water	P	urchased Finish	ed Wa	iter					
Permitted Maximum	Day Operating Capacity	of Plant, gallons pe	r day:	50,000							
Plant Category (per s	ubsection 62-699.310(4),		V				ss (per subsecti				
Licensed Operators		Name	S. S. Karan (debend	License C	ass	Licer	ise Number	100	Da	ay(s)/Shift(s):Wo	rked
"Lead/Chief Operator:		Mark March		C			8287			3 Days per weel	k
Other Operators: *********	3										
THE STATE OF	Ž.										
1.00											
	S. C. C. C. C. C. C. C. C. C. C. C. C. C.	• 💳									
Programme State of the state of											
CONTRACTOR OF STREET		•									
	The second secon					<u> </u>					
II. Certification by Lea	ad/Chief Operator										<u> </u>
I, the undersigned water	er treatment plant opera	ator licensed in Flo	orida, am the lead	d/chief operato	r of th	ne water tr	eatment plant	identified	in Part I	of this report.	certify that the
information provided i											
International Standard											
plant were prepared ea											
piant were prepared ea	ch day mai a ncensed (operator statted or	visited this plant		mui ii	A I	. 41 4 4 4 4 5 1	ius or arro	:	and to the DWC	aumar so the DY
rates; and (2) if applica							tnese addition	mai operati	ions reco	orus to the FWS	owner so the F v
owner can retain them,	together with copies of	f this report, at a c	convenient locati	on for at least	ten ye	ars.					
								C0007			
O'control 15			ark March					C8287			
Signature and Date		Pri	nted or Typed Nar	ne				License 1	number		
DEP Form 62-555.900(3)Alternate				Page 1							

PWS Id	lentificat	ion Number	į;	3424036		Plant Name:	West View	v							
III. Dai	ly Data f	or the Mon	th Year of:		January-05		 				·			,	+
			og Virus Inactiv		oval: *		Free (Chlorin	; [Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)	Ť
		et Radiation			Other (Describe	e):					· <u></u>				<u>į</u>
Type of	Disinfe	ctant Residu	ıal Maintained i	n Distributio					Free Chl			mbined C	hlorine (Chlor	amines) Chlorine Dioxide	
					CT Calculations	or UV Dose, to I		our-Log	Virus Inactiv	ation, if App		<u> </u>			1
	Days	•				CT Calcu	lations	r			UV	Dose			
	Plant			, in the			Lowest CT						Lowest		
1 1 1	Staffed				Lowest Residual	Disinfectant	Provided	1				F-6	Residual		a de la companya de l
, di	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or	1			Lowest	Minimum	Disinfectant		1
	by		Net Quanity		(C) Before or at	Measurement	at First Customer	Temp.		Minimum	Operating	UV Dose	Concentration at Remote	[1] 그는 그 사용을 하면 하고 있는 사람이다.	
Day of	Operator	Hours	of Finished	-11 N.S	First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Condition	<u>.</u>
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Tak	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2+	System, mg/L		
地址区类		24 hrs	8,600												91.
2 -		24 hrs	8,600												!
3.3	X	24 hrs	7,000		1.4								1.2		_
2.74		24 hrs	7,000			<u></u>	ļ	ļ				<u> </u>			4
31.5	X	24 hrs	6,500		1.6		<u> </u>	<u> </u>					1.2		
. 6	7,	24 hrs	6,500				ļ	┞——					1.4		+
3 7. 8	Х	24 hrs	7,000		1.6		 	 				<u> </u>	1.4		÷
-9		24 hrs 24 hrs	7,000 8,000	ļ	<u> </u>		 				 	 	-		-
:10	x	24 hrs	5,500		1.8			 			 		1.4		+
341		24 hrs	5,500		1.0		 	 			 				1
27:12	X	24 hrs	5,000		1.6			<u> </u>				1	1.4		-
13.		24 hrs	5,000				†								T
e 14 °	х	24 hrs	6,000		1.4								1.2		Í
45		24 hrs	6,000												1
1416		24 hrs	7,000		I										
717	Х	24 hrs	7,000		1.6								1.2		-
^18 -		24 hrs	7,000					L		<u> </u>		<u> </u>			
.19	X	24 hrs	6,000		1.4			<u> </u>		<u></u>			1 1		Ļ
- 20		24 hrs	6,000				ļ	<u> </u>		1	ļ		1.0		- 1
21	X	24 hrs	6,800		1.3	ļ	-	1	ļ	 		 -	1.2		- 6
22 **	!	24 hrs	6,800		 	<u> </u>	1	1		 		 			Ť
∴23* 24	 	24 hrs	6,700 6,700	ļ	 	1	 	+		 	1	 	-		+
\$°25	X	24 hrs 24 hrs	7,000	1	1.4	<u> </u>	 	+		 	 		1		寸
26		24 hrs	7,000	 	1.7			1	 	 		 	 		1
27	х	24 hrs	8,500	1	1.6			1	<u> </u>		 		1.2		1
28	 	24 hrs	8,500	†			1	1		1					I
*29	Х	24 hrs	6,500		1.4		1	T					1.2		Ě
∔ 30∋		24 hrs	6,500												_
231		24 hrs	6,500									<u> </u>	1	<u></u>	7
Total -	Sport Free	172.23	209,700						·						ı

6,765 8,600

Average

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



See page 4 for instructions

L General Information	for the Month/Year of:	February-05					
		February-03			· · · · · · · · · · · · · · · · · · ·		
A. Public Water System					lavro v i		
PWS Name:	West View		~ .			ification Number:	3424036
PWS Type:	X Community	Non-Transient Non-C	Community		Transient Non-Comm		Consecutive
	nnections at End of Mont	h: 29			Total Population Served	at End of Month:	102
PWS Owner:	Aqua Utilities Florida		·				
Contact Person:	Brian Heath				Contact Person's Title:	Area Manager - Fl	
Contact Person's Maili					City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teler		(352) 787-0980			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Ma		beheath@aquaamerica.com					
B. Water Treatment Pl							
Plant Name:	West View					phone Number:	(352) 787-0980
Plant Address:	2475 N.W. 45th Road				City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated	d by Plant: X R	w Ground Water	Purchased Finish	ed Wa	ater		
	Day Operating Capacity of		50,000				
	absection 62-699.310(4),				Plant Class (per subsect		
Licensed Operators -	47.36.55.55	Name	License C	ass	License Number	· [ay(s)/Shift(s)-Worked
Lead/Chief Operator:		Mark March	С		8287		3 Days per week
Other Operators:							
		-				7777	
							
No color to the color							
Single Out 1.5							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Š		· · · · · · · · · · · · · · · · · · ·				
147 - 141 1 (A. 1744)							
	<u> </u>		<u> </u>		<u> </u>	<u> </u>	
II. Certification by Lea	d Chief Operator						
I the undersigned water	n twoodres and milant amount	on linement in Elevider and the 1	4/-h:-6	C 41.	h a	tid-maidiend in Dona I	of this war and I comif that the
			-		<u>-</u>		of this report. I certify that the
-	-	accurate to the best of my know			_		~
International Standard	60 or other applicable s	tandards referenced in subsection	on 62-555.320(3)	, F.A.	.C. I also certify that the	e following additio	nal operations records for this
plant were prepared each	ch day that a licensed or	perator staffed or visited this pl	ant during the mo	onth ir	ndicated above: (1) reco	ords of amounts of o	chemicals used and chemical feed
	-	-	_				ords to the PWS owner so the PW
		this report, at a convenient loc	_	-	_	onar operations rece	and to the I was award as the I was
owner can rounn alone,	together with copies of	uns report, at a convenient roc	ation for at least	ich ye	.ais.		
		Mark March				C8287	
Signature and Date		Mark March	Jama			License Number	
Digitature and Date		Printed or Typed N	Name			License muniber	

PWS Id	entificat	ion Number	r:	3424036		Plant Name:	West View	v					-	[]
III. Dai	ly Data f	or the Mon	th Year of:		February-05							<u></u>		<u> </u>
Means	of Achie	ving Four-I	og Virus Inactiv	viation/Rem	oval: *		Free C	Chlorine	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								,
			ıal Maintained i	n Distributio					Free Chle	orine	Cc	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
-31-31			***************************************	. Dietrouix		or UV Dose, to I	Demonstrate I	Four-Log				monioa C	inorino (ontoi	
	Down				01 000000000000000000000000000000000000	CT Calcu		<u> </u>	VII CO IIII CO	штол, л. г.рр.	UV	Dose		
	Days Plant		7				Lowest CT		100	<u> </u>	7.	1	Lowest	
	Staffed	- 1			Lowest Residual	Disinfectant	Provided		1		1 1 1 1 1 1 1		Residual	
	or				Disinfectant	Contact Time	Before or		1				Disinfectant	
	Visited	2			Concentration	(T) at C	at First			·	Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	· '	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW.	Distribution	Repair or Maintenance Work that Involves Takin
Month	"X") 🦠	Operation	Produced, gal	Rate, gpd	Flow, mg/L:	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	**Water System Components Out of Operation
243%	X	24 hrs	7,000		1.2		<u> </u>		<u> </u>	ļ		<u> </u>	1.2	
1.2-	Х	24 hrs	7,000		1.4		ļ	<u> </u>				<u> </u>	1.2	
:43.1		24 hrs	7,000				<u> </u>	ــــــ	<u> </u>	ļ		<u> </u>		
44.4	X	24 hrs	8,000		1.6		ļ	—	 		<u> </u>	<u> </u>	1.4	
*25%		24 hrs	8,000				<u> </u>	ــــــ	<u> </u>		 	<u> </u>		
3. 6± 3		24 hrs	8,000	ļ			<u> </u>	 	<u> </u>	ļ	ļ			
	X	24 hrs	6,000	ļ	1.4	<u> </u>	<u> </u>	├ ──	 		<u> </u>		1.2	
- 8		24 hrs	6,000					—	 	 	ļ	ļ		
×195	X	24 hrs	7,000		1.6			↓		<u> </u>		<u> </u>	1.4	
3 10 ×		24 hrs	7,000					↓	 		<u> </u>	<u> </u>		
441	X	24 hrs	8,000		1.6		ļ	——	 	 	<u> </u>	 	1.2	
*12/4		24 hrs	8,000					—	 		 	 		
3.135		24 hrs	8,000		1.0			 	├ ──	 	<u> </u>	ļ	1.2	
3214 3215 (2	X	24 hrs 24 hrs	6,000	<u> </u>	1.8			┼	 	 		 	1.2	
162	X	24 hrs	6,000		1.8		 	┼──	 		}	 	1.4	
147		24 hrs	7,000		1.0	_	 	┼──	 		 	 	1.7	
18	x	24 hrs	8,000		1.6		 	+	 	 	 	 	1.2	
19	^_	24 hrs	8,000	 	1.0		 	┼──	 				 -	
20		24 hrs	8,000	\vdash	<u> </u>	t	 	 	\leftarrow	 	 	 		
214	x	24 hrs	10,000	 	1.4	 	 	 	\vdash	†	 	 	1.2	
22		24 hrs	11,000		 	t	 	†	†	 	 	†		
323	x	24 hrs	7,000		1.6	1	†	t	†	1		1	1.4	
24		24 hrs	8,000		1	 	† · · · · ·	 		 		†		
25.	X	24 hrs	7,000		1.6		†	\top	1	1		T	1.2	
*#26		24 hrs	7,000		 	<u> </u>			1					
27		24 hrs	7,000		· · · · · · · · · · · · · · · · · · ·		1	\top	1					
28	Х	24 hrs	8,000		1.4			1				1	1.2	
×29 ×		24 hrs			1			T						
#430 W		24 hrs												
31		24 hrs												
		TO THE	209,000											
Average			7,464	1										
Maximi	mark the		11,000	1										

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions						
I. General Information for the Month Year of:	March-05		· ·			
A. Public Water System (PWS) Information	<u> </u>	***************************************				
PWS Name: West View			1	PWS Identifica	ation Number:	3424036
	on-Transient Non-Com	munity	Transient 1	Non-Communi	ty	Consecutive
Number of Service Connections at End of Month:	29		Total Popula	tion Served at	End of Month:	102
PWS Owner: Aqua Utilities Florida						
Contact Person: Brian Heath			Contact Pers		Area Manager - I	
Contact Person's Mailing Address: PO Box 490310				2000000	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-09			Contact Pers	son Person's Fa	x Number:	(352) 787-6333
Contact Person's E-Mail Address: beheath@a	quaamerica.com	. .				
B. Water Treatment Plant Information			•			
Plant Name: West View				Plant Telephor		(352) 787-0980
Plant Address: 2475 N.W. 45th Road				Ocala S	State: FL	Zip Code: 34475
Type of Water Treated by Plant: X Raw Ground Wa		urchased Finished W	ater			
Permitted Maximum Day Operating Capacity of Plant, gallons	s per day:	50,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	V			<u> </u>	62-699.310(4), 1	
		License Class	License	Number		Day(s)/Shift(s) Worked.
Lead/Chief-Operator: Mark March		С	82	287		3 Days per week
Other Operators: * ****			<u> </u>			
				.,		
				_		
		<u> </u>				
		 	 		···	
		 	1			
		<u> </u>	1			
II. Certification by Lead/Chief Operator						
·						T COT A T WAS A MAN
I, the undersigned water treatment plant operator licensed in	n Florida, am the lead	/chief operator of t	he water treat	tment plant id	lentified in Part	1 of this report. I certify that the
information provided in this report is true and accurate to the	e best of my knowle	dge. I certify that a	ll drinking wa	ater treatment	t chemicals used	d at thisplant conform to NSF
International Standard 60 or other applicable standards refer	renced in subsection	62-555.320(3), F.A	C. I also cer	rtify that the f	following additi	onal operations records for this
plant were prepared each day that a licensed operator staffed	d or visited this plant	during the month i	ndicated above	ve: (1) records	s of amounts of	chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment process pe	erformance records.	Futhermore, I agree	to provide th	nese additiona	al operations rec	cords to the PWS owner so the PWS
owner can retain them, together with copies of this report, a						
, 0		•				
	Mark March	_			C8287	
Signature and Date	Printed or Typed Nan	ne		Ī	License Number	

PWS I	dentificat	ion Number	r:	3424036		Plant Name:	West View	v									
III. Da	ly Data t	or the Mon	th/Year of:		March-05												- 1
Means	of Achie	ving Four-L	og Virus Inacti	viation/Rem	oval: *		Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Ch	lorine (Chloramines))
י 🔲 ו	Iltraviole	t Radiation			Other (Describe	:):			_								
Type o	f Disinfe	ctant Residu	ıal Maintained i	n Distribution	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	П	Chlorine Die	oxide
					CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if App	licable*	1 . T V . 1		Marylet a			1
	Days					CT Calcu		and the s		Til et ele	UV	Dose					
	Plant						Lowest CT		:	1			Lowest				
	Staffed				Lowest Residual	Disinfectant	Provided					7.76	Residual				į
	or				Disinfectant	Contact Time	Before or						Disinfectant		1.50		
	Visited			lang in the	Concentration	(T) at C	at First				Lowest	Minimum	Concentration				
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote			luk i l	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT .	UV Dose,	Required,	Point in			l Operating Con	
the	(Place	Plant in Operation	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if Applicable	Required, mg-min/L	.mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Mainte Water System	a comment of the contract of t		
Month		24 hrs	Produced, gal 8,000	Rate, gpd	Flow, mg/L	minutes	mg-min/L	5.37 % (5.5	Applicable	mg-mmvr	SOCCINZ	Secucinz	System, mg/L	Se Water System	Сопфон	ears out or obe	Janon-4
2.	x	24 hrs	7,000		0.8		 			 		 	0.6				
32	_^_	24 hrs	7,000		0.6			1	 				0.0				- !
2.45	х	24 hrs	8,000		1.2		<u> </u>	 	-			 	1				- 3
5.3		24 hrs	8,000		1.2		<u> </u>	 				 	<u> </u>				
7.6		24 hrs	9,000				 	 	· · · · · · · · · · · · · · · · · · ·			 	 				
#70°	х	24 hrs	6,000		1								1				
8.		24 hrs	6,000					 	<u> </u>								
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~10		24 hrs	7,000	<u> </u>													500
· 6115	Х	24 hrs	7,600		1.2								1				
. 12		24 hrs	7,700					1			I						
×13		24 hrs	7,700														
14	X	24 hrs	6,000		1.4			<u> </u>					1.2				
15		24 hrs	7,000					<u> </u>			<u> </u>						- 5
+16	X	24 hrs	8,000	L	1.2			<u> </u>			<u> </u>	<u> </u>	1	Ļ			
17,		24 hrs	8,000			<u> </u>	<u> </u>	<u> </u>						ļ			
48	X	24 hrs	7,000	<u> </u>	1.4	<u> </u>		↓			 	<u> </u>	11				i i
110		24 hrs	7,000		<u> </u>	ļ	 	 	 	ļ	ļ	 	.	 			j.
20		24 hrs	7,000		1.4		1	<u> </u>	ļ—		 	 	1.2				
21	Х	24 hrs	6,000		1.4	}	1		<u> </u>		 	 	1.2	1			
- 22	1	24 hrs	7,000		1.6		 	-	 -	 	 	 	1.4				<u> </u>
23 ···	X	24 hrs 24 hrs	8,000 7,000	-	1.0		+	 	ļ			 	1.4	 			
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* 26	1 ^	24 hrs	6,000		1.4		+	 	 	 	 	 	 				
27	1 8	24 hrs	6,000	 	 	 	+	1	 	1		 	†	<u> </u>			
28	х	24 hrs	6,000	!	1.6		 	1		 	<u> </u>	 	1.2				-
29.	1	24 hrs	6,000		† · · · · ·		†	1	 	t			1	<u> </u>			Ě
30	X	24 hrs	7,000	 	1.4	1	1	1	†		1		1				
31		24 hrs	7,000					1			1						
Total 7			217,000	 				•									-
Averag			7,000	1													į

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



April-05

See page 4 for instructions

1. General Information for the Month Year of:

A. Public Water System (PWS) Information				
PWS Name: West View		PWS Identif	ication Number:	3424036
	ansient Non-Community	Transient Non-Commu		Consecutive
Number of Service Connections at End of Month: 29		Total Population Served	at End of Month:	102
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail Address: beheath@aquaar	merica.com			
B. Water Treatment Plant Information				
Plant Name: West View			one Number:	(352) 787-0980
Plant Address: 2475 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant: X Raw Ground Water	Purchased Finished W	ater		
Permitted Maximum Day Operating Capacity of Plant, gallons per d	lay: 50,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsecti		
Licensed Operators Name	License Class	License Number	De et et e	ay(s)/Shift(s) Worked
Lead/Chief Operator: Mark March	C	8287		3 Days per week
Other Operators: Bob Maxon	C	2810		3 Days per week
			1	
II. Certification by Lead/Chief Operator				
I, the undersigned water treatment plant operator licensed in Flori	da, am the lead/chief operator of	he water treatment plant	identified in Part I	of this report. I certify that th
information provided in this report is true and accurate to the best	of my knowledge. I certify that a	ll drinking water treatme	ent chemicals used a	at thisplant conform to NSF
International Standard 60 or other applicable standards referenced				
plant were prepared each day that a licensed operator staffed or vi				
rates; and (2) if applicable, appropriate treatment process perform			nai operations reco	ids to the F w 3 owner so the i
owner can retain them, together with copies of this report, at a con	nvenient location for at least ten y	ears.		
			C0007	
	March		C8287	
Signature and Date Printe	ed or Typed Name		License Number	
DEP Form 62-555 900(3)Alternate	Page 1			

PWS I	lentificat	tion Number	r:	3424036		Plant Name:	West View	/							
III. Dai	ly Data i	for the Mon	th/Year of:		April-05	······································						·· <u>· · · · · · · ·</u>			\dashv
			og Virus Inacti	viation/Rem	oval: *		Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)	
		et Radiation			Other (Describe	e):								,	
Type o	f Disinfe	ctant Residu	ual Maintained i	in Distributio	on System:				Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxi	de
						, or UV Dose, to I	Demonstrate I	our-Log						10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\overline{}$
	Days			<u> </u>		CT Calcu		2 1 2	1000			Dose			
	Plant					Y su	Lowest CT		\$1				Lowest		
l .	Staffed			:	Lowest Residual	Disinfectant	Provided	1 1					Residual	[발문학자 이 경기 설렜 살기	
•	or				Disinfectant	Contact Time	Before or						Disinfectant		
	Visited		Mri O		Concentration	(T) at C	at First		ł		Lowest	Minimum	Concentration		-
Day of	by Operator	Hours	Net Quanity of Finished		(C) Before or at First Customer	Measurement Point During	Customer During	Temp.	att of	Minimum CT	Operating UV Dose	UV Dose	at Remote		
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow	of Water,	pH of Water, if	Required,	mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Condition Repair or Maintenance Work that Involves To	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c.	Applicable		sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operati	
沙红生	Х	24 hrs	10,000		1								0.6		
. 2. **		24 hrs	10,000					1				†····			$\neg \vdash$
2.3		24 hrs	10,000												\neg
4 4	Х	24 hrs	6,000		1.4								1		
35		24 hrs	6,000												
. 6	X	24 hrs	7,000		1.2								1		
37 ×		24 hrs	7,000												\perp
- 8	X	24 hrs	7,000	_	1							<u> </u>	0.6		_
9 · 10 ·	 	24 hrs	7,000	ļ	_			<u> </u>		ļ		 	<u> </u>		_
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7 13	X	24 hrs	6,000		1.6	 	!	 		 		-	1.4		
14		24 hrs	6,000		1.0		 	 	 	<u> </u>	 	 	1.7		-+
15	х	24 hrs	7,000		1.6	 	 	 	 	-		 	1.2		\vdash
16		24 hrs	7,000		-			i	 	1		 	1		一
317		24 hrs	7,000	1						1					
-/18°	Х	24 hrs	6,500		1.4			i i		İ			1.2		
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. 21:-	X	24 hrs	8,000		1.6				<u> </u>	ļ <u> </u>		<u> </u>	1.2		
22*	X	24 hrs	7,600	ļ	1.8		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	1.2		
-23		24 hrs	7,600	<u> </u>			<u> </u>		<u> </u>	ļ					
24		24 hrs	7,600			<u> </u>		ļ			 		ļ		\dashv
. 25	X	24 hrs	6,000	ļ	1.6	ļ	ļ	1	<u> </u>	 	ļ		1.4		-+
26	- V	24 hrs	7,000	-	14	1	 	 	1	 		 	1.2		-+
327 28	X	24 hrs 24 hrs	9,000	 	1.4	ļ	<u> </u>	 	1.2		+				
29	Х	24 hrs	8,600		1.4		1	 	 	-	 	 	1.2		-
30	 ^ -	24 hrs	8,600	+	1.4		 	 	 	 	 	 	1.2		-+
31		24 hrs	0,000	 	<u> </u>		 	\vdash	 	+	 			<u> </u>	十
Total	18 W. S		226,000	 	<u> </u>	1	<u> </u>		4	<u> </u>	J				一
Average			7,533	1											

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



See page 4 for instructions

I. General Information for th					
A. Public Water System (PV					
	t View		PWS Identi	fication Number:	3424036
	Community Non-Transient Non-Com	munity	Transient Non-Comm		Consecutive
Number of Service Connecti			Total Population Served	at End of Month:	102
	a Utilities Florida				
	n Heath		Contact Person's Title:	Area Manager - Flo	orida
Contact Person's Mailing Ac			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail Add					
B. Water Treatment Plant In	formation				
	st View		Plant Telep	hone Number:	(352) 787-0980
Plant Address: 2475	5 N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by P	Plant: X Raw Ground Water Pu	rchased Finished Wa	ter		
	perating Capacity of Plant, gallons per day:	50,000			
	ion 62-699.310(4), F.A.C.): V		Plant Class (per subsect		
Licensed Operators	Name	License Class	License Number	· Di	ay(s)/Shift(s) Worked
Lead/Chief Operator +	Mark March	С	8287		3 Days per week
Other Operators: 3	Bob Maxon	С	2810		3 Days per week
	Paul Thompson	Α	7251		3 Days per week
				<u> </u>	
in the state of th					
II. Certification by Lead/Ch	ief Operator				
I, the undersigned water trea	tment plant operator licensed in Florida, am the lead	chief operator of th	e water treatment plant	identified in Part I	of this report. I certify that the
	report is true and accurate to the best of my knowled				
	other applicable standards referenced in subsection (
	y that a licensed operator staffed or visited this plant				
	ppropriate treatment process performance records. F		_	onai operations reco	rds to the PWS owner so the PWS
owner can retain them, toget	her with copies of this report, at a convenient locatio	n for at least ten ye	ars.		
				00005	
Ġ:	Mark March			C8287	
Signature and Date	Printed or Typed Nam	e		License Number	
	•			•	

PWS Id	lentifica	tion Number	r:	3424036		Plant Name:	West Viev	v						
III. Dai	ly Data	for the Mon	th'Year of:		May-05			- 						
Means	of Achie	eving Four-L	og Virus Inacti	viation/Rem	oval: *	•	X Free C	Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
Πι	Jltraviol	et Radiation			Other (Describe	e):								,
Type of	Disinfe	ectant Residu	ual Maintained i	in Distributio				X	Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
				·		or UV Dose, to	Demonstrate I	Four-Los						(2) (4) (4) (4) (4) (4)
	Days	1 1				CT Calcu					UV	Dose		
	Plant-	100					Lowest CT	I					Lowest	
	Staffed	1 1			Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	<i>a</i>	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions,
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month:	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	→ Water System Components Out of Operation }
	Х	24 hrs	8,700				ļ		<u> </u>	 				
72 i		24 hrs	9,000		1.8				<u> </u>			<u> </u>	1.2	
7,73	v	24 hrs	9,000	 	1.0		-	!		ļ		<u> </u>	1.4	
25 24	X	24 hrs	7,000	-	1.8			 	<u> </u>	 	<u> </u>	ļ	1.4	
6	v	24 hrs	7,000 9,000		1.		_	 	ļ		ļ	 		
10 at	Х	24 hrs 24 hrs	9,000	-	1.6		 		 	ļ	<u> </u>	 	1.4	
*8		24 hrs	9,000				 	 	<u> </u>	} -		 	 	
92 -	Х	24 hrs	8,500		1.6		 	-	<u> </u>	ļ	<u> </u>		1.2	-
4-40	_^_	24 hrs	8,500	-	1.0		1	-	.	ļ		!	1.2	
6112	X	24 hrs	12,000		1.4		-	-	 			 	1.2	
12		24 hrs	12,000		1.4		1	 	 			 	1.2	
13	X	24 hrs	7,000		1.8		 	 	 	 		-	1.4	
2014		24 hrs	7,000		1.0		 	 	 	 	 	 	1	
150		24 hrs	8,000				†	 		 		 		
16	X	24 hrs	8,000		1.6		 	 	 			 	1.2	
17		24 hrs	8,000		1.0		 	 				<u> </u>	1,2	
*18	х	24 hrs	10,000		1.6			 	 		 	 	1.2	
: 19		24 hrs	10,000		1.0			 				1	1.2	
20.	х	24 hrs	5,000		1.8		†	1	!				1.4	
21.		24 hrs	5,000					1				1		***************************************
22		24 hrs	5,000	1			<u>† </u>	1		1			 	
23	Х	24 hrs	12,000	···	1.6		† ****	1	t				1.2	
24		24 hrs	13,000				1			 				
.25	Х	24 hrs	7,000		1				ŧ .	1			0.8	
26		24 hrs	8,000	i					1					
27	Х	24 hrs	7,000		1.2								1	
- 28		24 hrs	7,000											
29.		24 hrs	7,000							İ				
=30 ≉	Х	24 hrs	10,000		1.4								1.2	
331.		24 hrs	10,000											
Total :		(deberal)	262,700											
Average	13.5	图 经	8,474	1										

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



See page 4 for instructions

See page 4 for misu detion								
	for the Month/Year of:	June-05						
A. Public Water System	m (PWS) Information							
PWS Name:	West View				PWS Identif	ication Number:	34240	36
PWS Type:		Ion-Transient Non-Com	munity	Transier	nt Non-Commu	mity [Consecut	ive
	nnections at End of Month:	29		Total Popi	ulation Served	at End of Month	n: 102	
PWS Owner:	Aqua Utilities Florida							
Contact Person:	Brian Heath			Contact Po	erson's Title:	Area Manager	- Florida	
Contact Person's Mail				City:	Leesburg	State: Fl	L Zip C	ode: 34749
Contact Person's Teler		980		Contact Pe	erson Person's	Fax Number:	(352)	787-6333
Contact Person's E-Ma		aquaamerica.com						
B. Water Treatment Pl	ant Information		· ·-					
Plant Name:	West View				Plant Teleph	one Number:	(352)	787-0980
Plant Address:	2475 N.W. 45th Road			City:	Ocala	State: Fl	L Zip C	ode: 34475
Type of Water Treate			rchased Finished W	ater				
	Day Operating Capacity of Plant, gallon	s per day:	50,000					
	ubsection 62-699.310(4), F.A.C.):	V				on 62-699.310(4)
Licensed Operators	Name		License Class	Licen	se Number 🛫	1940 H	Day(s)/Shift(s) Worked
*Lead/Chief Operator:	Mark March		С		8287		3 Days per	week
Other Operators:	Bob Maxon		С		2810		3 Days per	week
	Paul Thompson	1	· A		7251		3 Days per	week
TOTAL CONTRACTOR								
					<u> </u>			
Signature Commencer					-			
		,						
Amadelle de la lacidada								
II. Certification by Lea	nd/Chief Operator							
I the undersigned water	r treatment plant operator licensed in	Florida am the lead	chief operator of t	he water tre	eatment plant	identified in P	art I of this reno	ort I certify that the
-	this report is true and accurate to the		-		-		-	-
-	•			-			•	
	60 or other applicable standards refe				-	_	-	
	ch day that a licensed operator staffe	-	•					
rates; and (2) if applica	ble, appropriate treatment process pe	erformance records. F	uthermore, I agree	to provide	these additio	nal operations:	records to the F	WS owner so the PWS
owner can retain them,	together with copies of this report, a	t a convenient locatio	n for at least ten v	ears.		-		
,			<i>,</i>					
		Mark March				C8287		
Signature and Date		Printed or Typed Name	e	*****		License Numb	per	
-		- A L						

	PWS Id	lentificat	ion Numbe	r:	3424036		Plant Name:	West Viev	v							
Means of Achieving Four-Legy Virus Inactivation/Removal.*	III. Dai	ly Data f	or the Mon	th/Year of:		June-05						· , -				
University Radiation						at the control of the		X Free C	Chlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorin	ne (Chloramines)
Type of Operation Part P										ــا		51011144				(Ontorwinds)
Days Plant Suffice Suffice S					n Distributio		· /-		X	Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines)	Chlorine Dioxide
Days Plant Suffed or Disinfectant Disinfectant Disinfectant Consentration Cons							or LIV Dose, to 1	Demonstrate I					Zinomou C			1 Omorine Broxido
Plant Safe		Dave								, virus nimon v	unon, nripp		Dose			
Suffed or Visited Vi									100		1, 1, 1, 1, 1		T T	Lowest		
Visited Visi		1				Lowest Residual	Disinfectant	1								
Visited Day of Operator Hours Operator Hours Operator Hours Operator Hours Operator Hours Operator Hours Operator Hours Operator Hours Operator Operator Hours Operator Operat		or				Disinfectant										
Day of Operation Hours Operation Point Operation Point Operation Point Operation Point Operation Point Operation Point Operation Point Operation Point Operation Point Operation Point Operation Point Operation Point Operation Point Operation Point Operation Operation Point Operation		1	1 2			Concentration	(T) at C	at First				Lowest	Minimum			
Place Plac								1	Temp.		and the second section in		UV Dose	at Remote		
Note Note					.				100000	The second second				Section 1997 Annual Control of the C		
X 24 hrs 9,000			1.00	the control of the control of the control of	7			The second secon								
138 24 hr 10,000 1.6 1.2	14 - 14				Kaic, gpu		minutes	- ang-anar	(· • 3	Whbiicanie	ing-min	-secrciniz ;	,Sec/cmz		water System Con	ponents cur of Operation 1
23						1.4	 -	 	 	1	 	 	 			
24 hrs 9,000 1.4 1.2 1.4 1.4 1.4 1.5 1.4 1.5		Х				16		╁──	 		 	 		12		
24 hrs 9,000 1.4 1.2 1.5								<u> </u>	 		 	 		1.2		
14			24 hrs		·····			 	<u> </u>			 	 			
38 X 24 hrs 7,000 1.6 1.4 1.4 1.5 1.2 1.5 1.2 1.5 1.		X	24 hrs	6,000		1.4			1			 		1.2		
24 hrs	-7		24 hrs	7,000				T								
16 X 24 hrs 6,000 1.6 1.2 1.2 1.3 1.3 1.2 1.3 1.3 1.2 1.3 1.		X	24 hrs	7,000		1.6								1.4		
24 hrs			24 hrs]							
24 hrs 6,000 1.4 1 1 2 2 2 2 2 2 2 2		X				1.6							<u> </u>	1.2		
23									L		<u> </u>	<u> </u>		<u></u>		
24 hrs 5,000 1.4 1.2 1.2 1.2 1.3 1.4 1.2 1.3 1.4 1.2 1.5							ļ		!	<u> </u>	<u> </u>	ļ				
15		<u> X</u>				1.4		ļ	ļ			<u> </u>	<u> </u>	11	_	
24 hrs								<u> </u>	<u> </u>		 		<u> </u>	<u> </u>		<u> </u>
1.2 1.2 1.3 1.2 1.2 1.3 1.2 1.3 1.2 1.3 1.2 1.3		_ X				1.4	<u> </u>		├──	-	├ ──	 	 -	1.2		
\$\frac{1}{39}		V			<u> </u>	16	 		├─-	 	 		 	12		
24 hrs		^				1.0		ļ	┼──		 	 -	 	1.2		
20 X 24 hrs 6,000 1						 	<u> </u>	-	 		 	 	-	 		
24 hrs		X				1		 	†			 	1	0.8		
1					l			 	 		 -	 	 	 		
23		х			·	1.2	 	1						1		
24 hrs	. ≱23		24 hrs		<u> </u>			T		1		1	1			
24 hrs 6,500			24 hrs	7,000												
X 24 hrs 7,000 1.2 1 1		Х	24 hrs			1.4								1	l	
28																
29 X 24 hrs 9,000 1.4 1.2 36 24 hrs 10,000 1.4 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2		X				1.2		<u> </u>			<u> </u>			1	<u> </u>	<u> </u>
24 hrs 10,000						1		<u> </u>	 	<u> </u>	ļ			 		<u> </u>
24 hrs 10fal 22 16,200 Average 7,207		X				1.4		<u> </u>	 	ļ		ļ		1.2		
10fal 216,200 Average 7,207				10,000		ļ		1	<u> </u>		<u> </u>	 			ļ	
Average 7,207		Bar Bar San San San		216 200	<u> </u>	1	<u> </u>	L	<u> </u>	L	<u>i</u> _		1	<u> </u>	L	<u> </u>
1,401 Management 10,000					ł											
	AVOIDAGE		有格 巴克·克尔克		-											

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions					
I. General Information for the Month/Year of:	July-05				
A. Public Water System (PWS) Information					
PWS Name: West View			PWS Identific	ation Number:	3424036
PWS Type: X Community	Non-Transient Non-C	Community	Transient Non-Commun	ity	Consecutive
Number of Service Connections at End of Month:	29		Total Population Served at	End of Month:	102
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title:	Area Manager -	
Contact Person's Mailing Address: PO Box 490310				State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-	-0980		Contact Person Person's F	ax Number:	(352) 787-6333
Contact Person's E-Mail Address: beheath@	Daquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: West View			Plant Telepho		(352) 787-0980
Plant Address: 2475 N.W. 45th Road				State: FL	Zip Code: 34475
Type of Water Treated by Plant: X Raw Ground V		Purchased Finished	l Water		
Permitted Maximum Day Operating Capacity of Plant, galle	ons per day:	50,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection	n 62-699.310(4),	F.A.C.) D
Licensed Operators Name.	A Section of the second section of	License Cla	ss License Number	Complete States	Day(s)/Shift(s) Worked
Head/Chief Operator Mark Marc	h	С	8287		3 Days per week
Other Operators Gary Kissic	k	С	7846		3 Days per week
Paul Thomps	on	A	7251	,	3 Days per week
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
II. Certification by Lead Chief Operator					
I, the undersigned water treatment plant operator licensed	in Florida, am the le	ead/chief operator	of the water treatment plant i	dentified in Par	rt I of this report. I certify that the
information provided in this report is true and accurate to	the best of my know	vledge. I certify th	at all drinking water treatmer	nt chemicals use	ed at thisplant conform to NSF
International Standard 60 or other applicable standards re	forenced in subsection	on 62-555 320/3)	FAC Lalso certify that the	following addit	tional operations records for this
thernational Standard of officer applicable standards re	Yest amadala dalla al	on 02-333.320(3),	the indicated above (1) recor	de of omounts o	of chemicals used and chemical feed
plant were prepared each day that a licensed operator staff	rea or visitea this pi	ant during the mot	in indicated above. (1) recon	as or amounts o	pared to the DWS owner so the DWS
rates; and (2) if applicable, appropriate treatment process				iai operations re	ecolds to the F w 5 owner so the F w 5
owner can retain them, together with copies of this report	, at a convenient loca	ation for at least te	n years.		
	Mark March			C8287	
Signature and Date	Printed or Typed N	Name		License Numbe	er
Digitalité dila Date	Timed of Typed I				

PWS I	lentificat	tion Numbe	r:	3424036		Plant Name:	West Viev	v							
III. Dai	ly Data 1	or the Mon	th Year of:		July-05										
			.og Virus Inacti	viation/Rem			X Free C	Chlorin	e \square	Chlorine I	Dioxide		Ozone	Combined Chlo	orine (Chloramines)
		et Radiation			Other (Describe				٠ ا			Ц,	<u></u>	V	(
Type o	f Disinfe	ctant Residu	ual Maintained i	in Distributio		-).		X	Free Chl	orine	Co	mhined C	hlorine (Chlor	amines)	Chlorine Dioxide
-JPC C			au ivianicanica	li Bisarioutic		, or UV Dose, to I	Demonstrate I					momou C	iomo) om iom	шинсэ <i>)</i>	Cinornic Dioxide
	Days				01 0210	CT Calcu		· our Log	THUS HUUUT	штоп, л.т.рр	UV	Dose			우리 마리 만든 그는 그 하다
	Plant						Lowest CT						Lowest		Nata i da i
1	Staffed				Lowest Residual	Disinfectant	Provided						Residual		1월2 기업:
	or		. '		Disinfectant	Contact Time	Before or						Disinfectant		
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished	100	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		pnormal Operating Conditions,
the	(Place_	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		ance Work that Involves Taking
Month 1	"X")	Operation 24.1	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C `	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L/	- Water System (components Out of Operation
	X	24 hrs	7,000	ļ	1.4	ļ		↓					1.2		<u>.</u>
2 3		24 hrs	7,000					-	ļ				,		
4 4	х	24 hrs 24 hrs	7,000 6,500		1.4			 			_	 			
1.5		24 hrs	6,500	<u> </u>	1.4		ļ	 	ļ			 	1		
6.5	х	24 hrs	7,000		1.4			 		 			1.2		
7.3	<u> </u>	24 hrs	7,000		1.4			 			<u> </u>	 	1,2		
8	Х	24 hrs	8,000		1.2			 			<u> </u>	-	1		
29×		24 hrs	8,000				<u> </u>	·		 	 		-		
* :10 *		24 hrs	8,000	†				†				 			
110	Х	24 hrs	6,000		1.2						<u> </u>		1		
:12=		24 hrs	6,000									1			
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343		24 hrs	8,000												
115	X	24 hrs	6,600	I	1.4							Ĺ	1.2		
₹16⊛		24 hrs	6,600					L							
17.7		24 hrs	6,700					<u> </u>							
-18	Х	24 hrs	7,500		1.6			<u> </u>			<u> </u>	<u> </u>	1.4		
19		24 hrs	7,500				1	1			ļ		_		
20	Х	24 hrs	7,000		1.4	ļ	ļ	 	 	-	 	<u> </u>	1		<u> </u>
21		24 hrs	7,000	1	1.0		ļ	<u> </u>	<u> </u>	 	 	 		<u> </u>	
22	X	24 hrs	7,300		1.2	-	 	 		ļ	1	 	1	 	
23		24 hrs	7,300	1	1	1	}	1	1		 	-			
-24		24 hrs	7,300	<u> </u>	1		ļ		 	ļ	 	 	1.2		
.25 · · 26	Х	24 hrs 24 hrs	7,000 7,000	-	1.4	1	<u> </u>	+	 		 	 	1.2		
27	х	24 hrs	8,000	 	1.4		 	┼	 		1		1		
28	-^-	24 hrs	7,000	 	1.7	 	 	 	 	 	 	1	' '		
29	х	24 hrs	7,000	 	1.2		 	1	 		+	 	1.8		
30.	 	24 hrs	7,000		† ··	1	<u> </u>	1		1	 	 	<u></u>		
31		24 hrs	8,000				1	1		1		1			
	17 4 2 3 3 3	22296	220,800	1		1		<u> </u>		<u> </u>	•		1	· · · · · · · · · · · · · · · · · · ·	•
Average			7,123	1											•
Maxim	iin 🔧	NO LAW-	8,000												

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information for the Month/Year of: August-05				
A. Public Water System (PWS) Information				
PWS Name: West View		PWS Identif	ication Number: 3424036	
PWS Type: X Community Non-Transient Non-Com	munity	Transient Non-Commu	nity Consecutive	
Number of Service Connections at End of Month: 29		Total Population Served	at End of Month: 102	
PWS Owner: Aqua Utilities Florida				
Contact Person: Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code:	34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person Person's	Fax Number: (352) 787-	6333
Contact Person's E-Mail Address: beheath@aquaamerica.com				
B. Water Treatment Plant Information				
Plant Name: West View		Plant Teleph	none Number: (352) 787-	0980
Plant Address: 2475 N.W. 45th Road		City: Ocala	State: FL Zip Code:	34475
Type of Water Treated by Plant: X Raw Ground Water Pu	urchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V			on 62-699.310(4), F.A.C.) D	
Licensed Operators Name	License Class	License Number	Day(s)/Shift(s) Wo	rked
Lead/Chief Operator Paul Thompson	Α	7251	3 Days per wee	k
Other Operators Mark March	С	8287	3 Days per wee	k
Gary Kissick	C	7846	3 Days per week	k
Carly Krishek				
II. Certification by Lead Chief Operator				
I, the undersigned water treatment plant operator licensed in Florida, am the lead	chief operator of th	e water treatment plant	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 knowled	loe I certify that al	l drinking water treatme	ent chemicals used at thisplant con	form to NSF
International Standard 60 or other applicable standards referenced in subsection of	62 555 220(2) E A	C I also cortify that the	following additional operations r	ecords for this
international standard of or other applicable standards referenced in subsection of	02-333.320(3), 1°.M. 	C. I also certify that the	ada of amounts of shamingle used	and chamical feed
plant were prepared each day that a licensed operator staffed or visited this plant	auring the month in	idicaled above: (1) reco	rds of amounts of chemicals used a	
rates; and (2) if applicable, appropriate treatment process performance records. I			nal operations records to the PWS	owner so the PWS
owner can retain them, together with copies of this report, at a convenient location	on for at least ten ye	ars.		
Paul Thompson			A7251	
Signature and Date Printed or Typed Name	ne .		License Number	

PWS I	lentificat	tion Numbe	r:	3424036		Plant Name:	West View	/									
III. Dai	ly Data I	for the Mon	th Year of:		August-05												
			og Virus Inacti	viation/Rem			X Free (Chlorine	2	Chlorine I	Dioxide	· 🗀 (Ozone	Combined Cl	hlorine ((Chloramines	(2
	Iltraviol	et Radiation			Other (Describe		L		لــا				رــا				7
Type o	f Disinfe	ctant Residu	ual Maintained	in Distributio	on System:			X	Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines)	\Box	Chlorine D	ioxide
					CT Calculations,	or UV Dose, to I	Demonstrate I							1			5 (5.)
	Days		,	** .		CT Calcu				, , , , ,	ÚV	Dose					
	Plant						Lowest CT				14.00	14. No. 14	Lowest				k
	Staffed			*	Lowest Residual	Disinfectant	Provided						Residual				
	or				Disinfectant	Contact Time	Before or						Disinfectant				
	Visited				Concentration	(T) at C	at First	·			Lowest	Minimum	Concentration	1/44			
Domos	by	77-	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote				Š
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During	During Deals Flore	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or	3		
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Main			
7-164	Х	24 hrs	5,000	runo, gpa	1.4		mg-mmvr.	C	Applicable.	ing-muri	Secretiz	SEC/CITE ?	System, mg/L	water System	n Compone	ents Out of Op	eration (
2 .7		24 hrs	6,000		1					<u> </u>		 					
4/3	Х	24 hrs	6,000		1.2							 	1	 			
14-Z		24 hrs	7,000				<u> </u>					 					
* 5 -1:	Х	24 hrs	6,000		1.2								1				
64		24 hrs	6,000														-
17.3		24 hrs	7,000														
2.8.	X	24 hrs	6,000		1.4								1.2				
.,€9: _. .\		24 hrs	6,000														
40.*	Х	24 hrs	6,000		1.2		<u> </u>						1				
44.7 12.	- 37	24 hrs	5,000		ļ	···						<u> </u>					
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14		24 hrs 24 hrs	8,000				 	 		<u> </u>		ļ		 			
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25		24 hrs	6,000				<u> </u>	<u> </u>		!	<u> </u>			ļ			·
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-77 1.77 1112			6,323	†													

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



See page 4 for instructions . General Information for the Month/Year of: September-05 A. Public Water System (PWS) Information PWS Identification Number: 3424036 PWS Name: West View PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive 102 Number of Service Connections at End of Month: 29 Total Population Served at End of Month: PWS Owner: Agua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Zip Code: 34749 Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: FL (352) 787-6333 Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Telephone Number: (352) 787-0980 West View Plant Name: Zip Code: 34475 2475 N.W. 45th Road City: Ocala State: FL Plant Address: Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000 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 Name Licensed Operators License Class License Number 3 Days per week Bead/Chief Operator: 7251 Paul Thompson 3 Days per week Other Operators: C 8287 Mark March 3 Days per week Gary Kissick С 7846 II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. A7251 Paul Thompson License Number Printed or Typed Name Signature and Date

PWS Id	lentifica	tion Numbe	г.	3424036		Plant Name:	West View	٧						
III. Dai	Daily Data for the Month/Year of: September-05													
			og Virus Inacti	viation/Rem			X Free C	Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):						•••••		
Type o	Disinfe	ctant Resid	ual Maintained	in Distribution	on System:			Х	Free Chl	orine	Co	ombined C	hlorine (Chlor	amines) Chlorine Dioxide
					CT Calculations	, or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if App				
	Days				40 1,770	CT Calcu	lations				UV	Dose		
	Plant			1			Lowest CT	1			1		Lowest	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
	Staffed		Tall to the second of the seco		Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or		-			2.0	Disinfectant	
	Visited by		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	Town		Minimum	Lowest	Minimum UV Dose	Concentration	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	Minimum CT	Operating UV Dose,	Required,	at Remote Point in	Emergency or Abnormal Operating Conditions:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	: Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	Ĉ.	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
X 15-2		24 hrs	7,000											
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333		24 hrs	6,300											
4		24 hrs	6,300			<u> </u>	ļ							
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ीठ ।		24 hrs	8,000	1									<u> </u>	
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331		24 hrs		1		1		1				1	i	
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Average			7,330	7										

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



See page 4 for instructions General Information for the Month/Year of: October-05 A. Public Water System (PWS) Information PWS Name: West View 3424036 PWS Identification Number: PWS Type: X Community Transient Non-Community Non-Transient Non-Community Consecutive Number of Service Connections at End of Month: Total Population Served at End of Month: 102 PWS Owner: Aqua Utilities Florida Brian Heath Contact Person: Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 City: Leesburg State: Zip Code: 34749 FLContact Person's Telephone Number: (352) 787-0980 (352) 787-6333 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information Plant Name: West View (352) 787-0980 Plant Telephone Number: Plant Address: 2475 N.W. 45th Road State: Zip Code: 34475 City: Ocala FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) License Number Day(s)/Shift(s) Worked Licensed Operators Name License Class Lead/Chief Operator: 3 Days per week Paul Thompson 7251 Other Operators: 3 Days per week $\overline{\mathbf{c}}$ 8287 Mark March 3 Days per week Gary Kissick \mathbf{C} 7846 area de portado de la composição de la composição de la composição de la composição de la composição de la comp II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Page 1

Paul Thompson
Printed or Typed Name

A7251

License Number

Signature and Date

PWS I	S Identification Number: 3424036 Plant Name: West View														
III. Dai	Daily Data for the Month Year of: October-05														
			og Virus Inacti	viation/Rem			X Free C	Chlorin	e TI	Chlorine I	Dioxide		Ozone	Combined Chlorine (Ch	loramines)
		et Radiation		П	Other (Describe				. П						
			ual Maintained i	n Distributio		.,-		Х	Free Chl	orine	Co	ombined C	hlorine (Chlor	amines) C	hlorine Dioxide
- <u>JF</u>					CT Calculations,	or UV Dose, to I	Demonstrate F					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			vega a Seeta Y
	Days					CT Calcu						Dose			
	Plant				1		Lowest CT		1.00		1941		Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
1	or	·			Disinfectant	Contact Time	Before or						Disinfectant		
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
,	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During	During	of ·	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal O	
Month	"X")	Operation	Water Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water,	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution	Repair or Maintenance Worl Water System Componen	the state of the s
1		24 hrs	8,000	Train, Blv	I IOW, IMBID.		ing-mint.	,	Applicable	1118-HIIIAT	SOUGHZ	Secrenz	System, mg/L	water system componen	S Out or Operation 4
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		ar in the	6,419	1											

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



See page 4 for instructions

Coo page . 101bit dottons					
1. General Information for the	Month/Year of: November-05				
A. Public Water System (PWS	S) Information		· — <u>=</u>		
PWS Name: West V	View		PWS Identi	fication Number:	3424036
PWS Type: X Co	mmunity Non-Transient Non-Co	mmunity	Transient Non-Comm	unity	Consecutive
Number of Service Connection	ns at End of Month: 29		Total Population Served	at End of Month:	102
PWS Owner: Aqua	Utilities Florida				
Contact Person: Brian	Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing Add			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone N			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail Addre	ess: <u>beheath@aquaamerica.com</u>				
B. Water Treatment Plant Info	ormation	-			
Plant Name: West V	View		Plant Telep	hone Number:	(352) 787-0980
Plant Address: 2475 N	N.W. 45th Road		City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Pla		Purchased Finished Wa	ater		
	erating Capacity of Plant, gallons per day:	50,000			
Plant Category (per subsection			Plant Class (per subsect		
THE PROPERTY OF THE PROPERTY O	Name	License Class	License Number	Di	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251		3 Days per week
Other Operators:	Mark March	С	8287		3 Days per week
	Gary Kissick	С	7846		3 Days per week
* * * * * * * * * * * * * * * * * * *					
自然的語彙を表現して、2019年度を見るという。 1000年度を100mmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmmm					
			<u> </u>		
N C .:C .: L . 1/01:	50				
II. Certification by Lead/Chie					
I, the undersigned water treatm	ent plant operator licensed in Florida, am the lea	d/chief operator of th	ne water treatment plan	t identified in Part I	of this report. I certify that the
information provided in this re	port is true and accurate to the best of my knowled	edge. I certify that al	ll drinking water treatm	ent chemicals used	at thisplant conform to NSF
	her applicable standards referenced in subsection				
	hat a licensed operator staffed or visited this plan	• • • •		•	<u>-</u>
	propriate treatment process performance records.				
			-	onai operations reco	itus to me i w s owner so me i w s
owner can retain them, togethe	er with copies of this report, at a convenient locati	ion for at least ten ye	ars.		
	Paul Thompson			A7251	
Signature and Date	Printed or Typed Na	me	· · · · · · · · · · · · · · · · · · ·	License Number	
Dignature and Date	rimed of Typed Na	inc .		DICERSC INUMBER	
DED 5 00 FFF 000/0144		Daga 1			

PWS I	S Identification Number: 3424036 Plant Name: West View														
III. Dai	Daily Data for the Month Year of: November-05														
			og Virus Inacti	viation/Rem			X Free (Chlorine	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)	\neg
		et Radiation			Other (Describe	e):							_		
Type o	f Disinfe	ctant Resid	ual Maintained i	in Distributio	on System:	W.		Х	Free Chi	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Diox	ide
1	<u> </u>		-		CT Calculations,	or UV Dose, to I	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	icable*				
	Days		Les est			CT Calcu	lations				UV	Dose			ŀ
	Plant			l	3.9		Lowest CT	1.4 % c 1.			1.0		Lowest		
	Staffed			ì	Lowest Residual	Disinfectant	Provided	7					Residual	[[] [[[[[[[[[[[[[[[[[1
	or			İ	Disinfectant	Contact Time	Before or						Disinfectant		-
	Visited by		Net Quanity	1	Concentration (C) Before or at	(T) at C Measurement	at First Customer	Т		\d:	Lowest	Minimum	Concentration		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	Temp.	pH of	Minimum CT	Operating UV Dose,	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Condi	ione:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow.	Peak Flow	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves	
Month	- "X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes,	mg-min/L	. C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	- Water System Components Out of Opera	
1.9		24 hrs	6,000												I
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LY ACT STO	And Control	SALE TO THE SECOND	1,200	i											1

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



See page 4 for instructions

I. General Information for the Month/Year of:	December-05				
A. Public Water System (PWS) Information					
PWS Name: West View			PWS Ident	ification Number:	3424036
PWS Type: X Community	Non-Transient Non-C	ommunity	Transient Non-Comn	nunity	Consecutive
Number of Service Connections at End of Month:	29		Total Population Serve	d at End of Month:	102
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title:	Area Manager	
Contact Person's Mailing Address: PO Box 490310			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-			Contact Person Person'	s Fax Number:	(352) 787-6333
	aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: West View			Plant Tele	phone Number:	(352) 787-0980
Plant Address: 2475 N.W. 45th Road			City: Ocala	State: FL	Zip Code: 34475
Type of Water Treated by Plant: X Raw Ground W		Purchased Finished Wa	ater		
Permitted Maximum Day Operating Capacity of Plant, gallo	ns per day:	50,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsec		
Licensed Operators Name		License Class	License Number	Da	ıy(s)/Shift(s) Worked
Lead/Chief Operator: Paul Thompso	on	A	7251		3 Days per week
Other Operators Mark March		C	8287		3 Days per week
Gary Kissick		С	7846		3 Days per week
		·			
II. Certification by Lead Chief Operator					
I, the undersigned water treatment plant operator licensed is	n Florida, am the le	ad/chief operator of the	he water treatment plan	t identified in Part I	of this report. I certify that the
information provided in this report is true and accurate to t		_	-		
International Standard 60 or other applicable standards reference					
plant were prepared each day that a licensed operator staffe					
rates; and (2) if applicable, appropriate treatment process p			-	onal operations reco	rds to the PWS owner so the PWS
owner can retain them, together with copies of this report,	at a convenient loca	tion for at least ten ye	ears.		
	Davil Thomas			A 7051	
Signature and Date	Paul Thompson Printed or Typed N			A7251 License Number	
Signature and Date	rimed or Typed N	ame		License Number	
DEP Form 62-555.900(3)Alternate		Page 1			

Means of Achieving Four-Log Virus Inactiviation/Removals* X Free Chlorine Chlorine Dioxide Dozone Combined Chlorine (Chloramines)	PWS Ic	S Identification Number: 3424036 Plant Name: West View															
Means of Achieving Four-Log Virus Inactivation/Removal.*	III. Dai	iv Data f	or the Mon	th/Year of:		December-05								· · ·			\dagger
Distribution					viation/Rem			X Free C	Chlorin	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine	(Chloramines)	Ť
Dayson Plant Plant Plant Strifted or Visited Plant Pla																	
Dayson Plant Plant Plant Strifted or Visited Plant Pla	Type of	Disinfe	ctant Residu	ual Maintained i	n Distributio		<u> </u>		X	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxide	1
Days Plate Suffed Suffed Content Time C							or UV Dose, to I	Demonstrate I						· · · · · · · · · · · · · · · · · · ·			1
Phart Suffield Concentration Distinfectant Distinfec		Davs			1.85.39	tu it såt i s				1 1201			Dose				1
Sufficient of control of contro								Lowest CT	1.1			4 - 4 - 4	4 7	Lowest			- 1
Visited Visi		Staffed				Lowest Residual	Disinfectant							Residual			
Day of Operation Hours H									- S					Disinfectant			1
Day of Operation Hours Operation Hours Operation Ope								The second secon]			The second second second		1			
Place Plac	D		77		which is					**	1.00		1				1
Month 22 Operation Produces and Rate gold Pole month minutes mg minut section 2 section 2 section 3 Section Month	1 . 1577 /			200	Deals Plays				45 100		The Country of the Country of the	1.00		The state of the s			
24 hrs	1.0	1.00	Section 1981 Annual Control		· 图 20 Man \$1.000 (1985)	Land of the second second					A Section of the second		The state of the s				
Size X 24 hrs 7,000 0.6 0.4					, , , Lucy, Bhu.	i i i i i i i i i i i i i i i i i i i	IIIIII	g		з фрисции.	, ,,,,g ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3.300,011.5	Scorenz,	Oysum, mg/D	San Artalog System Comp	onone out of operation	
Second S	14.10	х			· · · · · · · · · · · · · · · · · · ·	0.6		 	!		<u> </u>			0.4			+
24 hrs								 	1		· ·						\top
X	-4		24 hrs														寸
32		Х	24 hrs	4,000		1			1					0.8			Τ
24 ltrs 8,000 0.8 0.6	³ 6		24 hrs	5,000													\perp
Section Sect		X	24 hrs	8,000		1								0.6			
Sab Sab			24 hrs	8,000													
Ali		Х				0.8			<u> </u>					0.6			_
STATE STAT								<u> </u>	ļ	<u> </u>		ļ		<u> </u>	 		\dotplus
23								 	<u> </u>	ļ	<u> </u>		<u> </u>				+
		X				1			-			 	 	0.8	<u> </u>		+
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16						1 -		 	 	-	 	 	 	0.0			+
318 24 hrs 6,000		V			<u> </u>	1		 	 				 	0.8			+
24 hrs 6,000 1.2 1		_^_			 	 		 	 		 	 	 	0.0			卞
								 	 	 		<u> </u>			 		十
20 24 hrs 6,000 1.4 1 1		х				1.2			 	 				1			П
24 X 24 hrs 7,000 1.4 1 322 24 hrs 8,000 1.4 1.2 23 X 24 hrs 6,000 1.4 1.2 24 24 hrs 7,000 1.3 1 25 24 hrs 6,000 1.3 1 27 24 hrs 6,000 1.2 1 28 X 24 hrs 8,000 1.2 1 29 24 hrs 8,000 1 0.8 31 24 hrs 7,000 1 0.8 701 203,000 203,000 1 0.8									1								
22	21	Х	24 hrs			1.4			1					1			\perp
24																	
24 hrs 7,000		Х	24 hrs			1.4			L				<u> </u>	1.2			
Total			24 hrs	· · · · · · · · · · · · · · · · · · ·					<u> </u>								<u></u>
27			24 hrs							<u> </u>		ļ	<u> </u>		ļ <u></u> -		$\dot{-}$
28 X 24 hrs 8,000 1.2 29 24 hrs 8,000 20 X 24 hrs 6,000 1 31 24 hrs 7,000 Total 203,000		X			ļ	1.3		<u> </u>		ļ	<u> </u>	<u> </u>	ļ	1			+
24 hrs 8,000		<u></u>						<u> </u>	 		<u> </u>	 	├──	1			+
\$40 X 24 hrs 6,000 1		X				1.2	1	_	1	ļ	 	 	 	 	 		+
24 hrs 7,000 Total 203,000	37.76.177.71	 ,,			 	ļ		 	 	 	 	 	 	0.8			+
Total 203,000		1 X				 		 	 	 	-	1	 	0.0	 	·-/-··-	+
	- M	l Marketa da			 	<u> </u>	<u> </u>			J	1	<u> </u>	ь	<u> </u>	1	A-1	十
	Average		er er e	6,548	1												

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

Woodberry Forest



See page 4 for instructions

I. General Information fo	or the Month/Year of: January-04				
A. Public Water System	(PWS) Information				
PWS Name:	Woodberry Forest		PWS Identif	ication Number:	3424646
	X Community Non-Transient Non-Com	nmunity	Transient Non-Commu		Consecutive
	ections at End of Month: 55		Total Population Served	at End of Month:	116
	AquaSource Utility, Inc.	·-			
	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing		······································	City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telepho			Contact Person Person's I	Fax Number:	(352) 732-3213
Contact Person's E-Mail					··
B. Water Treatment Plan			(m		
	Woodberry Forest			one Number:	(352) 369-4881
	0050 S.E. County Hwy C-25	1 177 1 177	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated b	by Plant: X Raw Ground Water Property Operating Capacity of Plant, gallons per day:	urchased Finished Wa	ter		
	section 62-699.310(4), F.A.C.):	54,000	Plant Class (per subsection	on 62 600 210(4) E	1 C)-
Licensed Operators		License Class	License Number		y(s)/Shiff(s) Worked
Lead/Chief Operator.	William Landers	B	7327		3 Days per week
Other Operators:	Mark March	C	8287		3 Days per week
Outor operations.	IVIAIR IVIAICII	 	0207	 	5 Days per week
					
				 	
		-			
II. Certification by Lead	Chief Operator				
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<u> </u>			
	reatment plant operator licensed in Florida, am the lead	_	-		
information provided in the	his report is true and accurate to the best of my knowled	dge. I certify that all	l drinking water treatme	nt chemicals used a	t thisplant conform to NSF
International Standard 60	or other applicable standards referenced in subsection	62-555.320(3), F.A.	C. I also certify that the	following addition	al operations records for this
	day that a licensed operator staffed or visited this plant				
	e, appropriate treatment process performance records.	_	, ,		
	gether with copies of this report, at a convenient location				
· · · · · · · · · · · · · · · · · · ·	6	, , , , , , , , , ,			
**····	William Landers			B7327	
Signature and Date	Printed or Typed Nam	ne		License Number	

DEP Form 62-555.900(3)Alternate Page 1

PWS I	dentifica	tion Numbe	r:	3424646		Plant Name:	Woodberr	y Fores	t						
III. Da	H. Daily Data for the Month/Year of: January-04														
			og Virus Inacti	viation/Rem			Free (Chlorin	<u> </u>	Chlorine I	Diovide		Ozone	Combined Chlorin	a (Chlorominas)
		et Radiation			Other (Describe	-)-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• Ц	Cilionine	Dioxide	┙,)2011C	Combined Chlorin	e (Cinoralinies)
			ual Maintained i	in Dietributie		-)-			Free Chl				1-1		T (011 : D: :1
Type	T Disning	Ctant Resid	uai iviailitailieu i	Distribute		0.38	Rost Courties	, , , , , , , , , , , , , , , , , , , 				ombinea C	hlorine (Chlor	amines)	Chlorine Dioxide
					CT Calculations,			our-rog	virus macuv	ation, it App		Dose			
	Days Plant			1.15.25.15.15.15.1		CI Calcu	7				ΟV	Dose			
1	Staffed				Lowest Residual	Disinfectant	Lowest CT	1					Lowest		
	OT	i l		• 1 · 1	Disinfectant	Contact Time	Provided Before or	10.0					Residual		
	Visited	1			Concentration	(T) at C	at First				Lowest	Minimum	Disinfectant Concentration		
[by	· 1	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	11.00	Minimum	Operating	UV Dose	at Remote	l in y in	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose.	Required,	Point in	Emergency or Abnor	mal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		ponents Out of Operation
100 Lan		24 hrs	16,000												
2	Х	24 hrs	12,000										1.2		
-:3	ļ	24 hrs	12,000									·			
4		24 hrs	12,000										_		
- 5	X	24 hrs	11,000										1.2		
6 · 7		24 hrs	10,000												
8 .	Х	24 hrs	12,000	ļ			ļ						1.2		
9 *	x	24 hrs 24 hrs	11,000				 			<u> </u>					
* 10		24 hrs	10,000							<u> </u>			1.1		
11	-	24 hrs	11,000												
12-	x	24 hrs	10,000							<u> </u>					
13	1 ~	24 hrs	9,000	 						<u> </u>	 		1		
14	х	24 hrs	10,000	i							 		1		
13		24 hrs	10,000			***************************************		_			 -				
. 16	х	24 hrs	10,000							 	<u> </u>		1		
17.		24 hrs	10,000									 			
18 **		24 hrs	10,000												
719	Х	24 hrs	10,000										1		
20		24 hrs	9,000												
21%	Х	24 hrs	10,000										1		
22		24 hrs	10,000												
* 23 ₄ ;	X	24 hrs	11,000							L			11		
- 24	1	24 hrs	11,000												
25:	<u> </u>	24 hrs	11,000												
26	X	24 hrs	10,000										1.1		
27 28	- V	24 hrs	10,000												
-29	Х	24 hrs	11,000				<u> </u>			<u> </u>			1.2	 	
30	X	24 hrs 24 hrs	10,000				ļ			<u> </u>					
31	 ^	24 hrs	10,000										1.3		
Total		24 1115	330,000				<u> </u>	L	L	I					
	The state of the s		10,645	i											

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



See page 4 for instructions

I. General Information (or the Month/Year of: February-04				
A. Public Water System	<u> </u>				
PWS Name:	Woodberry Forest			cation Number: 3424646	
	☐ Non-Transient Non-Com	munity	Transient Non-Commun		
	nections at End of Month: 55		Total Population Served at	t End of Month: 116	
	AquaSource Utility, Inc.				
Contact Person:	Michael Fitzgerald			Area Manager - Florida	
Contact Person's Mailir	<u> </u>	·		State: FL Zip Code:	
Contact Person's Telepl			Contact Person Person's Fa	ax Number: (352) 732-33	213
Contact Person's E-Mai	_ V V V				
B. Water Treatment Pla		<u> </u>	Ini mili	(0.50) 0.60 (1	1
Plant Name:	Woodberry Forest		Plant Telepho		
Plant Address:	9050 S.E. County Hwy C-25	1 10' 11 111		State: FL Zip Code:	34420
Type of Water Treated		rchased Finished Wa	ter		
		54,000	Plant Class (per subsection	62 600 210(A) E A C):	· · · · · · ·
Licensed Operators	osection 62-699.310(4), F.A.C.): Name	License Class		Day(s)/Shift(s) Worl	eff
Lead/Chief Operator:	William Landers	B	7327	3 Days per week	
Other Operators:	Mark March	C	8287	3 Days per week	
oueroperaiors.	IVIAIK IVIAICII	<u> </u>	0207	3 Days per week	
					
Magazina Managara					_
A Company of the Comp					***
II. Certification by Lead	I Chief Operator				
I the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of th	e water treatment plant id	dentified in Part I of this report. I	certify that the
	this report is true and accurate to the best of my knowled				
	0 or other applicable standards referenced in subsection 6				
	h day that a licensed operator staffed or visited this plant				
	ele, appropriate treatment process performance records. F			al operations records to the PWS of	wner so the PWS
owner can retain them, t	ogether with copies of this report, at a convenient location	n for at least ten ye	ars.		
	William Landers			B7327	
Signature and Date	Printed or Typed Name			License Number	
O.B.maile and Date	Times of Types Ivania	-		2.000 / 19/1100	

PWS I	dentificat	ion Number	r:	3424646		Plant Name:	Woodberr	y Fores	t					
III Da	ly Data f	or the Mont	th/Year of		February-04	······································								
			og Virus Inactiv				Free (Chlorin		Chlorine I	Diovide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	٠١٠		Jinoi iti	" Ш	Cinornic	JIOXIUE	Ш,)Z011E	Comonica Chornic (Choramnes)
			ual Maintained i	السيا		7).			I D 011			1: 10	11 . (011	
t ype o	Disinte	ciani Kesidi	iai Maintained i				or commensus	2077 E-577	Free Chl				hlorine (Chlor	
					CT Calculations,									
	Days					CI Caicu	latións I				UV	Dose		[개통하다] 하시고 있는데 그는데 그 가게 함께 그렇게 보다. [- 기계 등
	Plant Staffed					-	Lowest CT						Lowest	
	Or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual	
	Visited		Maga		Concentration	(T) at C	at First				Lowest	Minimum	Disinfectant Concentration	
	by	11.50	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1 1 1 1 E		24 hrs	10,000											
2./	X	24 hrs	12,000										1.0	
.3		24 hrs	11,000											
4	Х	24 hrs	11,000										1.1	
. 5		24 hrs	11,000											
∴.6	Х	24 hrs	10,000										0.9	
7.		24 hrs	11,000											
⇒ 8		24 hrs	10,000											
9	Х	24 hrs	11,000										1.3	
. 10:		24 hrs	10,000									!		
11	Х	24 hrs	10,000					<u> </u>		<u> </u>			1.4	
.13	- V	24 hrs	10,000									ļ		
14	Х	24 hrs	10,000										1.3	
715.5		24 hrs 24 hrs	11,000 10,000		· · · · ·					<u> </u>			<u> </u>	
167	х	24 hrs	10,000									-	1.3	
17.		24 lus 24 hrs	10,000								ļ. ———	-	1.3	<u> </u>
18	х	24 hrs	10,000				 -	 		 			1.3	
19	<u> </u>	24 hrs	10,000			 -	 	-				 	1.5	
20	х	24 hrs	12,000		· · · · · · · · · · · · · · · · · · ·		 	 		-	<u> </u>		1.2	
21		24 hrs	11,000			····	 	\vdash						
:22		24 hrs	12,000							 				
23	Х	24 hrs	9,000				· ·						1.0	,
24		24 hrs	10,000										,,	
: 25:	Х	24 hrs	9,000									1	1.0	
∷26∵		24 hrs	10,000											
* 27	Х	24 hrs	10,000										1.0	
28.4		24 hrs	10,000											
. 29:		24 hrs	10,000							L				
30 :		24 hrs												
√31 ·		24 hrs					<u> </u>	<u> </u>	l	<u> </u>	<u> </u>	<u> </u>		<u> </u>
Total	SAN (1982)	245	301,000											
Average	100		10,379											

12,000

Maximum

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

1. General Information for the Month/Y	ear of: March-04	******	· (· · · · · · · · · · · · · · · · · · ·	
A. Public Water System (PWS) Information	ation				
PWS Name: Woodberry Fore:	st		PWS Identif	ication Number:	3424646
PWS Type: X Community	Non-Transient Non-Com	munity	Transient Non-Commu		Consecutive
Number of Service Connections at End of	of Month: 55		Total Population Served	at End of Month:	116
PWS Owner: AquaSource Util					
Contact Person: Michael Fitzgera			Contact Person's Title:	Area Manager - Flor	ida
	343 NE 17th Road		City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number:	(352) 369-4881		Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com				
B. Water Treatment Plant Information					
Plant Name: Woodberry Fores	st		Plant Teleph	one Number:	(352) 369-4881
Plant Address: 9050 S.E. Count			City: Ocala	State: FL	Zip Code: 34420
		rchased Finished Wa	ter		
Permitted Maximum Day Operating Cap		54,000			
Plant Category (per subsection 62-699.3			Plant Class (per subsection	on 62-699.310(4), F.A.	.C.):
Licensed Operators	Name	License Class	License Number	Day	(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	3	B Days per week
Other Operators:	Tom Felton	С	2241		B Days per week
					·
II. Certification by Lead/Chief Operato	ľ				
I, the undersigned water treatment plant	operator licensed in Florida, am the lead/	chief operator of th	e water treatment plant	identified in Part I of	f this report. I certify that the
	ne and accurate to the best of my knowled				
	cable standards referenced in subsection 6				
	nsed operator staffed or visited this plant	_			
	reatment process performance records. F	-	-	nai operations record	is to the PWS owner so the PWS
owner can retain them, together with co	pies of this report, at a convenient location	n for at least ten yea	ars.		
	Mark March			C8287	
Signature and Date	Printed or Typed Name	3		License Number	
organical and Date	rinited of Typed Name	.		Procuse Laninger	

March - O4	PWS Io	lentificat	tion Numbe	r:	3424646	100	Plant Name:	Woodberr	y Fores	t						
Ultraviole Radiation	III. Dai	ly Data I	or the Mon	th/Year of:		March-04									112 10 202	
Type of Distribution Type	Means	of Achie	ving Four-I	og Virus Inacti	viation/Rem	oval: *		Free (Chlorin	e 🗍	Chlorine I	Dioxide	TT (Ozone	Combined Chlorine	e (Chloramines)
Doys Plant Staffield or Variable Plant Staffield or Variable Plant Staffield or Variable Plant Variable Plant Variable Plant P	l 🗌 t	Iltraviol	et Radiation	1		Other (Describe	e):									•
Day Plant Saffiel Plant Saffiel Plant Pl	Type of	Disinfe	ctant Residu	ual Maintained i	in Distributio	on System:				Free Chl	orine	C	ombined C	hlorine (Chlor	ramines)	Chlorine Dioxide
Plant Staffed Concentration Concentration Disinfectant Concentration Concentrati	7 T.					CT Calculations	, or UV Dose, to	Demonstrate l	our-Log	Virus Inactiv	ation, if App				(54) (14) (14) (14) (14)	
Staffed or Visited o		Days	100			ale in the second of the secon	CT Calcu	ulations								
Or Visited					1			Lowest CT						Lowest		
Visited book Net Quantity Hours Net Quantity Hours Past Flow Pas		Staffed						Provided	1					Residual		
Day of Dyerator Hours Operation Hours Hour									1							
Day of Operator Hours Hours Water Point														The second of the second of		
Character Char	Douge		170				and the second second									
Month 'X' Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L C Applicable mg-min/L sec/em/2 sec/em/2 System, mg/L Water System Components Out of Operation 1.2 1					Deak Flour	A			1						1 * *	
1.2 1 1.2 1.2	1.00				1	4	1	1	4	•			The second second	1	1 -	
Second Second					Tunto, Spu	1.00, 1.00	- minaco	1gv D	 	rippricable	III BIIII III	Scoroniz	SCOTOLIZ		water System Com	
Second Second								†	 				i e	 	*	1
24 hrs 12,000		Х			1				 		 	†	<u> </u>	1.3		
24 hrs 13,000			24 hrs									 	1	<u> </u>		
24 hrs		Х	24 hrs						1					1.1		
			24 hrs	13,000									Ì			· · · · · · · · · · · · · · · · · · ·
24 hrs 11,000 1.4 1.4 1.5			24 hrs										Į.			
1.4		Х						1					ļ .	1.4		
24 hrs 12,000 1.4 1.4 1.5							.,	1				<u> </u>				
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24 hrs 15,600					ļ			ļ	ļ							
24 hrs 15,600		<u> </u>			ļ				ļ	 				1.4		
The color of the							 	<u> </u>	<u> </u>		ļ	 	-	_		
11.500					<u> </u>	ļ		1	 	1		 	 	 		
X 24 hrs 17,500					1	 	-	 	 				 	1.2		
218% 24 hrs 17,500 1 219% X 24 hrs 18,300 1 220% 24 hrs 18,300 0 0 224% 24 hrs 13,500 0.7 0.7 223% 24 hrs 13,500 0.8 0.8 224% X 24 hrs 13,000 0.8 0.8		v							 		 	 	 	11		
196 X 24 hrs 18,300		- ^-			<u> </u>	 		+	 		 	 	 			
20 24 hrs 18,300 24 24 hrs 18,300 22 X 24 hrs 13,500 23 24 hrs 13,500 0.7 24 X 24 hrs 13,000 0.8 25 24 hrs 13,000 0.8		x				**								1		
24 hrs 18,300 222 X 24 hrs 13,500 23 24 hrs 13,500 24 x 24 hrs 13,000 24 X 24 hrs 13,000 25 24 x 24 hrs 13,000						<u> </u>	···		t		<u> </u>	 	ì			
22 X 24 hrs 13,500 0.7						1										
24 hrs 13,500		X			j				1	1	1	†		0.7		
25 24 hrs 13,000	23		24 hrs					1								
	-24	Х	24 hrs											0.8		
Y 74 hrs 10 000			24 hrs		1							1				
	26	X	24 hrs	19,000					<u> </u>					0.6		
24 hrs 19,000			}						į			ļ				
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24 hrs 16,500		 ,, _			<u> </u>		1		<u> </u>			 	1	0.7		
331 X 24 hrs 16,500 0.7					1	<u> </u>	1	<u> </u>	1	I	<u> </u>	i	<u> </u>	J 0./	1	

14,652 19,000

Average

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



See page 4 for instructions

General Information	for the Month/Year of:	April-04					·	I
A. Public Water System		Aprii-v4						
PWS Name:	Woodberry Forest		 	<u>I</u>	W6 114.6	-4: Nr1	2424747	 1
PWS Type:	X Community	Non-Transient Non-Com			ws identification	ation Number:	3424646	
	nnections at End of Month:	55	munity			End of Month:	Consecutive 116	
PWS Owner:	AquaSource Utility, Inc.			Total Populati	ion served at	End of Monun:	110	
Contact Person:	Michael Fitzgerald			Contact Perso	mia Titla.	Area Manager - I	Clarida	
Contact Person's Maili						State: FL	Zip Code:	24470
Contact Person's Telep		1.4881		Contact Perso			(352) 732-3	
Contact Person's E-Ma		rald@aguaamerica.com		1COMMECT CISO	11 1 013011 3 1 4	ix Number.	(332) 132-3	1213
B. Water Treatment Pla						-		
Plant Name:	Woodberry Forest			[p	lant Telephor	ne Number	(352) 369-4	1881
Plant Address:	9050 S.E. County Hwy C-25			1		State: FL	Zip Code:	
Type of Water Treated		Water Pu	rchased Finished Wa		70414 [1	12	Jeip code.	34420
	Day Operating Capacity of Plant, gal		54,000					
	bsection 62-699.310(4), F.A.C.):	£		Plant Class (p	er subsection	62-699.310(4),	F.A.C.):	
Licensed Operators	Name		License Class					ked .
Lead/Chief Operator:	Mark Marc	:h	С	828	37		3 Days per week	
Other Operators:	Tom Felto	n	С	224			3 Days per week	
全有的一个人,但是这个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一								
Sar - sa l -a (1) - est								
						···		
			:	<u> </u>				
II. Camificanian la Lan	1/61:08 0							
II. Certification by Lea	d/Chief Operator							
I, the undersigned water	treatment plant operator licensed	l in Florida, am the lead/	chief operator of th	ne water treatn	nent plant id	lentified in Part	I of this report. I	certify that the
information provided in	this report is true and accurate to	the best of my knowled	ge. I certify that al	l drinking wat	ter treatment	chemicals used	d at thisplant conf	orm to NSF
	0 or other applicable standards re							
	h day that a licensed operator stat							
	ole, appropriate treatment process							
	together with copies of this report	-		•	ose additiona	ii operations rec	olds to ale 1 W.S.	owner so the r we
o mior our rount mont,	ogenier with copies of this lepon	, at a convenient recalle	n roi ai wasi wii ye	шэ.				
		Mark March				C8287		
Signature and Date	**************************************	Printed or Typed Name			_	License Number		
=		7.						

PWS I	lentificat	ion Number	r:	3424646	46 Plant Name: Woodberry Forest									
III. Dai	ly Data f	or the Mont	h/Year of:		April-04									
Means	of Achie	ving Four-L	og Virus Inactiv	viation/Rem			Free C	Chlorine		Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):								,
			ıal Maintained i	n Distributio		· /·			Free Chl	orine	Co	mhined C	hlorine (Chlor	amines) Chlorine Dioxide
And the	2793				CT Calculations,	or LIV Dose to l	Jemonstrate I	our-Log					Tanasa .	Market State of the State of th
A. A.	Davis					CT Calcu		Our Log	VII US MINUTE	ation, it supp	UV			
	Days Plant						Lowest CT					1	Linking day	
	Staffed				Lowest Residual	Disinfectant	Provided						Lowest Residual	
	or	1.			Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First		· .		Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	- 44	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
417		24 hrs	12,000								1			
2	Х	24 hrs	16,000										0.7	-
. 3: *		24 hrs	16,000											
4		24 hrs	16,000											
°25.⊹	Х	24 hrs	20,000	1									0.8	
- 6		24 hrs	19,000	ļ										
7	Х	24 hrs	14,000										0.7	
183		24 hrs	14,000						_		<u> </u>			
×9-	Х	24 hrs	17,000								<u> </u>		0.7	
10		24 hrs	18,000								<u> </u>	<u> </u>		
\$11 °		24 hrs	18,000									ļ		
-/12	Х	24 hrs	11,000	<u> </u>							<u> </u>	<u> </u>	0.7	
2:13 %		24 hrs	10,000								<u> </u>	<u> </u>		
314	Х	24 hrs	17,000	<u> </u>			L	ļ			ļ <u></u>	ļ	0.8	
. 45		24 hrs	17,000						.		<u> </u>	ļ		
- 16	X	24 hrs	17,000					<u> </u>				<u> </u>	0.4	
2175		24 hrs	17,000			<u> </u>		 		<u> </u>		ļ	<u> </u>	
18	1,,	24 hrs	17,000				⊢ —	1		 	ļ	 	0.7	
19.	Х	24 hrs	22,000	<u> </u>	.		<u> </u>	 		1	 	 	0.7	
20	l v	24 hrs	23,000	<u> </u>				1		1		 	 	
21 22	X	24 hrs	18,000			1	 	 	 	 	 	 	0.6	
23	v	24 hrs	18,000				<u> </u>	┼		 	 	 	0.7	
24	Х	24 hrs 24 hrs	17,000 15,000				_	 	 	1	 	 	U./	
25			15,000	 	 	 	 	 	 	 	 	-	1	
25 426	- 	24 hrs 24 hrs	20,000	 	 	 		 	 	}	 	 	0.4	
27	X		20,000	 	 			 	 	}	+	1	V.4	
28	X	24 hrs 24 hrs	17,000	 	 	 	 	 	 	 -	 	 	1.2	
±29=	1 ^	24 hrs	16,000	ļ	 	 	 	 	-		 	 	1.4	
30°	х	24 hrs	14,000	 	· · · · · · · · · · · · · · · · · · ·		 	 	 	<u> </u>	 	 	li	
(3)	1-^-	24 hrs	14,000	 	 		 	1	 	1	1	1	-	
Total		24 ms	501,000		1	1			1		<u>.</u>		1	<u> </u>
			16,700	1										
Maxim	mi 🔭	Arraine contra	23,000	1										

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



See page 4 for instructions

l. General Information for the	ne Month Year of: May-04				
A. Public Water System (PV	VS) Information				
PWS Name: Woo	odberry Forest		PWS Identif	ication Number:	3424646
	Community Non-Transient Non-C	ommunity	Transient Non-Commu	nity 🔲	Consecutive
Number of Service Connect	ions at End of Month: 55		Total Population Served	at End of Month:	116
	aSource Utility, Inc.				
	hael Fitzgerald		Contact Person's Title:	Area Manager - Fl	lorida
Contact Person's Mailing Ac			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone			Contact Person Person's I	Fax Number:	(352) 732-3213
Contact Person's E-Mail Ad	· · · · · · · · · · · · · · · · · · ·	<u>om</u>			
B. Water Treatment Plant In	ıformation				
	odberry Forest		Plant Teleph	one Number:	(352) 369-4881
	0 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by P		Purchased Finished Wa	iter		
	perating Capacity of Plant, gallons per day:	54,000			
	ion 62-699.310(4), F.A.C.):		Plant Class (per subsection		
	Name Name	License Class	License Number	D	ay(s)/Shift(s) Worked
*Lead/Chief Operator:	Mark March	С	8287		3 Days per week
Other Operators:	Tom Felton	C	2241		3 Days per week
Talk of a second	1282				
				<u> </u>	
			<u> </u>	<u> </u>	**************************************
II Contification by Land Ch	:				
II. Certification by Lead/Ch					
I, the undersigned water trea	tment plant operator licensed in Florida, am the le	ad/chief operator of th	ne water treatment plant	identified in Part I	of this report. I certify that the
information provided in this	report is true and accurate to the best of my know	ledge. I certify that al	l drinking water treatme	nt chemicals used	at thisplant conform to NSF
International Standard 60 or	other applicable standards referenced in subsection	on 62-555.320(3), F.A.	.C. I also certify that the	following addition	onal operations records for this
	y that a licensed operator staffed or visited this pla		-	-	-
	appropriate treatment process performance records				
	ther with copies of this report, at a convenient loca			nai operations rece	orus to the raw owner so the raw o
owner can retain them, toget	ner with copies of this report, at a convenient loca	mon for at least ten ye	a15.		
	Mark March			C8287	
Signature and Date	Printed or Typed N	ame		License Number	
2.D. Truit o and Date	Timed of Typed IV			2.501100 1 14111001	

DEP Form 62-555.900(3)Atternate Page 1

PWS I	PWS Identification Number: 3424646 Plant Name: Woodberry Forest													
III Dai	ly Data f	or the Mont	h Year of:		May-04									
			og Virus Inacti	viation/Rem			Free C	hlorin	. [Chlorine I	Diovide)zone	Combined Chlorine (Chloramines)
		t Radiation	og viras mace		Other (Describe	١.		21101111	ч	Cinornic L	Noxide		/2011C	combined emorate (emoratimes)
			al Maintained i	- Dist-ibutis		<i>y</i>			Fran Chi				1.1	(1) (1) (1) (1)
1 ype o	Distille	ciani Kesidu	ai Maintained i	n Distributio		The second second resources	er de l'agreciation de	e de la const	Free Chl			mbinea C	hlorine (Chlor	
					CT Calculations,	or UV Dose, to L		our-Log		ation, it Appl	icable* UV 1			
1	Days				I I	CI Carcu					UVI	Jose		왕홍 회장 시간 학교가 됐었다.
	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest	
	ОГ				Disinfectant	Contact Time	Before or						Residual Disinfectant	
1.5	Visited				Concentration	(T) at C	at First		3 - 10		Lowest	Minimum	Concentration	
	by	ittig och d	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Орегатог	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
A ding		24 hrs	15,000											
2		24 hrs	15,000											
3.5	Х	24 hrs	11,500										1	
-4-4		24 hrs	11,500											
5.5	Х	24 hrs	17,000										11	
6 %	7,	24 hrs	17,000											
7. (X	24 hrs	22,600										l	
- 8 9		24 hrs	22,600											
	v	24 hrs	22,600			·····							1.1	
10 : 11 :	Х	24 hrs 24 hrs	14,500 14,500								<u> </u>	<u> </u>	1.1	
12	х	24 hrs	11,500										1.3	
13	<u> </u>	24 hrs	11,500					-					1.5	
14).	x	24 hrs	15,000					\vdash					1	
×15		24 hrs	15,000											
ા16∷		24 hrs	15,000	<u> </u>										
17.5	X	24 hrs	9,500							,		<u> </u>	1.4	
18		24 hrs	9,500							l				
- 49	Х	24 hrs	11,000										1.3	
20=		24 hrs	11,000											
21.	X	24 hrs	17,300										1.1	
22		24 hrs	17,300											
∴23 ⊹		24 hrs	17,300	ļ							<u></u>			
24	Х	24 hrs	16,000										1.2	
25:		24 hrs	16,000				<u> </u>	ļ			ļ			
26	Х	24 hrs	21,000					<u> </u>	ļ		L		1.3	
27		24 hrs	21,000	ļ				<u> </u>			ļ	-		
28	X	24 hrs	18,600					 -	ļ				1.3	
÷29.7		24 hrs 24 hrs	18,600 18,600	 	!		 			<u> </u>	 	 	-	
-30 ₪ +31	Х	24 hrs 24 hrs	15,500				ļ	ļ	 	 		 	1.4	
Total		Z4 nrs	490,000	<u> </u>	1		<u> </u>	<u>. </u>	L	<u> </u>	1	L	L	<u> </u>
Average			15.806	1										

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information for	or the Month/Year of:	June-04				
A. Public Water System	(PWS) Information					
PWS Name:	Woodberry Forest				fication Number:	3424646
		Ion-Transient Non-Com	munity	Transient Non-Comm		Consecutive
l	nections at End of Month:	55		Total Population Served	l at End of Month:	116
	AquaSource Utility, Inc.					
	Michael Fitzgerald			Contact Person's Title:	Area Manager - Flor	
Contact Person's Mailing				City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telepho				Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Mail		d@aquaamerica.com				
B. Water Treatment Plan						
	Woodberry Forest				hone Number:	(352) 369-4881
	9050 S.E. County Hwy C-25	- 		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated			irchased Finished Wa	ıter		
	ay Operating Capacity of Plant, gallor	s per day:	54,000		 	
	section 62-699.310(4), F.A.C.):			Plant Class (per subsec		
	Name		License Class	License Number		(s)/Shift(s) Worked
Lead/Chief-Operator:	Mark March		С	8287		3 Days per week
Other Operators:	Tom Felton	<u> </u>	С	2241		3 Days per week
			,			
100 Mg						
				<u> </u>		
			 	 		
						1
		·····	<u> </u>	<u> </u>		
II. Certification by Lead	Chief Operator					
-						Ethic war I contify that the
I, the undersigned water	treatment plant operator licensed is	n Florida, am the lead	/chief operator of the	ne water treatment plan	t identified in Part I c	of this report. I certify that the
information provided in	this report is true and accurate to the	ne best of my knowled	dge. I certify that al	ll drinking water treatn	ient chemicals used a	t thisplant conform to NSF
International Standard 60	or other applicable standards refe	erenced in subsection	62-555.320(3), F.A.	.C. I also certify that the	ne following additions	al operations records for this
plant were prepared each	day that a licensed operator staffe	ed or visited this plant	during the month in	ndicated above: (1) rec	ords of amounts of ch	nemicals used and chemical feed
rates; and (2) if applicab	le, appropriate treatment process p	erformance records. 1	Futhermore, I agree	to provide these additi	onal operations recor	ds to the PWS owner so the PWS
owner can retain them. to	ogether with copies of this report,	at a convenient location	on for at least ten ye	ears.		
,	, , , , , , , , , , , , , , , , , , ,		•			
		Mark March			C8287	
Signature and Date		Printed or Typed Nam	ne		License Number	

PWS Identification Number: 3424646 Plant Name: Woodberry Forest														
III. Dai	y Data f	or the Mont	h/Year of:	!	June-04									
			og Virus Inactiv	viation/Remo	oval: *		Free C	Chlorin		Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
ĮΠι	Iltraviole	t Radiation			Other (Describe	e):								
Type of	Disinfe	ctant Residu	al Maintained in	n Distributio	on System:				Free Chl	orine	☐ Co	mbined C	hlorine (Chlor	
	37: 40				CT Calculations,	or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiv	ation, if Appl	licable*		1.00	
30.5	Days				物學是其物的	CT Calcu	lations		A Section of the sect		UVI	Oose		
	Plant					보존 경기를 다	Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or]					Disinfectant	
	Visited				Concentration	(T) at C	at First	_ :			Lowest	Minimum	Concentration	
	by		Net Quanity	-	(C) Before or at	Measurement	Customer	Temp.		Miņimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished Water	Deals Flass	First Customer	Point During	During	of	pH of	CT	UV Dose, mW-	Required,	Point in	Emergency or Abnormal Operating Conditions;
the Month	(Place "X")	Plant in Operation	Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	Water, if Applicable	Required, mg-min/L	sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
24.15		24 hrs	15,500	reate, gpu	Tiow, ting D	minutes	ing-unive	 	rippileable	mg minut	SCOCIIZ	SCORE	System, mg/L	Water System Components Out of Operation
··· 2	х	24 hrs	11,500		· · · · · · · · · · · · · · · · · · ·	-			 		 		1.3	
3		24 hrs	11,500		<u> </u>		 				 		1.5	
4.	Х	24 hrs	13,300					†					1.1	
s 5 + £		24 hrs	13,300		· · · · · · · · · · · · · · · · · · ·				l					
		24 hrs	13,300								1			
独月35	Х	24 hrs	10,500										1.4	
18		24 hrs	10,500											
9.	Х	24 hrs	9,000										1.4	
10.	X	24 hrs	9,000										1.6	
2117	X	24 hrs	10,600										1	
12 🖫		24 hrs	10,600											
18		24 hrs	10,700					<u> </u>			ļ			
走14	X	24 hrs	13,500		· .			 			ļ		0.9	
15.		24 hrs	13,500			ļ		ļ				<u> </u>		
- 16 ×	X	24 hrs	17,000				 				 	ļ <u>.</u>	1.4	
2017	X	24 hrs	17,000				 	 	 		 	 	0.6 1.5	
18.	X	24 hrs	21,600 21,600				 	1	 				1.3	
20		24 hrs 24 hrs	21,600		 	 	 	1				 	 	
21	X	24 hrs	14,500			 	 	 	 	 	 	 	1.3	
2.22	^_	24 hrs	14,500	 	 			 				 	1	
23	х	24 hrs	18,500	-	1		<u> </u>	1		 	T		1.2	
24		24 hrs	18,500	†										
25 -	X	24 hrs	17,300			1					Î		1.2	
26		24 hrs	17,300	1			1		<u> </u>					
*:27		24 hrs	17,300											
~ 28	х	24 hrs	17,500										1.2	
129		24 hrs	17,500											
< 30 €	X	24 hrs	19,000									<u> </u>	1.3	
31		24 hrs			1	<u> </u>	1		L	1	<u> </u>	<u> </u>	<u> </u>	<u></u>
Total			447,000	1										
Average		发生其他 语	14,900											

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



See page 4 for instructions

I. General Information fo	r the Month/Year of:	July-04										
A. Public Water System ((PWS) Information											
	Voodberry Forest			PWS	Identification Numb	er: 3424646						
		Ion-Transient Non-Com	munity	Transient Non-C	Community	Consecutive						
Number of Service Conn		55		Total Population	Served at End of Mor	nth: 116						
	Aqua Utilities Florida											
	Michael Fitzgerald			Contact Person's	Title: Area Manag	ger - Florida						
Contact Person's Mailing				City: Ocala		FL Zip Code:	34470					
Contact Person's Telepho				Contact Person Pe	erson's Fax Number:	(352) 732-3	213					
Contact Person's E-Mail	· · · · · · · · · · · · · · · · · · ·	d@aquaamerica.com										
B. Water Treatment Plant	t Information											
Plant Name: Woodberry Forest Plant Telephone Number: (352) 369-4881												
	050 S.E. County Hwy C-25			City: Ocala	State:	FL Zip Code:	34420					
Type of Water Treated b			rchased Finished Wa	iter								
	y Operating Capacity of Plant, gallor	is per day:	54,000									
Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):												
Licensed Operators	Name		License Class*	License Num	ber 🦠 🗀	Day(s)/Shift(s) Wor	ced :					
Lead/Chief Operator:	Mark March		C	8287		3 Days per week						
Other Operators:												
[646] 2.3 第二十二章												
]								
4.00		· ·										
		· · · · · · · · · · · · · · · · · · ·										
II. Certification by Lead	Chief Operator											
I, the undersigned water to	reatment plant operator licensed is	n Florida, am the lead	chief operator of th	ne water treatment	t plant identified in	Part I of this report. I	certify that the					
	his report is true and accurate to the											
	or other applicable standards refe											
	day that a licensed operator staffe											
	e, appropriate treatment process p				additional operation	ns records to the PWS of	owner so the PWS					
owner can retain them, to	gether with copies of this report, a	nt a convenient locatio	n for at least ten ye	ars.								
		Mark March	<u>.</u>		<u>C8287</u>	•						
Signature and Date		Printed or Typed Nam	e		License Nur	moer						

DEP Form 62-555.900(3)Alternate Page 1

PWS I	dentifica	tion Number	r:	3424646		Plant Name:	Woodberr	y Fores	t					
III. Da	ily Data i	for the Mont	th Year of:		July-04				•	,,,,,		·		
			og Virus Inacti	viation/Rem			Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	s).	_							,
			ual Maintained i	n Dietributie		···			Free Chl	orina	Co	mhinad C	hloring (Chlor	ramines) Chlorine Dioxide
Type	I DISHING		uai iviaiiitaiiieu i	ii Distributio	on System: Free Chlorine Combined Chlorine (Chloramines) Chlorine CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation; if Applicable*									annies) Chorne Dioxide
					C1 Calculations,	CT Calcu		our-Log		auon, ii Appi	UV	Doca		
1	Days					CI Calcu		1 34 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> 1700 日本 1709 日</u> 	r i de la company	UVI	Juse		
	Plant					5 5.	Lowest CT					l	Lowest	
1	Staffed				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or				5		Residual Disinfectant	
	or Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
187.5	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	la de la seria de	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
		24 hrs	19,000	ł										
2:-	X	24 hrs	15,600				Ī						1.2	
3.		24 hrs	15,600											
4	4	24 hrs	15,700											
× 5.	Х	24 hrs	17,500										1.1	
6.	e S	24 hrs	17,500											
77.	X	24 hrs	16,500										1.2	
× 8		24 hrs	16,500											
9	Y X	24 hrs	22,000					l					1.1	
. 10		24 hrs	22,000											
11	100	24 hrs	22,000											
12	X	24 hrs	10,000					1					1	
.13		24 hrs	10,000		<u> </u>	<u> </u>	<u></u>							
14	X	24 hrs	15,000		1			<u> </u>	<u> </u>		L		1.1	
-15	Š	24 hrs	15,000				ļ	<u> </u>	<u> </u>		ļ			
:516	X	24 hrs	12,600				<u> </u>	ļ	ļ				1.2	
17:		24 hrs	12,600	1	ļ		<u> </u>	 	<u> </u>					
18	3	24 hrs	12,700		<u> </u>	ļ	ļ		-	<u> </u>		-	 	
319	X	24 hrs	14,000			ļ	<u> </u>	 	ļ		<u> </u>	1	1.3	
20.	1 33	24 hrs	14,000	ļ		ļ	<u> </u>	 	}			1	1.2	
21	X	24 hrs	17,000	 	<u> </u>		 	-	}	 		 	1.2	<u> </u>
22	\$	24 hrs	17,000		}		<u> </u>	1			-		1.1	
23	X	24 hrs	13,300		-		 	1		ļ	 	 	1.1	
24	3	24 hrs	13,300	1			 		 			 	 	
25.	 	24 hrs	13,400		}		 	} -	 	 		 	1.2	
26	X	24 hrs	13,500	<u> </u>	 		 	1		 	 	 	1.2	
.27	X	24 hrs	13,500 13,000		 	1	 	 	 	 	-	 	1.1	
28	7 A 8	24 hrs 24 hrs	13,000	 	 		 	1	 	 	 	 	1.1	
30	X	24 hrs	14,300		 	-	+	+	<u> </u>	 	 	1	ı	
- 31	-	24 hrs	14,300	 	 	 	1	 	 	 	 	 	 	
			471,400	1	<u> </u>	1	1	<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	1	1	<u> </u>	
		X 7.12	15,206	1										

15,206 22,000

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



See page 4 for instructions

1 Ganaral Information	for the Month/Year of: August-04						
A. Public Water System PWS Name:	Woodberry Forest		lp:	WS Identification	Number	3424646	
PWS Name: PWS Type:	X Community Non-Transient Non-Co	mmunity []		on-Community	Number.	Consecutive	
	nections at End of Month: 55	difficulty		on Served at End	of Month:	116	
PWS Owner:	Aqua Utilities Florida		Total Topulation	on served at Liid	Of Morian.	110	
Contact Person:	Michael Fitzgerald		Contact Person	ı's Title: Area	Manager - Flor	-ida	· · · · · · · · · · · · · · · · · · ·
Contact Person's Maili		***************************************		cala State		Zip Code:	34470
Contact Person's Telep		·· ···································		Person's Fax Nu		(352) 732-3	
Contact Person's E-Ma		m	Tooliuser v erson			(552) 152 5	
B. Water Treatment Pla							
Plant Name:	Woodberry Forest		Pl	ant Telephone N	umber:	(352) 369-4	881
Plant Address:	9050 S.E. County Hwy C-25			cala State		Zip Code:	34420
Type of Water Treated		Purchased Finished Wa	ater				
	Day Operating Capacity of Plant, gallons per day:	54,000					
	bsection 62-699.310(4), F.A.C.): V		Plant Class (pe	r subsection 62-			
:: Licensed Operators	Name	License Class	License N	umber	Day	(s)/Shift(s) Worl	ked
Alsead/Chief Operator:	Mark March	С	828	7	:	3 Days per week	
Other Operators:							
7							
ESP. P. VANA							
ment of the second							
II. Certification by Lea	d/Chief Operator						
I the undersigned water	treatment plant operator licensed in Florida, am the lea	nd/chief operator of t	he water treatm	ent plant identi	fied in Part I o	of this report. I	certify that the
	this report is true and accurate to the best of my knowl						
information provided in	this report is true and accurate to the best of my known	. (2 555 220(2) E A	C I also south	f. that the falls	uina addition	el aparations ra	oorde for this
International Standard	60 or other applicable standards referenced in subsection	1 02-333.320(3), F.A	.C. Taiso ceru	ly mat the lone	wing additions	ai operations te	colds for this
plant were prepared eac	h day that a licensed operator staffed or visited this plan	nt during the month i	ndicated above	: (1) records of	amounts of ch	nemicals used ai	nd chemical feed
rates; and (2) if applical	ole, appropriate treatment process performance records.	Futhermore, I agree	to provide the	se additional op	erations record	ds to the PWS o	owner so the PWS
	together with copies of this report, at a convenient locat						
,		•					
	Mark March			C82			
Signature and Date	Printed or Typed Na	me		Lice	nse Number		

PWS Ic	lentificat	ion Number	r:	3424646		Plant Name:	Woodberr	y Fores	t					
III. Dai	Daily Data for the Month Year of: August-04 ans of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
				viation/Rem	oval: *		Free (Chlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		t Radiation			Other (Describe	e):								, , , , , , , , , , , , , , , , , , ,
			ual Maintained i	n Distributio					Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
		27270 × 514			CT Calculations	or UV Dose, to I	Demonstrate I	our-Log				SPERT.	e Großer de	
	Days			TV TV TABLET	Desiration Code	CT Calcu					UVΙ	Dose		
	Plant					field of the second	Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
1	Visited	1.7			Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1.0		24 hrs	14,300				 			<u> </u>				
2	X	24 hrs	12,000	 				ļ	ļ <u>.</u>		<u> </u>	<u> </u>	11	
332	X	24 hrs	12,000	ļ			ļ			 _		<u> </u>		
4.4	х	24 hrs	11,500				 	 			ļ	ļ	1.1	
:5:5	V	24 hrs	11,500			ļ	 	1				<u> </u>	1.4	
6	Х	24 hrs	13,000						<u> </u>		 	 	1.4	
7 ~8		24 hrs	13,000	 			 					 		
9:1	х	24 hrs 24 hrs	13,000 14,000						 			 	1.2	
10		24 hrs	14,000	 			 						1.2	
11	х	24 hrs	12,000					1				 	1.2	
12	<u> </u>	24 hrs	12,000			 	 	 		 		 	1.2	
.13.	х	24 hrs	14,600	 -	 	 	 	 				 	1.2	
14		24 hrs	14,600	 	-		 	 				 	1.2	
15 🛠		24 hrs	14,700	 			 	 	 	 	 	 		
16	х	24 hrs	15,000	 			<u> </u>	 	 			† 	1.2	
17.*	<u> </u>	24 hrs	15,000				 	 				†		
18**	х	24 hrs	14,000	1		 	 	 				† — —	1.3	
19		24 hrs	14,000		 		 	1				 		
20 3 5	Х	24 hrs	14,000	 			 	 				†	1.2	
21 -		24 hrs	14,000					1	<u> </u>					
22		24 hrs	14,000		 		1	1		T				
23 13	Х	24 hrs	22,000									1	1.3	
₹ 24 -		24 hrs	22,000	1										
25	Х	24 hrs	10,500										1.2	
~ 26		24 hrs	10,500											
- 27	Х	24 hrs	13,300										1.2	
- 28		24 hrs	13,300											
29		24 hrs	13,400											
₹30 =	X	24 hrs	12,000										1.2	
.31 ∜		24 hrs	12,000										L	
Total _		g Anti-	425,200								_			
Average	**************************************	1.00 S. 150	13,716											

13,716 22,000

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



See page 4 for instructions

I. General Information f	or the Month/Year of:	September-04				
A. Public Water System	(PWS) Information					
PWS Name:	Woodberry Forest			PWS Identifi	cation Number:	3424646
PWS Type:	X Community No	on-Transient Non-Com	munity	Transient Non-Commun		Consecutive
Number of Service Con	nnections at End of Month:	55		Total Population Served a	at End of Month:	116
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Michael Fitzgerald			Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailir				City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telepl				Contact Person Person's I	ax Number:	(352) 732-3213
Contact Person's E-Mai	il Address: <u>mvfitzgerald</u>	@aquaamerica.com				
B. Water Treatment Pla	nt Information					
Plant Name:	Woodberry Forest			Plant Teleph		(352) 369-4881
Plant Address:	9050 S.E. County Hwy C-25			City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated			rchased Finished Wa	iter		
	Day Operating Capacity of Plant, gallons	per day:	54,000			
	bsection 62-699.310(4), F.A.C.):	V		Plant Class (per subsection		
* Licensed Operators	Name		License Class	License Number	D	ay(s)/Shift(s) Worked
- Lead/Chief Operator:	Mark March		С	8287	<u> </u>	3 Days per week
Other Operators:						
280.72						
the second of the						
44, 34, 34, 34, 34, 34, 34, 34, 34, 34,						
dica -						
				<u> </u>	ļ	
4.77					J	
	1011.00					
II. Certification by Lead						
I, the undersigned water	treatment plant operator licensed in	Florida, am the lead	chief operator of the	he 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	e best of my knowled	lge. I certify that a	ll drinking water treatme	nt chemicals used	at thisplant conform to NSF
International Standard 6	60 or other applicable standards refer	enced in subsection 6	62-555.320(3), F.A	.C. I also certify that the	following addition	nal operations records for this
nlant were prepared eac	h day that a licensed operator staffed	or visited this plant	during the month i	ndicated above: (1) recor	rds of amounts of o	chemicals used and chemical feed
metass and (2) if annlies	ble, appropriate treatment process pe	rformance records F	Cuthermore I agree	to provide these addition	nal operations reco	ords to the PWS owner so the PWS
rates, and (2) if applicat	the appropriate treatment process pe	t a convenient locatio	n for at locat ton ve	are		
owner can retain them,	together with copies of this report, at	a convenient locatio	ii ioi at ieast teii ye	7a15.		
		Mark March			C8287	
Ciomatuma and Data		Printed or Typed Nam	ρ		License Number	
Signature and Date		Trinica of Typea Nam				
DEP Form 62-555.900(3)Alternate			Page 1			

PWS Ic	lentificat	ion Number	ri.	3424646		Plant Name:	Woodberr	y Fores	t					
III Dai	ly Data f	or the Mont	h/Year of		September-04				••		·····			
			og Virus Inactiv	viation/Rem			Free (Chlorine	• 11	Chlorine I	Dioxide	П	Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):	LJ		ـــا					,
			ual Maintained in	n Distributio			·····		Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
F 1 25 C	A. M. W.	- 1972			CT Calculations,	or UV Dose, to	Demonstrate I	our-Log						
	Days								C. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		UV			
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided				Articles Articles		Residual	
	or			1 1 1 1 1 1 1 1 1	Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
D	by	***	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	-17 -6	Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
221724	X	24 hrs	6,000	1.6					-FF	1		1	1.2	
5-2r-		24 hrs	6,000											
.∔.3″ ÷	Х	24 hrs	14,000	1.4									1.3	
44		24 hrs	14,000											
∴5 5. •		24 hrs	14,000											
65	Х	24 hrs	15,000	1.6			ļ						1.3	
1 JA	X	24 hrs	7,000	1.7			<u> </u>	ļ			ļ	ļ	1.1	
- 8	X	24 hrs	18,000	1.6			ļ	ļ		ļ		<u> </u>	1.4	
>-9: (X	24 hrs	11,000	1.6			 	ļ				 	1.2	<u> </u>
- 10	X	24 hrs 24 hrs	17,600 17,700	1.7		 	 	-	· · · · · · · · · · · · · · · · · · ·	 		<u> </u>	1.3	
. 11 12		24 hrs	17,700	}	<u> </u>		 			<u> </u>		}		
13	x	24 tus 24 hrs	12,000	1.6			 	 		 		 	1.2	
14:	 ^	24 hrs	12,000	1.0			<u> </u>					•		
15	Х	24 hrs	14,000	1.1	 		 						1	
··16'		24 hrs	15,000											
17	Х	24 hrs	20,000	1									0.8	
- 18		24 hrs	20,000											
. 19		24 hrs	20,000					L			ļ	 	<u> </u>	
20	X	24 hrs	13,000	1.2				<u> </u>		<u> </u>		<u> </u>	11	
21-*	<u> </u>	24 hrs	14,000		1			-		1	-	ļ	1.1	
220	X	24 hrs	12,500	1.3				-	·			 	1.1	
23: 24	1 -	24 hrs	12,500 15,000	1.6	<u> </u>		}	 			1		1.1	
25 .	X	24 hrs 24 hrs	15,000	1.0	-		 	1		 	 	 	1.1	
26		24 hrs	16,000				 			 	 	 	ł	
27	х	24 hrs	12,000	1.2	 	 	 	 	-	1		 	1	
28	 ^-	24 hrs	12,000	1.2	 		 	 			1		<u> </u>	
~ 29 ~	х	24 hrs	23,000	1.4	 	 	1	<u> </u>				<u> </u>	1.1	
3/30*		24 hrs	23,000											
31.	į į	24 hrs					T							
Total		Orași de Alia	439 000											

14,633 23,000

Averages 2012

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

I. General Information	for the Month Year of: October-04				
A. Public Water System					
PWS Name:	Woodberry Forest	7 11 1	PWS Iden	tification Number:	3424646
PWS Type:	X Community Non-Transient Non-Co	ommunity	Transient Non-Com	nunity	Consecutive
Number of Service Co	nnections at End of Month: 55		Total Population Serve	d at End of Month:	116
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Flo	orida
Contact Person's Maili			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep			Contact Person Person	's Fax Number:	(352) 732-3213
Contact Person's E-Ma	il Address: <u>mvfitzgerald@aquaamerica.co</u>	<u>m</u>			
B. Water Treatment Pla	ant Information				
Plant Name:	Woodberry Forest		Plant Tele	phone Number:	(352) 369-4881
Plant Address:	9050 S.E. County Hwy C-25	-, , ,	City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated		Purchased Finished Wa	ater		
	Day Operating Capacity of Plant, gallons per day:	54,000			
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsec		
 Licensed Operators 	Name	License Class	License Number	Di	ıy(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287		3 Days per week
Other Operators:	Barry Cohen	С	8253		3 Days per week
The state of the s					
All was to					
II. Certification by Lea	d/Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lea	ad/chief operator of th	he water treatment plan	nt identified in Part I	of this report. I certify that the
	this report is true and accurate to the best of my knowl				
	50 or other applicable standards referenced in subsection				
	h day that a licensed operator staffed or visited this plan				
	ole, appropriate treatment process performance records.			ional operations reco	rds to the PWS owner so the PWS
owner can retain them,	together with copies of this report, at a convenient local	tion for at least ten ye	ars.		
	24.124.1			00207	
0: 1.0	Mark March			C8287	
Signature and Date	Printed or Typed Na	ame		License Number	

PWS Id	entifica	tion Number		3424646		Plant Name:	Woodberr	y Fores	t					
III. Dai	Daily Data for the Month Year of: ans of Achieving Four-Log Virus Inactiviation/Removal: * Free Chlorine Dioxide Ozone Combined Chlorine (Chloramines)													
				viation/Rem	oval: *		Free (Chlorine	e T	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
lΠι	Iltraviol	et Radiation	Ü		Other (Describe	e):			لسنا					,
			ıal Maintained i	n Distributio	on System:	,			Free Chl	orine	Co	ombined C	hlorine (Chlor	amines) Chlorine Dioxide
1990年3月	Plant			13 (Q3 %3 V	CT Calculations,	or UV Dose to I	Demonstrate I	our-Log				71 N. 2 St		
	Days			Profession of		CT Calcu			and the second		UVI	Dose		
	Plant				25.50		Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided	27 10					Residual	
1 2	Or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	l	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
~1. 2	Х	24 hrs	18,000	 -	1.3							1	1.1	
£3		24 hrs 24 hrs	18,000 18,000	ļ			<u> </u>					!		
4:	Х	24 hrs	15,000		0.		<u></u>	!		ļ		<u> </u>	0.4	
5.		24 hrs	16,000		0.6		<u> </u>	 		ļ		<u> </u>	0.4	
+6	Х	24 ms	14,000	 	1		 	<u> </u>	<u> </u>	<u> </u>		 	0.9	
7.7		24 hrs	14,000	l	1		1	-	<u> </u>	<u> </u>	 	1	0.9	
-8	Х	24 hrs	19,000		1.5					-	<u> </u>	 	1.2	
1.9		24 hrs	19,000		1.5		 			 	 	 	1.2	
10/		24 hrs	18,000										 	
雅113	X	24 hrs	11,000		1		——					 	0.8	
12		24 hrs	11,000									 	0.0	
£13 .	X	24 hrs	11,000		0.8							1	0.5	· · · · · · · · · · · · · · · · · · ·
1914		24 hrs	11,000			 								
115	Х	24 hrs	15,000		1.5								1.1	
±16°		24 hrs	15,000								†	<u> </u>		
217		24 hrs	16,000									<u> </u>		
演18:::	X	24 hrs	11,000		0.8	, , , , , , , , , , , , , , , , , , , ,						1	0.6	
119		24 hrs	11,000											
20	X	24 hrs	12,000		0.9								0.5	
21		24 hrs	12,000											
322 -1	X	24 hrs	15,000		0.8								0.5	
#23 ₹		24 hrs	15,000						<u> </u>		L	<u> </u>		
24	L	24 hrs	15,000								ļ		ļ	
325	Х	24 hrs	11,000		0.7			1			<u> </u>	<u> </u>	0.4	
26.	X	24 hrs	11,000	ļ	0.6			ļ		ļ	ļ	 	0.3	
27	X	24 hrs	21,000		1 1		ļ					 	0.6	
528	X	24 hrs	11,000		2.2	ļ	<u> </u>	 		1	ļ	.		
-29	<u> </u>	24 hrs	17,000	ļ	2.2		}	-		 	1	<u> </u>	1.5	
:30		24 hrs	17,000				<u> </u>	├				 		
31	e e e e e e e e e e e e e e e e e e e	24 hrs	17,000	<u> </u>	L	l	1	<u> </u>		l	<u> </u>	<u> </u>	<u> </u>	<u> </u>
1 qual			455,000											
PARCING	they resture	and the state of	14,677	1										

21,000

Maximum'

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



See page 4 for instructions

I. General Information for the Month Year of:	November-04				
A. Public Water System (PWS) Information					
PWS Name: Woodberry Forest			PWS Identif	ication Number:	3424646
PWS Type: X Community N	Ion-Transient Non-Com	munity	Transient Non-Commu		Consecutive
Number of Service Connections at End of Month:	55		Total Population Served	at End of Month:	116
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title:	Area Manager - Fl	
Contact Person's Mailing Address: 1343 NE 17th Road			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telephone Number: (352) 732-6	···		Contact Person Person's	Fax Number:	(352) 732-3213
	aquaamerica.com				
B. Water Treatment Plant Information					(2.20) 200 (0.27)
Plant Name: Woodberry Forest				one Number:	(352) 732-6027
Plant Address: 9050 S.E. County Hwy C-25			City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant: X Raw Ground Wa		rchased Finished Wa	ter		
Permitted Maximum Day Operating Capacity of Plant, gallon	s per day:	54,000	Plant Class (per subsection	on 62 600 210(4) E	.A.C.) D
Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name		License Class	License Number		ay(s)/Shift(s) Worked
Lead/Chief Operator: Mark March		C	8287 8253		3 Days per week 3 Days per week
Other Operators: Barry Cohen		<u> </u>	8253		3 Days per week
		<u> </u>			
				 	
				 	
	······································	*			
A CONTROL OF THE CONT			1	- !	
II. Certification by Lead/Chief Operator					
I, the undersigned water treatment plant operator licensed in	Florida am the lead/	chief operator of th	e water treatment plant	identified in Part l	of this report. I certify that the
information provided in this report is true and accurate to the					
International Standard 60 or other applicable standards refe					
plant were prepared each day that a licensed operator staffe					
rates; and (2) if applicable, appropriate treatment process pe				nai operations reco	ords to the PWS owner so the PWS
owner can retain them, together with copies of this report, a	t a convenient locatio	n for at least ten yea	ars.		
:	Mark March			C8287	
Signature and Date	Printed or Typed Name	Α		License Number	
Signature and Date	Tranca or Typea Name	C		Diceiise ivuitioei	

PWS I	lentificat	ion Number	r:	3424646		Plant Name:	Woodberry	y Fores	t					
И' Dai	ly Data (or the Mon	th Year of		November-04								<u> </u>	
			og Virus Inactiv	viation/Rem			Free (Chlorin	e]	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):			نــا -			` ا		(3
			ıal Maintained i	n Distributio		·)·			Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
- Special	1 Distinct	Service A	iai iviailitailited i	I Distribute	CT Calculations,	of HV Dose to	Demonstrate F	Cour-I no					- CONST. E S. P.	
			불러 경기에 되		C1 Calculations,			our rog		auon, ir rippi		Dose		
	Days Plant						Lowest CT	7.5					Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided				1.00		Residual	
	or		* * *]	Disinfectant	Contact Time	Before or		Ì				Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month 和1	"X") X	Operation 24 hrs	Produced, gal 12,000	Rate, gpd	Flow, mg/L 0.8	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L 0,4	Water System Components Out of Operation
12	<u> </u>	24 hrs	12,000	ļ	U.8	ļ. . ,	 	 			 	 	0.4	
33	х	24 hrs	12,000		1.4	-	+	1	 		 	 	0.8	
144	X	24 hrs	13,000		2			 	 	-		 	1.3	· · · · · · · · · · · · · · · · · · ·
415	X	24 hrs	13,000		2.2			 			 	ł	1.5	
通 6部		24 hrs	13,000				1	1				1		
7.7		24 hrs	13,000		1		1	1				†		
28 st	Х	24 hrs	10,000		1.8					- "			1.4	
#8* #9.4		24 hrs	11,000											
400	X	24 hrs	16,000		1.6								1.2	
311 14		24 hrs	16,000											
1121	X	24 hrs	16,000		1.7							•	1.2	
1 13.		24 hrs	16,000				<u> </u>	<u> </u>			<u> </u>			
3414¢		24 hrs	16,000	ļ	<u> </u>	ļ		ļ						
115	X	24 hrs	12,000		1.8						ļ <u>.</u>	 	1.2	
* 416		24 hrs	12,000	!	1		 	↓	 		 		1.5	
117	X	24 hrs	15,000		2	 	+	+		 			1.5	
18.	 	24 hrs	15,000	 	1.8	 	+	-	 	 	 	 	1.5	
· 120	<u> </u>	24 hrs 24 hrs	16,000 16,000	<u> </u>	1.0		 	 	 	 	 	+	1.3	
21	x	24 fus 24 hrs	13,000	 	1.2	 	 	1			 		0.6	
* 122	 ^ -	24 hrs	13,000	 	1.2	 	 	 	†		 	 	1	
123 .		24 hrs	13,000		 			1	<u> </u>	 				
124	X	24 hrs	12,000	<u> </u>	1.4		1	1		1	1		1	
\$25°		24 hrs	13,000	1		1		1						
¥126*-	X	24 hrs	12,000		1.5			Ι					1.2	
· 127		24 hrs	12,000											
程28		24 hrs	12,000											
29	X	24 hrs	13,000		1.4				<u> </u>		ļ		1.1	
430 s		24 hrs	13,000					<u> </u>	<u> </u>	<u> </u>	_			
3315		24 hrs		ļ	<u></u>	1		<u>ــــــ</u>	L	<u> </u>		<u> </u>	L	<u> </u>
Trotal ?	2.00%	MEN THE P	401,000											

13,367 16,000

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



See page 4 for instructions

1. General Information for the Month/Year of:	December-04				
A. Public Water System (PWS) Information					
PWS Name: Woodberry Forest			PWS Identif	fication Number:	3424646
PWS Type: X Community	Non-Transient Non-Comm	unity	Transient Non-Commu	inity	Consecutive
Number of Service Connections at End of Month:	55		Total Population Served		116
PWS Owner: Aqua Utilities Florida					
Contact Person: Brian Heath			Contact Person's Title:	Area Manager - Fl	orida
Contact Person's Mailing Address: 1343 NE 17th			City: Ocala	State: FL	Zip Code: 34470
	52) 732-6027		Contact Person Person's	Fax Number:	(352) 732-3213
	eheath@aquaamerica.com				
B. Water Treatment Plant Information					
Plant Name: Woodberry Forest			Plant Telepl	none Number:	(352) 732-6027
Plant Address: 9050 S.E. County Hwy C-25			City: Ocala	State: FL	Zip Code: 34420
	Ground Water Purc	hased Finished Wa	iter		
Permitted Maximum Day Operating Capacity of Pla		4,000			
Plant Category (per subsection 62-699.310(4), F.A.			Plant Class (per subsecti		
		License Class	License Number	D.	ay(s)/Shift(s). Worked
	rk March	C	8287	<u></u>	3 Days per week
	ry Cohen	С	8253		3 Days per week
English State of the Control of the					
				<u> </u>	
				ļ	
		····	<u></u>	<u>.l</u>	
II. Certification by Lead/Chief Operator					
			· · · · · · · · · · · · · · · · · · ·		
I, the undersigned water treatment plant operator li		-	- -		
information provided in this report is true and accu	• •	-	•		-
International Standard 60 or other applicable stand					
plant were prepared each day that a licensed opera	tor staffed or visited this plant du	iring the month ir	ndicated above: (1) reco	rds of amounts of c	chemicals used and chemical feed
rates; and (2) if applicable, appropriate treatment p					
owner can retain them, together with copies of this	-	_	=	•	
,		y			
	Mark March			C8287	
Signature and Date	Printed or Typed Name			License Number	
DEP Form 62-555.900(3)Alternate		Page I			

PWS Id	entificat	tion Number	r:	3424646		Plant Name:	Woodberr	y Fores	it							
II . Dai	ly Data f	for the Mont	th Year of:		December-04											-
			og Virus Inactiv				Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chl	orine (Chloramines)	
		et Radiation			Other (Describe	e):									,	
			ual Maintained in	n Distributio		<u> </u>			Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxi	de
A SECTION AND A	Distine			7 - 11 - 12 - 12 - 12 - 12 - 12 - 12 - 1		or IIV Dose to I	Demonstrate I	our-Los						ESVERSION OF	The state of the s	<u> </u>
	.							Our DOE	, <u>, , , , , , , , , , , , , , , , , , </u>	adolg ix app	UV					
	Days Plant						Lowest CT						Lowest			
	Staffed	1 1			Lowest Residual	Disinfectant	Provided						Residual			
	or				Disinfectant	Contact Time	Before or						Disinfectant			
	Visited				Concentration	(T) at C	at First	l	2.7		Lowest	Minimum	Concentration			4.5
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote			
Day of	Operator		of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		Abnormal Operating Condition	-
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow, minutes	Peak Flow,	Water, C	Water, if	Required,	mW-	mW	Distribution		nance Work that Involves Ta	
Month 11	"X") X	Operation 24 hrs	Produced, gal 10,000	Rate, gpd	Flow, mg/L 1.4	minutes	mg-min/L	<u> </u>	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L 1.1	water System	Components Out of Operati	on
第2	_^	24 hrs	10,000		1.4		 	 	 	 	 	 	1.1			
23.	X	24 hrs	13,000	· · · · · · · · · · · · · · · · · · ·	1.2		 	1	 	<u> </u>	<u> </u>	 	1			
14	 ^- -	24 hrs	13,000		-		<u> </u>		 	 		 	- 1			
952	· · · · · · · · · · · · · · · · · · ·	24 hrs	13,000	<u> </u>				ì	†		.	† · · · · ·				
里6	х	24 hrs	11,000		1.4			i –					1			
表7年		24 hrs	11,000				†	1				1				
课82	Х	24 hrs	12,000		1.4								1.1			
E9.		24 hrs	13,000													
310	X	24 hrs	13,000		1.5			L					1.2			
3111		24 hrs	13,000				.	<u> </u>	<u></u>	<u> </u>	<u> </u>				<u></u>	
\$12	<u> </u>	24 hrs	14,000				ļ	ļ	<u> </u>	<u> </u>	<u> </u>	ļ				
32135	х	24 hrs	11,000		1.5		ļ	Ļ	<u> </u>		ļ.		1.3			
*014		24 hrs	11,000			ļ	<u> </u>	-	 			 	1.2	 -		
#15 ₇₇	X	24 hrs	12,000		1.6		 	 	 	1	 	 	1.2			
7816.+ 617.	V	24 hrs 24 hrs	11,000 13,000	 	1		1	+	 -	 		 	0.8	 		
-18	X	24 hrs	13,000	 		 	 	+	<u> </u>			 	V.0			
§ 19	 	24 hrs	13,000	 	 	<u> </u>	+	 	 	 	1	 	 	 		
220	Х	24 hrs	10,000		1.2	<u> </u>	 	 	†			 	1			
21	<u> </u>	24 hrs	10,000			1		1	T				†			
#22	х	24 hrs	11,000		1.4					1	T		1			
423		24 hrs	11,000													
\$24	Х	24 hrs	13,000		1.4								1.1			
25		24 hrs	13,000								<u> </u>					
26		24 hrs	13,000								<u> </u>	<u> </u>				
d 27	X	24 hrs	11,000		1.3		<u> </u>		<u> </u>	<u> </u>	 	-	11			
#28 x		24 hrs	11,000	<u> </u>			<u> </u>	—				ļ		.	<u> </u>	
29	X	24 hrs	12,000		1.4		 	 	 	1	 	1	1 1			
#30	 	24 hrs	12,000	 	 	-		+	 	 	 	 	1.2	 		
Tarata	X	24 hrs	12,000 369,000	 	1.5	<u> </u>	<u> </u>	<u> </u>	J		<u> </u>	J	1.2	<u> </u>		
LANGUE		CREMAN THE WAR THE	4 207,000	1												

11,903 14,000

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



See page 4 for instructions

I. General Information for the Month/	Year of: January-05		<u>.</u>		
A. Public Water System (PWS) Inform					
PWS Name: Woodberry For	rest		PWS Identi	fication Number:	3424646
PWS Type: X Community		nunity	Transient Non-Commu		Consecutive
Number of Service Connections at End			Total Population Served	at End of Month:	116
PWS Owner: Aqua Utilities	Florida				
Contact Person: Brian Heath			Contact Person's Title:	Area Manager - Flor	ida
	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980		Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
B. Water Treatment Plant Information	1				
Plant Name: Woodberry For				hone Number:	(352) 787-0980
Plant Address: 9050 S.E. Cou			City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:		chased Finished Wat	er		
Permitted Maximum Day Operating C		54,000			
Plant Category (per subsection 62-699			Plant Class (per subsect		
Licensed Operators		License Class	License Number	Day	(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287		B Days per week
Other Operators:					
					
			<u></u>		
	<u> </u>				
			 		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					
II. Certification by Lead/Chief Operat	or.				
	nt operator licensed in Florida, am the lead/o				
information provided in this report is t	rue and accurate to the best of my knowledg	ge. I certify that all	drinking water treatme	nt chemicals used at t	hisplant conform to NSF
International Standard 60 or other app	licable standards referenced in subsection 62	2-555.320(3), F.A.	C. I also certify that the	e following additional	l operations records for this plant
were prepared each day that a licensed	operator staffed or visited this plant during	the month indicate	ed above: (1) records of	amounts of chemical	s used and chemical feed rates;
	ment process performance records. Futherm				
	of this report, at a convenient location for at		· · · · · · · · · · · · · · · · · · ·	oraciono recerab to an	
comment of the control of the control of	- and report, at a convenient rotation for at	rouse ton yours.			
	Mark March			C8287	
Signature and Date	Printed or Typed Name	;		License Number	
DEP Form 62-555.900(3)Alternate		Page 1			

PWS Id	entificat	ion Number		3424646		Plant Name:	Woodberry	y Fores						
III Dai	s Data f	or the Mont	h/Year of:	_	January-05									
			og Virus Inactiv				Free C	Chlorine	.	Chlorine I	Dioxide)zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe) :			ــا	O		ъ,	,20	comount constant (constantis)
	_		al Maintained in	n Distributio		<u> </u>			Free Chl	orine	T Cc	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
75	75 T. NO.			THE WEST OF	CT Calculations,	or UV Dose to I	Demonstrate F	our-Log				15112		Particular and the second of t
	Days					CT Calcu					UV	Dose		
	Plant	14					Lowest CT	17.7		F 156			Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or		4.5		Disinfectant	Contact Time	Before or			12.4			Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
D6	by	YT	Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	[편집화] 기원 등 1 전 1
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions,
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C Water,	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
*41.2	X	24 hrs	6,500	, Bp	1.5		g2		търричино	mg mmrz	Sourcing	Sourcing.	1.1	water byseem components out or operation
12		24 hrs	6,500	***************************************										
33%	X	24 hrs	6,500		1.5						T		1.2	
24		24 hrs	6,500										-	
355	X	24 hrs	18,000		1.4								1.1	
ં 6ે		24 hrs	18,000				<u> </u>	L						
#71	X	24 hrs	13,000		1.4						ļ	ļ	11	
8-	_	24 hrs	13,000											
9 *	- V	24 hrs	13,000											
#1174	X	24 hrs 24 hrs	10,000 10,000		1.2		 	_					1	
12.	x	24 hrs	11,000		1.4		 	-					1	
13	_^_	24 hrs	11,000		1.4		 	-			-	<u> </u>		
114	х	24 hrs	13,000		1.6		 	 			 		1.4	
15		24 hrs	13,000				 							
16		24 hrs	13,000								1	1		
*17	X	24 hrs	11,000		1.6								1.2	
-,18		24 hrs	11,000											
灣19	X	24 hrs	7,000		1.4	<u> </u>							1.2	
#20		24 hrs	7,000		1.6			1			<u> </u>		1.4	
/321	X	24 hrs	12,000		1.8		<u> </u>						1.4	
22		24 hrs	12,000		ļ	L	_	.			 			
123	37	24 hrs	12,000		1,		 	-					12	
24 ≎25	X	24 hrs	9,000 9,000		1.6		 		····	<u> </u>	 	 -	1.2	
26	Х	24 hrs 24 hrs	11,000		1.6		 	 		-		 	1.4	
\$27	- ^-	24 hrs	12,000	<u> </u>	1.0		 	1			 	 	1,7	
128	X	24 hrs	11,000		1.8		 	 			-	†	1.4	
329 .		24 hrs	10,000				†	1			1	t		
学30		24 hrs	11,000					T						
#31 c	х	24 hrs	12,000		1.7			1	<u> </u>				1.2	
Total.		#90L0000	339 000											

10,935 18,000

Average

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



See page 4 for instructions

I. General Information for the	Month/Year of: February-05				
A. Public Water System (PW:	S) Information		· · · · · · · · · · · · · · · · · · ·		
PWS Name: Wood	berry Forest		PWS Identifi	cation Number:	3424646
	ommunity Non-Transient Non-Com	munity	Transient Non-Commu	nity	Consecutive
Number of Service Connection	ns at End of Month: 55		Total Population Served a	at End of Month:	193
PWS Owner: Aqua	Utilities Florida				
	Heath		Contact Person's Title:	Area Manager - Flo	rida
Contact Person's Mailing Add			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone N	umber: (352) 787-0980		Contact Person Person's I	ax Number:	(352) 787-6333
Contact Person's E-Mail Addr					
B. Water Treatment Plant Info	ormation				
Plant Name: Wood	berry Forest		Plant Teleph	one Number:	(352) 787-0980
Plant Address: 9050	S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Pla		rchased Finished Wat	ter		
	erating Capacity of Plant, gallons per day:	54,000			
Plant Category (per subsection			Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number	Da	y(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	С	8287	Ţ	3 Days per week
Other Operators:	Bob Maxon	С	2812		3 Days per week
3.73					
II. Certification by Lead/Chie	f Operator				
I, the undersigned water treatm	nent plant operator licensed in Florida, am the lead/	chief operator of the	e water treatment plant	identified in Part I o	of this report. I certify that the
	eport is true and accurate to the best of my knowled				
	ther applicable standards referenced in subsection 6				
	that a licensed operator staffed or visited this plant	7 7	-	_	-
	propriate treatment process performance records. F			ial operations recor	ds to the PWS owner so the PWS
owner can retain them, together	er with copies of this report, at a convenient location	n for at least ten yea	ars.		
	34 134 1			C0007	
Cianatura and Data	Mark March			C8287	
Signature and Date	Printed or Typed Name	2		License Number	

PWS I	lentificat	ion Number	r:	3424646		Plant Name:	Woodberr	y Fores	t					
III. Da	ly Data I	or the Mont	th Year of:		February-05				· · · · · ·					
			og Virus Inacti	viation/Rem			Free (Chlorin	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):			L.,1			ا لسما	<u>U</u>	
			ual Maintained i	n Distributio					Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
7,7	Y 5 3 3				CT Calculations.	or LIV Dose to	Demonstrate l	Four-Los			licable*	Midmied C	mornie (eme	annies) Choine Dioxide
	Dove					CT Calcu		July 206		12	UV			
7.	Days Plant					T	Lowest CT		***	90 (A. A. A.	d ayer	-	T	
	Staffed	1		Territory (1987)	Lowest Residual	Disinfectant	Provided		1. 1. 1. 1.				Lowest Residual	
	ог				Disinfectant	Contact Time	Before or		the second		The second		Disinfectant	
	Visited				Concentration	(T) at C	at First		-	1. 4 ()	Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
a let		24 hrs	12,000					ļ						
12	Х	24 hrs	11,500		2		1	<u> </u>					1.5	
7:3		24 hrs	11,500				ļ	<u> </u>	<u> </u>			<u> </u>		
4.4	X	24 hrs	10,500		1.5			ــــــ					1.2	
₹5		24 hrs	11,500	<u> </u>				ļ			ļ			
≥6		24 hrs	11,500					<u> </u>			<u> </u>	<u> </u>		
175	Х	24 hrs	12,000		2.2		!	ļ				ļ	1.8	
*8		24 hrs	12,000	 			 	 		<u> </u>	ļ			
2.9	X	24 hrs	12,500	ļ	2.5		 	 			<u> </u>	<u> </u>	2	
310	v	24 hrs	12,500				ļ							
4117 4127	X	24 hrs	13,500	-	2.5		1	<u> </u>				<u> </u>	2	
(¥13.		24 hrs	13,500 13,500				 	ļ						·
* 214 s.	х	24 hrs 24 hrs	11,500	 	2		 			 			1.6	
李15年		24 hrs	11,500	-			 	 					1.5	<u> </u>
**************************************	х	24 hrs	15,000		2		1	 		 	}	-	1.7	
217		24 hrs	15,000		2		 	 					1.7	
18	Х	24 hrs	14,000		2		 	 	 	-	 		1.5	
£19	<u> </u>	24 hrs	14,000	 				 					1.5	
¥20:		24 hrs	15,000				 	 						
\$21.	Х	24 hrs	13,500		2		 						1.6	
122		24 hrs	13,500	1									1.0	
123	х	24 hrs	13,000		2.2								1.6	
124		24 hrs	13,000				1							
.≩25	Х	24 hrs	11,500	1	2,2			—	 				1.6	
- 26		24 hrs	11,500											
227		24 hrs	11,500			1				1				
228	Х	24 hrs	13,000		2.2								1.6	
*29		24 hrs												
÷ 30		24 hrs												
331		24 hrs												
Total.	数。物		354,500		<u> </u>									
Average	34	310074.1	12,661											

12,661 15,000

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



See page 4 for instructions

1. General Information fo	or the Month Year of: March-05				
A. Public Water System	(PWS) Information				
PWS Name:	Woodberry Forest		PWS Identifi	cation Number:	3424646
	X Community Non-Transient Non-Comm	unity	Transient Non-Communi		onsecutive
	nections at End of Month: 55		Total Population Served a	t End of Month:	193
	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager - Florid	da
Contact Person's Mailing			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telepho			Contact Person Person's F	ax Number:	(352) 787-6333
Contact Person's E-Mail					
B. Water Treatment Plan					
	Woodberry Forest		Plant Telepho		(352) 787-0980
	9050 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated I		chased Finished Wat	ter		
		54,000	1		
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
	Name	License Class	License Number		s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	<u> </u>	8287		Days per week
Other Operators:	Bob Maxon	С	2812	3	Days per week
			 		
			<u> </u>	L	
II. Certification by Lead	Chief Operator				
		hiaf anamatan af th	a westen tractment plant is	loutified in Dout Loft	his noment. I contifue that the
	reatment plant operator licensed in Florida, am the lead/o	-	-		
	his report is true and accurate to the best of my knowledg				
	or other applicable standards referenced in subsection 62				
	hat a licensed operator staffed or visited this plant during				
and (2) if applicable, app	ropriate treatment process performance records. Futherm	ore, I agree to pro-	vide these additional ope	rations records to the	PWS owner so the PWS owner
can retain them, together	with copies of this report, at a convenient location for at	least ten years.			
		-			
	Mark March			C8287	
Signature and Date	Printed or Typed Name	:		License Number	
DEP Form 62-555,900(3)Alternate		Page 1			

PWS I	lentifica	tion Number	r:	3424646		Plant Name:	Woodberry	Fores	t					
III. Dai	ly Data	for the Mont	th'Year of:		March-05									
			og Virus Inacti	viation/Rem	oval: *		Free (Chlorin	e 🗍	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):						السنا	السما	(,
			ıal Maintained i	n Distributio		,			Free Chl	orine	Co	mhined C	hlorine (Chlor	ramines) Chlorine Dioxide
7-246	Ker Jan		jugarant, gunne,	-24-591-5-5-7	CT Calculations,	or LIV Dose to l	Jemonstrate L	our Loo						
7.5%	1.				OT Culturations,		lations			auor, ir rippi	UV			
	Days Plant			7.0			Lowest CT	3				1		
	Staffed			**	Lowest Residual	Disinfectant	Provided						Lowest Residual	
	or	L			Disinfectant	Contact Time	Before or			11			Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	¥.	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1.1		24 hrs	13,000											
2.	Х	24 hrs	13,000		1.5								1.2	
4.33		24 hrs	13,000	L										
42	X	24 hrs	14,300		1.5								1.2	
\$15 By		24 hrs	14,300											
2.66		24 hrs	14,300	<u> </u>										
5-79	X	24 hrs	13,500		1.7								1.2	
1.8		24 hrs	13,500											
92	X	24 hrs	10,500		1.5								1.2	
1.00		24 hrs	10,500				L					<u> </u>		
£ 11.	X	24 hrs	11,500	<u> </u>	1.6								1.2	
1912		24 hrs	11,500	ļ			ļ					<u> </u>	1	
#13X		24 hrs	1,100								ļ	ļ		
444	X	24 hrs	17,500		1.8								1.6	
15		24 hrs	17,500	<u> </u>			ļ				<u> </u>	ļ		
216	Х	24 hrs	18,500		2			<u> </u>	ļ				1.5	-
.17k	- 47	24 hrs	18,500	<u> </u>			ļ	<u> </u>			ļ			
.18 .19	Х	24 hrs	12,000		1.8		<u> </u>	<u> </u>			<u> </u>	}	1.4	
20		24 hrs ,	12,000 12,000					ļ			 	-		
1 21	X	24 hrs 24 hrs	12,000		2		-	_				-	1.5	
222		24 hrs	11,500	<u> </u>			 	 	 			1	1.3	
• 23	X	24 hrs	10,500		2		 	 					1.5	
-24	 ^-	24 hrs	10,500				 	 	<u> </u>		 	 	1	
25	X	24 hrs	13,300		-		-	<u> </u>	-	ļ ———	 	1	1.5	
- 26	 ^ -	24 hrs	13,300	 	2		 	 			 	 	1.5	
27		24 hrs	13,200								 	 		
28	x	24 hrs	12,000	<u> </u>	1.8		 	\vdash			 	 	1.4	
+ 29	 ^ -	24 hrs	12,000		1		 	 	 		 	 	1.7	
_30	x	24 hrs	12,500		1.8		 				 	 	1.4	
31	 	24 hrs	12,500		<u> </u>									
17. 27. 28.12.	1423053		394,800		•						1	1		1
		ATAMA N	12 735	1										

18,500

Maximum

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



See page 4 for instructions

DEP Form 62-555.900(3)Alternate

1. General Information fo	r the Month/Year of:	pril-05						
A. Public Water System (PWS) Information							
	Voodberry Forest				PWS Identific	cation Numbe	r: 34240	546
		Transient Non-Comn	nunity	Transient	Non-Communi	ty	Consecutiv	re
Number of Service Conne	ections at End of Month: 55	5		Total Popu	ılation Served a	t End of Mont	th: 193	
	qua Utilities Florida							
	rian Heath			Contact Pe	erson's Title:	Area Manage	er - Florida	
Contact Person's Mailing				City:	Leesburg	State:	FL Zip C	ode: 34749
Contact Person's Telepho				Contact Pe	erson Person's F	ax Number:	(352)	787-6333
Contact Person's E-Mail		uaamerica.com			<u> </u>			
B. Water Treatment Plant	Information						_	
	Voodberry Forest				Plant Telepho	one Number:	(352)	787-0980
	050 S.E. County Hwy C-25			City:	Ocala	State: 1	FL Zip C	code: 34420
Type of Water Treated b			chased Finished Wat	ter				
	Operating Capacity of Plant, gallons p	er day:	54,000					
	ection 62-699.310(4), F.A.C.):				s (per subsection			D
	Name		License Class	Licen	se Number 🥶	等其分子。	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March		С		8287		3 Days per	week
Other Operators:	Bob Maxon		С		2810		3 Days per	week
							Y	
				<u> </u>		<u>L</u>		<u>, , , , , , , , , , , , , , , , , , , </u>
II Cortification by Lond	Third Owner on	-						
II. Certification by Lead (
I, the undersigned water tr	eatment plant operator licensed in Fl	lorida, am the lead/o	chief operator of th	e water trea	atment plant id	lentified in Pa	art I of this repor	rt. I certify that the
information provided in th	is report is true and accurate to the b	est of my knowledg	ge. I certify that all	drinking v	vater treatment	chemicals u	sed at thisplant of	conform to NSF
International Standard 60	or other applicable standards referen	ced in subsection 6	2-555.320(3), F.A.	C. I also co	ertify that the	following add	ditional operatio	ns records for this plant
	at a licensed operator staffed or visit							
	opriate treatment process performand							
	vith copies of this report, at a conver			1140 111000	additional ope		us to the r wis o	William Straight William Straight
the result of th	van dopred of and report, at a conver	nont roomion for at	roust ton yours.					
	M	Iark March				C8287		
Signature and Date		rinted or Typed Name	e	 · · · · · · · · · · · · · · · · 		License Num	iber	
-	-	·					_	

PWS Id	lentificat	ion Number	-	3424646		Plant Name:	Woodberry	/ Fores	t						
HL Dai	H. Daily Data for the Month Year of: April-05														
			og Virus Inactiv	viation/Pem			Free	Chlorin	<u>. </u>	Chlorine I)iovide		Ozone	Combined Chlorine (Chloramines)	
		t Radiation		VIALIOID IXCIII	Other (Describe	٠)٠		2111O11111	ــا	Cilorine	NOXIGO	LJ \	220110	combined chrothic (chrothines)	
			al Maintained i	n Dietributie		<i>.</i>).			Free Chl	orina	Co	mhined C	hlorine (Chlor	amines) Chlorine Dioxide	_
Type of	DISHIE	Ctant Residu	iai Mailitailied i	ii Distributio	CT Calculations,	or W Doca to	Demonétrale E	ioi e Il oo				aniomed C	morme (Cinor	annics) Cinomic Dioxid	, (1.01)
						CT Calcu			A HRIZ HISIOTA	ацоц, и лург		Dose			
	Days					Ox Cance	Lowest CT						Lowest		
	Plant Staffed			*	Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or						Disinfectant		
	Visited		1		Concentration	(T) at C	at First				Lowest	Minimum	Concentration		
	by		Net Quanity	l ·	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Condition	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Tak	•
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L 0.9	Water System Components Out of Operation	1
124.00	X	24 hrs 24 hrs	33,000 33,000		-							 	0.9		
183		24 hrs	33,000				<u> </u>					 			
44	х	24 lus 24 hrs	48,000	 	1		<u> </u>					 	0.8		
3.53 s	<u> </u>	24 hrs	48,000		 		 	 				 	0.0		
.65	х	24 hrs	23,500		1.1		 	 					0.9		
4.72 ·		24 hrs	23,500												
享85 点	х	24 hrs	22,600		1.1		†						0.8		
191		24 hrs	22,600				1								
10		24 hrs	22,600												
強進	Х	24 hrs	20,000		1								0.8		
A 1290		24 hrs	20,000				<u> </u>			ļ		ļ <u> </u>			
清130	Х	24 hrs	23,500		<u> </u>	ļ						<u> </u>	0.8		
魯東		24 hrs	23,500						<u> </u>	ļ		<u> </u>	- 00		
(215A)	Х	24 hrs	25,300	ļ	11		├	├	ļ	<u> </u>	 	├	0.8		
#16		24 hrs	25,300	 	 		 	1	 	 	 -	 			
317£		24 hrs	25,300		1.1	-	 	 	 -		<u> </u>	 	0.9		
#18ks	Х	24 hrs 24 hrs	25,000 25,000	1	1.1		 	 	 		 	 	 		_
20 9	х	24 hrs	22,000		1	<u> </u>	 	 	 	1	 	+	0.9		
421	 ^	24 hrs	22,000		 		 	1	†		T	1			
227	х	24 hrs	23,600	1	1.1	.	 	Ì				1	1		
23		24 hrs	23,600		1			1			I				
1424		24 hrs	23,600				<u> </u>	1.							
25	Х	24 hrs	22,000		I								0.8		
26		24 hrs	22,000						1		ļ		1		
上"271	X	24 hrs	29,000		1		<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0.8		
#128\$		24 hrs	29,000		<u> </u>		<u> </u>	1	<u> </u>			ļ	 		
注290	X	24 hrs	26,000		1.1			 	<u> </u>	 	 	 	0.9		
排30%	<u> </u>	24 hrs	26,000				 		<u> </u>	₩	 		 		
2016		24 hrs	501 500	<u> </u>	<u> </u>	1	<u> </u>	1	<u> </u>	<u></u>	l	L	L		
1:LOTALES		9111111	791.500	1											

26,383 48,000

Average 1 1

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



See page 4 for instructions

1. General Information for the Mon	th/Year of: May-05				
A. Public Water System (PWS) Inf	ormation				
PWS Name: Woodberry	Forest	· · · · · · · · · · · · · · · · · · ·	PWS Identif	ication Number:	3424646
PWS Type: X Commu		unity	Transient Non-Commun		secutive
Number of Service Connections at I	End of Month: 55		Total Population Served	at End of Month:	193
PWS Owner: Aqua Utilit	ies Florida				
Contact Person: Brian Heath			Contact Person's Title:	Area Manager - Florida	
Contact Person's Mailing Address:	PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com				
B. Water Treatment Plant Informat	ion				
Plant Name: Woodberry				one Number:	(352) 787-0980
	County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by Plant:		hased Finished Wat	ter		
		54,000			
Plant Category (per subsection 62-			Plant Class (per subsection		
	Name	License Class	License Number	Day(s)	/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	3 D	ays per week
Other:Operators:	Bob Maxon	С	2810		ays per week
) ,	Paul Thompson	A	7251	3 D	ays per week
			<u> </u>	<u> </u>	
H 6 - 15 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					
II. Certification by Lead Chief Ope					
I, the undersigned water treatment p	plant operator licensed in Florida, am the lead/c	hief operator of th	ie water treatment plant i	dentified in Part I of the	is report. I certify that the
	is true and accurate to the best of my knowledge				
	applicable standards referenced in subsection 62				
	sed operator staffed or visited this plant during				
	eatment process performance records. Futherm				
	<u> </u>		vide mese additional opi	ciations records to the i	W3 Owner so the T W3 Owner
can retain mem, together with copie	es of this report, at a convenient location for at l	east ten years.			
	Mark March			C8287	
Signature and Date	Printed or Typed Name			License Number	
Signature and Date	Timed of Typed Ivanie			Literate runner	
DEP Form 62-555.900(3)Alternate		Page 1			

PWS Id	lentificat	ion Number	r:	3424646		Plant Name:	Woodberr	y Fores	t					
III. Dai	ly Data I	or the Mon	th/Year of:		May-05							<u> </u>		
			og Virus Inactiv				X Free (Chlorine	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	e):	_					1		` ,
Туре о	Disinfe	ctant Residu	ual Maintained in	n Distributio				X	Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
CVINTER		1345 You are			CT Calculations	or UV Dose to	Demonstrate I							
	Days					CT Calcu			14.75			Dose		
14. VA.	Plant						Lowest CT						Lowest	[2017]
	Staffed	, ,			Lowest Residual	Disinfectant	Provided		11.				Residual	
	or				Disinfectant	Contact Time	Before or		- 1				Disinfectant	
	Visited		And the second		Concentration	(T) at C	at First		1. 1.		Lowest	Minimum	Concentration	
	by		Net Quanity	j.	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
120	v	24 hrs	14,000								<u> </u>	<u> </u>		
31	X	24 hrs 24 hrs	16,000 16,000		2	 	<u> </u>	 				ļ	1.6	
44	х	24 hrs	10,500		1.8		<u> </u>						14	
5.5	^	24 hrs	10,500		1.0			1			 	 	1.4	
6.5	х	24 hrs	14,600		1.8		 				 	 	1.4	
7.1		24 hrs	14,600		1.0		 				 	 	1.4	
-84		24 hrs	14,600		ļ.··	 -	 	 				 		
.9 %	х	24 hrs	13,500		1.6		 	 			 	 	1,4	········
101		24 hrs	13,500				· · · · · · · · · · · · · · · · · · ·					†		
118	Х	24 hrs	15,500		1.8			 				 	1.4	
125		24 hrs	15,500											
1213	Х	24 hrs	14,300		1.6						T	 	1.2	
14 %		24 hrs	14,300					1						
345 1		24 hrs	14,300											
16	X	24 hrs	13,500		1.8								1.2	
777		24 hrs	13,500											
18	Х	24 hrs	13,500		2						<u> </u>		1.6	
£ 19		24 hrs	13,500		<u></u>		1						·	
20:	X	24 hrs	18,000		1.8		<u> </u>	<u> </u>					1.6	
- 213		24 hrs	18,000			L		<u> </u>				ļ		
22#	 -	24 hrs	18,000				<u> </u>	ļ			<u> </u>	<u> </u>	<u> </u>	
232	Х	24 hrs	15,000		1.8		L	 		ļ	 		1.4	
24		24 hrs	15,000		ļ	-	<u> </u>	 			 	 	ļ	
25	X	24 hrs	17,000	<u> </u>	2.5		1		ļ		├	_	1.2	
26	17	24 hrs	17,000	ļ			 	}	 	 	ļ	 	1.0	
#127 28#	Х	24 hrs	17,000		2.5	 	 	 			<u> </u>	-	1.2	
29		24 hrs 24 hrs	17,000 17,000				1	 	 		 	-		
×30	X	24 hrs	29,000	-	2.6	 	1	 		-	 	1	1.2	
314		24 hrs	29,000	<u> </u>	2.0	1	1	 	1		 	 	1.2	
Total	i Gerran	24 105	492,700	 	<u>. </u>		1	1	1	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
			15,894	1										
			29,000	1										

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



See page 4 for instructions

1. General Information for	or the Month Year of: June-05				
A. Public Water System					
PWS Name:	Woodberry Forest		PWS Identif	ication Number:	3424646
	X Community Non-Transient Non-Comm	nunity 🔲	Transient Non-Commun		Consecutive
	nections at End of Month: 55		Total Population Served	at End of Month:	193
PWS Owner:	Aqua Utilities Florida				
	Brian Heath		Contact Person's Title:	Area Manager - I	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph		<u> </u>	Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail					
B. Water Treatment Plan	nt Information				
	Woodberry Forest		Plant Teleph	none Number:	(352) 787-0980
	9050 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated		rchased Finished Wate	er		
	ay Operating Capacity of Plant, gallons per day:	54,000			
	section 62-699.310(4), F.A.C.): V		Plant Class (per subsection		
Licensed Operators	Name	License Class	License Number		Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287		3 Days per week
Other Operators:	Bob Maxon	С	2810		3 Days per week
	Paul Thompson	A	7251		3 Days per week
The second second second					
Light Selving					
				<u> </u>	
II. Certification by Lead	l'Chief Operator				
I, the undersigned water	treatment plant operator licensed in Florida, am the lead/	chief operator of the	e water treatment plant i	dentified in Part l	I of this report. I certify that the
	this report is true and accurate to the best of my knowled				
	0 or other applicable standards referenced in subsection 6				
were proposed each days	that a licensed operator staffed or visited this plant during	the month indicate	d above: (1) records of	amounts of chemi	icals used and chemical feed rates.
	propriate treatment process performance records. Futhern		vide mese additional op	erations records i	o the LM2 owner 20 the LM2 owner
can retain them, together	with copies of this report, at a convenient location for at	least ten years.			
	N. 136 1			Conor	
0:	Mark March			C8287	
Signature and Date	Printed or Typed Nam	e		License Number	
DEP Form 62-555.900(3)Alternate		Page 1			

PWS I	lentificat	ion Number	r :	3424646		Plant Name:	Woodberr	y Fores	t						
HI Dai	ly Data I	or the Mon	th Year of		June-05								· · · · · · · · · · · · · · · · · · ·		
			og Virus Inacti	viation/Rem			X Free (hlorin	e	Chlorine I	Diovide		Ozone	Combined Chlorine	(Chloramines)
		et Radiation			Other (Describe		<u>M</u> 1100 (J11101111		CHIOTHIC	JIONIUC	□ ')2011C	Combined Chlorine	(Cinoralinies)
			ual Maintained i	Distilution		-).		TV.	I B OU			1: 10		· · ·	011 1 2 2
Type o	Disinie	ciani Kesidi	iai Maintained i			not no see seen conflictions.	Zeron Samuel was		Free Chl				hlorine (Chlor	amines)	Chlorine Dioxide
						or UV Dose, to 1	Demonstrate I				licable*				
	Days					C1 Caicu	T	ABONE SE			· · · · · · · · · · · ·	Dose			
	Plant						Lowest CT						Lowest		
1	Staffed				Lowest Residual	Disinfectant	Provided					j	Residual		
Ť.,	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First	1		en en e	Lowest	Minimum	Disinfectant		
	by		Net Quanity	1	(C) Before or at	Measurement	Customer	Temp.	. 5 4.0 \$5.5	Minimum	Operating	UV Dose	Concentration at Remote		
Day of	Орегатог	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Ahnorn	nal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L		onents Out of Operation
(12)	X	24 hrs	14,500		2.7		1	1			1		1.3		•
2.5		24 hrs	12,500									<u> </u>			
33	Х	24 hrs	15,300		2.6								1.3		
4.5		24 hrs	15,300												
5		24 hrs	15,300												
-563	Х	24 hrs	17,000		2.6					_			1.4		
2.75		24 hrs	17,000												
3 · 8 ·	X	24 hrs	18,000		2.7								1.4		
.9.4		24 hrs	18,000					<u> </u>	L			L			
-10-	Х	24 hrs	16,300		2.4								1.2		
#10 fr		24 hrs	16,300	<u> </u>			ļ	<u> </u>							
412		24 hrs	16,300	 					<u> </u>			ļ			
13 	Х	24 hrs	15,000 15,000	1	2.6		 		<u> </u>	 		ļ	1.2		
10 ×	x	24 hrs 24 hrs	13,500	1	2.7				<u> </u>	ļ			1.4		
162		24 hrs	13,500	-	2.1				_	 	 	 	1.4		
17)	х	24 hrs	15,300	!	2.7		<u> </u>	 	 	 	 	 	1.2		
182		24 hrs	15,300	 	2.7		 	 	<u> </u>	 	 	 	1.2		
-19		24 hrs	15,300	-			-			<u> </u>			-		
201	Х	24 hrs	14,500		2.8	} -		 				 	1.2		
. 21		24 hrs	14,500	1			 			 		 			
225	Х	24 hrs	12,000	†	2.8		†	— —	 	!		 	1.2		
223 ₹		24 hrs	12,000		<u> </u>					1	1	1			
24	Х	24 hrs	14,000		2.8								1.4		
¥25		24 hrs	14,000							i		1			······································
26		24 hrs	14,000					1	1	Ī					
#27	Х	24 hrs	11,500		2.7								1.4		
28		24 hrs	11,500												
291	Х	24 hrs	10,500		2.8								1.4		
第30%		24 hrs	10,500	ļ							ļ <u> </u>				
213	V.movio	24 hrs			<u> </u>		<u> </u>	<u> </u>	<u> </u>	1	1	<u> </u>	L	l	·
Total.		16 J. A. W.	433,700	1											
Average			14,457	1											

18,000

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



See page 4 for instructions

I. General Information for	the Month Year of: July-05			
A. Public Water System (P	WS) Information			
PWS Name: Wo	oodberry Forest		PWS Identific	cation Number: 3424646
PWS Type:	Community Non-Transient Non-Comm	unity	Transient Non-Communit	y Consecutive
Number of Service Connec	ctions at End of Month: 55		Total Population Served at	End of Month: 193
PWS Owner: Aq	pua Utilities Florida			
Contact Person: Br	ian Heath		Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing A			City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone			Contact Person Person's Fa	ax Number: (352) 787-6333
Contact Person's E-Mail A	ddress: <u>beheath@aquaamerica.com</u>			
B. Water Treatment Plant I	Information			
	oodberry Forest		Plant Telepho	ne Number: (352) 787-0980
	50 S.E. County Hwy C-25		City: Ocala	State: FL Zip Code: 34420
Type of Water Treated by		hased Finished Water	er	
	<u> </u>	54,000		
	ction 62-699.310(4), F.A.C.): V		Plant Class (per subsection	
F Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s):Worked
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators: ***	Mark March	С	8287	3 Days per week
	Paul Thompson	Α	7251	3 Days per week
5 19 44 Cart 2 3				
II. Certification by Lead C	hief ()perator			
· · · · · · · · · · · · · · · · · · ·				
	atment plant operator licensed in Florida, am the lead/c			
	s report is true and accurate to the best of my knowledge			
International Standard 60 o	r other applicable standards referenced in subsection 62	2-555.320(3), F.A.0	C. I also certify that the f	following additional operations records for this plant
	t a licensed operator staffed or visited this plant during			
	priate treatment process performance records. Futherm			
	ith copies of this report, at a convenient location for at l	•	- F	
oun roum morn, rogomor w	iai copies of ans report, at a convenient recation for at i	coust ton yours.		
	Gary Kissick			C7846
Signature and Date	Printed or Typed Name			License Number
DEP Form 62-555.900(3)Alternate		Page 1		

PWS Id	entificat	ion Number	:	3424646		Plant Name:	Woodberr	y Fores	t					
III. Dai	ly Data I	or the Mont	h/Year of:		July-05									
Means	of Achie	ving Four-L	og Virus Inactiv	viation/Remo	oval: *		X Free C	Chlorin	e 📗	Chlorine D	Dioxide)zone	Combined Chlorine (Chloramines)
l □ t	Iltraviol	et Radiation			Other (Describe	e):								
Type of	Disinfe	ctant Residu	ual Maintained i	n Distributio	n System:			X	Free Chl	orine	Co	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
18.53	AN				CT Calculations,		Demonstrate I	our-Log	Virus Inactiv	ation, if Appl		W FIRM		
A. A.	Days					CT Calcu	lations				UV	Dose		
	Plant						Lowest CT	* - 1					Lowest	
	Staffed		1.44		Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
David Control	by	TY	Net Quanity		(C) Before or at	Measurement	Customer	Temp.	77.6	Minimum	Operating	UV Dose	at Remote	
Day of	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer During Peak	Point During Peak Flow,	During Peak Flow,	of Water,	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
\$11.0°).	24 hrs	12,000	, , , , , , , , , , , , , , , , , , ,			1.16 11.11.2	 	Турношого			500,0112	bystoni, ing E	Trace System Components Cut of Specialism
4.2		24 hrs	12,000				 	†						
333		24 hrs	13,000				<u> </u>	1		 		<u> </u>	···	
4.45	Х	24 hrs	17,000		1.2								1	
7.5		24 hrs	18,000				<u></u>							
*	X	24 hrs	14,000		1.4								1	
317 K		24 hrs	15,000	ļ				<u> </u>				<u> </u>		
Jane 1	X	24 hrs	13,300	<u> </u>	1	ļ	<u> </u>			<u> </u>		<u> </u>	0.8	
391		24 hrs	13,300			ļ.	<u> </u>	1			ļ	 		
240		24 hrs	13,300		7.	 	<u> </u>	-		ļ	.	<u> </u>	12	
200°	Х	24 hrs	13,500	<u> </u>	2.6	 		 	<u> </u>	 		 	1.2	
300	Х	24 hrs 24 hrs	13,500 12,000		2.6			-		 	 	 	1.4	
795	 ^	24 hrs	12,000		2.0		 	 	 	 	 	 	1.4	
*15	x	24 hrs	17,300		2.7	 	 	 	-	 		 	1.4	
216≥	- ^-	24 hrs	17,300	 		1	 	 	-	i				
4101		24 hrs	17,300				†			l				
18	Х	24 hrs	12,000		1.1			1					0.7	
1197	Х	24 hrs	20,000		1								0.6	
200	Х	24 hrs	9,000		2.4								1.1	
KAL	Х	24 hrs	16,000		2.2		 	<u> </u>		<u> </u>		_	11	
	Х	24 hrs	21,300		2.2		1		ļ	<u> </u>		 	1	
423		24 hrs	21,300		<u> </u>					ļ	 	<u> </u>		
\$24	L	24 hrs	21,300	ļ				 	<u></u>	 	<u> </u>	 		
%25\ /	х	24 hrs	12,000	.	1.5		-	╄	}	 	<u> </u>	 	0.9	
3260	x	24 hrs	12,000	 	1.1	 	 	┼	 	 		+	0.7	
127 i	 ^	24 hrs 24 hrs	19,000 19,000	1	1.1	1	1	+	 	 	 	 	1	
29	х	24 hrs	16,600		1.4	 	+		 	 	 	 	0.9	
230	 ^	24 hrs	16,600				 	1	 	†	1	 	 	
0312		24 hrs	16,600		_		1	† · · · ·	 		1			
	WAR.	4 .445	476,500			······································	•	•	<u>*</u>					
Average		171214	15,371	1										_

21,300

Maramum

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



Signature and Date

DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions I. General Information for the Month/Year of: August-05 A. Public Water System (PWS) Information PWS Identification Number: 3424646 PWS Name: Woodberry Forest PWS Type: X Community Non-Transient Non-Community **Transient Non-Community** Consecutive Total Population Served at End of Month: 193 Number of Service Connections at End of Month: 55 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager Contact Person's Mailing Address: PO Box 490310 Leesburg State: FL Zip Code: 34749 City: Contact Person's Telephone Number: (352) 787-0980 Contact Person Person's Fax Number: (352) 787-6333 Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information (352) 787-0980 Plant Name: Woodberry Forest Plant Telephone Number: 9050 S.E. County Hwy C-25 Zip Code: 34420 Plant Address: City: Ocala State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 54,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: 3 Days per week Gary Kissick C 7846 Other Operators: 3 Days per week Mark March $\overline{\mathbf{c}}$ 8287 3 Days per week 7251 Paul Thompson Α 46.00 II. Certification by Lead/Chief Operator I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge. I certify that all drinking water treatment chemicals used at thisplant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Futhermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years. Gary Kissick C7846

Page 1

License Number

Printed or Typed Name

PWS lo	lentificat	ion Number	r:	3424646		Plant Name:	Woodberry	y Fores	t					
III. Dai	ly Data (or the Mont	th Year of		August-05									
			og Virus Inactiv	viation/Rem			X Free C	hloring	<u>, </u>	Chlorine I	Diovide)zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe		<u> </u>	2441011111	ا لل	Ciliotine	MONIGO	اسا	Zone	Comonica Cinoral (Cinoral Mos)
			ual Maintained in	n Dietributie		·)·		X	Free Chl			mhinad C	hlorine (Chlor	aminos) Chlorino Diovido
1 ype 0.	Disinie	Ctaint Residt				Contraction (CCC) (CCC)	Victoria de Victoria de Victoria de Victoria de Victoria de Victoria de Victoria de Victoria de Victoria de Vic						niorine (Chior	amines) Chlorine Dioxide
					CT Calculations,	Or UV Dose, to 1 CT Calcu		our-rog	virus macuv	and the second second	UV			
	Days					CI Calcu			7 (1)		1 2 4 4 5 V	Juse		
	Plant Staffed				Lowest Residual	Disinfectant	Lowest CT Provided						Lowest Residual	
	or			1145	Disinfectant	Contact Time	Before or	•					Disinfectant	
1	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	. 13.44	Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
th≎	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
14 34 44 1	X	24 hrs	18,000	ļ <u>.</u>	1.4								0.9	
2		24 hrs	18,000											
13.	Х	24 hrs	11,000		1.4								0.9	
1144	4.7	24 hrs	11,000											
.\$ 5 _₹	X	24 hrs	14,000		1.3								0.8	
1.6		24 hrs	14,000											
1.8		24 hrs	14,000											
9	X	24 hrs	15,000		1.2								0.7	
110		24 hrs	15,000		1.3								0.0	
7112	<u> </u>	24 hrs 24 hrs	18,500 18,500		1.3			 				_	0.8	
102	x	24 hrs	20,000		2.2							_	1.7	
313		24 hrs	20,000		2.2			 -			<u> </u>		1.7	
194		24 hrs	20,000					├─					··- ··	
16	Х	24 hrs	15,000	<u> </u>	2			 				 -	1.5	
(16:		24 hrs	15,000					-						
200	х	24 hrs	15,000		1.4			 				l	0.9	
#18		24 hrs	15,000					1				<u> </u>		
×49	Х	24 hrs	16,000		1.7					I			1.3	
20 -		24 hrs	16,000											
121		24 hrs	16,000											
1221	Х	24 hrs	14,000		1.7								1.1	
123		24 hrs	14,000											
124	X	24 hrs	11,000		1.6								1.2	
425		24 hrs	11,000											
126	X	24 hrs	16,000		1.6			<u></u>			L		1.1	
127		24 hrs	16,000											
128		24 hrs	16,000		<u> </u>				<u> </u>			 		
129¢×	Х	24 hrs	14,000		1.4			<u> </u>	<u> </u>				0.8	
130	 ,,	24 hrs	14,000		1.			 	ļ	ļ	 	-	 	
1234	X	24 hrs	14,000		1.6	L	<u> </u>	<u> </u>	L	<u> </u>	<u> </u>	<u> </u>	1.2	
Total	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		475,000	1										
THE CENT		A . W. 15 14 15 15	15,323	1										

20,000

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



See page 4 for instructions

1. General Information	for the Month/Year of: September-05			
A. Public Water System	m (PWS) Information			
PWS Name:	Woodberry Forest		PWS Identific	ation Number: 3424646
PWS Type:	X Community Non-Transient Non-Comm	nunity	Transient Non-Community	y Consecutive
	onnections at End of Month: 55		Total Population Served at	End of Month: 193
PWS Owner:	Aqua Utilities Florida			
Contact Person:	Brian Heath			Area Manager
Contact Person's Mail		···		State: FL Zip Code: 34749
Contact Person's Tele			Contact Person Person's Fa	x Number: (352) 787-6333
Contact Person's E-Ma				
B. Water Treatment P				
Plant Name:	Woodberry Forest		Plant Telepho	
Plant Address:	9050 S.E. County Hwy C-25			State: FL Zip Code: 34420
Type of Water Treate		chased Finished Wat	ter	
	Day Operating Capacity of Plant, gallons per day:	54,000		
	ubsection 62-699.310(4), F.A.C.): V	Maria e Maria da maria da Maria de Maria	Plant Class (per subsection	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	Mark March	С	8287	3 Days per week
I commence to the second	Paul Thompson	A	7251	3 Days per week
医 等的一块有针。2				
tuite tryphiologistics.			ļ	
	<u> </u>	ļ		
	<u></u>		 	
			 	
	3	<u> </u>	<u>L</u>	
II. Certification by Le	ad Chief Operator			
				are 1. p. ar. cat.
	er treatment plant operator licensed in Florida, am the lead/			
	n this report is true and accurate to the best of my knowled			
	60 or other applicable standards referenced in subsection 6			
were prepared each day	y that a licensed operator staffed or visited this plant during	the month indicate	ed above: (1) records of ar	nounts of chemicals used and chemical feed rates;
	ppropriate treatment process performance records. Futher			
	er with copies of this report, at a convenient location for at		•	
,,	1	3 7		
	Gary Kissick			C7846
Signature and Date	Printed or Typed Nam	e		License Number
DEP Form 62-555.900(3)Alternate		Page 1		

PWS Id	entificat	ion Number		3424646		Plant Name:	Woodberry	y Fores	t					
III. Dai	lv Data I	or the Mont	th/Year of:		September-05									
			og Virus Inacti				X Free C	Chlorine	e	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe				,			ـــا		, , , , , , , , , , , , , , , , , , ,
Type of	Disinfe	ctant Residu	al Maintained i	n Distributio				X	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
14 P.	£1.75%,7	September 2000 September 2000			CT Calculations,	or UV Dose, to I	Demonstrate F	1	-4				- 1 Table 1	
	Days					CT Calcu	lations					Dose		
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or] "	·				Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity	***	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished	D1- PI-	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the Month	(Place	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	Water, if Applicable	Required,	mW- sec/cm2	mW	Distribution	Repair or Maintenance Work that Involves Taking
112-	^)	24 hrs	14,000	Rate, gpt	Flow, mg/L	nmues	Ing-marc	<u> </u>	Applicable	mg-min/L	Secrenz	sec/cm2	System, mg/L	Water System Components Out of Operation
123	х	24 hrs	14,000		1.3		 				 	 	0.8	
43		24 hrs	14,000	}	1.5			}				 	V.0	
44		24 hrs	14,000					 						
19:54	x	24 hrs	14,000		1.2								0.7	
101		24 hrs	14,000										<u> </u>	
1116	X	24 hrs	13,000		1.3								0.8	
438		24 hrs	13,000											
235	Х	24 hrs	17,000		1.5								1	
*401		24 hrs	17,000											
An:		24 hrs	17,000		<u> </u>			<u></u>						
10	X	24 hrs	16,000		1,7		<u> </u>	L		L	ļ		1.3	
113		24 hrs	16,000		\		ļ	<u> </u>				 		
4145	X	24 hrs	14,000		1.2		ļ			ļ	_	 _	0.7	
£162		24 hrs 24 hrs	14,000 24,000	 	1.3		 -	 		 			0.8	
40%	X	24 hrs	24,000	 	1.3		 			ļ	 -	 	0.8	
181		24 hrs	24,000	 			 	 		ļ	 	 		
110	х	24 hrs	16,000	[1.2		 	 	 	 		 	0.8	
120	 	24 hrs	16,000	 			 	\vdash				1	 	
121	x	24 hrs	14,000	 	1.4		T	t	t	t	 	t	0.9	
122.	T	24 hrs	14,000					T^-						
123	х	24 hrs	19,000	<u> </u>	1		1						0.6	
- 24		24 hrs	19,000											
125%		24 hrs	19,000									Ī		
261	Х	24 hrs	18,000		1.6								1.2	
27		24 hrs	18,000			ļ	↓	<u> </u>						
28	X	24 hrs	15,000	<u> </u>	1.6		 	<u> </u>		L		1	1.1	
29		24 hrs	15,000							<u> </u>	ļ	ļ	 	
1901	X	24 hrs	15,000	<u> </u>	1.5	}	 	⊢ −		}		}	1	
This	56-11-25-24G	24 hrs	401 000	<u> </u>	<u> </u>	L	<u> </u>	<u>L</u>	<u> </u>	L		<u> </u>	L	L
Aperage		102 103 103 103 103 103 103 103 103 103 103	491,000 16,367	-										
123 MONTHS	100	BIOTAL WILLIAM	10,30/	Į.										

24,000

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



See page 4 for instructions

1. General Information for	or the Month/Year of: October-05		**************************************	
A. Public Water System	(PWS) Information			
	Woodberry Forest	1	PWS Identific	eation Number: 3424646
	X Community Non-Transient Non-Comm	unity	Transient Non-Communit	y Consecutive
	nections at End of Month: 55		Total Population Served at	
	Aqua Utilities Florida			
	Brian Heath		Contact Person's Title:	Area Manager
Contact Person's Mailin				State: FL Zip Code: 34749
Contact Person's Teleph			Contact Person Person's Fa	ax Number: (352) 787-6333
Contact Person's E-Mail				
B. Water Treatment Plan				
	Woodberry Forest		Plant Telepho	ne Number: (352) 787-0980
	9050 S.E. County Hwy C-25			State: FL Zip Code: 34420
Type of Water Treated		chased Finished Wat	er	
Permitted Maximum Da		54,000	·	
	section 62-699.310(4), F.A.C.): V	- with	Plant Class (per subsection	1 62-699.310(4), F.A.C.): D
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Gary Kissick	С	7846	3 Days per week
Other Operators:	Mark March	С	8287	3 Days per week
	Paul Thompson	Α	7251	3 Days per week
				**
			.1	
II. Certification by Lead	Chief Operator			
	treatment plant operator licensed in Florida, am the lead/c			
	this report is true and accurate to the best of my knowledg			
International Standard 60	or other applicable standards referenced in subsection 62	2-555.320(3), F.A.	C. I also certify that the f	ollowing additional operations records for this plan
	that a licensed operator staffed or visited this plant during			
	propriate treatment process performance records. Futherm			
	with copies of this report, at a convenient location for at		vide diese additional oper	ations records to all 1 W 5 6 Wher 50 all 1 W 5 6 Wh
	sopros or ans ropors, at a convenient totation for at	cust on years.		
	Gary Kissick			C7846
Signature and Date	Printed or Typed Name	;		License Number
DEP Form 62-555.900(3)Alternate		Page 1		

PWS Id	lentifica	tion Number		3424646		Plant Name:	Woodberry	y Fores	t					
III Da	h Data	for the Mont	h (Vangat)		October-05									
			og Virus Inactiv	viation/Pem			X Free C	hloring		Chlorine I	Diovide		Ozone	Combined Chlorine (Chloramines)
		et Radiation		Viation/Keni	Other (Describe	٠١٠	M That	>111Q1 111v	٠ Ц	Chlorine	JOXIGE	Ц,)2011C	Comonica Cinornie (Cinoralnines)
			ıal Maintained i	n Distributio		·)·		x	Free Chl	orine		mbined C	hlorine (Chlor	amines) Chlorine Dioxide
The co		Claric record	TO THE COMMENT	ii Distributio	CT Calculations,	or LIV Dose to	Demonstrate I						mornie (Chior	annes) Chorne Dioxide
	Days				Of Calculations,			Out LOE		<u>auon, 11 7 199</u>		Oose		
	Plant				N-3 - 1 - 1 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2	1.00	Lowest CT	<u> </u>		7 . A 14 . A			Lowest	[TO THE TOTAL SERVICE HERE TO THE TOTAL SERVICE HERE TO THE TOTAL SERVICE HERE TO THE TOTAL SERVICE HERE TO T
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or] .]			Disinfectant	Contact Time	Before or	-					Disinfectant	
	Visited	1 1			Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
]] ,	by] [Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
Month	"X")	Operation	Produced, gal	Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
	1	24 hrs	15,000	reate, gpu	Tiow, mg/L	ninidies	mg-now.	<u> </u>	Applicable	Ing-InnvL	Sec/CIIIZ	sec/cmz	System, mg/L	water System Components Out of Operation
1,2		24 hrs	15,000		 	· · · · · · · · · · · · · · · · · · ·	 	 				 		
133	х	24 hrs	14,000	<u> </u>	1.6			1			 		1.1	
142		24 hrs	14,000							 	 			
4.53	Х	24 hrs	18,000		1.6			-		-			1.1	
1.63		24 hrs	18,000											
40	Х	24 hrs	20,000		1.4								1	
8.		24 hrs	20,000											
19		24 hrs	20,000											
10	Х	24 hrs	17,000	ļ	1.4	ļ		 			ļ		11	
411	L	24 hrs	17,000	 	<u> </u>	ļ					ļ			
112 €	Х	24 hrs	14,000		1.7	<u> </u>	 	<u> </u>			ļ		1.4	
147.	X	24 hrs 24 hrs	14,000 19,000	 	1.4	\		├		 	 	-		
13	1	24 hrs	19,000		1.4		 	 	<u> </u>	 	 		 '	
16		24 hrs	19,000	 	 		 			 	 		l	
117	X	24 hrs	14,000	 	1	<u> </u>		 -	 		 		0.6	
481		24 hrs	14,000					 	1		 			
119	х	24 hrs	18,000		1.3	1		1		1			0.9	
20		24 hrs	18,000							T				
21	X	24 hrs	17,000		1								0.6	
22		24 hrs	17,000											
123 7		24 hrs	17,000							<u> </u>				
241	X	24 hrs	15,000	<u> </u>	1.1			<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.7	
25		24 hrs	15,000				 	 	<u> </u>	ļ				
26	X	24 hrs	15,000	 	1.6		 	├		ļ	 	 	1.2	
27 28	х	24 hrs 24 hrs	15,000 16,000	 	1.4	 	1		}	 	 	 	1	
29	 ^ -	24 hrs	16,000	 	1.4	 	 	 	ļ	 	 	 	 	
30	1	24 hrs	16,000	 	 		1	 - -	 	 	 	 	1	
312	X	24 hrs	13,000	 	1.7		 		<u> </u>	 	1		1.2	
		\$1.792.12	509,000	†				<u> </u>		<u> </u>		·		
Averag			16,419	1										

20,000

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



DEP Form 62-555.900(3)Alternate

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

See page 4 for instructions							
I. General Information f	or the Month Year of:	November-05					
A. Public Water System	(PWS) Information						
	Woodberry Forest			PWS Identifi	cation Number:	: 3424646	
		on-Transient Non-Comn	nunity	Transient Non-Communi	ity [Consecutive	
Number of Service Con	nections at End of Month:	55		Total Population Served a	at End of Month	n: 193	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailin				City: Leesburg	State: F		
Contact Person's Teleph				Contact Person Person's I	ax Number:	(352) 787-63	33
Contact Person's E-Mai		aquaamerica.com					
B. Water Treatment Plan	nt Information						
Plant Name:	Woodberry Forest			Plant Teleph		(352) 787-09	
	9050 S.E. County Hwy C-25			City: Ocala	State: F	L Zip Code: 3	34420
Type of Water Treated			chased Finished Wat	er			
	ay Operating Capacity of Plant, gallon		54,000				
	osection 62-699.310(4), F.A.C.):	V	La carlina de estrá de nociona	Plant Class (per subsection			The second was the second at the second
Licensed Operators		Mark of Table 1987	License Class			Day(s)/Shift(s) Work	ed .
Lead/Chief Operator:	Gary Kissick		С	7846		3 Days per week	
Other Operators:	Mark March		С	8287		3 Days per week	
	Paul Thompso	n	A	7251		3 Days per week	
					<u> </u>		
					<u> </u>		
And the state of							
				<u> </u>			
e i i i i i i i i i i i i i i i i i i i					 		
			<u> </u>		1		
II. Certification by Leac	Chief Operator						
							10 1 11
	treatment plant operator licensed is						
	this report is true and accurate to the						
International Standard 6	0 or other applicable standards refe	renced in subsection 6	2-555.320(3), F.A.	 C. I also certify that the 	following add	litional operations reco	ords for this plant
were prepared each day	that a licensed operator staffed or v	isited this plant during	the month indicate	ed above: (1) records of a	amounts of che	emicals used and chem	ical feed rates;
and (2) if applicable, app	propriate treatment process perforn	nance records. Futhern	nore, I agree to pro	vide these additional ope	rations record	is to the PWS owner so	o the PWS owner
	r with copies of this report, at a con			•	•		
1 Junia alvin, 10 Boulo	topics of and topold at a con						
		Gary Kissick			C7846		
Signature and Date		Printed or Typed Nam	e		License Num	ber	
		- -					

PWS I	dentificat	ion Number	r:	3424646		Plant Name:	Woodberr	y Fores	t					
III. Da	ly Data f	or the Mon	th/Year of:		November-05	· · · · · · · · · · · · · · · · · · ·								
			og Virus Inacti				X Free (Chlorin	е П	Chlorine I	Dioxide		Ozone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):			· L	Ontornio I	JIOAIGO	L. '	20110	comonica emornie (emorannes)
			ual Maintained i			7-		Х	Free Chl	orine	C	mbined C	hlorine (Chlor	ramines) Chlorine Dioxide
23.0	To Elect	73-95 C.				is, or UV Dose, to Demonstrate Four-Log Virus Inactivation; if Applicable*								
	Days				C1 Caliculations,	CT Calcu			VII US IIIACIIY			Dose		
1.54	Plant					V	Lowest CT					T	Lowest	
	Staffed	1000			Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or				17.	1	Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation 24 hrs	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
2.1	Х	24 hrs	13,000 14,000		1.3	<u> </u>	<u> </u>	 	 		ļ		- 00	
3.3		24 hrs	14,000		1.3		 	-				 	0.9	
1	х	24 hrs	16,000		1.3		-	1			 	 	0.9	
157		24 hrs	16,000	 	2.3		-	 	 		 	 	0.9	
63		24 hrs	16,000		·		 	-	<u> </u>		-	 		
100	х	24 hrs	13,000	<u> </u>	1.3		 	 			-	 	0.9	···
- 8		24 hrs	13,000				<u> </u>	 	<u> </u>		 	 	0.9	
9	Х	24 hrs	13,000		1.4		 	 	 			 	1	
10:		24 hrs	13,000				†	 	-		-	 	-	
111	Х	24 hrs	16,000		1.4							1	1	
12.		24 hrs	16,000									1		
131		24 hrs	16,000									1		
1248	X	24 hrs	14,000		1.2								0.8	
135		24 hrs	14,000											
16	Х	24 hrs	14,000	<u> </u>	1.2			<u> </u>					0.8	
10		24 hrs	14,000				<u> </u>	<u> </u>		<u> </u>				
18	Х	24 hrs	14,000	<u> </u>	11		ļ	<u> </u>	L		ļ	ļ <u>.</u>	0.6	
19.		24 hrs	14,000	<u> </u>							ļ			
20		24 hrs	14,000				 	1	 		 	 		
213 224	X	24 hrs	13,000 13,000	 	1.1		 	├	ļ		 	 	0.7	
23	X	24 hrs 24 hrs	16,000	 	1		 	 		 	 	 		
24 %		24 hrs	16,000	 	 		 	-	 	 	1	 	0.6	
250	х	24 hrs	17,000	 	1.8		·		 	 	 	 	1.4	
26	<u> </u>	24 hrs	17,000	 	1.0		 			 	1	 	4.4	
27		24 hrs	17,000	!			 	<u> </u>	 					
282	Х	24 hrs	10,000	t	1.4		 	 	 		1	 	1	
292		24 hrs	10,000				†		 	†	 	†		
180	Х	24 hrs	10,000		1					1		 	0.5	
315		24 hrs					<u> </u>							
Total &		\$1	426,000						_					
Accept			14,200	1										
Maxim	im.		17,000	1										

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



See page 4 for instructions

I. General Information for					
A. Public Water System (P	WS) Information				
	oodberry Forest		PWS Identi	fication Number:	3424646
	Community Non-Transient Non-Comm	nunity	Transient Non-Commu		onsecutive
Number of Service Connec			Total Population Served	at End of Month:	193
	ua Utilities Florida				
	ian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailing A			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephon			Contact Person Person's	Fax Number:	(352) 787-6333
Contact Person's E-Mail A					
B. Water Treatment Plant					
	oodberry Forest			hone Number:	(352) 787-0980
	50 S.E. County Hwy C-25		City: Ocala	State: FL	Zip Code: 34420
Type of Water Treated by		chased Finished Wate	ег		
		54,000			
	ction 62-699.310(4), F.A.C.): V			on 62-699.310(4), F.A.C	
	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Gary Kissick	С	7846	3 [Days per week
Other Operators:	Mark March	С	8287	3 [Days per week
	Paul Thompson	A	7251	3 1	Days per week
		· · · · · · · · · · · · · · · · · · ·			
		<u> </u>			
II. Certification by Lead C	hief Operator				
	atment plant operator licensed in Florida, am the lead/o				
information provided in this	s report is true and accurate to the best of my knowledg	ge. I certify that all	drinking water treatme	nt chemicals used at thi	isplant conform to NSF
	r other applicable standards referenced in subsection 6				
	t a licensed operator staffed or visited this plant during				
	priate treatment process performance records. Futhern				
can retain them together w	ith copies of this report, at a convenient location for at	loce, rugice to prov	vide diese additional op	crations records to the	1 W3 OWNER SO LICE 1 W3 OWNER
can retain them, together w	in copies of this report, at a convenient location for at	icasi icii years.			
	Gary Kissick			C7846	
Signature and Date	Printed or Typed Name			License Number	
	Times of Types Name	•		Sicondo i funitori	

DEP Form 62-555.900(3)Alternale Page 1

PWS Ic	lentifica	tion Number	r:	3424646		Plant Name:	Woodberr	y Fores	t						
		for the Mont			December-05										
Means	of Achie	eving Four-L	og Virus Inacti	viation/Reme	oval: *		X Free (Chlorin	е 📋	Chlorine I	Dioxide		Ozone	Combined Chlo	orine (Chloramines)
lΠι	Iltraviol	et Radiation			Other (Describe	e):									
Type of	f Disinfe	ectant Residu	ual Maintained i	n Distributio	on System:			X	Free Chl	orine	Co	mbined C	hlorine (Chlor	amines)	Chlorine Dioxide
10.45		N	#FEFT FEET			or UV Dose to	Demonstrate					18-7-74-5	Samon 422 1 50		
									-99,68 D.E.		UV	Dose			
1	Days Plant						Lowest CT						Lowest		
3.4	Staffed			[Lowest Residual	Disinfectant	Provided						Residual		
	OF		1.35		Disinfectant	Contact Time	Before or			1	1		Disinfectant		
	Visited				Concentration	(T) at C	at First			ļ	Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.]	Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in		onormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow.	Water,	Water, if	Required,	mW-	mW	Distribution		ance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes -	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	I	Components Out of Operation
* 420		24 hrs	10,000			1	1	1		<u> </u>					
121:	X	24 hrs	12,000		1.8	 	 						1.4		
135		24 hrs	12,000				1				 				
1473		24 hrs	12,000		<u> </u>	f									
156	х	24 hrs	14,000		1.7		 				 		1.4		**************************************
1.6		24 hrs	14,000								 				
175	х	24 hrs	11,000		1.5		1		l		 		1		
481		24 hrs	11,000				 					<u> </u>			
1.91	х	24 hrs	12,000		1.4		 	† —	<u> </u>	-	<u> </u>	-	1		
210		24 hrs	12,000				1	†		t					
101		24 hrs	12,000				 	 			<u> </u>	 			
112	Х	24 hrs	14,000		1.4		1	1		 	 		1	~	
1136		24 hrs	14,000			 	 	i			 	 	-		
\$145	Х	24 hrs	12,000		1.3		 	t^{-}			 		0.9		
415		24 hrs	12,000				 				 	 	 		
1161	х	24 hrs	13,000		0.9	1	 	1			1		0.5		
10.		24 hrs	13,000				 				 	<u> </u>			
118		24 hrs	13,000				1				 	 			
1498	Х	24 hrs	11,000		1.1	1	1				†		0.7		
120		24 hrs	11,000			 	1				<u> </u>				···
74245	Х	24 hrs	12,000		2	1							1.8		
22		24 hrs	12,000				 				t — —		t		
123	х	24 hrs	14,000		1.6		1						1.2	<u> </u>	
124		24 hrs	14,000			<u> </u>	1							<u> </u>	
125		24 hrs	14,000			 					<u> </u>	· · · · · · ·			
1263	х	24 hrs	13,000		0.8	 							0.5		
127		24 hrs	13,000	1	<u> </u>	1 -		†			1				
128	х	24 hrs	11,000		1.2	,							0.9		
1291		24 hrs	11,000				T		1	T		1			
30#	х	24 hrs	11,000		1				l — —		 		0.6		
1314		24 hrs	11,000	<u> </u>	<u> </u>		1		— —		T		<u> </u>		· · · · · · · · · · · · · · · · · · ·
Total .	2:11:50		381,000				•				' 				
Alexage			12,290	1											

14,000

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