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February 21, 2007

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.

Sincerely,




Marsha E. Rule

Cc (with enclosure):

Rosanne Gervasi, Esq.
Katherine Fleming, Esq.
Stephen C. Reilly, Esq.
Kathy L. Pape, Esq.

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FPSC-BUREAU OF RECORDS

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OTH _____

ORIGINAL

BEFORE THE FLORIDA PUBLIC SERVICE COMMISSION

In re: Application for increase in water and)
wastewater rates in Alachua, Brevard,)
Highlands, Lake, Lee, Marion, Orange, Palm)
Beach, Pasco, Polk, Putnam, Seminole,)
Sumter, Volusia, and Washington Counties)
by Aqua Utilities Florida, Inc.)
_____)

Docket No. 060368-WS

Dated: February 21, 2007

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
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

01688 FEB 21 5

FPSC-COMMISSION CLERK

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

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
Bellaire
Bellevue Hills
Bellevue Hills Estates
Chappell Hills
Fairfax

Hawks Point
Marion Hills
Ridge Meadows
Westview
Woodberry Forest

OCALA OAKS

SANITARY SURVEY REPORT

PWS TYPE & CLASS

- ## PWS STATUS

- ## SERVICE AREA CHARACTERISTICS

Food Service: ☐ Yes ☐ No ☒ N/A

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March

C-8287

☐ & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Actual _____

Days/wk: Required	6	Actual	6
-------------------	---	--------	---

Non-consecutive Days? ☐ Yes ☐ No ☒ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections	598
-------------------------------	-----

Population Served	2093	Basis	x3.5
-------------------	------	-------	------

Average Day (from MORs)	159,164	gpd
-------------------------	---------	-----

Max. Day (from MORs) 208,000 gpd

Max-day Design Capacity	7.13	MGD
-------------------------	------	-----

Comments

AUXILIARY POWER SOURCE

- ☒
- Yes
- ☐
- None
- ☐
- Not Required

Source propane generator

Capacity of Standby (kW)	30
--------------------------	----

Switchover: ☒ Automatic ☐ Manual

Standby Plan: ☒ Yes ☐ No

Hrs Operated Under Load 4 hrs/mo.

What equipment does it operate?

☒ Well pumps _____

☒ High Service Pumps _____☒ Treatment Equipment _____

Satisfy 1/2 max-day demand? ☒ Yes ☐ No ☐ Unk

Comments _____

Disinfection

What additional treatment is needed?

For control of what deficiencies?

Flow Measuring Device	Flow Meter
------------------------------	-------------------

Meter Size & Type Kent 4"

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections none observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: ☒ Yes ☐ No ☐

N/AComments

GROUND WATER SOURCE

Well Number	1	2	3	
Year Drilled	1978	1978	1991	
Depth Drilled	270'	270'	197'	
Drilling Method	rotary	rotary	rotary	
Type of Grout	neat cement	neat cement	neat cement	
Static Water Level	37'	37'	45'	
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer	screen	screen	screen	
Length (outside casing)	42'	42'	72'	
Diameter (outside casing)	8"	8"	8"	
Material (outside casing)	steel	steel	steel	
Well Contamination History	no	no	no	
Is inundation of well possible?	no	no	no	
6' X 6' X 4" Concrete Pad	yes	yes	yes	
SET BACKS	Septic Tank	n/a	n/a	
	Reuse Water	n/a	n/a	
	WW Plumbing	n/a	n/a	
	Other Sanitary Hazard	n/a	n/a	
PUMP	Type	Submersible	Submersible	Submersible
	Manufacturer Name	Goulds	Sta-Rite	Sta-Rite
	Model Number	unk	unk	unk
	Rated Capacity (gpm)	220	440	330
	Motor Horsepower	15	30	30
Well casing 12" above grade?	yes	yes	yes	
Well Casing Sanitary Seal	ok	ok	ok	
Raw Water Sampling Tap	yes	yes	yes	
Above Ground Check Valve	yes	yes	yes	
Fence/Housing	yes	yes	yes	
Well Vent Protection	n/a	yes	yes	

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.9 Remote 1.4
Remote tap location _____
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H-tank
Booster Pump Info _____
Comments Two chlorinators at plant, one is
normally in use.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1	H2	H3
Capacity (gal)	10000	5000	10000
Material	steel	steel	steel
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	Yes	Yes	Yes
Sight Glass or Level Indicator	Yes	Yes	Yes
Fittings for Sight Glass	Yes	Yes	Yes
Protected Openings	Yes	Yes	Yes
PRV/ARV	PRV	PRV	PRV
On/Off Pressure	55/70	55/70	55/70
Access Padlocked	Yes	Yes	Yes
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

Well #2 has a threaded raw water tap. Please provide a down-flowing smooth nosed raw
water tap.

Inspector Daniel Hilder Title Env. Specialist I Date 6/17/04

Approved by Roberto C. Amag Title Environmental Manager Date 6/17/04

State of Florida
Department of Environmental Protection
Southwest District
SANITARY SURVEY REPORT

Plant Name RIDGE MEADOWS County Marion PWS ID # 6424591
Plant Location 957 NW 58th Ct. Ocala, FL 34470 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 4/21/04 Last C.I. Date 11/23/05

PWS TYPE & CLASS

- ☒ Community
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
WC42-1287
05/1982
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

S/D

Food Service: ☐ Yes ☒ No ☐ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March C-8287

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Actual _____

Days/wk: Required _____ Actual 3

Non-consecutive Days? ☒ Yes ☐ No ☐ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☐ No ☒ Yes ☐ N/A

Please provide maximum day design capacity for plant in future MOR's.

Number of Service Connections 65

Population Served 228 Basis _____

Average Day (from MORs) 14,333 gpd

Max. Day (from MORs) 35,000 gpd

Max-day Design Capacity Unknown gpd

Comments _____

COMET: SITE ID _____ PROJECT ID _____

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 Elliott Power Systems
Capacity of Standby (kW) 20 kW
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load 1 hr/wk.

What equipment does it operate?

- ☒ Well pumps _____
☐ High Service Pumps _____
☒ Treatment Equipment _____

Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☒ Unk

Comments Provide log recording exercising of auxillary power source.

TREATMENT PROCESSES IN USE

Chlorination

What additional treatment is needed?

None

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type Amco

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections None

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A

Comments _____

GROUND WATER SOURCE

Well Number	1 (AAC 1462)	2 (AAC 1463)		
Year Drilled	1981	1981		
Depth Drilled	135 ft	140 ft		
Drilling Method	Rotary	Rotary		
Type of Grout	Cement	Cement		
Static Water Level	57 ft			
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer	Open Hole	Open Hole		
Length (outside casing)	64 ft	64 ft		
Diameter (outside casing)	4 in	4 in		
Material (outside casing)	Steel	Steel		
Well Contamination History	Ok	Ok		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>100 ft	>100 ft	
	Reuse Water			
	WW Plumbing			
	Other Sanitary Hazard			
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Franklin	Sta-rite	
	Model Number	2821139310	CPJ02-02	
	Rated Capacity (gpm)	90 gpm	90 gpm	
	Motor Horsepower	5 hp	5 hp	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	Yes	Yes		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Fence	Fence		
Well Vent Protection	Yes	Yes		

COMMENTS Please provide DEP with any missing information.

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 17 gpd
Chlorine Feed Rate _____
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 5.00 Remote 3.25
Remote tap location Hose bib - house across street
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points _____
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H/1		
Capacity (gal)	3,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	60 psi		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

PWS ID # 6424591
 Date 12/19/06

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS									
CONTAMINANT	PWS Screen	# Samples Required	Sampling Location	C > 3300			C ≤ 3300		
				Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacti)	024	1	Each well	monthly			monthly		<u>12/31/06</u>
		2	Distribution						
Volatile Organics	028	(Note A)	(Note H)	(Notes A, 1)			(Notes A, 2)		<u>12/31/06</u>
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		<u>12/31/06</u>
Inorganics	030	1	POE	3 years (Note 1)			3 years (Note 2)		<u>12/31/06</u>
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)		<u>12/31/06</u>
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.

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.)

[illegible]

DEFICIENCIES:

No Isolation Valve 62-555.350(12)(c) Please provide an isolation valve exercising plan.
Exercising Plan

Inspector Mark L. [Signature] Title Env. Specialist I Date 12-21-06
Approved by [Signature] Title Env. Specialist III Date 12-21-06

GROUND WATER SOURCE

Well Number	1	2		
Year Drilled	1986	1986		
Depth Drilled	170	170		
Drilling Method	Rotary	Rotary		
Type of Grout	Neat	Neat		
Static Water Level	78	78		
Pumping Water Level	120	152		
Design Well Yield	200	200		
Test Yield	185	185		
Actual Yield (if different than rated capacity)				
Strainer				
Length (outside casing)	124	128		
Diameter (outside casing)	6"	6"		
Material (outside casing)	Steel	Steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>100'	>100'	
		NA	NA	
	WW Plumbing	>100	>100	
	Other Sanitary Hazard			
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Starite	Starite	
	Model Number	190L6	190LS	
	Rated Capacity (gpm)	185	185	
	Motor Horsepower	10	10	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	OK	OK		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Yes	Yes		
Well Vent Protection	NA	NA		

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make (2) Unidose Capacity 30 gpd
Chlorine Feed Rate _____
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 2.4 Remote 1.4
Remote tap location across from plant
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points P/T
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H		
Capacity (gal)	10,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	43/65		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

PWS ID # 3424685

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of the inspection.

Inspector *Daniel Hilder* Title Env. Specialist I Date 6/17/04

Approved by *Roberto C. Amag* Title Environmental Manager Date 6/17/04

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name BELLEVIEW HILLS County Marion PWS ID # 3424030
Plant Location 11869 SE 96th Ave., Belleview Phone 352-732-6027
Owner Name Aqua 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 Last C.I. Date 7/23/98

PWS TYPE & CLASS

- ☒ Community
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
WC42-2044 (1/6/82)

- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March
C-8287

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Actual _____

Days/wk: Required 3 Actual 3

Non-consecutive Days? ☒ Yes ☐ No ☐ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 106

Population Served 371 Basis X 3.5

Average Day (from MORs) 28714 gpd

Max. Day (from MORs) 69000 gpd

Max-day Design Capacity 108000 gpd

Comments _____

COMET: SITE ID _____ PROJECT ID _____

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

Capacity of Standby (kW) 35

Switchover: ☐ Automatic ☐ Manual

Standby Plan: ☐ Yes ☐ No

Hrs Operated Under Load 4 hrs/mo.

What equipment does it operate?

- ☒ Well pumps _____

- ☐ High Service Pumps _____

- ☒ Treatment Equipment _____

Satisfy 1/2 max-day demand? ☒ Yes ☐ No ☐ Unk

Comments _____

TREATMENT PROCESSES IN USE

Disinfection

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type 3" Kent

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections none observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A

Comments _____

GROUND WATER SOURCE

Well Number	1	2		
Year Drilled	1981	1981		
Depth Drilled	150'	150'		
Drilling Method	rotary	rotary		
Type of Grout	n.c.	n.c.		
Static Water Level	31'	31'		
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer	screen	screen		
Length (outside casing)	94'	80'		
Diameter (outside casing)	4"	4"		
Material (outside casing)	steel	steel		
Well Contamination History	none	none		
Is inundation of well possible?	no	no		
6' X 6' X 4" Concrete Pad	yes	yes		
SET BACKS	Septic Tank	>100'	>100'	
	Reuse Water	----	----	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	none pbserved	none observed	
PUMP	Type	submersible	submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
	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 Water Sampling Tap	yes	yes		
Above Ground Check Valve	yes	yes		
Fence/Housing	yes	yes		
Well Vent Protection	n/a	n/a		

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.7 Remote 0.9
Remote tap location Across from plant
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H-tank
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1		
Capacity (gal)	3000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments **Tank is up for replacement**

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

PWS ID # 3424030

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of the inspection.

Inspector *Daniel Hiddle* Title Env. Specialist I Date 6/17/04

Approved by *Roberto C. Amos* Title Environmental Manager Date 6/17/04

GROUND WATER SOURCE

Well Number	1			
Year Drilled	1983			
Depth Drilled	140			
Drilling Method	Rotary			
Type of Grout	Neat			
Static Water Level	32'			
Pumping Water Level	Unk			
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer				
Length (outside casing)	84			
Diameter (outside casing)	6"			
Material (outside casing)	Steel			
Well Contamination History	Unk			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>100		
	Reuse Water	NA		
	WW Plumbing	>100		
	Other Sanitary Hazard	None Observed		
PUMP	Type	Submersible		
	Manufacturer Name			
	Model Number			
	Rated Capacity (gpm)	75		
	Motor Horsepower	7.5		
Well casing 12" above grade?	Yes			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Fence/Housing				
Well Vent Protection				

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.5 Remote .6
Remote tap location First house on street
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points P/T
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H		
Capacity (gal)	5000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	N/A		
PRV/ARV	PRV		
On/Off Pressure	40/53		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

PWS ID # 3424631

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of the inspection.

Inspector *Daniel Hilder* Title Env. Specialist I Date 6/17/04

Approved by *Roberto C. Amag* Title Environmental Manager Date 6/17/04

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name CHAPPELL HILLS County Marion PWS ID # 3424029
Plant Location 2338 NE 55th Place, Ocala Phone 352-732-6027
Owner Name Aqua 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 Last C.I. Date 7/23/98

PWS TYPE & CLASS

- ☒ Community
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
As built (1/6/81)
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Actual _____

Days/wk: Required 3 Actual 3

Non-consecutive Days? ☒ Yes ☐ No ☐ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 40

Population Served 140 Basis X 3.5

Average Day (from MORs) 9899 gpd

Max. Day (from MORs) 17000 gpd

Max-day Design Capacity 65000 gpd

Comments _____

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

- ☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- ☒ Yes ☐ None ☐ Not Required
Source Propane
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load 4 hr/Month
What equipment does it operate?
☒ Well pumps _____
☒ High Service Pumps _____
☐ Treatment Equipment _____
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments _____

TREATMENT PROCESSES IN USE

Disinfection

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 2" Master
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections none observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments _____

GROUND WATER SOURCE

Well Number	1			
Year Drilled	1981			
Depth Drilled	92'			
Drilling Method	cable tool			
Type of Grout	neat cement			
Static Water Level	24'			
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer	screen			
Length (outside casing)	63'			
Diameter (outside casing)	4"			
Material (outside casing)	steel			
Well Contamination History	none			
Is inundation of well possible?	no			
6' X 6' X 4" Concrete Pad	yes			
SET BACKS	Septic Tank	>200'		
	Reuse Water	-----		
	WW Plumbing	>100'		
	Other Sanitary Hazard	none observed		
PUMP	Type	Submersible		
	Manufacturer Name	Sta-Rite		
	Model Number			
	Rated Capacity (gpm)	70		
	Motor Horsepower	5		
Well casing 12" above grade?	yes			
Well Casing Sanitary Seal	ok			
Raw Water Sampling Tap	yes			
Above Ground Check Valve	yes			
Fence/Housing	yes			
Well Vent Protection	n/a			

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 100% of stroke
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.7 Remote 1.5
Remote tap location end of Street
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H-tank
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1		
Capacity (gal)	2000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	45/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments **tank contracted to be replaced**

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

PWS ID # 3424029

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of the inspection.

Inspector *Daniel Hilder*

Title Env. Specialist I

Date 6/17/04

Approved by *Roberto C. Amag*

Title Environmental Manager

Date 6/17/04

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name WESTVIEW County Marion PWS ID # 3424036
Plant Location 2338 NE 55th Place, Ocala Phone 352-732-6027
Owner Name Aqua 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 Last C.I. Date 7/23/98

PWS TYPE & CLASS

- ☒ Community
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
As built (1/6/81)

- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Actual _____

Days/wk: Required 3 Actual 3

Non-consecutive Days? ☒ Yes ☐ No ☐ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 29

Population Served 102 Basis X 3.5

Average Day (from MORs) 7880 gpd

Max. Day (from MORs) 10000 gpd

Max-day Design Capacity 20000 gpd

Comments _____

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

- ☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- ☒ Yes ☐ None ☐ Not Required

Source Propane

Capacity of Standby (kW) 45

Switchover: ☒ Automatic ☐ Manual

Standby Plan: ☐ Yes ☐ No

Hrs Operated Under Load 4 month

What equipment does it operate?

☒ Well pumps _____

☒ High Service Pumps _____

☐ Treatment Equipment _____

Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk

Comments _____

TREATMENT PROCESSES IN USE

Disinfection _____

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type ABB 3-4"

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections none observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A

Comments _____

GROUND WATER SOURCE

Well Number	1			
Year Drilled	1981			
Depth Drilled	140'			
Drilling Method	rotary			
Type of Grout	neat cement			
Static Water Level	27'			
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer	screen			
Length (outside casing)	42'			
Diameter (outside casing)	4"			
Material (outside casing)	steel			
Well Contamination History	none			
Is inundation of well possible?	no			
6' X 6' X 4" Concrete Pad	yes			
SET BACKS	Septic Tank	>200'		
	Reuse Water	-----		
	WW Plumbing	>100'		
	Other Sanitary Hazard	none observed		
PUMP	Type	Submersible		
	Manufacturer Name	Sta-Rite		
	Model Number			
	Rated Capacity (gpm)	70		
	Motor Horsepower	5		
Well casing 12" above grade?	yes			
Well Casing Sanitary Seal	ok			
Raw Water Sampling Tap	yes			
Above Ground Check Valve	yes			
Fence/Housing	yes			
Well Vent Protection	n/a			

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 100% of stroke
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.7 Remote 1.5
Remote tap location house at beginning of street
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H-tank
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1		
Capacity (gal)	2000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	50/65		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments **outgoing line is leaking at Tank**

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

PWS ID # 3424036

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

Effluent pipe from the pressure tank is leaking. Please fix or replace it.

Inspector *Daniel Hilder* Title Env. Specialist I Date 6/17/04

Approved by *Roberto C. Amag* Title Environmental Manager Date 6/17/04

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name BELLAIRE County Marion PWS ID # 3424000
Plant Location 2400 SE 52nd, Ocala, FL Phone 352-732-6027
Owner Name Aqua 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 Last 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

SERVICE AREA CHARACTERISTICS

Subdivision _____

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March
C-8287

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Actual _____

Days/wk: Required 3 Actual 3

Non-consecutive Days? ☒ Yes ☐ No ☐ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 217

Population Served 760 Basis X 3.5

Average Day (from MORs) 75879 gpd

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.

COMET: SITE ID _____ PROJECT ID _____

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

Switchover: ☒ Automatic ☐ Manual

Standby Plan: ☒ Yes ☐ No

Hrs Operated Under Load 4 hrs/mo.

What equipment does it operate?

- ☒ Well pumps _____
☐ High Service Pumps _____
☒ Treatment Equipment _____

Satisfy 1/2 max-day demand? ☒ Yes ☐ No ☐ Unk

Comments _____

TREATMENT PROCESSES IN USE

Disinfection

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type 3" Kent

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections none observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A

Comments _____

GROUND WATER SOURCE

Well Number	1	2		
Year Drilled	1980	1980		
Depth Drilled	105'	97'		
Drilling Method	cable tool	cable tool		
Type of Grout	n.c	n.c		
Static Water Level	32'	36'		
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer	screen	screen		
Length (outside casing)	84'	63'		
Diameter (outside casing)	4"	4"		
Material (outside casing)	steel	steel		
Well Contamination History	none	none		
Is inundation of well possible?	no	no		
6' X 6' X 4" Concrete Pad	yes	yes		
SET BACKS	Septic Tank	>200'	>200'	
	Reuse Water	-----	-----	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	None observed	none observed	
PUMP	Type	submersible	submersible	
	Manufacturer Name	Sta-Rite	Sta-Rite	
	Model Number			
	Rated Capacity (gpm)	92	92	
	Motor Horsepower	5	5	
Well casing 12" above grade?	yes	yes		
Well Casing Sanitary Seal	ok	ok		
Raw Water Sampling Tap	yes	yes		
Above Ground Check Valve	yes	yes		
Fence/Housing	yes	yes		
Well Vent Protection	n/a	n/a		

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 60% of stroke
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.8 Remote 1.0
Remote tap location House across the street
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H-tank
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1	H2	H3
Capacity (gal)	3000	3000	20000
Material	steel	steel	steel
Gravity Drain	Yes	Yes	Yes
By-pass Piping	Yes	Yes	Yes
Pressure Gauge	Yes	Yes	Yes
Sight Glass or Level Indicator	Yes	Yes	Yes
Fittings for Sight Glass	Yes	Yes	Yes
Protected Openings	Yes	Yes	Yes
PRV/ARV	PRV	PRV	PRV
On/Off Pressure	60/80	60/80	60/80
Access Padlocked			
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

Pump Number	1		
Type	cent.		
Make	Sta-Rite		
Model	DMJ-111		
Capacity (gpm)	100		
Motor HP	5		
Date Installed	1987		
Maintenance	As need		

Comments _____

PWS ID # 3424000

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of the inspection.

Inspector *Daniel Hilder* Title Env. Specialist I Date 6/17/04

Approved by *Roberto C. Amay* Title Environmental Manager Date 6/17/04

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name FAIRFAX HILLS County Marion PWS ID # 3424042
Plant Location 14145 SE 45th Court, Summerfield Phone 352-732-6027
Owner Name Aqua 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 Last C.I. Date 7/23/98

PWS TYPE & CLASS

- ☒ Community
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
As built (1/6/81)

- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March
C-8287

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Actual _____

Days/wk: Required 3 Actual 3

Non-consecutive Days? ☒ Yes ☐ No ☐ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 85

Population Served 297 Basis X 3.5

Average Day (from MORs) 20,343 gpd

Max. Day (from MORs) 41000 gpd

Max-day Design Capacity 100000 gpd

Comments _____

COMET: SITE ID _____ PROJECT ID _____

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
Capacity of Standby (kW) 45

Switchover: ☒ Automatic ☐ Manual

Standby Plan: ☐ Yes ☐ No

Hrs Operated Under Load 4 hr/Month

What equipment does it operate?

- ☒ Well pumps _____
☒ High Service Pumps _____
☐ Treatment Equipment _____

Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk

Comments _____

TREATMENT PROCESSES IN USE

Disinfection

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type ABB 3-4"

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections none observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A

Comments _____

GROUND WATER SOURCE

Well Number	1	2		
Year Drilled	1981	1981		
Depth Drilled	126'	100		
Drilling Method	Cable tool	Cable tool		
Type of Grout	neat cement	Neat cement		
Static Water Level				
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer	Screen	Screen		
Length (outside casing)	73'	63'		
Diameter (outside casing)	4"	4'		
Material (outside casing)	Steel	Steel		
Well Contamination History	None	None		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank	>200'	>200ft	
	Reuse Water	-----	---	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	none observed	None observed	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Sta-Rite	Sta-rite	
	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 Water Sampling Tap	yes	Yes		
Above Ground Check Valve	yes	Yes		
Fence/Housing	yes	Yes		
Well Vent Protection	n/a	N/a		

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 100% of stroke
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.7 Remote 1.5
Remote tap location Corner lot from Plant
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H-tank
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1		
Capacity (gal)	3000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	50/65		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments **outgoing line is leaking at Tank**

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

PWS ID # 3424042

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of the inspection.

Inspector *Daniel Hilder*

Title Env. Specialist I

Date 6/17/04

Approved by *Roberto C. Amag*

Title Environmental Manager

Date 6/17/04

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name MARION HILLS County Marion PWS ID # 3424001
Plant Location SE 140th & SE 51st Ave., Summerfield Phone 352-732-6027
Owner Name Ocala Oaks Utilities, Inc. 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 Last C.I. Date 7/23/98

PWS TYPE & CLASS

- ☒ Community
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
WC42-2030 (6/2/80)
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March
C-8287
O & M Log: ☒ Yes ☐ No ☐ Not required
Operator Visitation Frequency
Hrs/day: Required _____ Actual _____
Days/wk: Required 3 Actual 3
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 29
Population Served 101.5 Basis X 3.5
Average Day (from MORs) 5977 gpd
Max. Day (from MORs) 20000 gpd
Max-day Design Capacity 36000 gpd
Comments _____

RAW WATER SOURCE

- ☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- ☐ Yes ☐ None ☒ Not Required
Source _____
Capacity of Standby (kW) _____
Switchover: ☐ Automatic ☐ Manual
Standby Plan: ☐ Yes ☐ No
Hrs Operated Under Load _____
What equipment does it operate?
☐ Well pumps _____
☐ High Service Pumps _____
☐ Treatment Equipment _____
Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk
Comments _____

TREATMENT PROCESSES IN USE

Disinfection _____
What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type Kent 3"
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 _____ PROJECT ID _____

GROUND WATER SOURCE

Well Number	1			
Year Drilled	1979			
Depth Drilled	150'			
Drilling Method	cable			
Type of Grout	neat cement			
Static Water Level				
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer	screen			
Length (outside casing)	105'			
Diameter (outside casing)	4"			
Material (outside casing)	steel			
Well Contamination History	none			
Is inundation of well possible?	no			
6' X 6' X 4" Concrete Pad	yes			
SET BACKS	Septic Tank	>200'		
	Reuse Water	-----		
	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Sta-Rite		
	Model Number			
	Rated Capacity (gpm)	50		
	Motor Horsepower	3		
Well casing 12" above grade?	yes			
Well Casing Sanitary Seal	ok			
Raw Water Sampling Tap	yes			
Above Ground Check Valve	yes			
Fence/Housing	yes			
Well Vent Protection	yes			

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make stenner Capacity 30 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 1.5 Remote 1.5
Remote tap location Corner lot
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H-tank
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1		
Capacity (gal)	1000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	42/62		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

PWS ID # 3424001

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of the inspection.

Inspector *Daniel Hilder*

Title Env. Specialist I

Date 6/17/04

Approved by *Roberto C. Amag*

Title Environmental Manager

Date 6/17/04

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name BELLEVUE HILLS ESTATES County Marion PWS ID # 3424839
Plant Location SE 59th Ave & SE 140th 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 Manager Phone same
This Survey Date 6/17/04 Last Survey Date 1/25/00 Last C.I. Date 7/17/01

PWS TYPE & CLASS

- ☒ Community
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
WC42-167756 (1/8/90)
WC42-273551 (7/31/95)
☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Mobile Home Park
Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March
C-8287

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required _____ Actual _____
Days/wk: Required 6 Actual 6
Non-consecutive Days? ☒ Yes ☐ No ☐ N/A
MORs submitted regularly? ☒ Yes ☐ No ☐ N/A
Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 240
Population Served 840 Basis X 3.5
Average Day (from MORs) 55551 gpd
Max. Day (from MORs) 101,000 gpd 8/03
Max-day Design Capacity 288000 gpd
Comments _____

COMET: SITE ID _____ PROJECT ID _____

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 Onan Propane generator
Capacity of Standby (kW) 35
Switchover: ☒ Automatic ☐ Manual
Standby Plan: ☒ Yes ☐ No
Hrs Operated Under Load 4 hrs/mo.
What equipment does it operate?
☒ Well pumps _____
☐ High Service Pumps _____
☒ Treatment Equipment _____
Satisfy 1/2 max-day demand? ☒ Yes ☐ No ☐ Unk
Comments _____

TREATMENT PROCESSES IN USE

Disinfection

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 4" Master Meter
Backflow Prevention Devices: ☒ Yes ☐ No
Cross-connections none observed
Written Cross-connection Control Program: Yes
Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A
Comments _____

GROUND WATER SOURCE

Well Number	1	2		
Year Drilled	1989	1989		
Depth Drilled	150'	150'		
Drilling Method	combo	combo		
Type of Grout	neat cement	neat cement		
Static Water Level	49'	49'		
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer				
Length (outside casing)	96'	93'		
Diameter (outside casing)	6"	6"		
Material (outside casing)	black steel	black steel		
Well Contamination History	none	none		
Is inundation of well possible?	no	no		
6' X 6' X 4" Concrete Pad	yes	yes		
SET BACKS	Septic Tank	>100'	>100'	
	Reuse Water	----	----	
	WW Plumbing	>100'	>100'	
	Other Sanitary Hazard	none observed	none observed	
PUMP	Type	Submersible	Submersible	
	Manufacturer Name	Grundfos	Grundfos	
	Model Number			
	Rated Capacity (gpm)	200	200	
	Motor Horsepower	15	15	
Well casing 12" above grade?	yes	yes		
Well Casing Sanitary Seal	ok	ok		
Raw Water Sampling Tap	yes	yes		
Above Ground Check Valve	yes	yes		
Fence/Housing	yes	yes		
Well Vent Protection				

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 100% of stroke
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant .9 Remote .6
Remote tap location House across from Plant
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Before H-tank
Booster Pump Info _____
Comments Two chlorinators in use

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1		
Capacity (gal)	15000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

PWS ID # 3424839

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of the inspection.

Inspector *Daniel Hilder*

Title Env. Specialist I

Date 6/17/04

Approved by *Roberto C. Amag*

Title Environmental Manager

Date 6/17/04

State of Florida
Department of Environmental Protection
Central District
SANITARY SURVEY REPORT

Plant Name WOODBERRY FOREST County Marion PWS ID # 3424646
Plant Location CR 25 Belleview, FL Phone 352-732-6027
Owner Name Ocala Oaks Utilities, Inc. 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 1/25/04 Last C.I. Date 7/23/98

PWS TYPE & CLASS

- ☒ Community
☐ Non-transient Non-community
☐ Non-Community

PWS STATUS

- ☒ Approved system with approval number & date
As built (8/13/85)

- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision

Food Service: ☐ Yes ☐ No ☒ N/A

OPERATION & MAINTENANCE

Certified Operator: ☒ Yes ☐ No ☐ Not required
Operator(s) & Certification Class-Number
Mark March
C-8287

O & M Log: ☒ Yes ☐ No ☐ Not required

Operator Visitation Frequency

Hrs/day: Required Actual

Days/wk: Required 3 Actual 3

Non-consecutive Days? ☒ Yes ☐ No ☐ N/A

MORs submitted regularly? ☒ Yes ☐ No ☐ N/A

Data missing from MORs? ☒ No ☐ Yes ☐ N/A

Number of Service Connections 55

Population Served 192 Basis X 3.5

Average Day (from MORs) 15463 gpd

Max. Day (from MORs) 30000 gpd 06/03

Max-day Design Capacity 54000 gpd

Comments

COMET: SITE ID _____ PROJECT ID _____

RAW WATER SOURCE

- ☒ GROUND; Number of Wells 1
☐ SURFACE/UDI; Source _____
☐ PURCHASED from PWS ID # _____
☐ Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- ☒ Yes ☐ None ☐ Not Required
Source propane (elliott)

Capacity of Standby (kW) _____

Switchover: ☒ Automatic ☐ Manual

Standby Plan: ☐ Yes ☐ No

Hrs Operated Under Load 4 hrs/mo.

What equipment does it operate?

☒ Well pumps _____

☐ High Service Pumps _____

☒ Treatment Equipment _____

Satisfy 1/2 max-day demand? ☐ Yes ☐ No ☐ Unk

Comments _____

TREATMENT PROCESSES IN USE

Disinfection

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter

Meter Size & Type Master Meter 2"

Backflow Prevention Devices: ☒ Yes ☐ No

Cross-connections none observed

Written Cross-connection Control Program: Yes

Coliform Sampling Plan: ☒ Yes ☐ No ☐ N/A

Comments _____

GROUND WATER SOURCE

Well Number	1			
Year Drilled	1984			
Depth Drilled	178'			
Drilling Method	rotary			
Type of Grout	neat cement			
Static Water Level	40'			
Pumping Water Level				
Design Well Yield				
Test Yield				
Actual Yield (if different than rated capacity)				
Strainer	screen			
Length (outside casing)	155'			
Diameter (outside casing)	4"			
Material (outside casing)	steel			
Well Contamination History	none			
Is inundation of well possible?	no			
6' X 6' X 4" Concrete Pad	yes			
SET BACKS	Septic Tank	>200'		
	Reuse Water	----		
	WW Plumbing	>200'		
	Other Sanitary Hazard	none observed		
PUMP	Type	Submersible		
	Manufacturer Name	Sta-Rite		
	Model Number	unk		
	Rated Capacity (gpm)	70		
	Motor Horsepower	5		
Well casing 12" above grade?	yes			
Well Casing Sanitary Seal	ok			
Raw Water Sampling Tap	yes			
Above Ground Check Valve	yes			
Fence/Housing	yes			
Well Vent Protection	yes			

COMMENTS _____

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Stenner Capacity 30 gpd
Chlorine Feed Rate 30%
Avg. Amount of Cl₂ gas used N/A
Chlorine Residuals: Plant 0.6 Remote 0.4
Remote tap location Corner lot
DPD Test Kit: ☐ On-site ☒ With operator
☐ None ☐ Not Used Daily
Injection Points Prior to H-tank
Booster Pump Info _____
Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
Aerator Condition _____
Bloodworm Presence _____
Visible Algae Growth _____
Protective Screen Condition _____
Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
(B) Bladder (C) Clearwell

Tank Type/Number	H1		
Capacity (gal)	3000		
Material	steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/60		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank			
Height to Max. Water Level			

Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

PWS ID # 3424646

Date 6/17/04

MONITORING VIOLATIONS	MCL VIOLATIONS

DEFICIENCIES:

No deficiencies noted at the time of the inspection.

Inspector *Daniel Hilder* Title Env. Specialist I Date 6/17/04

Approved by *Roberto C. Amag* Title Environmental Manager Date 6/17/04

49th Street



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

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34470	
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	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month Year of: **January-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	28,500											
2	X	24 hrs	33,000										1.2	
3		24 hrs	33,000											
4		24 hrs	34,000											
5	X	24 hrs	24,500										1.2	
6		24 hrs	24,500											
7	X	24 hrs	30,500										1.2	
8		24 hrs	30,500											
9	X	24 hrs	26,600										1.2	
10		24 hrs	26,600											
11		24 hrs	26,600											
12	X	24 hrs	30,000										1.1	
13		24 hrs	30,000											
14	X	24 hrs	34,000										1.2	
15		24 hrs	34,000											
16	X	24 hrs	29,000										1.2	
17		24 hrs	29,000											
18		24 hrs	29,000											
19	X	24 hrs	32,000										1.2	
20		24 hrs	32,000											
21	X	24 hrs	30,000										1	
22		24 hrs	30,000											
23	X	24 hrs	38,000										1.2	
24		24 hrs	38,000											
25		24 hrs	39,000											
26	X	24 hrs	34,000										1.1	
27		24 hrs	34,000											
28	X	24 hrs	22,000										1	
29		24 hrs	22,000											
30	X	24 hrs	25,600										1.1	
31		24 hrs	25,600											
Total			935,500											
Average			30,177											
Maximum			39,000											

* 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

I. General Information for the Month Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34470	
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	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **February-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	25,600												
2	X	24 hrs	25,000										1.1		
3	X	24 hrs	19,000										1.2		
4	X	24 hrs	24,000										1.1		
5		24 hrs	24,000												
6	X	24 hrs	21,000										1.1		
7		24 hrs	21,000												
8		24 hrs	21,000												
9	X	24 hrs	17,500										1.1		
10		24 hrs	17,500												
11	X	24 hrs	21,000										1.2		
12		24 hrs	22,000												
13	X	24 hrs	24,600										1.1		
14		24 hrs	24,600												
15		24 hrs	24,600												
16	X	24 hrs	19,000										1.1		
17	X	24 hrs	19,000												
18	X	24 hrs	24,500										1.1		
19		24 hrs	24,500												
20	X	24 hrs	24,600										1.2		
21		24 hrs	24,600												
22		24 hrs	24,700												
23	X	24 hrs	25,000										1.1	1	
24		24 hrs	25,000												
25	X	24 hrs	23,500										1.4		
26		24 hrs	23,500												
27	X	24 hrs	22,500										1.2		
28		24 hrs	22,500												
29		24 hrs	22,500												
30		24 hrs													
31		24 hrs													
Total			657,800												
Average			22,683												
Maximum			25,600												

* 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

I. General Information for the Month/Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	22,500												
2	X	24 hrs	30,000										1.3		
3		24 hrs	30,000												
4	X	24 hrs	11,000										1.3		
5		24 hrs	11,000												
6	X	24 hrs	25,500										1.4		
7		24 hrs	25,500												
8	X	24 hrs	21,000										1.3		
9		24 hrs	21,000												
10	X	24 hrs	23,500										1.3		
11		24 hrs	23,500												
12	X	24 hrs	31,600										1.1		
13		24 hrs	31,600												
14		24 hrs	31,600												
15	X	24 hrs	27,000										1.2		
16	X	24 hrs	24,000												
17	X	24 hrs	22,500										1.3		
18		24 hrs	22,500												
19	X	24 hrs	25,000										1.3		
20		24 hrs	25,000												
21		24 hrs	25,000												
22	X	24 hrs	26,500										1.2		
23		24 hrs	26,500												
24	X	24 hrs	23,000										1.2		
25		24 hrs	23,000												
26	X	24 hrs	25,000										0.5		
27	X	24 hrs	22,500										0.6		
28		24 hrs	22,500												
29	X	24 hrs	27,000										1.1		
30		24 hrs	27,000												
31	X	24 hrs	19,500										1.2		
Total			752,800												
Average			24,284												
Maximum			31,600												

* 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

I. General Information for the Month Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
License/Operator	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month Year of: **April-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	19,500											
2	X	24 hrs	26,000										1.2	
3		24 hrs	26,000											
4		24 hrs	26,000											
5	X	24 hrs	28,000										1.2	
6	X	24 hrs	28,000											
7	X	24 hrs	25,000										1.3	
8		24 hrs	25,000											
9	X	24 hrs	32,300										1.3	
10		24 hrs	32,300											
11		24 hrs	32,300											
12	X	24 hrs	27,000										1.1	
13		24 hrs	27,000											
14	X	24 hrs	21,500										1.2	
15		24 hrs	21,500											
16	X	24 hrs	37,600										1	
17		24 hrs	37,600											
18		24 hrs	37,700											
19	X	24 hrs	44,000										1.1	
20		24 hrs	44,000											
21	X	24 hrs	30,000										1.2	
22		24 hrs	30,000											
23	X	24 hrs	40,000										1.3	
24		24 hrs	40,000											
25		24 hrs	41,000											
26	X	24 hrs	37,000										1.2	
27		24 hrs	37,000											
28	X	24 hrs	32,000										1.2	
29		24 hrs	32,000											
30	X	24 hrs	37,000										1.4	
31		24 hrs												
Total			954,300											
Average			31,810											
Maximum			44,000											

* 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

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:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month-Year of: **May-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	37,000											
2		24 hrs	37,000											
3	X	24 hrs	31,500									1.1		
4	X	24 hrs	31,500											
5	X	24 hrs	38,500									1		
6		24 hrs	38,500											
7	X	24 hrs	36,000									1		
8		24 hrs	36,000											
9		24 hrs	36,000											
10	X	24 hrs	31,000									1.3		
11		24 hrs	31,000											
12	X	24 hrs	22,500									1.2		
13		24 hrs	22,500											
14	X	24 hrs	31,600									1.2		
15		24 hrs	31,600											
16		24 hrs	31,600											
17	X	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									1.2		
22		24 hrs	32,600											
23		24 hrs	32,600											
24	X	24 hrs	33,000									1.1		
25		24 hrs	33,000											
26	X	24 hrs	34,500									1		
27		24 hrs	34,500											
28	X	24 hrs	40,000									1.1		
29		24 hrs	41,000											
30		24 hrs	41,000											
31	X	24 hrs	36,500									1		
Total			1,054,100											
Average			34,003											
Maximum			41,000											

* 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

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month-Year of: **June-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	36,500											
2	X	24 hrs	26,800										1.1	
3		24 hrs	26,800											
4		24 hrs	26,800											
5		24 hrs	26,800											
6		24 hrs	26,800											
7	X	24 hrs	28,500										1.1	
8		24 hrs	28,500											
9	X	24 hrs	23,500										1	
10		24 hrs	23,500											
11	X	24 hrs	32,000										1.1	
12		24 hrs	32,000											
13		24 hrs	32,000											
14	X	24 hrs	24,000										1	
15		24 hrs	24,000											
16	X	24 hrs	23,500										1	
17		24 hrs	23,500											
18	X	24 hrs	31,000										1	
19		24 hrs	31,000											
20		24 hrs	31,000											
21	X	24 hrs	23,500										1.2	
22		24 hrs	23,500											
23	X	24 hrs	24,000										1.2	
24		24 hrs	25,000											
25	X	24 hrs	24,000										1.1	
26		24 hrs	24,000											
27		24 hrs	24,000											
28	X	24 hrs	26,000										1.3	
29		24 hrs	26,000											
30	X	24 hrs	24,000										1.2	
31		24 hrs												
Total			802,500											
Average			26,750											
Maximum			36,500											

* 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

I. General Information for the Month/Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34470	
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	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **July-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	24,000											
2	X	24 hrs	37,000										1	
3		24 hrs	37,000											
4		24 hrs	37,000											
5	X	24 hrs	26,000										1.1	
6		24 hrs	26,000											
7	X	24 hrs	30,000										1.2	
8		24 hrs	31,000											
9	X	24 hrs	41,000										1.3	
10		24 hrs	41,000											
11	X	24 hrs	26,500										1.3	
12		24 hrs	26,500											
13	X	24 hrs	25,000										1.2	
14		24 hrs	26,000											
15	X	24 hrs	27,600										1.1	
16		24 hrs	27,600											
17		24 hrs	27,700											
18	X	24 hrs	22,500										1.2	
19		24 hrs	22,500											
20	X	24 hrs	22,000										1.1	
21		24 hrs	23,000											
22	X	24 hrs	24,600										1.2	
23		24 hrs	24,600											
24		24 hrs	24,700											
25	X	24 hrs	23,000										1.2	
26		24 hrs	23,000											
27	X	24 hrs	18,300										1.1	
28		24 hrs	18,300											
29		24 hrs	18,300											
30	X	24 hrs	22,000										1.1	
31		24 hrs	22,000											
Total			825,700											
Average			26,635											
Maximum			41,000											

* 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

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **August-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	22,000												
2	X	24 hrs	24,500										1		
3	X	24 hrs	24,500										1.1		
4	X	24 hrs	24,000										1.1		
5		24 hrs	24,000										1.1		
6	X	24 hrs	23,600										1.1		
7		24 hrs	23,600										1.1		
8		24 hrs	23,700										1.1		
9	X	24 hrs	24,000										1.1		
10		24 hrs	24,000										0.9		
11	X	24 hrs	23,000										1		
12		24 hrs	23,000										1		
13	X	24 hrs	31,000										0.8		
14		24 hrs	31,000										1		
15		24 hrs	31,000										0.8		
16	X	24 hrs	23,000										1		
17		24 hrs	24,000										1		
18	X	24 hrs	26,000										0.8		
19		24 hrs	26,000										0.9		
20	X	24 hrs	26,000										0.8		
21		24 hrs	26,000										0.9		
22		24 hrs	27,000										0.8		
23	X	24 hrs	25,000										0.9		
24		24 hrs	26,000										0.8		
25	X	24 hrs	26,000										0.9		
26		24 hrs	26,000										0.8		
27	X	24 hrs	24,000										0.9		
28		24 hrs	24,000										0.8		
29		24 hrs	24,000										0.9		
30	X	24 hrs	46,000										0.9		
31		24 hrs	46,000												
Total			821,900												
Average			26,513												
Maximum			46,000												

* 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

I. General Information for the Month/Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **September-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	26,500		1.2								1		
2		24 hrs	26,500												
3	X	24 hrs	16,600		1.2								1.1		
4		24 hrs	16,600												
5		24 hrs	16,700												
6	X	24 hrs	59,000		1.1								1		
7	X	24 hrs	35,000		1.6								1		
8	X	24 hrs	37,000		1.5								1.1		
9		24 hrs	38,000												
10	X	24 hrs	38,000		1.1								1		
11		24 hrs	38,000												
12		24 hrs	39,000												
13	X	24 hrs	35,000		1								1		
14		24 hrs	36,000												
15	X	24 hrs	46,000		1								1.1		
16		24 hrs	47,000												
17	X	24 hrs	38,000		1.3								1.1		
18		24 hrs	38,000												
19		24 hrs	39,000												
20	X	24 hrs	39,000		1.6								1.2		
21		24 hrs	39,000												
22	X	24 hrs	39,000		1.6								1.4		
23		24 hrs	39,000												
24	X	24 hrs	27,000		2								1.4		
25		24 hrs	27,000												
26		24 hrs	28,000												
27	X	24 hrs	33,000		1.6								1.4		
28	X	24 hrs	32,000		1.8								1.3		
29	X	24 hrs	41,000		1.6								1.6		
30	X	24 hrs	29,000		0.5								1.3		
31		24 hrs													
Total			1,038,900												
Average			34,630												
Maximum			59,000												

* 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

I. General Information for the Month/Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	34,000		2								1.8	
2		24 hrs	34,000											
3		24 hrs	34,000											
4	X	24 hrs	30,000		1.8								1.3	
5		24 hrs	31,000											
6	X	24 hrs	33,000		1.6								1.3	
7		24 hrs	34,000											
8	X	24 hrs	35,000		1.8								1.3	
9		24 hrs	35,000											
10		24 hrs	36,000											
11	X	24 hrs	24,000		1.6								1.2	
12		24 hrs	23,000											
13	X	24 hrs	34,000		1.8								1.6	
14		24 hrs	34,000											
15	X	24 hrs	21,300		2								1.5	
16		24 hrs	21,300											
17		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								1	
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											
29	X	24 hrs	29,000		1.3								1.2	
30		24 hrs	29,000											
31		24 hrs	29,000											
Total			876,900											
Average			28,287											
Maximum			36,000											

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 732-6027	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **November-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	25,000		1.6								1.4	
2		24 hrs	25,000											
3	X	24 hrs	28,000		1.4								1.3	
4	X	24 hrs	24,000											
5	X	24 hrs	27,600		1.8								1.4	
6		24 hrs	27,600											
7		24 hrs	27,700											
8	X	24 hrs	29,000		1.6								1.2	
9		24 hrs	29,000											
10	X	24 hrs	24,000		1.4								1.2	
11		24 hrs	25,000											
12	X	24 hrs	34,000		1.2								1.1	
13		24 hrs	34,000											
14		24 hrs	35,000											
15	X	24 hrs	32,000		1.1								1	
16		24 hrs	31,000											
17	X	24 hrs	32,000		1								0.9	
18		24 hrs	31,000											
19	X	24 hrs	26,600		10								1	
20		24 hrs	26,600											
21		24 hrs	26,600											
22	X	24 hrs	27,000		0.8								0.7	
23		24 hrs	27,000											
24	X	24 hrs	24,000		1								0.9	
25		24 hrs	23,000											
26	X	24 hrs	28,000		1.2								1	
27		24 hrs	28,000											
28		24 hrs	28,000											
29	X	24 hrs	22,000		1.2								1	
30		24 hrs	22,000											
31		24 hrs												
Total			829,700											
Average			27,657											
Maximum			35,000											

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 732-6027	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **December-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	21,000		1.4								1		
2		24 hrs	22,000												
3	X	24 hrs	26,000		1.6								12		
4		24 hrs	26,000												
5		24 hrs	26,000												
6	X	24 hrs	22,000		1.4								1.2		
7		24 hrs	23,000												
8	X	24 hrs	24,000		1.3								1		
9		24 hrs	24,000												
10	X	24 hrs	27,000		1								0.9		
11		24 hrs	27,000												
12		24 hrs	27,000												
13	X	24 hrs	22,000		1.2								1		
14		24 hrs	23,000												
15	X	24 hrs	23,000		1.4								1.2		
16		24 hrs	24,000												
17	X	24 hrs	23,600		1.2								1		
18		24 hrs	23,600												
19		24 hrs	23,700												
20	X	24 hrs	23,000		1.4								1.2		
21		24 hrs	24,000												
22	X	24 hrs	17,000		1.2								1		
23		24 hrs	17,000												
24	X	24 hrs	30,000		1.4								1.2		
25		24 hrs	31,000												
26		24 hrs	31,000												
27	X	24 hrs	25,000		1.3								1.1		
28		24 hrs	25,000												
29	X	24 hrs	23,000		1.4								1.1		
30		24 hrs	23,000												
31	X	24 hrs	29,300		1.2								1		
Total			756,200												
Average			24,394												
Maximum			31,000												

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

PWS ID:	3424631	Plant Name:	49th Street Village
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
--------------------	--	------------------------------------	--

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
--------------------	--	---	--

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	29,300												
2		24 hrs	29,300												
3	X	24 hrs	28,500		1								0.8		
4		24 hrs	28,500												
5	X	24 hrs	24,000		1.4								1.2		
6		24 hrs	25,000												
7	X	24 hrs	27,300		1.6								1.2		
8		24 hrs	27,300												
9		24 hrs	27,300												
10	X	24 hrs	22,000		1.6								1.4		
11		24 hrs	22,000												
12	X	24 hrs	25,000		1.4								1.2		
13		24 hrs	25,000												
14	X	24 hrs	20,000		1.6								1.4		
15		24 hrs	20,000												
16		24 hrs	21,000												
17	X	24 hrs	26,500		1.4								1.2		
18		24 hrs	26,500												
19	X	24 hrs	22,600		1.6								1.2		
20		24 hrs	22,600												
21		24 hrs	22,600												
22	X	24 hrs	28,500		1.4								1.2		
23		24 hrs	28,500												
24	X	24 hrs	22,000		1.6								1.2		
25		24 hrs	22,000												
26	X	24 hrs	19,000		1.8								1.4		
27		24 hrs	19,000												
28	X	24 hrs	24,600		1.6								1.2		
29		24 hrs	24,700												
30		24 hrs	24,700												
31	X	24 hrs	20,000		1.6								1.4		
Total			755,300												
Average			24,365												
Maximum			29,300												

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

PWS ID:	3424631	Plant Name:	49th Street Village
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ¹ =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ¹ =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.

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



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:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
		State:	FL	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	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:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **February-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	20,000												
2	X	24 hrs	23,500		1.4								1.2		
3		24 hrs	23,500												
4	X	24 hrs	26,000		1.6								1.2		
5		24 hrs	26,000												
6		24 hrs	26,000												
7	X	24 hrs	22,000		1.8								1.2		
8		24 hrs	23,000												
9	X	24 hrs	23,000		1.6								1.4		
10		24 hrs	24,000												
11	X	24 hrs	26,000		1.6								1.2		
12		24 hrs	26,000												
13		24 hrs	27,000												
14	X	24 hrs	25,000		1.4								1.2		
15		24 hrs	26,000												
16	X	24 hrs	30,000		1.6								1.4		
17		24 hrs	30,000												
18	X	24 hrs	28,000		1.6								1.2		
19		24 hrs	28,000												
20		24 hrs	29,000												
21	X	24 hrs	23,000		1.4								1.2		
22		24 hrs	24,000												
23	X	24 hrs	31,000		1.6								1.4		
24		24 hrs	31,000												
25	X	24 hrs	30,000		1.6								1.2		
26		24 hrs	31,000												
27		24 hrs	31,000												
28	X	24 hrs	23,500		1.4								1.2		
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			736,500												
Average			26,304												
Maximum			31,000												

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

PWS ID:	3424631	Plant Name:	49th Street Village
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	3424631	Plant Name: 49th Street Village
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III. Daily Data for the Month Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	22,000											
2	X	24 hrs	22,000		1.8							1.2		
3		24 hrs	23,000											
4	X	24 hrs	27,000		1.6							1.2		
5		24 hrs	27,000											
6		24 hrs	28,000											
7	X	24 hrs	25,000		1.4							1		
8		24 hrs	25,000											
9	X	24 hrs	26,000		1.6							1.2		
10		24 hrs	27,000											
11	X	24 hrs	32,000		1.4							1.2		
12		24 hrs	32,000											
13		24 hrs	32,000											
14	X	24 hrs	22,000		1.6							1.2		
15		24 hrs	22,000											
16	X	24 hrs	24,000		1.4							1.2		
17		24 hrs	24,000											
18	X	24 hrs	25,600		1.6							1.4		
19		24 hrs	25,700											
20		24 hrs	25,700											
21	X	24 hrs	21,000		1.6							1.2		
22		24 hrs	21,000											
23	X	24 hrs	21,500		1.4							1.2		
24		24 hrs	21,500											
25	X	24 hrs	25,600		1.6							1.2		
26		24 hrs	25,600											
27		24 hrs	25,600											
28	X	24 hrs	29,000		1.8							1.4		
29		24 hrs	29,000											
30	X	24 hrs	35,000		1.6							1.2		
31		24 hrs	36,000											
Total			807,800											
Average			26,058											
Maximum			36,000											

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

PWS ID:	3424631	Plant Name:	49th Street Village
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **April-05**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Bob Maxon	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: April-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	27,000		1.4								1.2	
2		24 hrs	27,000											
3		24 hrs	28,000											
4	X	24 hrs	26,000		1.6								1.2	
5		24 hrs	27,000											
6	X	24 hrs	20,000		1.4								1	
7		24 hrs	21,000											
8	X	24 hrs	16,600		1.4								1	
9		24 hrs	16,600											
10		24 hrs	16,700											
11	X	24 hrs	49,000		1.2								0.8	
12		24 hrs	50,000											
13	X	24 hrs	27,000		1								0.8	
14		24 hrs	28,000											
15	X	24 hrs	28,600		1								0.9	
16		24 hrs	28,600											
17		24 hrs	28,700											
18	X	24 hrs	31,000		0.6								0.5	
19		24 hrs	32,000											
20	X	24 hrs	34,000		0.9								0.8	
21		24 hrs	34,000											
22	X	24 hrs	30,000		1								0.8	
23		24 hrs	30,000											
24		24 hrs	31,000											
25	X	24 hrs	16,000		0.8								0.6	
26		24 hrs	17,000											
27	X	24 hrs	23,000		1								0.8	
28		24 hrs	23,000											
29	X	24 hrs	30,000		1								0.8	
30		24 hrs	30,000											
31		24 hrs												
Total			826,800											
Average			27,560											
Maximum			50,000											

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

PWS ID:	3424631	Plant Name:	49th Street Village
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ¹ =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ¹ =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.

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



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: **May-05**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
		State:	FL	
		Zip Code:	34470	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	D	
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	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **May-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	30,000											
2	X	24 hrs	31,000		1.2								1	
3		24 hrs	31,000											
4	X	24 hrs	30,000		1								0.8	
5		24 hrs	30,000											
6	X	24 hrs	28,600		1								0.6	
7		24 hrs	28,600											
8		24 hrs	28,600											
9	X	24 hrs	24,000		1								0.8	
10		24 hrs	25,000											
11	X	24 hrs	21,000		1								0.8	
12		24 hrs	22,000											
13	X	24 hrs	27,000		1								1	
14		24 hrs	27,000											
15		24 hrs	28,000											
16	X	24 hrs	22,000		1								0.8	
17	X	24 hrs	24,000		1.2								1	
18	X	24 hrs	31,000		0.8								0.8	
19		24 hrs	31,000											
20	X	24 hrs	33,000		1								0.6	
21		24 hrs	33,000											
22		24 hrs	33,000											
23	X	24 hrs	25,000		0.6								0.5	
24		24 hrs	26,000											
25	X	24 hrs	28,000		1								0.8	
26		24 hrs	28,000											
27	X	24 hrs	30,000		1								0.6	
28		24 hrs	30,000											
29		24 hrs	29,000											
30	X	24 hrs	21,000		1								0.8	
31		24 hrs	21,000											
Total			856,800											
Average			27,639											
Maximum			33,000											

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

PWS ID:	3424631	Plant Name:	49th Street Village
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/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.

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



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: **June-05**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	23,000		1.7								0.6		
2		24 hrs	23,000												
3	X	24 hrs	27,000		1.6								1.2		
4		24 hrs	27,000												
5		24 hrs	28,500												
6	X	24 hrs	26,000		1								0.8		
7		24 hrs	26,000												
8	X	24 hrs	41,500		1.6								1.4		
9		24 hrs	41,500												
10	X	24 hrs	26,000		1.2								1		
11		24 hrs	26,000												
12		24 hrs	27,000												
13	X	24 hrs	24,000		1.4								1.2		
14		24 hrs	24,000												
15	X	24 hrs	19,000		1.4								1		
16		24 hrs	19,000												
17	X	24 hrs	28,600		1.6								1.2		
18		24 hrs	28,600												
19		24 hrs	28,600												
20	X	24 hrs	22,000		1.4								1.2		
21		24 hrs	23,000												
22	X	24 hrs	22,000		1.6								1.4		
23		24 hrs	23,000												
24	X	24 hrs	21,000		1.6								1.2		
25		24 hrs	21,000												
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												
31		24 hrs													
Total			775,300												
Average			25,843												
Maximum			41,500												

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

PWS ID:	3424631	Plant Name:	49th Street Village
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ¹ =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ¹ =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.

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



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:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Gary Kissick	C	7846	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **July-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	19,000		1.4								1.2	
2		24 hrs	19,000											
3	X	24 hrs	25,000		1.4								1	
4		24 hrs	25,000											
5		24 hrs	25,000											
6	X	24 hrs	26,000		1.4								1	
7		24 hrs	26,000											
8	X	24 hrs	23,000		1.6								1.2	
9		24 hrs	23,000											
10		24 hrs	24,000											
11	X	24 hrs	23,000		1.4								1.2	
12		24 hrs	25,000											
13	X	24 hrs	20,000		1.2								1	
14		24 hrs	20,000											
15	X	24 hrs	28,000		1.4								1	
16		24 hrs	28,000											
17		24 hrs	28,000											
18	X	24 hrs	18,000		1.2								1	
19		24 hrs	18,000											
20	X	24 hrs	31,000		1.4								1.2	
21		24 hrs	31,000											
22	X	24 hrs	29,000		1.4								1	
23		24 hrs	29,000											
24		24 hrs	30,000											
25	X	24 hrs	29,500		1.6								1.2	
26		24 hrs	29,500											
27	X	24 hrs	25,000		1.4								1	
28		24 hrs	26,000											
29	X	24 hrs	28,000		1.2								1	
30		24 hrs	28,000											
31		24 hrs	29,000											
Total			788,000											
Average			25,419											
Maximum			31,000											

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

PWS ID:	3424631	Plant Name:	49th Street Village
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ¹ =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ¹ =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.

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



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 Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980
Plant Address:	N.E. 28th Terrace	City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470
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
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month Year of: **August-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	31,000		1.6								1.2		
2		24 hrs	32,000												
3	X	24 hrs	25,000		1.4								1		
4		24 hrs	25,000												
5	X	24 hrs	26,000		1.4								1.2		
6		24 hrs	26,000												
7		24 hrs	26,000												
8	X	24 hrs	23,000		1.4								1		
9		24 hrs	23,000												
10	X	24 hrs	42,000		1.4								1.2		
11		24 hrs	43,000												
12	X	24 hrs	34,000		1.4								1.2		
13		24 hrs	34,000												
14		24 hrs	35,000												
15	X	24 hrs	18,000		1.2								1		
16		24 hrs	18,000												
17	X	24 hrs	24,000		1.4								1.2		
18		24 hrs	24,000												
19	X	24 hrs	29,000		1.2								1		
20		24 hrs	29,000												
21		24 hrs	29,000												
22	X	24 hrs	22,000		1								0.8		
23		24 hrs	22,000												
24	X	24 hrs	23,000		1								0.6		
25		24 hrs	24,000												
26	X	24 hrs	27,000		1								0.8		
27		24 hrs	27,000												
28		24 hrs	27,000												
29	X	24 hrs	12,000		0.8								0.6		
30	X	24 hrs	16,000												
31	X	24 hrs	13,000		1.2								1		
Total			809,000												
Average			26,097												
Maximum			43,000												

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

PWS ID:	3424631	Plant Name:	49th Street Village
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **September-05**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: September-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	22,000											
2	X	24 hrs	27,000		1.4								1	
3		24 hrs	27,000											
4		24 hrs	27,000											
5	X	24 hrs	23,000		1.2								0.8	
6		24 hrs	23,000											
7	X	24 hrs	50,000		1.3								0.8	
8		24 hrs	50,000											
9	X	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											
14	X	24 hrs	27,000		1.6								1.2	
15		24 hrs	27,000											
16	X	24 hrs	27,000		1.4								1	
17		24 hrs	22,000											
18		24 hrs	27,000											
19	X	24 hrs	22,000		1.2								1	
20		24 hrs	22,000											
21	X	24 hrs	23,000		1.4								1.2	
22		24 hrs	24,000											
23	X	24 hrs	22,000		1.6								1.2	
24		24 hrs	22,000											
25		24 hrs	24,000											
26	X	24 hrs	23,000		1.4								1	
27		24 hrs	24,000											
28	X	24 hrs	20,000		1.2								1	
29		24 hrs	21,000											
30	X	24 hrs	26,600		1.2								1.2	
31		24 hrs												
Total			807,600											
Average			26,920											
Maximum			50,000											

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

PWS ID:	3424631	Plant Name:	49th Street Village
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **October-05**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
		State:	FL	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	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	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	C	8287	3 Days per week
	Gary Kissick	C	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	26,000												
2		24 hrs	26,000												
3	X	24 hrs	27,000		1.4								1		
4		24 hrs	28,000												
5	X	24 hrs	26,000		1.4								1.2		
6		24 hrs	26,000												
7	X	24 hrs	24,000		1.6								1.4		
8		24 hrs	24,000												
9		24 hrs	25,000												
10	X	24 hrs	21,000		1.4								1.2		
11		24 hrs	21,000												
12	X	24 hrs	24,000		1.2								1		
13		24 hrs	24,000												
14	X	24 hrs	22,000		1.4								1		
15		24 hrs	22,000												
16		24 hrs	22,000												
17	X	24 hrs	23,000		1.5								1.2		
18		24 hrs	23,000												
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								1.1		
25		24 hrs	21,000												
26	X	24 hrs	24,000		1.4								1.2		
27		24 hrs	25,000												
28	X	24 hrs	24,000		1.2								1		
29		24 hrs	24,000												
30		24 hrs	24,000												
31	X	24 hrs	22,000		1.6								1.2		
Total			730,000												
Average			23,548												
Maximum			28,000												

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

PWS ID:	3424631	Plant Name:	49th Street Village
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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-05**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month Year of: November-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	21,000												
2	X	24 hrs	28,000		1.4								1.2		
3		24 hrs	29,000												
4	X	24 hrs	23,000		1.4								1.2		
5		24 hrs	23,000												
6		24 hrs	23,000												
7	X	24 hrs	20,000		1.4								1		
8		24 hrs	21,000												
9	X	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												
14	X	24 hrs	20,000		1.4								1		
15		24 hrs	21,000												
16	X	24 hrs	21,000		1.6								1.2		
17		24 hrs	21,000												
18	X	24 hrs	22,000		1.4								1.2		
19		24 hrs	22,000												
20		24 hrs	22,000												
21	X	24 hrs	22,000		1.4								1.2		
22		24 hrs	22,000												
23	X	24 hrs	19,000		1.5								1.1		
24		24 hrs	19,000												
25	X	24 hrs	23,000		1.5								1.1		
26		24 hrs	23,000												
27		24 hrs	23,000												
28	X	24 hrs	20,000		1.4								1		
29		24 hrs	20,000												
30	X	24 hrs	20,000		1.6								1.3		
31		24 hrs													
Total			666,000												
Average			22,200												
Maximum			29,000												

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

PWS ID:	3424631	Plant Name:	49th Street Village
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
--------------------	--	------------------------------------	--

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/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.

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



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: **December-05**

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980	
Plant Address:	N.E. 28th Terrace	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34470	
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
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: December-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	21,000		1.4								1.2	
2		24 hrs	21,000											
3		24 hrs	22,000											
4		24 hrs	22,000											
5	X	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	X	24 hrs	21,000		1.4								1.4	
10		24 hrs	22,000											
11		24 hrs	22,000											
12	X	24 hrs	20,000		1.6								1.4	
13		24 hrs	20,000											
14	X	24 hrs	18,000		1.6								1.2	
15		24 hrs	18,000											
16	X	24 hrs	22,000		1.4								1.2	
17		24 hrs	23,000											
18		24 hrs	23,000											
19	X	24 hrs	20,000		1.2								1	
20		24 hrs	21,000											
21	X	24 hrs	22,000		1.4								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											
26	X	24 hrs	27,000		1.4								1.2	
27		24 hrs	27,000											
28	X	24 hrs	22,000		1.4								1	
29		24 hrs	23,000											
30	X	24 hrs	22,000		1.6								1.4	
31		24 hrs	23,000											
Total			686,000											
Average			22,129											
Maximum			27,000											

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

PWS ID:	3424631	Plant Name:	49th Street Village
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	2005
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.

Bellaire



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

PWS Name:	Bellaire	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	Zip Code:	34470
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Contact Person's Fax Number:	(352) 732-3213

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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34471
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.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	William Landers	B	7327
Operator	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	<u>William Landers</u>	<u>B7327</u>
	Printed or Typed Name	License Number

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

PWS Identification Number: 3424000 Plant Name: Bellaire

III. Daily Data for the Month/Year of: January-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	*CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Shutting Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/mL)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (C)	pH of Water at Application Point	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm2)	Minimum UV Dose Required (mW-sec/cm2)			
1	X	24 hrs	86,000										1.2		
2	X	24 hrs	89,000										1		
3		24 hrs	89,000												
4		24 hrs	89,000												
5	X	24 hrs	81,000										1.7		
6	X	24 hrs	65,000										1.5		
7	X	24 hrs	72,000										1.4		
8	X	24 hrs	68,000										1.3		
9	X	24 hrs	61,000										1.1		
10		24 hrs	62,000												
11		24 hrs	61,000												
12	X	24 hrs	60,000										1.2		
13	X	24 hrs	71,000										1		
14	X	24 hrs	72,000										1.1		
15	X	24 hrs	65,000										1.2		
16	X	24 hrs	64,000										1.2		
17		24 hrs	64,000												
18		24 hrs	64,000												
19	X	24 hrs	58,000										1.2		
20	X	24 hrs	60,000										1.2		
21	X	24 hrs	66,000										1.2		
22	X	24 hrs	57,000										1		
23	X	24 hrs	66,000										1.2		
24		24 hrs	67,000												
25		24 hrs	67,000												
26	X	24 hrs	55,000										1.2		
27	X	24 hrs	65,000										1.2		
28	X	24 hrs	80,000										0.5		
29	X	24 hrs	75,000										2.5		
30	X	24 hrs	59,000										1.6		
31		24 hrs	59,000												
Total			2,117,000												
Average			68,290												
Maximum			89,000												

* 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

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:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellaire	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operator:	Name	License Class	License Number	Day(s)/Week(s) Worked
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:				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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

PWS Identification Number:	3424000	Plant Name:	Bellaire
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Means of Achieving Four-Log Virus Inactivation/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
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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:	March-04
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PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

[illegible]

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: March-04

Means of Achieving Four-Log Virus Inactivation/Removal: *
☐ Ultraviolet Radiation ☐ Other (Describe): ☐ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System: ☐ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Pls. Init.)	Hours of Plant Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that involves shutting down water system components, or modification
				CT Calculations							UV Dose				
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C, Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
	X	24 hrs	66,000										1.2		
	X	24 hrs	75,000										1.1		
	X	24 hrs	90,000										1.6		
	X	24 hrs	75,000										1.3		
	X	24 hrs	91,000										1.3		
		24 hrs	92,000												
		24 hrs	91,000												
	X	24 hrs	64,000										1.1		
	X	24 hrs	81,000										1		
	X	24 hrs	78,000										0.9		
	X	24 hrs	81,000										1.2		
	X	24 hrs	116,000										1		
		24 hrs	116,000												
		24 hrs	116,000												
	X	24 hrs	147,000										1		
	X	24 hrs	58,000										0.8		
	X	24 hrs	82,000										1		
	X	24 hrs	83,000										1		
	X	24 hrs	104,000										0.6		
		24 hrs	104,000												
		24 hrs	104,000												
	X	24 hrs	93,000										0.9		
	X	24 hrs	85,000										1.2		
	X	24 hrs	106,000										1.3		
	X	24 hrs	108,000										1.2		
	X	24 hrs	112,000										1		
	X	24 hrs	117,000										1		
		24 hrs	118,000												
	X	24 hrs	102,000										1.4		
	X	24 hrs	95,000										1.7		
	X	24 hrs	97,000										1.6		
Total			2,947,000												
Average			95,065												
Maximum			147,000												

* 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

I. General Information for the Month/Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operator:	Name	License Class	License Number	Days/Shifts 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: April-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X's)	Hours in Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
	X	24 hrs	100,000										1.2		
	X	24 hrs	129,000										1.3		
		24 hrs	129,000												
		24 hrs	130,000												
	X	24 hrs	83,000										1.4		
	X	24 hrs	105,000										1.3		
	X	24 hrs	125,000										1.3		
	X	24 hrs	96,000										1.4		
	X	24 hrs	121,000										1.3		
		24 hrs	121,000												
		24 hrs	122,000												
	X	24 hrs	82,000										0.6		
		24 hrs	82,000												
		24 hrs	69,000												
	X	24 hrs	100,000										1		
	X	24 hrs	134,000										1.1		
		24 hrs	134,000												
		24 hrs	135,000												
	X	24 hrs	104,000										0.4		
	X	24 hrs	135,000										1		
	X	24 hrs	236,000										1.2		
	X	24 hrs	129,000										1.4		
	X	24 hrs	156,000										1.2		
		24 hrs	156,000												
		24 hrs	156,000												
	X	24 hrs	105,000										0.4		
	X	24 hrs	91,000										1.1		
	X	24 hrs	87,000										1.2	1	
	X	24 hrs	179,000										1.1		
	X	24 hrs	91,000										1.3		
		24 hrs													
Total			3,622,000												
Average			120,733												
Maximum			236,000												

* 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

I. General Information for the Month/Year of: **May-04**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aguaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	Days/Shifts 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: May-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions Reported: Maintenance Work that Involves Staking a Water System Component Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1		24 hrs	91,600												
2		24 hrs	91,700												
3	X	24 hrs	88,000										1.1		
4	X	24 hrs	78,000										1.2		
5	X	24 hrs	94,000										1.2		
6	X	24 hrs	113,000										1.1		
7	X	24 hrs	135,000										1.2		
8		24 hrs	135,000												
9		24 hrs	136,000												
10	X	24 hrs	101,000										1.3		
11	X	24 hrs	89,000										1.2		
12	X	24 hrs	109,000										1.1		
13	X	24 hrs	112,000										1.1		
14	X	24 hrs	108,000										1.2		
15		24 hrs	108,000												
16		24 hrs	109,000												
17	X	24 hrs	96,000										1.3		
18	X	24 hrs	124,000										1.3		
19	X	24 hrs	159,000										1.4		
20	X	24 hrs	102,000										1.2		
21	X	24 hrs	130,000										1.3		
22		24 hrs	130,000												
23		24 hrs	129,000												
24	X	24 hrs	166,000										1.2		
25	X	24 hrs	134,000										1		
26	X	24 hrs	101,000										1		
27		24 hrs	101,000												
28	X	24 hrs	191,000										1		
29		24 hrs	191,000												
30		24 hrs	191,000												
31	X	24 hrs	148,000										1		
Total			3,791,300												
Average			122,300												
Maximum			191,000												

* 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

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000

Plant Name: Belleair

III. Daily Data for the Month/Year of: **June-04**

Means of Achieving Four-Log Virus Inactivation/Removal: *

☐ Ultraviolet Radiation

☐ Other (Describe):

☐ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

☐ Free Chlorine

☐ Combined Chlorine (Chloramines)

☐ Chlorine Dioxide

Chlorine in Distribution System:				Free Chlorine				Combined Chlorine (Chloramines)				Chlorine Dioxide			
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (min)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water, if Applicable	Minimum GUV Required (mg-min/L)	Lowest Operating GUV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	147,000												
2	X	24 hrs	111,000										0.8		
3	X	24 hrs	89,250										0.9		
4		24 hrs	89,250										0.9		
5		24 hrs	89,250												
6		24 hrs	89,250												
7	X	24 hrs	80,000												
8	X	24 hrs	92,000										0.6		
9	X	24 hrs	82,000										0.8		
10	X	24 hrs	90,000										0.7		
11	X	24 hrs	83,600										1.4		
12		24 hrs	83,600										1.3		
13		24 hrs	83,700												
14	X	24 hrs	77,000												
15	X	24 hrs	52,000										1.4		
16	X	24 hrs	163,000										1.3		
17	X	24 hrs	50,000										1.3		
18	X	24 hrs	68,600										1.2		
19		24 hrs	68,600										1.2		
20		24 hrs	68,700												
21	X	24 hrs	45,000												
22	X	24 hrs	72,000										0.6		
23	X	24 hrs	81,000										1.2		
24	X	24 hrs	92,000										1.3		
25	X	24 hrs	75,000										1.2		
26		24 hrs	75,000										1.4		
27		24 hrs	76,000												
28	X	24 hrs	56,000												
29	X	24 hrs	106,000										1.3		
30	X	24 hrs	80,000										1.1		
31		24 hrs											1.1		
Total			2,515,800												
Average			83,860												
Maximum			163,000												

* 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

I. General Information for the Month/Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	Days/Shifts 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: July-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gpd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Raising Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	86,000										1.1		
2	X	24 hrs	68,700										1.2		
3		24 hrs	68,700												
4		24 hrs	68,700												
5	X	24 hrs	29,000										1.1		
6	X	24 hrs	127,000										1		
7	X	24 hrs	74,000										1.1		
8	X	24 hrs	81,000										1.2		
9	X	24 hrs	88,000										1.3		
10		24 hrs	88,000												
11		24 hrs	88,000												
12	X	24 hrs	57,000										1.2		
13		24 hrs	58,000												
14	X	24 hrs	76,000										1.2		
15	X	24 hrs	89,000										1.2		
16	X	24 hrs	74,000										1.3		
17		24 hrs	74,000												
18		24 hrs	74,000												
19	X	24 hrs	52,000										1.2		
20	X	24 hrs	60,000										1.2		
21	X	24 hrs	62,000										0.1		
22	X	24 hrs	85,000										1.2		
23	X	24 hrs	83,600										1.3		
24		24 hrs	83,600												
25		24 hrs	83,600												
26	X	24 hrs	60,000										1		
27	X	24 hrs	44,000										0.9		
28	X	24 hrs	55,500										1		
29		24 hrs	55,500												
30	X	24 hrs	69,000										1.1		
31		24 hrs	69,000												
Total			2,231,900												
Average			71,997												
Maximum			127,000												

* 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

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: August-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
		24 hrs	69,000												
2	X	24 hrs	56,000										0.6		
3	X	24 hrs	61,000										0.8		
4	X	24 hrs	84,000										0.6		
5	X	24 hrs	65,000										0.9		
6	X	24 hrs	79,300										0.6		
7		24 hrs	79,300												
8	X	24 hrs	55,000										1		
9	X	24 hrs	59,000										1		
10	X	24 hrs	59,000										0.8		
11	X	24 hrs	63,000										1		
12	X	24 hrs	69,300										1.2		
13		24 hrs	69,300												
14		24 hrs	69,300												
15	X	24 hrs	66,000										1.2		
16	X	24 hrs	78,000										1.1		
17	X	24 hrs	74,000										1.2		
18		24 hrs	74,000												
19	X	24 hrs	59,000										1.2		
20		24 hrs	59,000												
21		24 hrs	59,000												
22	X	24 hrs	55,000										1.1		
23	X	24 hrs	61,000										1.2		
24	X	24 hrs	56,000										1.1		
25	X	24 hrs	51,000										0.9		
26	X	24 hrs	67,000										1		
27		24 hrs	67,000												
28		24 hrs	67,000												
29	X	24 hrs	71,500										1		
30		24 hrs	71,500												
			2,052,800												
			66,219												
			84,000												

* 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

I. General Information for the Month/Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	Days/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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: September-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (°C)	Temp. of Water (°F)	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)		
1	X	24 hrs	44,000		1.3								0.8	
2	X	24 hrs	52,000		1								0.9	
3	X	24 hrs	43,000		1.6								0.6	
4		24 hrs	43,000											
5		24 hrs	44,000											
6	X	24 hrs	70,000											
7	X	24 hrs	63,000		1.2								1.1	
8	X	24 hrs	31,000		1.4								1	
9	X	24 hrs	91,000		1.5								1.2	
10	X	24 hrs	70,000		1.3								1.2	
11		24 hrs	70,000											
12	X	24 hrs	68,000		1.4								1.6	
13	X	24 hrs	68,000		1.3								1.3	
14	X	24 hrs	28,000		1.1								1	
15	X	24 hrs	57,000		1.2								1.2	
16		24 hrs	58,000											
17	X	24 hrs	70,600		1								0.8	
18		24 hrs	70,600											
19		24 hrs	70,700											
20	X	24 hrs	46,000		1.2								1.1	
21	X	24 hrs	64,000		1.3								1.1	
22	X	24 hrs	62,000		1.2								1.2	
23		24 hrs	62,000											
24	X	24 hrs	66,000		1.3								1	
25		24 hrs	66,000											
26		24 hrs	67,000											
27	X	24 hrs	66,000		1.4								1.2	
28		24 hrs	67,000											
29	X	24 hrs	48,000		1.5								1.3	
30	X	24 hrs	71,000		1.4								1.3	
31		24 hrs												
Total			1,796,900											
Average			59,897											
Maximum			91,000											

* 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

I. General Information for the Month/Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	3 Days per week
Other Operators	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: October-04

Means of Achieving Four-Log Virus Inactivation/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

Day of Month	Days Plant Staffed or Visited by Operator (Plat)	Hours Plant Operates	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions (Repair or Maintenance Work, Problems, etc.)
				CT Calculations						UV Dose					
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (°F)	pH of Water (if Applicable)	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mJ/sec/cm ²)	Minimum UV Dose Required (mJ/sec/cm ²)			
1	X	24 hrs	62,000		1.6								1.1		
2		24 hrs	62,000												
3		24 hrs	63,000												
4	X	24 hrs	62,000		1.4								1.2		
5		24 hrs	62,000												
6	X	24 hrs	59,000		1.6								1.4		
7		24 hrs	59,000												
8	X	24 hrs	59,000		1.5								1.2		
9		24 hrs	59,000												
10		24 hrs	59,000												
11	X	24 hrs	45,000		1.6								1.3		
12	X	24 hrs	59,500		1.8								1.2		
13		24 hrs	59,500												
14	X	24 hrs	52,000		1.6								1.4		
15	X	24 hrs	59,600		1								0.7		
16		24 hrs	59,600												
17		24 hrs	59,600												
18	X	24 hrs	77,000		1								0.8		
19	X	24 hrs	34,000		1.2								1		
20	X	24 hrs	44,000		1.1								1		
21	X	24 hrs	51,000		1.3								1.2		
22	X	24 hrs	58,600		1.4								1.3		
23		24 hrs	58,600												
24		24 hrs	58,600												
25	X	24 hrs	53,000		1.8								1.4		
26	X	24 hrs	77,000		1.6								1.2		
27	X	24 hrs	91,000		1.8								1.2		
28	X	24 hrs	56,000		1.5								1		
29	X	24 hrs	57,000		1.8								1.6		
30		24 hrs	57,000												
31		24 hrs	58,000												
Total			1,831,600												
Average			59,084												
Maximum			91,000												

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 732-6027	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	3 Days per week
Other Operator	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: November-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24 hrs	51,000		1.3								1.2	
2	X	24 hrs	56,000		1.2								1.1	
3	X	24 hrs	84,000		1.4								1.1	
4	X	24 hrs	88,000		1.3								1.1	
5	X	24 hrs	47,000		1.2								1	
6		24 hrs	47,000											
7		24 hrs	47,000											
8	X	24 hrs	47,000		1.2								1	
9	X	24 hrs	58,000		1.1								1	
10	X	24 hrs	68,000		1								0.8	
11	X	24 hrs	71,000		0.9								0.6	
12	X	24 hrs	72,000		1.4								1	
13		24 hrs	72,000											
14		24 hrs	73,000											
15	X	24 hrs	46,000		1.1								0.7	
16	X	24 hrs	56,000		1.4								1	
17	X	24 hrs	77,000		1.3								1	
18	X	24 hrs	81,000		1.6								1.2	
19	X	24 hrs	72,000		1.4								1.1	
20		24 hrs	72,000											
21	X	24 hrs	74,000		1.5								1	
22		24 hrs	74,000											
23	X	24 hrs	49,000		0.8								0.5	
24		24 hrs	50,000											
25	X	24 hrs	91,000		1.1								1	
26	X	24 hrs	65,300		1.2								1	
27		24 hrs	65,300											
28		24 hrs	65,300											
29	X	24 hrs	61,000		0.9								0.6	
30	X	24 hrs	57,000		1								1	
31		24 hrs												
Total			1,936,900											
Average			64,563											
Minimum			91,000											

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 732-6027	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	3 Days per week
Other Operators	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: December-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°F)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm²)	Minimum UV Dose Required (mW-sec/cm²)			
	X	24 hrs	51,000		1.1								0.9		
	X	24 hrs	62,000		1.2								1		
	X	24 hrs	65,600		1.1								1		
		24 hrs	65,600												
		24 hrs	65,600												
	X	24 hrs	78,000		1.1								1.1		
	X	24 hrs	54,000		1								0.8		
	X	24 hrs	61,000		1.1								1		
	X	24 hrs	64,000		1.2								1		
	X	24 hrs	72,000		0.8								0.5		
		24 hrs	72,000												
		24 hrs	71,000												
18	X	24 hrs	52,000		0.8								0.5		
19	X	24 hrs	68,000		1								0.6		
20	X	24 hrs	59,500		1.2								1		
21		24 hrs	59,500												
22	X	24 hrs	75,000		1								0.8		
23		24 hrs	75,000												
24		24 hrs	75,000												
25	X	24 hrs	60,500		1.2								0.7		
26		24 hrs	60,500												
27	X	24 hrs	66,000		1								1		
28	X	24 hrs	59,000		1.8								1.6		
29	X	24 hrs	57,000		1.8								1.4		
30		24 hrs	57,000												
31		24 hrs	56,000												
1	X	24 hrs	63,000		2.2+								1.5		
2		24 hrs	63,000												
3	X	24 hrs	65,000		2.2+								1.6		
4		24 hrs	66,000												
5	X	24 hrs	71,000		0.7								0.5		
Total			1,989,800												
Average			64,187												
Maximum			78,000												

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

PWS ID:	3424000	Plant Name:	Belleair
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Lead/Chief Operator	Name	License Class	License Number	Days/Shifts Worked
	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: January-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X's)	Hours of Plant Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work, or Inactivation Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum In-CT, sec	Lowest Operating UV Dose, mW-s/cm ²	Minimum UV Dose Required, mW-s/cm ²			
		24 hrs	71,000												
		24 hrs	72,000												
	X	24 hrs	70,000		1.2								1		
	X	24 hrs	74,000		1.4								1		
	X	24 hrs	73,000		1.8								1.2		
	X	24 hrs	46,000		1.6								1.4		
		24 hrs	46,000												
	X	24 hrs	92,000		1.4								1.2		
		24 hrs	93,000												
	X	24 hrs	59,000		1.8								1.4		
	X	24 hrs	64,000		1.6								1.4		
	X	24 hrs	60,000		1.4								1.2		
		24 hrs	60,000												
	X	24 hrs	58,000		1.6								1.2		
		24 hrs	58,000												
		24 hrs	58,000												
	X	24 hrs	59,500		1.4								1.2		
		24 hrs	59,500												
	X	24 hrs	58,000		1.8								1.4		
		24 hrs	58,000												
	X	24 hrs	63,000		1.2								1		
		24 hrs	63,000												
		24 hrs	64,000												
	X	24 hrs	66,000		1.6								1.4		
	X	24 hrs	73,000		1.4								1.2		
	X	24 hrs	71,000		1.2								1		
		24 hrs	71,000												
	X	24 hrs	66,000		1.6								1.4		
		24 hrs	66,000												
		24 hrs	66,000												
	X	24 hrs	68,000		1.4								1.2		
Total			2,026,000												
Average			65,355												
Maximum			93,000												

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

PWS ID:	3424000	Plant Name:	Belleair
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
--------------------	--	------------------------------------	--

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	Days/Week 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: February-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (PWS-X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, min	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24 hrs	58,000												
2	X	24 hrs	63,000	2.8									2		
3	X	24 hrs	58,000	1.8									1.4		
4	X	24 hrs	66,000	1.6									1.4		
5		24 hrs	66,000												
6		24 hrs	66,000												
7	X	24 hrs	60,000	1.4									1.2		
8		24 hrs	60,000												
9	X	24 hrs	65,000	1.4									1		
10		24 hrs	65,000												
11	X	24 hrs	76,300	1.2									1		
12		24 hrs	76,300												
13		24 hrs	76,300												
14	X	24 hrs	60,000	1.4									1.2		
15		24 hrs	61,000												
16	X	24 hrs	72,000	1.6									1.2		
17		24 hrs	73,000												
18	X	24 hrs	80,000	1.4									1.2		
19		24 hrs	80,000												
20		24 hrs	80,000												
21	X	24 hrs	71,000	1.4									1		
22	X	24 hrs	84,000	1.6									1.2		
23	X	24 hrs	67,000	1.4									1.2		
24		24 hrs	68,000												
25	X	24 hrs	59,000	1.6									1.2		
26		24 hrs	60,000												
27		24 hrs	60,000												
28	X	24 hrs	55,000	1.8									1.4		
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			1,885,900												
Average			67,354												
Minimum			84,000												

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

PWS ID:	3424000	Plant Name:	Belleair
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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? ☒ No
 follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No
 polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gpd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Shutting Water System Components out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum GPM Required (mg-min)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)		
1		24 hrs	55,000											
2	X	24 hrs	135,000		1.6								1.2	
3		24 hrs	135,000											
4	X	24 hrs	75,000		1.4								1.2	
5		24 hrs	75,000											
6		24 hrs	75,000											
7	X	24 hrs	43,000		1.6								1.4	
8		24 hrs	43,000											
9	X	24 hrs	70,000		1.8								1.2	
10		24 hrs	70,000											
11	X	24 hrs	82,000		1.6								1.2	
12		24 hrs	82,000											
13		24 hrs	83,000											
14	X	24 hrs	51,000		1.8								1.2	
15		24 hrs	51,000											
16	X	24 hrs	55,000		1.4								1	
17		24 hrs	55,000											
18	X	24 hrs	65,300		1.6								1.2	
19		24 hrs	65,300											
20		24 hrs	65,300											
21	X	24 hrs	47,000		1.4								1.2	
22	X	24 hrs	59,000		1.2								1	
23	X	24 hrs	59,000		1.6								1.4	
24		24 hrs	59,000											
25	X	24 hrs	56,000		1.8								1.2	
26		24 hrs	56,000											
27		24 hrs	57,000											
28	X	24 hrs	53,000		1.6								1.2	
29		24 hrs	54,000											
30	X	24 hrs	84,000		1.6								1.4	
31	X	24 hrs	85,000		1.4								1.2	
Total			2,099,900											
Average			67,739											
Minimum			135,000											

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

PWS ID:	3424000	Plant Name:	Belleair
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **April-05**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	Days/Shift(s) Worked
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Bob Maxon	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: April-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum UV Dose Required (mJ/cm ²)	Lowest Operating UV Dose (mJ/cm ²)	Minimum UV Dose Provided (mJ/cm ²)			
1	X	24 hrs	37,000		1.6								1.2		
2		24 hrs	37,000												
3		24 hrs	38,000												
4	X	24 hrs	112,000		1.6								1.4		
5	X	24 hrs	80,000		1.8								1.4		
6	X	24 hrs	59,000		1.6								1.2		
7		24 hrs	59,000												
8	X	24 hrs	70,000		1.8								1.4		
9		24 hrs	70,000												
10		24 hrs	70,000												
11	X	24 hrs	59,000		1.6								1.4		
12	X	24 hrs	70,000		1.8								1.2		
13	X	24 hrs	67,000		1.6								1.4		
14		24 hrs	68,000												
15	X	24 hrs	88,600		1.8								1.2		
16		24 hrs	88,600												
17		24 hrs	88,700												
18	X	24 hrs	93,000		1.6								1.4		
19		24 hrs	93,000												
20	X	24 hrs	97,000		1.6								1.2		
21		24 hrs	98,000												
22	X	24 hrs	92,000		1.8								1.4		
23		24 hrs	92,000												
24		24 hrs	92,000												
25	X	24 hrs	54,000		1.4								1.2		
26		24 hrs	54,000												
27	X	24 hrs	62,000		1.6								1.2		
28		24 hrs	62,000												
29	X	24 hrs	74,000		1.2								1		
30		24 hrs	74,000												
31		24 hrs													
Total			2,198,900												
Average			73,297												
Minimum			112,000												

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

PWS ID:	3424000	Plant Name:	Belleair
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **May-05**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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 Operator	Name	License Class	License Number	Day(s)/Shift(s) worked
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Operator	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: May-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that involves taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer's Point During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer's Point During Peak Flow (mg-min/l)	Temp. of Water (C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)			
1		24 hrs	75,500												
2	X	24 hrs	75,000		1								0.6		
3		24 hrs	75,000												
4	X	24 hrs	51,000		0.6								0.4		
5		24 hrs	51,000												
6	X	24 hrs	75,600		0.8								0.4		
7		24 hrs	75,600												
8		24 hrs	75,600												
9	X	24 hrs	40,000		1								0.8		
10		24 hrs	40,000												
11	X	24 hrs	44,000		1.2								1		
12		24 hrs	44,000												
13	X	24 hrs	59,600		1.4								1		
14		24 hrs	59,600												
15		24 hrs	59,600												
16	X	24 hrs	198,000		1.2								1		
17		24 hrs	198,000												
18	X	24 hrs	239,000		1.4								1.2		
19	X	24 hrs	70,000		1.2								1		
20	X	24 hrs	74,000		1.4								1		
21		24 hrs	74,000												
22		24 hrs	75,000												
23	X	24 hrs	150,000		1.6								1.2		
24	X	24 hrs	90,000		1.4								1.2		
25	X	24 hrs	96,000		1.2								1		
26		24 hrs	96,000												
27	X	24 hrs	107,000		1								0.6		
28		24 hrs	107,000												
29		24 hrs	108,000												
30	X	24 hrs	123,000		1.2								1		
31	X	24 hrs	64,000		1.4								1		
Total			2,770,100												
Average			89,358												
Maximum			239,000												

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

PWS ID:	3424000	Plant Name:	Belleair
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **June-05**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471
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	3 Days per week
Other Operators	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours of Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (C)	pH of Water (Applicable)	Minimum CT or Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	68,000		1								1		
2	X	24 hrs	116,000		1.2								1		
3	X	24 hrs	86,000		1.4								1.2		
4		24 hrs	86,000												
5		24 hrs	86,000												
6	X	24 hrs	66,000		1.2								1		
7	X	24 hrs	58,000		1.2								1.2		
8	X	24 hrs	61,000		1								0.8		
9		24 hrs	61,000												
10	X	24 hrs	51,000		1.4								1.2		
11		24 hrs	51,000												
12		24 hrs	52,000												
13	X	24 hrs	44,000		1.2								1		
14	X	24 hrs	48,000		1.4								1		
15	X	24 hrs	47,000		1.2								1.2		
16		24 hrs	47,000												
17	X	24 hrs	51,000		1.4								1		
18		24 hrs	51,000												
19		24 hrs	51,000												
20	X	24 hrs	50,000		1.2								1		
21		24 hrs	50,000												
22	X	24 hrs	50,000		0.6								0.4		
23		24 hrs	50,000												
24	X	24 hrs	63,000		0.8								0.6		
25		24 hrs	63,000												
26		24 hrs	64,000												
27	X	24 hrs	60,000		0.8								0.4		
28		24 hrs	60,000												
29	X	24 hrs	68,000		1.2								1		
30		24 hrs	68,000												
31		24 hrs													
Total			1,827,000												
Average			60,900												
Maximum			116,000												

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

PWS ID:	3424000	Plant Name:	Belleair
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/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.



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:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Operator	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Gary Kissick	C	7846	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: **July-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that involves taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	69,000		1.6								1		
2		24 hrs	69,000												
3		24 hrs	70,000												
4	X	24 hrs	21,000		1								0.6		
5	X	24 hrs	51,000		1								0.8		
6		24 hrs	51,000												
7	X	24 hrs	50,000		1.2								1		
8		24 hrs	50,000												
9	X	24 hrs	56,000		1								0.8		
10		24 hrs	57,000												
11	X	24 hrs	43,000		1								0.6		
12		24 hrs	44,000												
13	X	24 hrs	49,000		1.2								1		
14		24 hrs	49,000												
15	X	24 hrs	47,000		1								0.8		
16		24 hrs	47,000												
17		24 hrs	47,000												
18	X	24 hrs	54,000		1								0.6		
19		24 hrs	54,000												
20	X	24 hrs	58,500		1								0.6		
21		24 hrs	58,500												
22	X	24 hrs	91,000		1								0.8		
23		24 hrs	91,000												
24		24 hrs	92,000												
25	X	24 hrs	111,000		1								0.6		
26		24 hrs	111,000												
27	X	24 hrs	78,000		0.8								0.6		
28		24 hrs	78,000												
29	X	24 hrs	83,000		0.8								0.8		
30		24 hrs	83,000												
31		24 hrs	83,000												
Total			1,996,000												
Average			64,387												
Maximum			111,000												

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

PWS ID:	3424000	Plant Name:	Belleair
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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 Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: August-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (PWS)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Closing Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	65,000		1							0.6		
2		24 hrs	66,000											
3	X	24 hrs	60,000		0.8							0.6		
4		24 hrs	60,000											
5	X	24 hrs	60,000		0.8							0.8		
6		24 hrs	60,000											
7		24 hrs	60,000											
8	X	24 hrs	53,000		1							0.8		
9	X	24 hrs	56,000		1.2							1		
10	X	24 hrs	59,000		1.4							1		
11		24 hrs	60,000											
12	X	24 hrs	65,000		1.2							1		
13		24 hrs	65,000											
14		24 hrs	65,000											
15	X	24 hrs	71,000		1.4							1.2		
16		24 hrs	71,000											
17	X	24 hrs	88,000		1.4							1.2		
18		24 hrs	88,000											
19	X	24 hrs	79,600		1.6							1.4		
20		24 hrs	79,600											
21		24 hrs	79,600											
22	X	24 hrs	67,000		1.4							1.2		
23		24 hrs	67,000											
24	X	24 hrs	63,000		1.2							1		
25		24 hrs	64,000											
26	X	24 hrs	63,000		1.4							1		
27		24 hrs	63,000											
28		24 hrs	63,000											
29	X	24 hrs	92,000		1.4							1		
30	X	24 hrs	50,000		1.2							1		
31	X	24 hrs	67,000		1							0.8		
Total			2,069,800											
Average			66,768											
Maximum			92,000											

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

PWS ID:	3424000	Plant Name:	Belleair
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **September-05**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471
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	Days/Shifts Worked
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: September-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X" in Column)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (C)	pH of Water	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1		24 hrs	66,000												
2	X	24 hrs	61,000		2.8								2		
3		24 hrs	62,000												
4		24 hrs	62,000												
5	X	24 hrs	62,000		3.5								2.4		
6	X	24 hrs	51,000		3.5								2.4		
7		24 hrs	52,000												
8	X	24 hrs	50,000		2.5								2		
9	X	24 hrs	75,000		1.8								1.4		
10		24 hrs	75,000												
11		24 hrs	76,000												
12	X	24 hrs	82,000		1.6								1.2		
13		24 hrs	82,000												
14	X	24 hrs	93,000		1.4								1.2		
15		24 hrs	93,000												
16	X	24 hrs	120,000		1.6								1.4		
17		24 hrs	120,000												
18		24 hrs	120,000												
19	X	24 hrs	81,000		1.2								1		
20		24 hrs	81,000												
21	X	24 hrs	63,000		1.6								1.4		
22		24 hrs	63,000												
23	X	24 hrs	76,000		1.4								1.2		
24		24 hrs	76,000												
25		24 hrs	76,000												
26	X	24 hrs	96,000		1.2								1		
27		24 hrs	96,000												
28	X	24 hrs	60,000		1.4								1.2		
29		24 hrs	61,000												
30	X	24 hrs	54,000		1.2								1		
31		24 hrs													
Total			2,285,000												
Average			76,167												
Maximum			120,000												

* 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 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? ☒ No

follows:

Polymer Dose ppm =	Acrylamide Level, % [†] =
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % [†] =
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **October-05**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34471
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 62-699.310(4), F.A.C.):	C

Licensed Operators	Name	License Class	License Number	Day(s) Staffed/Worked
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Stopping Water System Components or Operations
				CT Calculations					UV Dose						
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum UV Dose Required (mJ/cm²)	Lowest Operating UV Dose (mJ/cm²)	Minimum UV Dose Required (mJ/cm²)			
1		24 hrs	54,000												
2		24 hrs	54,000												
3	X	24 hrs	53,000		1.4								1.2		
4		24 hrs	54,000												
5	X	24 hrs	51,000		1.8								1.2		
6	X	24 hrs	55,000		1.6								1.2		
7	X	24 hrs	55,000		1.6								1.4		
8		24 hrs	55,000												
9		24 hrs	56,000												
10	X	24 hrs	58,000		1.4								1.2		
11	X	24 hrs	54,000		1.6								1.4		
12	X	24 hrs	62,000		1.4								1.2		
13		24 hrs	63,000												
14	X	24 hrs	69,000		1.2								1		
15		24 hrs	69,000												
16		24 hrs	69,000												
17	X	24 hrs	67,000		1.2								1		
18		24 hrs	67,000												
19	X	24 hrs	76,000		1.2								1		
20		24 hrs	76,000												
21	X	24 hrs	55,000		1.3								1.1		
22		24 hrs	55,000												
23		24 hrs	55,000												
24	X	24 hrs	49,000		1.4								1.2		
25		24 hrs	49,000												
26	X	24 hrs	57,000		1.6								1.4		
27		24 hrs	57,000												
28	X	24 hrs	30,000		1.4								1		
29		24 hrs	30,000												
30		24 hrs	30,000												
31	X	24 hrs	43,000		1.2								1		
Total			1,727,000												
Average			55,710												
Maximum			76,000												

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

PWS ID:	3424000	Plant Name:	Belleair
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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-05**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Belleair	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2400 S.E. 52nd Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	132,000	Zip Code:	34471	
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	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: **November-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	52,000		1.6								1.2		
2	X	24 hrs	54,000		1.4								1.2		
3	X	24 hrs	61,000		1.4								1		
4	X	24 hrs	68,000		1.6								1.4		
5		24 hrs	69,000												
6		24 hrs	69,000												
7	X	24 hrs	65,000		1.6								1.2		
8		24 hrs	66,000												
9	X	24 hrs	87,000		1.4								1.2		
10	X	24 hrs	66,000		1.4								1.4		
11	X	24 hrs	85,000		1.4								1.2		
12		24 hrs	85,000												
13		24 hrs	86,000												
14	X	24 hrs	72,000		1.6								1.2		
15		24 hrs	72,000												
16	X	24 hrs	70,000		1.4								1.2		
17		24 hrs	70,000												
18	X	24 hrs	75,000		1								0.6		
19		24 hrs	75,000												
20		24 hrs	75,000												
21	X	24 hrs	71,000		1.1								0.7		
22		24 hrs	71,000												
23	X	24 hrs	73,000		1.1								0.6		
24		24 hrs	73,000												
25	X	24 hrs	79,000		1.1								0.6		
26		24 hrs	79,000												
27		24 hrs	79,000												
28	X	24 hrs	48,000		1								0.5		
29		24 hrs	48,000												
30	X	24 hrs	57,000		1.5								1.1		
31		24 hrs													
Total			2,100,000												
Average			70,000												
Maximum			87,000												

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

PWS ID:	3424000	Plant Name:	Belleair
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/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.



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: **December-05**

A. Public Water System (PWS) Information

PWS Name:	Belleair	PWS Identification Number:	3424000
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 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:	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 FL Zip Code: 34471
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operator	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Other Operators	Mark March	C	8287
	Gary Kissick	C	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Paul Thompson	A7251
	Printed or Typed Name	License Number

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

PWS Identification Number: 3424000 Plant Name: Belleair

III. Daily Data for the Month/Year of: December-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours of Plant in Operation	Net Quantity of Treated Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work Involves Shutting Down Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)		
		24 hrs	57,000											
	X	24 hrs	64,000		1.6							1.2		
		24 hrs	64,000											
		24 hrs	64,000											
	X	24 hrs	61,000		1.4							1.2		
		24 hrs	61,000											
	X	24 hrs	55,000		1.4							1		
		24 hrs	56,000											
	X	24 hrs	56,000		1.6							1.4		
		24 hrs	56,000											
		24 hrs	56,000											
	X	24 hrs	44,000		1.6							1.2		
	X	24 hrs	48,000		1.4							1.2		
	X	24 hrs	63,000		1.4							1		
		24 hrs	64,000											
	X	24 hrs	51,000		1.6							1.4		
		24 hrs	52,000											
		24 hrs	53,000											
	X	24 hrs	45,000		1.4							1.2		
		24 hrs	46,000											
	X	24 hrs	62,000		1.6							1.4		
		24 hrs	62,000											
	X	24 hrs	58,000		1.4							1.2		
		24 hrs	59,000											
		24 hrs	59,000											
	X	24 hrs	58,000		1.6							1.2		
		24 hrs	58,000											
	X	24 hrs	56,000		1.4							1.2		
		24 hrs	56,000											
	X	24 hrs	55,000		1.6							1.4		
		24 hrs	55,000											
Total			1,754,000											
Average			56,581											
Minimum			64,000											

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

PWS ID:	3424000	Plant Name:	Belleair
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	2005
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =	Acrylamide Level, % [†] =
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % [†] =
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.

Bellevue Hills Estates



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

PWS Name:	Belleview Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Belleview Hills Estates	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000	Zip Code:	34491	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s)/Week
Lead/Chief Operator	William Landers	B	7327	6 Days per week
Other Operators	Mark March	C	8287	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: **January-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)		
1	X	24 hrs	70,000										1	
2	X	24 hrs	52,000										1.3	
3	X	24 hrs	65,000										1.2	
4		24 hrs	65,000											
5	X	24 hrs	55,000										1.1	
6	X	24 hrs	44,000										1.3	
7	X	24 hrs	49,000										1.3	
8	X	24 hrs	44,000										1	
9	X	24 hrs	44,000										1.1	
10	X	24 hrs	55,000										1.1	
11		24 hrs	55,000											
12	X	24 hrs	49,000										1	
13	X	24 hrs	43,000										2	
14	X	24 hrs	42,000										1.6	
15	X	24 hrs	54,000										1.2	
16	X	24 hrs	48,000										1.2	
17	X	24 hrs	50,000										1.1	
18		24 hrs	51,000											
19	X	24 hrs	50,000										1.2	
20	X	24 hrs	69,000										1.2	
21	X	24 hrs	50,000										1.3	
22	X	24 hrs	49,000										1.2	
23	X	24 hrs	51,000										1.3	
24	X	24 hrs	50,000										1.2	
25		24 hrs	51,000											
26	X	24 hrs	52,000										1.2	
27	X	24 hrs	50,000										1.2	
28	X	24 hrs	52,000										1.2	
29	X	24 hrs	53,000										1.6	
30	X	24 hrs	42,000										1.2	
31	X	24 hrs	55,000										1.1	
Total			1,609,000											
Average			51,903											
Maximum			70,000											

* 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

I. General Information for the Month/Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	288,000	Zip Code:	34491	
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	Days per week
Lead/Chief Operator	William Landers	B	7327	6 Days per week
Other Operators	Mark March	C	8287	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 3424839 Plant Name: Bellevue Hills Estates

III. Daily Data for the Month/Year of: February-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (PWS)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Staking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
		24 hrs	55,000												
2	X	24 hrs	54,000										1.0		
3	X	24 hrs	52,000										1.1		
4	X	24 hrs	42,000										1.2		
5	X	24 hrs	45,000										1.1		
6	X	24 hrs	34,000										1.4		
7	X	24 hrs	49,000										1.1		
8		24 hrs	50,000												
9	X	24 hrs	42,000										1.4		
10	X	24 hrs	50,000										1.3		
11	X	24 hrs	42,000										1.4		
12	X	24 hrs	43,000										1.2		
13	X	24 hrs	40,000										1.3		
14	X	24 hrs	45,000										1.2		
15		24 hrs	46,000												
16	X	24 hrs	51,000										1.3		
17	X	24 hrs	45,000										1.5		
18	X	24 hrs	44,000										1.8		
19	X	24 hrs	46,000										1.5		
20	X	24 hrs	47,000										1.2		
21	X	24 hrs	62,000										1.2		
22		24 hrs	63,000												
23	X	24 hrs	37,000										1.3		
24	X	24 hrs	26,000										1.5		
25	X	24 hrs	48,000										1.5		
26	X	24 hrs	40,000										1.0		
27	X	24 hrs	42,000										1.1		
28	X	24 hrs	51,000										1.1		
29		24 hrs	52,000												
30		24 hrs													
31		24 hrs													
Total			1,343,000												
Average			46,310												
Maximum			63,000												

* 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

I. General Information for the Month/Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Operator's Name	Name	License Class	License Number	Days/Shifts/Week
Lead/Chief Operator	Mark March	C	8287	6 Days per week
Other Operators	Tom Felton	C	2241	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (X)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	51,000										1.2		
2	X	24 hrs	57,000										1.3		
3	X	24 hrs	63,000										1.1		
4	X	24 hrs	52,000										1.3		
5	X	24 hrs	55,000										1.4		
6	X	24 hrs	65,000										1.3		
7		24 hrs	66,000												
8	X	24 hrs	64,000										1		
9	X	24 hrs	52,000										1		
10	X	24 hrs	53,000										1.2		
11	X	24 hrs	54,000										1.2		
12	X	24 hrs	67,000										1.3		
13		24 hrs	67,000												
14	X	24 hrs	78,000										1.3		
15	X	24 hrs	30,000										1.3	1	
16	X	24 hrs	56,000										1.5		
17	X	24 hrs	43,000										1		
18	X	24 hrs	69,000										1.1		
19	X	24 hrs	46,000										0.8		
20	X	24 hrs	72,000										1		
21		24 hrs	72,000												
22	X	24 hrs	65,000										1.2		
23	X	24 hrs	62,000										1.3		
24	X	24 hrs	43,000										1.4		
25	X	24 hrs	55,000										1.4		
26	X	24 hrs	74,000										0.5		
27		24 hrs	74,000												
28		24 hrs	74,000												
29	X	24 hrs	52,000										0.6		
30	X	24 hrs	76,000										1		
31	X	24 hrs	60,000										1.2		
Total			1,867,000												
Average			60,226												
Minimum			78,000												

* 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

I. General Information for the Month/Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates			PWS Identification Number:	3424839	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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: 34470
Contact Person's Telephone Number:	(352) 369-4881			Contact Person's Fax Number:	(352) 732-3213	
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com					

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates			Plant Telephone Number:	(352) 369-4881	
Plant Address:	14481 S.E. 59th Ct			City:	Summerfield	State: FL Zip Code: 34491
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> 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.):		
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:	Tom Felton	C	2241	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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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: **May-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
License/Operator	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Mark March	C	8287	6 Days per week
Other Operators	Tom Felton	C	2241	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424839 Plant Name: Bellevue Hills Estates

III. Daily Data for the Month/Year of: April-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (X)	Hours of Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work in Plant or on Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (t) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	63,000										1.1		
2	X	24 hrs	81,000										0.8		
3	X	24 hrs	73,000										1		
4		24 hrs	73,000												
5	X	24 hrs	73,000										1		
6	X	24 hrs	54,000										0.7		
7	X	24 hrs	64,000										0.8		
8	X	24 hrs	52,000										0.8		
9	X	24 hrs	77,000										0.8		
10	X	24 hrs	74,000										1		
11		24 hrs	74,000												
12	X	24 hrs	56,000										1.1		
13	X	24 hrs	50,000										1		
14	X	24 hrs	47,000										1.1		
15	X	24 hrs	86,000										1.2		
16	X	24 hrs	66,000										1		
17		24 hrs	66,000												
18	X	24 hrs	75,000										1.3		
19	X	24 hrs	105,000										1.4		
20	X	24 hrs	84,000										1.1		
21	X	24 hrs	50,000										1.2		
22	X	24 hrs	50,000										1.3		
23	X	24 hrs	70,000										1.2		
24	X	24 hrs	90,000										1.2		
25		24 hrs	90,000												
26	X	24 hrs	64,000										1.3		
27	X	24 hrs	82,000										1.4		
28	X	24 hrs	89,000										0.4		
29	X	24 hrs	59,000										1.1		
30	X	24 hrs	64,000										1		
31		24 hrs													
Total			2,101,000												
Average			70,033												
Maximum			105,000												

* 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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: May-04

Means of Achieving Four-Log Virus Inactivation/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

Day of Month	Days Plant Staffed or Visited by Operator (X)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gallons)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Reason for, Maintenance Work, or Other Factors Affecting Water System Components During Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	55,000										1.1		
2		24 hrs	55,000												
3	X	24 hrs	47,000										0.5		
4	X	24 hrs	54,000										1		
5	X	24 hrs	59,000										1		
6	X	24 hrs	90,000										1		
7	X	24 hrs	91,300										0.8		
8		24 hrs	91,300												
9		24 hrs	91,300												
10	X	24 hrs	61,000										0.7		
11	X	24 hrs	71,000										1		
12	X	24 hrs	48,000										0.8		
13	X	24 hrs	75,000										0.4		
14	X	24 hrs	71,000										0.2		
15	X	24 hrs	59,000										0.3		
16		24 hrs	59,000												
17	X	24 hrs	37,000										0.3		
18	X	24 hrs	55,000										0.4		
19	X	24 hrs	79,000										0.8		
20	X	24 hrs	78,000										1		
21	X	24 hrs	99,000										0.9		
22	X	24 hrs	84,500										0.8		
23		24 hrs	84,500												
24	X	24 hrs	76,000										0.9		
25	X	24 hrs	62,000										0.6		
26	X	24 hrs	94,000										0.7		
27	X	24 hrs	102,000										0.8		
28	X	24 hrs	69,000										0.3		
29	X	24 hrs	58,500										0.8		
30		24 hrs	58,500												
31	X	24 hrs	187,000										0.3		
Grand Total			2,301,900												
Minimum			74,255												
Maximum			187,000												

* 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

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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	Days / Shifts Worked
Lead/Chief Operator	Mark March	C	8287	6 Days per week
Other Operators	Tom Felton	C	2241	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: June-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	80,000										1		
2	X	24 hrs	58,000										1		
3	X	24 hrs	51,000										1.1		
4	X	24 hrs	45,600										1.4		
5		24 hrs	45,600												
6		24 hrs	45,800												
7	X	24 hrs	48,000										1.1		
8	X	24 hrs	62,000										1.4		
9	X	24 hrs	52,000										1.3		
10	X	24 hrs	53,000										1.2		
11	X	24 hrs	56,000										0.4		
12	X	24 hrs	59,000										1		
13		24 hrs	59,000												
14	X	24 hrs	45,000										1		
15	X	24 hrs	46,000										1		
16	X	24 hrs	47,000										1.1		
17	X	24 hrs	60,000										1.2		
18	X	24 hrs	62,000										1.2		
19	X	24 hrs	52,500										1.2		
20		24 hrs	52,500												
21	X	24 hrs	35,000										1.1		
22	X	24 hrs	57,000										1.1		
23	X	24 hrs	47,000										1.2		
24	X	24 hrs	78,000										1.2		
25	X	24 hrs	50,000										1.2		
26	X	24 hrs	46,500										1.1		
27		24 hrs	46,500												
28	X	24 hrs	51,000										1		
29	X	24 hrs	56,000										1.1		
30	X	24 hrs	72,000										1.3		
31		24 hrs													
Total			1,619,000												
Average			53,967												
Maximum			80,000												

* 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

I. General Information for the Month/Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
		State:	FL
Contact Person's Telephone Number:	(352) 369-4881	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 369-4881
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield
		State:	FL
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34491
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.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Mark March	C	8287
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: July-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair, Maintenance, Work, etc. Involving Plant or Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum Required CT (min)	Lowest Operating UV Dose (mJ/cm ²)	Minimum Required UV Dose (mJ/cm ²)			
1	X	24 hrs	62,000										1		
2	X	24 hrs	31,000										1		
3	X	24 hrs	37,600										1.2		
4		24 hrs	37,600												
5	X	24 hrs	65,700										1.1		
6	X	24 hrs	54,000										1.2		
7	X	24 hrs	47,000										1.3		
8	X	24 hrs	56,000										1.3		
9	X	24 hrs	45,000										1.2		
10	X	24 hrs	66,500										1.2		
11		24 hrs	66,500												
12	X	24 hrs	61,000										1.1		
13	X	24 hrs	48,000										1.1		
14	X	24 hrs	70,000										1.2		
15	X	24 hrs	48,000										1		
16	X	24 hrs	46,000										1.1		
17	X	24 hrs	41,000										1.1		
18		24 hrs	42,000												
19	X	24 hrs	36,000										1.2		
20	X	24 hrs	70,000										1.2		
21	X	24 hrs	52,000										1		
22	X	24 hrs	60,000										1.1		
23	X	24 hrs	57,000										1.2		
24	X	24 hrs	52,500										1.1		
25		24 hrs	52,500												
26	X	24 hrs	50,000										1.2		
27	X	24 hrs	76,000										1		
28	X	24 hrs	35,000										1.1		
29	X	24 hrs	70,000										1		
30	X	24 hrs	63,000										1.1		
31	X	24 hrs	53,000										1		
Total			1,651,900												
Average			53,287												
Maximum			76,000												

* 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

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aguaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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 Operator	Name	License Class	License Number	Days per week
Lead/Chief Operator	Mark March	C	8287	6 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: **August-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Pls. Indicate)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Real Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1		24 hrs	53,000												
2	X	24 hrs	46,000									0.8			
3	X	24 hrs	60,000									1.2			
4	X	24 hrs	45,000									1.2			
5	X	24 hrs	61,000									1.3			
6	X	24 hrs	41,000									1.2			
7	X	24 hrs	76,500									1.2			
8		24 hrs	76,500												
9	X	24 hrs	50,000									1.2			
10	X	24 hrs	66,000									1.1			
11	X	24 hrs	51,000									1.2			
12	X	24 hrs	57,000									1.3			
13	X	24 hrs	52,000									1.3			
14	X	24 hrs	60,500									1.2			
15		24 hrs	60,500												
16	X	24 hrs	64,000									1.2			
17	X	24 hrs	70,000									1.3			
18	X	24 hrs	53,000									1.3			
19	X	24 hrs	64,000									1.2			
20	X	24 hrs	76,000									1.2			
21	X	24 hrs	72,500									1.1			
22		24 hrs	72,500												
23	X	24 hrs	46,000									1.1			
24	X	24 hrs	61,000									1.1			
25	X	24 hrs	48,000									1.3			
26	X	24 hrs	47,000									1.2			
27	X	24 hrs	52,000									1.3			
28	X	24 hrs	70,500									1.2			
29		24 hrs	70,500												
30	X	24 hrs	55,000									1.3			
31	X	24 hrs	63,000									1.4			
Total			1,841,000												
Average			59,387												
Maximum			76,500												

* 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

I. General Information for the Month/Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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	Days/Shifts Worked
Lead/Chief Operator	Mark March	C	8287	6 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: September-04

Means of Achieving Four-Log Virus Inactivation/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

Day of Month	Days Plant Staffed or Visited by Operator (Place X's)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (C)	pH of Water if Applicable	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm2)	Minimum UV Dose Required (mW-sec/cm2)			
1	X	24 hrs	48,000		1.4								1.3		
2	X	24 hrs	56,000		1.5								1.3		
3	X	24 hrs	40,000		1.6								1.4		
4	X	24 hrs	25,000		1.4								1.4		
5		24 hrs	26,000												
6	X	24 hrs	12,000		1.6								1.4		
7	X	24 hrs	22,000												
8	X	24 hrs	21,000		1.4								1.3		
9	X	24 hrs	25,000		1.6								1.4		
10	X	24 hrs	39,000		1.5								1.3		
11	X	24 hrs	59,000		1.4								1.3		
12		24 hrs	59,000												
13	X	24 hrs	41,000		1.6								1.2		
14	X	24 hrs	59,000		1.5								1.4		
15	X	24 hrs	40,000		1.4								1.2		
16	X	24 hrs	56,000		1.5								1.3		
17	X	24 hrs	54,000		1.6								1.2		
18		24 hrs	55,000												
19	X	24 hrs	72,000		1.4										
20	X	24 hrs	41,000		1.5								1.3		
21	X	24 hrs	67,000		1.4								1.2		
22	X	24 hrs	46,000		1.3								1.3		
23	X	24 hrs	54,000		1.6								1.2		
24	X	24 hrs	44,000		1.7								1.2		
25	X	24 hrs	60,000		2								1.2		
26		24 hrs	60,000												
27	X	24 hrs	60,000		1.7								1.6		
28	X	24 hrs	60,000		1								1		
29	X	24 hrs	60,000		1								0.8		
30	X	24 hrs	60,000		1.2								1.1		
31		24 hrs													
Total			1,421,000												
Sept			47,367												
Minimum			72,000												

* 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

I. General Information for the Month/Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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	Barry Cohen	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424839 Plant Name: Bellevue Hills Estates

III. Daily Data for the Month/Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of Month	Days Plant Staffed or Visited by Operator (X)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gpd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work, Inactivation, or Other
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (°F)	pH of Water (if Applicable)	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)			
1	X	24 hrs	60,000		1.6								1.4		
2	X	24 hrs	60,000		1.5								1.1		
3		24 hrs	60,000												
4	X	24 hrs	60,000		1.6								1.4		
5	X	24 hrs	60,000		1.4								1.3		
6	X	24 hrs	60,000		1.2								1.1		
7	X	24 hrs	60,000		0.8								0.5		
8	X	24 hrs	60,000		1.4								1.3		
9	X	24 hrs	60,000		1.6								1.2		
10		24 hrs	60,000												
11	X	24 hrs	60,000		1.5								1.2		
12	X	24 hrs	60,000		1.4								1.2		
13	X	24 hrs	60,000		1.5								1		
14	X	24 hrs	60,000		1.3								1.2		
15	X	24 hrs	60,000		1.4								1		
16	X	24 hrs	60,000		1.5								1.1		
17		24 hrs	60,000												
18	X	24 hrs	60,000		1.5								1		
19	X	24 hrs	60,000		1.6								1.2		
20	X	24 hrs	60,000		1.5								1.1		
21	X	24 hrs	60,000		1.4								1.2		
22	X	24 hrs	60,000		1.3								1		
23	X	24 hrs	60,000		1.3								1.1		
24		24 hrs	60,000												
25	X	24 hrs	60,000		0.7								0.4		
26	X	24 hrs	60,000		1.2								1		
27	X	24 hrs	60,000		1.3								0.9		
28	X	24 hrs	60,000		1.4								1.1		
29	X	24 hrs	60,000		1.3								1		
30	X	24 hrs	60,000		1.5								1.1		
31		24 hrs	60,000												
Total			1,860,000												
Average			60,000												
Maximum			60,000												

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates			PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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 - 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's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	beheath@aquaamerica.com				

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates			Plant Telephone Number:	(352) 732-6027	
Plant Address:	14481 S.E. 59th Ct			City:	Summerfield	
				State:	FL	
				Zip Code:	34491	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Days (S) / Shifts (S) / Week		
Lead/Chief Operator	Mark March	C	8287	6 Days per week		
Other Operators	Barry Cohen	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: November-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gals)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking the Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°F)	pH of Water, if Applicable	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	60,000		1								0.7		
2	X	24 hrs	49,000		1.2								1		
3	X	24 hrs	47,000		1.5								1.2		
4	X	24 hrs	52,000		1.4								1.1		
5	X	24 hrs	38,000		1.3								0.8		
6	X	24 hrs	57,000		1.2								1		
7		24 hrs	57,000												
8	X	24 hrs	41,000		1								0.6		
9	X	24 hrs	44,000		0.8								0.6		
10	X	24 hrs	47,000		1								1		
11	X	24 hrs	46,000		1.2								1		
12	X	24 hrs	50,000		1.2								0.6		
13	X	24 hrs	44,000		1.1								0.7		
14		24 hrs	43,000												
15	X	24 hrs	31,000		1								0.6		
16	X	24 hrs	45,000		0.8								0.5		
17	X	24 hrs	53,000		1.5								1		
18	X	24 hrs	51,000		1.3								1.1		
19	X	24 hrs	36,000		1.5								1		
20	X	24 hrs	75,000		1.2								1		
21	X	24 hrs	56,000		1.5								1		
22		24 hrs	56,000												
23	X	24 hrs	44,000		1.4								1		
24	X	24 hrs	41,000		1.2								0.8		
25	X	24 hrs	58,000		1.2								1		
26	X	24 hrs	54,000		1.2								0.9		
27		24 hrs	54,000												
28	X	24 hrs	40,000		1								0.7		
29	X	24 hrs	45,000		1.1								0.8		
30	X	24 hrs	59,000		1								0.8		
31		24 hrs													
Total			1,473,000												
Average			49,100												
Maximum			75,000												

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 732-6027	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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 Operator	Name	License Class	License Number	Days (or Shifts) Worked
Lead/Chief Operator	Mark March	C	8287	6 Days per week
Other Operators	Barry Cohen	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: December-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Pls. X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing, mg/L	Disinfectant Contact Time (t) at C Measurement Point During Peak Flowing, minutes	Lowest CT Provided Before or at First Customer During Peak Flowing, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	34,000		1.2								1		
2	X	24 hrs	54,000		2.5								2		
3	X	24 hrs	66,000		1.7								1.5		
4	X	24 hrs	40,000		1.8								1.4		
5		24 hrs	40,000												
6	X	24 hrs	42,000		1								1		
7	X	24 hrs	55,000		1.2								1		
8	X	24 hrs	60,000		1								1		
9	X	24 hrs	26,000		1.5								1.1		
10	X	24 hrs	51,000		1.4								1		
11	X	24 hrs	45,000		1.4								0.8		
12		24 hrs	45,000												
13	X	24 hrs	38,000		0.8								0.7		
14	X	24 hrs	55,000		1								0.7		
15	X	24 hrs	36,000		0.7								0.6		
16	X	24 hrs	52,000		0.9								0.9		
17	X	24 hrs	49,000		1.2								1		
18		24 hrs	50,000												
19	X	24 hrs	59,000		1								1		
20	X	24 hrs	40,000		1								0.8		
21	X	24 hrs	43,000		1								0.6		
22	X	24 hrs	44,000		1								0.8		
23	X	24 hrs	41,000		1								0.8		
24	X	24 hrs	49,000		1								0.7		
25	X	24 hrs	46,000		1.1								0.7		
26		24 hrs	46,000												
27	X	24 hrs	60,000		0.7								0.6		
28	X	24 hrs	35,000		1								0.6		
29	X	24 hrs	53,000		1								0.7		
30	X	24 hrs	53,000		1.1								0.8		
31	X	24 hrs	55,000		1.2								0.8		
Total			1,462,000												
Average			47,161												
Maximum			66,000												

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

PWS ID:	34214839	Plant Name:	Bellevue Hills Estates
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/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.

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



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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 Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Mark March	C	8287	6 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424839 Plant Name: Bellevue Hills Estates

III. Daily Data for the Month/Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (°C)	pH of Water if Applicable	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-s/cm ²)	Minimum UV Dose Required (mW-s/cm ²)			
1	X	24 hrs	59,000		1.2								1		
2		24 hrs	60,000												
3	X	24 hrs	57,000		1								0.7		
4	X	24 hrs	56,000		1.2								0.9		
5	X	24 hrs	38,000		1.1								0.9		
6	X	24 hrs	51,000		1.2								0.9		
7	X	24 hrs	50,000		1.1								0.7		
8	X	24 hrs	60,000		1.2								1		
9		24 hrs	59,000												
10	X	24 hrs	48,000		1.1								0.9		
11	X	24 hrs	46,000		1.2								0.9		
12	X	24 hrs	55,000		1.2								0.8		
13	X	24 hrs	43,000		1								0.8		
14	X	24 hrs	51,000		1								0.7		
15	X	24 hrs	47,000		1								1		
16	X	24 hrs	53,000		1.2								1		
17		24 hrs	53,000												
18	X	24 hrs	47,000		1.4								1		
19	X	24 hrs	42,000		1.7								1.1		
20	X	24 hrs	44,000		1.4								1		
21	X	24 hrs	54,000		1.7								1.1		
22	X	24 hrs	47,000		1.6								1.2		
23		24 hrs	47,000												
24	X	24 hrs	47,000		1.4								1		
25	X	24 hrs	41,000		1.4								1		
26	X	24 hrs	44,000		1.2								1		
27	X	24 hrs	51,000		1.1								0.8		
28	X	24 hrs	52,000		1.2								1		
29	X	24 hrs	34,000		1.2								1.2		
30		24 hrs	34,000												
31	X	24 hrs	34,000		1.2								1		
Total			1,504,000												
Average			48,516												
Maximum			60,000												

* 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 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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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:	Bellevue Hills Estates			PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980			State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com			Zip Code:	34749
				Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates			Plant Telephone Number:	(352) 787-0980	
Plant Address:	14481 S.E. 59th Ct			City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	FL	Zip Code:	34491
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 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Days per week		
Lead Chief Operator	Mark March	C	8287	6 Days per week		
Chief Operator	Bob Maxon	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: **February-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gallons)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	30,000			1.2							1		
2	X	24 hrs	46,000			1							0.8		
3	X	24 hrs	44,000			1.1							1		
4	X	24 hrs	52,000			0.8							0.6		
5		24 hrs	53,000												
6	X	24 hrs	41,000			0.6							0.4		
7	X	24 hrs	45,000			1.1							0.9		
8	X	24 hrs	44,000			1							0.8		
9	X	24 hrs	45,000			0.9							0.6		
10	X	24 hrs	48,000			1							0.8		
11	X	24 hrs	40,000			1							0.8		
12	X	24 hrs	40,000			1.2							1		
13		24 hrs	45,000												
14	X	24 hrs	48,000			1							0.8		
15	X	24 hrs	56,500			0.9							0.7		
16	X	24 hrs	50,000			0.5							0.3		
17	X	24 hrs	59,000												
18	X	24 hrs	57,000			0.9							0.6		
19	X	24 hrs	58,000			1							0.6		
20		24 hrs	58,000												
21	X	24 hrs	52,000			1.2							0.9		
22	X	24 hrs	34,000			0.6							0.5		
23	X	24 hrs	47,000			0.9							0.6		
24	X	24 hrs	48,000			1							0.9		
25	X	24 hrs	44,000			1.1							0.9		
26	X	24 hrs	45,000			1.4							1		
27		24 hrs	46,000												
28	X	24 hrs	53,000			1.2							1		
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			1,328,500												
Average			47,446												
Maximum			59,000												

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

PWS ID:	3424839	Plant Name:	Belleview Hills Estates
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited	Hours of Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24 hrs	37,000		0.9								0.6	
2	X	24 hrs	40,000		1.2								1	
3	X	24 hrs	53,000		1.2								1	
4	X	24 hrs	45,000		1.1								1	
5	X	24 hrs	59,000		1.2								1	
6		24 hrs	59,000											
7	X	24 hrs	53,000		1.2								1	
8	X	24 hrs	52,000		1.4								1.2	
9	X	24 hrs	41,000		1.2								1	
10	X	24 hrs	50,000		1.1								1	
11	X	24 hrs	62,000		1.2								1	
12		24 hrs	62,000											
13	X	24 hrs	44,000		1.4								1.2	
14	X	24 hrs	49,000		1.2								1	
15	X	24 hrs	45,000		1.2								1.1	
16	X	24 hrs	42,000		1.5								1.2	
17	X	24 hrs	45,000		1.2								1	
18	X	24 hrs	37,000		1.2								1	
19	X	24 hrs	59,000		1.4								1	
20		24 hrs	59,000											
21	X	24 hrs	44,000		1.5								1	
22	X	24 hrs	44,000		1.2								1	
23	X	24 hrs	45,000		1.2								1	
24	X	24 hrs	44,000		1.2								1	
25	X	24 hrs	43,000		1.4								1.2	
26	X	24 hrs	54,000		1.4								1.4	
27		24 hrs	54,000											
28	X	24 hrs	44,000		1.2								1	
29	X	24 hrs	41,000		1.2								1	
30	X	24 hrs	43,000		1.2								1	
31	X	24 hrs	45,000		1.4								1.2	
Total			1,494,000											
Average			48,194											
Maximum			62,000											

* 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 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? ☒ No

follows:

Polymer Dose ppm =	Acrylamide Level, % ^t =
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ^t =
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **April-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424839 Plant Name: Bellevue Hills Estates

III. Daily Data for the Month/Year of: April-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours of Operation	Net Quantity of Finished Water Produced (gpd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (min)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water if Applicable	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)		
	X	24 hrs	53,000		1.2								1	
	X	24 hrs	59,500		1.4								1	
		24 hrs	59,500											
	X	24 hrs	59,500		1.2								1	
	X	24 hrs	65,000		1.4								1	
	X	24 hrs	64,000		1.2								1	
	X	24 hrs	69,000		1.2								1	
	X	24 hrs	52,000		1.2								1	
	X	24 hrs	55,000		1.4								1.2	
		24 hrs	55,000											
	X	24 hrs	48,000		1.4								1.2	
	X	24 hrs	55,000		1.4								1.2	
	X	24 hrs	53,000		1.2								1	
	X	24 hrs	59,000		1.4								1	
	X	24 hrs	48,000		1.2								1	
	X	24 hrs	65,150		1.4								1.2	
		24 hrs	65,150											
	X	24 hrs	66,000		1.4								1.2	
	X	24 hrs	64,000		1.2								1	
	X	24 hrs	58,000		1.4								1.2	
	X	24 hrs	72,000		1.4								1.2	
	X	24 hrs	71,000		1.4								1.2	
	X	24 hrs	61,000		1.5								1.2	
		24 hrs	61,000											
	X	24 hrs	68,000		1.4								1.2	
	X	24 hrs	50,000		1.2								1	
	X	24 hrs	54,000		1.2								1	
	X	24 hrs	60,000		1.2								1	
	X	24 hrs	57,000		1.2								1	
	X	24 hrs	70,000		1.4								1.2	
		24 hrs												
Total			1,796,800											
Average			59,893											
Minimum			72,000											

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

PWS ID:	3424839	Plant Name:	Bellevue Hills Estates
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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:

May-05

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
		State:	FL	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34491	
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 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: **May-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flowing, minutes	Lowest CT Provided Before or at First Customer During Peak Flowing, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24 hrs	70,000												
2	X	24 hrs	62,000		1.8								1.4		
3	X	24 hrs	66,000		1.6								1.4		
4	X	24 hrs	33,000		1.6								1.4		
5	X	24 hrs	45,000		1.4								1.2		
6	X	24 hrs	58,500		1.4								1.2		
7		24 hrs	58,500												
8	X	24 hrs	56,000		1.4								1.2		
9	X	24 hrs	64,000		1.4								1.2		
10	X	24 hrs	63,000		1.4								1.2		
11	X	24 hrs	50,000		1.4								1.2		
12	X	24 hrs	63,000		1.6								1.4		
13	X	24 hrs	91,000		1.4								1.2		
14	X	24 hrs	56,000		1.6								1.4		
15		24 hrs	56,000												
16	X	24 hrs	68,000		1.4								1.2		
17	X	24 hrs	41,000		1.4								1.2		
18	X	24 hrs	66,000		1.4								1.2		
19	X	24 hrs	67,000		1.2								1		
20	X	24 hrs	62,000		1.2								1		
21	X	24 hrs	57,000		1.4								1.2		
22		24 hrs	57,000												
23	X	24 hrs	79,000		1.4								1.2		
24	X	24 hrs	50,000		1.1								0.4		
25	X	24 hrs	74,000		0.7								0.4		
26	X	24 hrs	69,000		0.7								0.4		
27	X	24 hrs	119,000		1.2								0.4		
28	X	24 hrs	90,000		1								1		
29		24 hrs	91,000												
30	X	24 hrs	101,000		1								0.6		
31	X	24 hrs	49,000		0.9								0.6		
Total			2,032,000												
Average			65,548												
Maximum			119,000												

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

PWS ID:	3424839	Plant Name:	Bellevue Hills Estates
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
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If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
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* 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.



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: **June-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates			PWS Identification Number:	3424839		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980			Contact Person's Fax Number:	(352) 787-6333		
Contact Person's E-Mail Address:	beheath@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates			Plant Telephone Number:	(352) 787-0980		
Plant Address:	14481 S.E. 59th Ct			City:	Summerfield	State:	FL
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	V			Plant Class (per subsection 62-699.310(4), F.A.C.):	C		
Licensed Operators	Name	License Class	License Number	Days/Shifts Worked			
Lead/Chief Operator	Mark March	C	8287	6 Days per week			
	Bob Maxon	C	2810	6 Days per week			
	Paul Thompson	A	7251	6 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	<u>Mark March</u>	<u>C8287</u>
	Printed or Typed Name	License Number

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

PWS Identification Number: 3424839 Plant Name: Bellevue Hills Estates

III. Daily Data for the Month/Year of: June-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-s/cm ²	Minimum UV Dose Required, mW-s/cm ²			
1	X	24 hrs	67,000		1								0.5		
2	X	24 hrs	64,000		1.1								0.5		
3	X	24 hrs	47,300		1.2								0.5		
4	X	24 hrs	47,300		1.4								0.8		
5		24 hrs	47,300												
6	X	24 hrs	69,000		1								0.5		
7	X	24 hrs	74,000		0.9								0.5		
8	X	24 hrs	63,000		1								0.5		
9	X	24 hrs	51,000		1								0.4		
10	X	24 hrs	49,000		1.1								0.4		
11	X	24 hrs	56,000		1.2								0.6		
12		24 hrs	56,000												
13	X	24 hrs	57,000		1								0.4		
14	X	24 hrs	50,000		1								0.6		
15	X	24 hrs	54,000		1								0.5		
16	X	24 hrs	66,000		0.9								0.5		
17	X	24 hrs	83,000		2.2								0.9		
18	X	24 hrs	58,500		1.6								1		
19		24 hrs	58,500												
20	X	24 hrs	62,000		2.3								1.4		
21	X	24 hrs	58,000		2								0.8		
22	X	24 hrs	55,000		2								0.8		
23	X	24 hrs	66,000		1.9								0.8		
24	X	24 hrs	97,000		1.7								0.8		
25	X	24 hrs	57,000		1.6								1		
26		24 hrs	57,000												
27	X	24 hrs	63,000		1.5								1		
28	X	24 hrs	55,000		1.7								1		
29	X	24 hrs	60,000		1.6								1		
30	X	24 hrs	54,000		1.5								0.7		
31		24 hrs													
Total			1,801,900												
Average			60,063												
Maximum			97,000												

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

PWS ID:	3424839	Plant Name:	Bellevue Hills Estates
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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 Operator's Name	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: July-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Please Print)	Hours Maint. Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	82,000		1.4								0.7		
2	X	24 hrs	76,000		1.4								1		
3	X	24 hrs	79,000		1.2								1		
4		24 hrs	79,000												
5	X	24 hrs	74,000		1.4								1		
6	X	24 hrs	89,000		1.6								1.2		
7	X	24 hrs	79,000		1.4								1.2		
8	X	24 hrs	49,000		1.6								1.4		
9	X	24 hrs	71,500		1.2								1		
10		24 hrs	71,500												
11	X	24 hrs	79,000		0.7								0.4		
12	X	24 hrs	68,000		1								0.4		
13	X	24 hrs	56,000		0.9								0.3		
14	X	24 hrs	64,000		0.6								0.3		
15	X	24 hrs	99,000		0.4								0.2		
16	X	24 hrs	66,500		1.2								1		
17		24 hrs	66,500												
18	X	24 hrs	76,000		1.4								1		
19	X	24 hrs	70,000		1.4								0.8		
20	X	24 hrs	88,000		1.6								1.2		
21	X	24 hrs	74,000		1.5								1		
22	X	24 hrs	71,000		1.3								0.8		
23	X	24 hrs	72,500		1.6								1		
24		24 hrs	72,500												
25	X	24 hrs	61,000		1.4								0.8		
26	X	24 hrs	95,000		1.4								0.8		
27	X	24 hrs	44,000		1.2								0.6		
28	X	24 hrs	53,000		1.3								0.7		
29	X	24 hrs	56,000		1.7								1.1		
30	X	24 hrs	89,000		1.4								1		
31		24 hrs	89,000												
Total			2,260,000												
Average			72,903												
Maximum			99,000												

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

PWS ID:	3424839	Plant Name:	Bellevue Hills Estates
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
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If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
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* 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.



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 Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 787-0980
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C

Operator	Name	License Class	License Number	Days per week
Lead/Chief Operator	Gary Kissick	C	7846	6 Days per week
Operator	Mark March	C	8287	6 Days per week
Operator	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: **August-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Date)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repairs, Maintenance Work that Involves Pausing Water System Components and Disinfection
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°F)	pH of Water (if Applicable)	Minimum CTs Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
	X	24 hrs	47,000		1.5								1		
	X	24 hrs	94,000		1.6								1		
	X	24 hrs	54,000		1.5								1		
	X	24 hrs	90,000		1.4								0.8		
	X	24 hrs	67,000		1.3								0.8		
	X	24 hrs	77,000		1.4								1		
		24 hrs	77,000												
	X	24 hrs	44,000		1.3								0.8		
	X	24 hrs	82,000		1.3								0.8		
	X	24 hrs	57,000		1.3								0.7		
	X	24 hrs	103,000		1.2								0.7		
	X	24 hrs	41,000		1.6								1		
	X	24 hrs	83,500		1.4								1		
		24 hrs	83,500												
	X	24 hrs	72,000		2.1								1.6		
	X	24 hrs	54,000		1.8								1.3		
	X	24 hrs	50,000		1.7								1.2		
	X	24 hrs	60,000		2.2								1.7		
	X	24 hrs	71,000		1.4								0.8		
		24 hrs	71,000												
	X	24 hrs	74,000		1.2								1		
	X	24 hrs	40,000		1.6								1.2		
	X	24 hrs	68,000		1.3								0.8		
	X	24 hrs	82,000		1.4								0.9		
	X	24 hrs	40,000		1.3								0.7		
	X	24 hrs	48,000		1.4								0.9		
	X	24 hrs	56,000		1.3								0.8		
		24 hrs	56,000												
	X	24 hrs	37,000		1.2								0.7		
	X	24 hrs	74,000		1.2								0.6		
	X	24 hrs	46,000		1.3								0.8		
Total			1,999,000												
Average			64,484												
Maximum			103,000												

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

PWS ID: 3424839	Plant Name: Belleview Hills Estates	
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **September-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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)/Week(s) Worked
Lead/Chief Operator	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424839 Plant Name: Bellevue Hills Estates

III. Daily Data for the Month/Year of: September-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water at C (°C)	Temp. of Water at T (°C)	Minimum CT Required (min)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	72,000		1.4								0.8		
2	X	24 hrs	57,000		1.2								0.7		
3	X	24 hrs	60,000		1.2								0.7		
4		24 hrs	60,000												
5	X	24 hrs	70,000		1.4								0.9		
6	X	24 hrs	41,000		1.3								0.8		
7	X	24 hrs	51,000		1.3								0.8		
8	X	24 hrs	43,000		1.2								0.7		
9	X	24 hrs	79,000		1.3								0.7		
10	X	24 hrs	49,000		1.4								1		
11		24 hrs	49,000												
12	X	24 hrs	48,000		1.3								0.8		
13	X	24 hrs	70,000		2.2								1.8		
14	X	24 hrs	64,000		2.2								1.8		
15	X	24 hrs	75,000		1.9								1.4		
16	X	24 hrs	47,000		1.9								1.4		
17	X	24 hrs	80,000		1.8								1.6		
18		24 hrs	80,000												
19	X	24 hrs	74,000		1.6								1.1		
20	X	24 hrs	38,000		1.7								1.2		
21	X	24 hrs	59,000		1.7								1.2		
22	X	24 hrs	41,000		1.6								1.2		
23	X	24 hrs	69,000		1.9								1.5		
24	X	24 hrs	66,000		1.5								1		
25		24 hrs	66,000												
26	X	24 hrs	58,000		1.4								0.9		
27	X	24 hrs	61,000		1.2								0.7		
28	X	24 hrs	36,000		1.2								0.7		
29	X	24 hrs	59,000		1.2								0.7		
30	X	24 hrs	49,000		1.2								0.8		
31		24 hrs													
Total			1,771,000												
Average			59,033												
Maximum			80,000												

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

PWS ID:	3424839	Plant Name:	Bellevue Hills Estates
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/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.



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: **October-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates			PWS Identification Number:	3424839	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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	
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's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com					

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates			Plant Telephone Number:	(352) 787-0980	
Plant Address:	14481 S.E. 59th Ct			City:	Summerfield	State: FL Zip Code: 34491
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> 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.):	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	Gary Kissick	C	7846	6 Days per week		
Other Operators	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp of Water (C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)		
1	X	24 hrs	64,000		1.1								0.7	
2		24 hrs	64,000											
3	X	24 hrs	40,000		1								0.6	
4	X	24 hrs	61,000		1.1								0.7	
5	X	24 hrs	56,000		1.2								0.8	
6	X	24 hrs	48,000		1.2								0.7	
7	X	24 hrs	54,000		1.1								0.7	
8	X	24 hrs	56,000		1.2								0.8	
9		24 hrs	56,000											
10	X	24 hrs	56,000		1.1								0.6	
11	X	24 hrs	77,000		1.1								0.6	
12	X	24 hrs	44,000		1								0.6	
13	X	24 hrs	85,000		1.6								1.2	
14	X	24 hrs	49,000		1.4								0.9	
15	X	24 hrs	70,000		1.4								1	
16		24 hrs	70,000											
17	X	24 hrs	69,000		1.1								0.7	
18	X	24 hrs	41,000		1.2								0.8	
19	X	24 hrs	53,000		1.3								0.8	
20	X	24 hrs	80,000		1.3								0.8	
21	X	24 hrs	59,000		1.1								0.7	
22	X	24 hrs	55,000		1.3								0.8	
23		24 hrs	55,000											
24	X	24 hrs	52,000		1.3								0.8	
25	X	24 hrs	46,000		1.3								0.9	
26	X	24 hrs	47,000		1.2								0.8	
27	X	24 hrs	41,000		1.2								0.8	
28	X	24 hrs	56,000		1.3								0.9	
29	X	24 hrs	66,000		1.4								1	
30		24 hrs	66,000											
31	X	24 hrs	53,000		1.2								0.8	
Total			1,789,000											
Average			57,710											
Maximum			85,000											

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

PWS ID:	3424839	Plant Name:	Bellevue Hills Estates
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
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If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =
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* 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.



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-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates			PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310			City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980			State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com			Zip Code:	34749
				Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates			Plant Telephone Number:	(352) 787-0980
Plant Address:	14481 S.E. 59th Ct			City:	Summerfield
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	FL	Zip Code:
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 62-699.310(4), F.A.C.):	C
Licensed Operator	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	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick	C7846
	Printed or Typed Name	License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: November-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (°C)	pH of Water, if Applicable	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm2)	Minimum UV Dose Required (mW-sec/cm2)			
1	X	24 hrs	43,000		1.2								0.8		
2	X	24 hrs	56,000		1.2								0.7		
3	X	24 hrs	40,000		1.4								1		
4	X	24 hrs	47,000		1.4								1		
5	X	24 hrs	59,000		1.2								1		
6		24 hrs	59,000												
7	X	24 hrs	48,000		1.4								1		
8	X	24 hrs	61,000		1.4								1		
9	X	24 hrs	50,000		1.4								0.9		
10	X	24 hrs	54,000		1.4								1		
11	X	24 hrs	66,000		2.2								2		
12	X	24 hrs	53,000		2								1.6		
13		24 hrs	53,000												
14	X	24 hrs	58,000		2.2								1.9		
15	X	24 hrs	52,000		2.1								1.8		
16	X	24 hrs	47,000		2.1								1.8		
17	X	24 hrs	51,000		1.5								1.1		
18	X	24 hrs	36,000		1.6								1.2		
19	X	24 hrs	63,000		1.6								1.2		
20		24 hrs	63,000												
21	X	24 hrs	57,000		1.6								1.2		
22	X	24 hrs	52,000		1.2								0.7		
23	X	24 hrs	56,000		1.6								1.2		
24	X	24 hrs	50,000		1.6								1.2		
25	X	24 hrs	58,000		1.6								1.1		
26	X	24 hrs	56,000		1.6								1.2		
27		24 hrs	56,000												
28	X	24 hrs	54,000		1.6								1.2		
29	X	24 hrs	50,000		1.5								1		
30	X	24 hrs	44,000		1.6								1.2		
31		24 hrs													
Total			1,592,000												
Average			53,067												
Maximum			66,000												

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

PWS ID:	3424839	Plant Name:	Bellevue Hills Estates
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **December-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills Estates	PWS Identification Number:	3424839
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills Estates	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14481 S.E. 59th Ct	City:	Summerfield	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	111,000	Zip Code:	34491	
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	Gary Kissick	C	7846	6 Days per week
Other Operators	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424839 Plant Name: Belleview Hills Estates

III. Daily Data for the Month/Year of: December-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (min/L)	Temp. of Water (°C)	pH of Water if Applicable	Minimum CT Required (min/L)	Lowest Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)		
1	X	24 hrs	65,000		1.6							1.2		
2	X	24 hrs	38,000		1.6							1.2		
3	X	24 hrs	65,000		1.4							1.2		
4		24 hrs	65,000											
5	X	24 hrs	53,000		1.4							1		
6	X	24 hrs	60,000		1.5							1.2		
7	X	24 hrs	34,000		1.6							1.2		
8	X	24 hrs	63,000		1.5							1		
9	X	24 hrs	49,000		1.6							1.1		
10	X	24 hrs	65,000		1.6							1.2		
11		24 hrs	65,000											
12	X	24 hrs	65,000		1.4							1		
13	X	24 hrs	49,000		1.4							1		
14	X	24 hrs	61,000		1.5							1.2		
15	X	24 hrs	45,000		1.6							1.3		
16	X	24 hrs	60,000		1.3							0.9		
17	X	24 hrs	57,000		1.3							0.9		
18		24 hrs	57,000											
19	X	24 hrs	58,000		1.2							0.8		
20	X	24 hrs	56,000		1							0.6		
21	X	24 hrs	42,000		1.4							1		
22	X	24 hrs	63,000		1.4							1		
23	X	24 hrs	58,000		1.4							1.2		
24	X	24 hrs	80,000		1.2							1.2		
25		24 hrs	80,000											
26	X	24 hrs	150,000		1.3							1		
27	X	24 hrs	51,000		1.3							0.9		
28	X	24 hrs	69,000		1.3							1		
29	X	24 hrs	38,000		1.3							0.9		
30	X	24 hrs	42,000		1.3							1		
31	X	24 hrs	54,000		1.4							1		
Total			1,857,000											
Average			59,903											
Maximum			150,000											

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

PWS ID:	3424839	Plant Name:	Bellevue Hills Estates
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	2005
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
--------------------	--	---	--

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.

Bellevue Hills



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

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Days/Shifts Worked
Lead/Chief Operator:	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: January-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Delivered (gpd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Shutting Down System Components out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (°C)	pH of Water if Applicable	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1		24 hrs	25,000												
2	X	24 hrs	24,000										1		
3		24 hrs	27,000												
4		24 hrs	27,000												
5	X	24 hrs	22,000										1		
6		24 hrs	23,000												
7	X	24 hrs	21,000										1.1		
8		24 hrs	22,000												
9	X	24 hrs	24,000										1.3		
10		24 hrs	25,000												
11		24 hrs	24,000												
12	X	24 hrs	22,000										1.3		
13		24 hrs	23,000												
14	X	24 hrs	24,000										1.3		
15		24 hrs	23,000												
16	X	24 hrs	22,000										1.3		
17		24 hrs	23,000												
18		24 hrs	22,000												
19	X	24 hrs	23,000										1.3		
20		24 hrs	22,000												
21	X	24 hrs	24,000										1.1		
22		24 hrs	24,000												
23	X	24 hrs	25,000										1		
24		24 hrs	24,000												
25		24 hrs	25,000												
26	X	24 hrs	23,000										1		
27		24 hrs	24,000												
28	X	24 hrs	22,000										1		
29		24 hrs	22,000												
30	X	24 hrs	21,000										1.1		
31		24 hrs	22,000												
Total			724,000												
Average			23,355												
Minimum			27,000												

* 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

I. General Information for the Month/Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Days/Shift(s) worked
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators				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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Bellevue Hills

III. Daily Data for the Month/Year of: February-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Isolating Water System Components from Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (G) Before or at First Customer Point During Peak Flowing	Disinfectant Contact Time (T) at G Measurement Point During Peak Flowing (min)	Lowest CT Provided Before or at First Customer Point During Peak Flowing (mg-min/L)	Temp. of Water (C)	pH of Water (if Applicable)	Minimum Required CT (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm2)	Minimum UV Dose Required (mW-sec/cm2)			
1		24 hrs	22,000												
2	X	24 hrs	23,000										1.3		
3		24 hrs	22,001												
4	X	24 hrs	22,000										1.4		
5		24 hrs	23,000												
6	X	24 hrs	24,000										1.4		
7		24 hrs	25,000												
8		24 hrs	24,000												
9	X	24 hrs	23,000										1.3		
10		24 hrs	23,000												
11	X	24 hrs	22,000										1.0		
12		24 hrs	22,000												
13	X	24 hrs	26,000										1.2		
14		24 hrs	26,000												
15		24 hrs	26,000												
16	X	24 hrs	28,000										1.2		
17		24 hrs	27,000												
18	X	24 hrs	24,000										1.2		
19		24 hrs	24,000												
20	X	24 hrs	28,000										1.3		
21		24 hrs	27,000												
22		24 hrs	28,000												
23	X	24 hrs	22,000										1.0		
24		24 hrs	21,000												
25	X	24 hrs	22,000										1.1		
26		24 hrs	21,000												
27	X	24 hrs	26,000										1.0		
28		24 hrs	26,000												
29		24 hrs	26,000												
30		24 hrs													
31		24 hrs													
Total			703,001												
Average			24,241												
Maximum			28,000												

* 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

I. General Information for the Month/Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum Required CT (mg-min/L)	Lowest Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)		
1	X	24 hrs	29,000										1.1	1
2		24 hrs	29,000											
3	X	24 hrs	28,000										1	
4		24 hrs	28,000											
5	X	24 hrs	30,000										1	
6		24 hrs	30,000											
7		24 hrs	30,000											
8	X	24 hrs	28,000										1	
9		24 hrs	28,000											
10	X	24 hrs	29,000										1.2	
11		24 hrs	29,000											
12	X	24 hrs	32,000										1.2	
13		24 hrs	32,000											
14		24 hrs	32,000											
15	X	24 hrs	23,000										1	
16		24 hrs	23,000											
17	X	24 hrs	26,000										1	
18		24 hrs	26,000											
19	X	24 hrs	35,000										0.8	
20		24 hrs	35,000											
21		24 hrs	36,000											
22	X	24 hrs	31,000										0.9	
23		24 hrs	31,000											
24	X	24 hrs	25,000										1	
25		24 hrs	25,000											
26	X	24 hrs	37,000										0.3	
27		24 hrs	37,000											
28		24 hrs	37,000											
29	X	24 hrs	32,000										1	
30		24 hrs	32,000											
31	X	24 hrs	32,000										1.1	
Total			937,000											
Average			30,226											
Maximum			37,000											

* 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

I. General Information for the Month/Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aguaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Bellevue Hills

III. Daily Data for the Month/Year of: April-04

Means of Achieving Four-Log Virus Inactivation/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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C/F	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24 hrs	38,000												
2	X	24 hrs	34,000										0.7		
3		24 hrs	34,000												
4		24 hrs	35,000												
5	X	24 hrs	45,000										0.6		
6		24 hrs	45,000												
7	X	24 hrs	30,000										0.2		
8		24 hrs	30,000												
9	X	24 hrs	41,000										0.3		
10		24 hrs	42,000												
11		24 hrs	41,000												
12	X	24 hrs	25,000										0.6		
13		24 hrs	25,000												
14	X	24 hrs	44,000										0.7		
15		24 hrs	44,000												
16	X	24 hrs	34,000										1.6		
17		24 hrs	33,000												
18		24 hrs	33,000												
19	X	24 hrs	47,000										0.7		
20		24 hrs	47,000												
21	X	24 hrs	47,000										0.4		
22		24 hrs	46,000												
23	X	24 hrs	43,000										0.5		
24		24 hrs	43,000												
25		24 hrs	43,000												
26	X	24 hrs	39,000										0.6		
27		24 hrs	39,000												
28	X	24 hrs	33,000										0.7		
29	X	24 hrs	33,000										1		
30		24 hrs	42,000												
31		24 hrs													
Total			1,155,000												
Average			38,500												
Maximum			47,000												

* 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

I. General Information for the Month/Year of: **May-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills			PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road			City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881			State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com			Zip Code:	34470
				Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills			Plant Telephone Number:	(352) 369-4881
Plant Address:	11869 S.E. 96th Ave			City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	State:	FL	Zip Code:
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.):	
Licensed Operators	Name	License Class	License Number	Days/Shifts 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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: May-04

Means of Achieving Four-Log Virus Inactivation/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

Day of Month	Days Plant Staffed or Visited by Operator (Place Mark)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Stopping Water System Components from Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-s/cm ²)	Minimum UV Dose Required (mW-s/cm ²)			
1		24 hrs	25,000												
2		24 hrs	25,000												
3	X	24 hrs	20,500										1		
4		24 hrs	20,500												
5	X	24 hrs	34,000										1.1		
6		24 hrs	34,000												
7	X	24 hrs	39,000										1		
8		24 hrs	40,000												
9		24 hrs	40,000												
10	X	24 hrs	32,000										0.9		
11		24 hrs	31,000												
12	X	24 hrs	26,500										0.9		
13		24 hrs	26,500												
14	X	24 hrs	34,000										1.1		
15		24 hrs	34,000												
16		24 hrs	34,000												
17	X	24 hrs	20,500										1		
18		24 hrs	20,500												
19	X	24 hrs	30,000										0.5		
20		24 hrs	30,000												
21	X	24 hrs	41,000										0.3		
22		24 hrs	41,000												
23		24 hrs	41,000												
24	X	24 hrs	31,500										0.3		
25		24 hrs	31,500												
26	X	24 hrs	47,000										0.3		
27		24 hrs	47,000												
28	X	24 hrs	51,900										0.4		
29		24 hrs	51,900												
30		24 hrs	51,900												
31	X	24 hrs	10,000										0.3		
Total			1,042,700												
Average			33,635												
Minimum			51,900												

* 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

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquasource.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 369-4881
Plant Address:	11869 S.E. 96th Ave	City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420
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	Days/Shifts 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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: June-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gals)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at O Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)			
1		24 hrs	10,000												
2	X	24 hrs	32,000										0.3		
3	X	24 hrs	28,000										2.2		
4	X	24 hrs	29,600										1.6		
5		24 hrs	29,600												
6		24 hrs	29,700												
7	X	24 hrs	26,500										1.6		
8		24 hrs	26,500												
9	X	24 hrs	32,000										1.7		
10		24 hrs	32,000												
11	X	24 hrs	25,000										1.1		
12		24 hrs	25,000												
13		24 hrs	25,000												
14	X	24 hrs	25,500										2		
15		24 hrs	25,500												
16	X	24 hrs	23,000										1.2		
17		24 hrs	23,000												
18	X	24 hrs	29,600										1.2		
19		24 hrs	29,600												
20		24 hrs	29,700												
21	X	24 hrs	22,000										1.1		
22		24 hrs	22,000												
23	X	24 hrs	26,000										1.2		
24		24 hrs	27,000												
25	X	24 hrs	26,700										1.3		
26		24 hrs	26,300												
27		24 hrs	26,300												
28	X	24 hrs	25,000										1.1		
29		24 hrs	25,000												
30	X	24 hrs	25,000										1.1		
31		24 hrs													
Total			788,100												
Average			26,270												
Minimum			32,000												

* 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

I. General Information for the Month/Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	106	Total Population Served 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	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Days/Shifts 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: January-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at G Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-s/cm ²	Minimum UV Dose Required, mW-s/cm ²			
1		24 hrs	25,000												
2	X	24 hrs	23,300										1.2		
3		24 hrs	23,300												
4		24 hrs	23,400												
5	X	24 hrs	32,000										1.2		
6		24 hrs	33,000												
7	X	24 hrs	24,000										1.2		
8		24 hrs	24,000												
9	X	24 hrs	31,000										1.3		
10		24 hrs	31,000												
11		24 hrs	32,000												
12	X	24 hrs	22,500										1		
13		24 hrs	22,500												
14	X	24 hrs	30,000										1.2		
15		24 hrs	30,000												
16	X	24 hrs	21,600										1.1		
17		24 hrs	21,600												
18		24 hrs	21,700												
19	X	24 hrs	26,000										1.3		
20		24 hrs	26,000												
21	X	24 hrs	28,000										1.3		
22		24 hrs	28,000												
23	X	24 hrs	28,600										1.2		
24		24 hrs	28,600												
25		24 hrs	28,600												
26	X	24 hrs	28,000										1.2		
27		24 hrs	28,000												
28	X	24 hrs	21,000										1.4		
29	X	24 hrs	27,000										1.3	1	
30	X	24 hrs	27,600										1.2		
31		24 hrs	27,600												
Total			824,900												
Average			26,610												
Minimum			33,000												

* 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

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	106	Total Population Served 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	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Days/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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: August-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours of Plant Operation	Net Quantity of Finished Water Produced (mgd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (C)	pH of Water (if Applicable)	Minimum UV Dose Required (mJ/cm ²)	Lowest Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)			
1		24 hrs	27,600												
2	X	24 hrs	22,000										1.2	1	
3	X	24 hrs	29,000										1.3		
4	X	24 hrs	22,000										1.2		
5		24 hrs	22,000												
6	X	24 hrs	26,000										1.3		
7		24 hrs	26,000												
8		24 hrs	26,000												
9	X	24 hrs	21,000										1.2		
10		24 hrs	21,000												
11	X	24 hrs	23,500										0.9		
12		24 hrs	23,500												
13	X	24 hrs	25,300										1		
14		24 hrs	25,300												
15		24 hrs	25,300												
16	X	24 hrs	22,000										1.1		
17		24 hrs	22,000												
18	X	24 hrs	21,000										1.2		
19		24 hrs	22,000												
20	X	24 hrs	34,000										1.3		
21		24 hrs	34,000												
22		24 hrs	34,000												
23	X	24 hrs	28,500										1.3		
24		24 hrs	28,500												
25	X	24 hrs	21,000										1.3		
26		24 hrs	21,000												
27	X	24 hrs	25,000										1.2		
28		24 hrs	25,000												
29		24 hrs	25,000												
30	X	24 hrs	25,000										1.3		
31		24 hrs	25,000												
Total			778,500												
Minimum			25,113												
Maximum			34,000												

* 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

I. General Information for the Month/Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	106	Total Population Served 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	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Days/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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424030 Plant Name: Bellevue Hills

III. Daily Data for the Month/Year of: September-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours of Plant Operation	Net Quantity of Finished Water Produced (gals)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Requiring Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C = Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water (C)	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	23,000		1.3								1		
2		24 hrs	24,000												
3	X	24 hrs	28,000		1.4								1.2		
4		24 hrs	28,000												
5		24 hrs	29,000												
6	X	24 hrs	24,000		1.5								1.3		
7	X	24 hrs	22,000		1.4								1.2		
8	X	24 hrs	33,000		1.6								1.4		
9	X	24 hrs	16,000		1.5								1.3		
10	X	24 hrs	22,000		1.6								1.2		
11	X	24 hrs	27,000		1.5								1.4		
12		24 hrs	28,000												
13	X	24 hrs	20,000		1.6								1.2		
14		24 hrs	20,000												
15	X	24 hrs	19,000		1.3								1		
16		24 hrs	19,000												
17	X	24 hrs	28,600		1								0.6		
18		24 hrs	28,600												
19		24 hrs	28,600												
20	X	24 hrs	22,000		1								1		
21		24 hrs	22,000												
22	X	24 hrs	21,000		1.6								1.3		
23		24 hrs	21,000												
24	X	24 hrs	32,300		2								1.4		
25		24 hrs	32,300												
26		24 hrs	32,300												
27	X	24 hrs	28,000		1.6								1.3		
28		24 hrs	29,000												
29	X	24 hrs	28,000		1.8								1.4		
30		24 hrs	29,000												
31		24 hrs													
Total			764,700												
Minimum			25,490												
Maximum			33,000												

* 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

I. General Information for the Month/Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	106	Total Population Served 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	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Bellevue Hills

III. Daily Data for the Month/Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
	X	24 hrs	30,000		1.8								1.2		
		24 hrs	30,000												
		24 hrs	30,500												
	X	24 hrs	29,000		1.3								1.2		
		24 hrs	29,000												
	X	24 hrs	23,500		1.8								1.4		
		24 hrs	23,500												
	X	24 hrs	30,000		1.1								0.9		
		24 hrs	30,000												
		24 hrs	30,000												
	X	24 hrs	21,000		1								0.8		
		24 hrs	2,100												
	X	24 hrs	31,000		2								1.4		
		24 hrs	32,000												
	X	24 hrs	33,000		1.8								1.3		
		24 hrs	33,000												
		24 hrs	32,000												
	X	24 hrs	26,000		0.8								0.7		
		24 hrs	27,000												
	X	24 hrs	20,000		0.7								0.5		
		24 hrs	20,000												
	X	24 hrs	27,000		0.8								0.4		
		24 hrs	27,000												
		24 hrs	27,000												
	X	24 hrs	24,000		2								1.3		
	X	24 hrs	17,000		1										
	X	24 hrs	22,000		2								1.4		
		24 hrs	21,000												
	X	24 hrs	27,000		1								0.6		
		24 hrs	27,000												
		24 hrs	27,000												
Total			808,600												
Average			26,084												
Maximum			33,000												

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	Consecutive	
Number of Service Connections at End of Month:	106	Total Population Served at End of Month:	371
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
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 732-6027	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Days(s)/Week(s) Worked
Lead Operator	Mark March	C	8287	3 Days per week
Other Operators	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: November-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (X's)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions (Repair, Maintenance, Work that Involves Taking Water System Components Out of Operation)
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	20,000		0.7								0.4		
2		24 hrs	20,000												
3	X	24 hrs	24,000		0.8								0.4		
4	X	24 hrs	30,000		1.2								0.3		
5	X	24 hrs	29,000		1.5								0.8		
6		24 hrs	29,000												
7		24 hrs	29,000												
8	X	24 hrs	20,000		1.4								0.8		
9		24 hrs	20,000												
10	X	24 hrs	24,000		1.6								1		
11		24 hrs	24,000												
12	X	24 hrs	26,000		1.5								1		
13		24 hrs	26,000												
14		24 hrs	27,000												
15	X	24 hrs	24,000		1.6								1.2		
16		24 hrs	24,000												
17	X	24 hrs	28,000		1.4								1		
18		24 hrs	28,000												
19	X	24 hrs	29,000		1.5								1		
20		24 hrs	29,000												
21	X	24 hrs	25,000		1.6								1.2		
22		24 hrs	26,000												
23		24 hrs	26,000												
24	X	24 hrs	23,000		1.8								1.2		
25		24 hrs	24,000												
26	X	24 hrs	20,000		1.6								1.2		
27		24 hrs	20,000												
28		24 hrs	20,000												
29	X	24 hrs	19,000		1.6								1.1		
30		24 hrs	19,000												
31		24 hrs													
Total			732,000												
Average			24,400												
Maximum			30,000												

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	106	Total Population Served at End of Month:	371
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
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 732-6027	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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) and Night(s) Worked
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Bellevue Hills

III. Daily Data for the Month/Year of: **December-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator	Hours of Plant Operation	Net Quantity of Finished Water Produced (gals)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at G-Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum UV Dose Required (mJ/cm ²)	Lowest Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)			
1	X	24 hrs	18,000		1.8								1.5		
2		24 hrs	18,000												
3	X	24 hrs	23,000		1.6								1.4		
4		24 hrs	23,000												
5		24 hrs	24,000												
6	X	24 hrs	22,000		1.5								1.2		
7		24 hrs	22,000												
8	X	24 hrs	21,000		1.4								1		
9		24 hrs	21,000												
10	X	24 hrs	24,000		1.1								0.8		
11		24 hrs	24,000												
12		24 hrs	24,000												
13	X	24 hrs	20,000		1.5								1.2		
14		24 hrs	20,000												
15	X	24 hrs	20,000		1.5								1.1		
16		24 hrs	20,000												
17	X	24 hrs	24,000		1.6								1.2		
18		24 hrs	24,000												
19		24 hrs	24,000												
20	X	24 hrs	21,000		1.4								1		
21		24 hrs	21,000												
22	X	24 hrs	22,000		1								0.8		
23		24 hrs	22,000												
24	X	24 hrs	21,000		1.1								0.8		
25		24 hrs	21,000												
26		24 hrs	22,000												
27	X	24 hrs	21,000		1.1								0.9		
28		24 hrs	21,000												
29	X	24 hrs	15,000		1.2								0.9		
30		24 hrs	16,000												
31	X	24 hrs	16,000		1.1								1		
Total			655,000												
Average			21,129												
Maximum			24,000												

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills			PWS Identification Number:	3424030	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	106			Total Population Served at End of Month:	371	
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's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Address:	beheath@aquaamerica.com					

B. Water Treatment Plant Information

Plant Name:	Bellevue 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:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> 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 (per subsection 62-699.310(4), F.A.C.):	D	
Operator	Name	License Class	License Number	Days/Shifts 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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flowing (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flowing (min)	Lowest CT Provided Before or at First Customer During Peak Flowing (min)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum Required CT (min·mg/L)	Lowest Operating UV Dose (mW·sec/cm ²)	Minimum UV Dose Required (mW·sec/cm ²)			
1	X	24 hrs	20,000		1.2								1		
2		24 hrs	20,000												
3	X	24 hrs	26,000		1.3								1		
4		24 hrs	27,000												
5	X	24 hrs	33,000		1.4								1.1		
6		24 hrs	33,000												
7	X	24 hrs	30,000		1.4								1		
8		24 hrs	30,000												
9		24 hrs	31,000												
10	X	24 hrs	20,000		1.5								1.1		
11		24 hrs	20,000												
12	X	24 hrs	24,000		1.4								1.1		
13		24 hrs	24,000												
14	X	24 hrs	22,000		1.6								1.2		
15		24 hrs	22,000												
16		24 hrs	22,000												
17	X	24 hrs	21,000		1.4								1.2		
18		24 hrs	22,000												
19	X	24 hrs	20,000		1.6								1.4		
20		24 hrs	20,000		1.2								1.2		
21	X	24 hrs	23,000		1.4								1.2		
22		24 hrs	23,000												
23		24 hrs	24,000												
24	X	24 hrs	21,000		1.6								1.2		
25		24 hrs	21,000												
26	X	24 hrs	23,000		1.6								1.2		
27		24 hrs	24,000												
28	X	24 hrs	22,000		1.8								1.4		
29		24 hrs	22,000												
30		24 hrs	22,000												
31	X	24 hrs	22,000		1.4								1		
Total			734,000												
Average			23,677												
Maximum			33,000												

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
--------------------	--	---	--

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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PWS Identification Number:	3424030	Plant Name:	Belleview Hills
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3424030

Plant Name: Belleview Hills

February-05

	Free Chlorine
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	Chlorine Dioxide
--	------------------

	Ozone
--	-------

	Combined Chlorine (Chloramines)
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☐ Ultraviolet Radiation☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)
0.000
0.001
0.002
0.003
0.004
0.005
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0.222
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0.224
0.225

Chlorine Dioxide

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Days per Week Worked
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: March-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours of Plant Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpm	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW/cm ²	Minimum UV Dose Required, mW/cm ²			
1		24 hrs	23,500												
2	X	24 hrs	22,000		1								0.9		
3		24 hrs	22,000												
4	X	24 hrs	16,000		1.1								0.9		
5		24 hrs	26,000												
6		24 hrs	26,000												
7	X	24 hrs	26,000		1								0.9		
8		24 hrs	25,000												
9	X	24 hrs	25,000		0.6								0.4		
10		24 hrs	48,000												
11	X	24 hrs	25,300		0.8								0.6		
12		24 hrs	25,300												
13		24 hrs	25,300												
14	X	24 hrs	22,000		1								0.6		
15		24 hrs	22,000												
16	X	24 hrs	21,000		1.8								1.4		
17		24 hrs	21,000												
18	X	24 hrs	22,600		1.2								1		
19		24 hrs	22,600												
20		24 hrs	22,600												
21	X	24 hrs	34,000		1								0.8		
22		24 hrs	34,000												
23	X	24 hrs	24,500		1								0.8		
24		24 hrs	24,500												
25	X	24 hrs	22,000		1								0.8		
26		24 hrs	22,000												
27		24 hrs	22,000												
28	X	24 hrs	27,000		1.5								1.1		
29		24 hrs	27,000												
30	X	24 hrs	22,500		1.2								1		
31		24 hrs	22,500												
Total			771,200												
Average			24,877												
Maximum			48,000												

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **April-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
		State:	FL	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34420	
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 (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Days/Shifts/Week
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Bob Maxon	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Bellevue Hills

III. Daily Data for the Month/Year of: April-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (If Not, Explain)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gpd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum 5-CIT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	30,300		2								1.5		
2		24 hrs	30,300												
3		24 hrs	30,300												
4	X	24 hrs	25,500		1.5								1.2		
5		24 hrs	25,500												
6	X	24 hrs	26,000		1.2								1		
7		24 hrs	26,000												
8	X	24 hrs	26,300		1								0.9		
9		24 hrs	26,300												
10		24 hrs	26,300												
11	X	24 hrs	24,500		1								0.8		
12		24 hrs	24,500												
13	X	24 hrs	25,500		1								0.8		
14		24 hrs	25,500												
15	X	24 hrs	33,000		1								0.8		
16		24 hrs	33,000												
17		24 hrs	33,000												
18	X	24 hrs	32,000		1.1								0.9		
19		24 hrs	32,000												
20	X	24 hrs	35,000		1.9								1.5		
21		24 hrs	35,000												
22	X	24 hrs	30,000		2.2								1.6		
23		24 hrs	30,000												
24		24 hrs	30,000												
25	X	24 hrs	24,000		2								1.5		
26		24 hrs	24,000												
27	X	24 hrs	24,500		2								1.5		
28		24 hrs	24,500												
29	X	24 hrs	30,300		1.8								1.6		
30		24 hrs	30,300												
31		24 hrs													
Total			853,400												
Average			28,447												
Maximum			35,000												

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
--------------------	--	------------------------------------	--

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **May-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Operator's Name	Name	License Class	License Number	Days/Shifts/Week
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: May-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours of Plant Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum GUV Required (mJ/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)		
		24 hrs	30,300											
	X	24 hrs	25,800		2							1.6		
		24 hrs	25,800											
	X	24 hrs	19,000		2							1.6		
		24 hrs	19,000											
	X	24 hrs	26,300		1.5							1.2		
		24 hrs	26,300											
		24 hrs	26,300											
	X	24 hrs	27,000		1.1							0.9		
		24 hrs	27,000											
	X	24 hrs	22,000		1.8							1.4		
		24 hrs	22,000											
	X	24 hrs	34,300		1.8							1.4		
		24 hrs	34,300											
		24 hrs	34,300											
	X	24 hrs	28,500		1.2							1		
		24 hrs	28,500											
	X	24 hrs	32,500		1							0.8		
		24 hrs	32,500											
		24 hrs	32,500											
	X	24 hrs	25,300		1.4							1.1		
		24 hrs	25,300											
		24 hrs	25,300											
	X	24 hrs	32,000		1.2							1		
		24 hrs	32,000											
		24 hrs	32,000											
	X	24 hrs	27,000		0.6							0.3		
		24 hrs	2,700											
	X	24 hrs	32,600		0.6							0.3		
		24 hrs	32,600											
		24 hrs	32,700											
	X	24 hrs	28,000		0.6							0.3		
		24 hrs	28,000											
Total			845,200											
Average			27,265											
Maximum			34,300											

* 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? ☒ No

follows:

Polymer Dose ppm =	Acrylamide Level, % ^t =
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ^t =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **June-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D	
Cleared Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead Operator	Mark March	C	8287	3 Days per week
Other Operators	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424030 Plant Name: Bellevue Hills

III. Daily Data for the Month/Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer Point During Peak Flow (mg-min/l)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	23,000		0.7								0.3		
2		24 hrs	23,000												
3	X	24 hrs	22,600		0.5								0.3		
4		24 hrs	22,600												
5		24 hrs	22,600												
6	X	24 hrs	24,500		2.6								1.4		
7		24 hrs	24,500												
8	X	24 hrs	20,500		2.6								1.2		
9		24 hrs	20,500												
10	X	24 hrs	23,000		2.4								1.2		
11		24 hrs	23,000												
12		24 hrs	23,000												
13	X	24 hrs	27,000		2.4								1.2		
14		24 hrs	27,000												
15	X	24 hrs	26,000		2.6								1.4		
16		24 hrs	26,000												
17	X	24 hrs	26,300		2.6								1.6		
18		24 hrs	26,300												
19		24 hrs	26,300												
20	X	24 hrs	27,500		2.6								1.6		
21		24 hrs	27,500												
22	X	24 hrs	23,000		2.5								1.5		
23		24 hrs	23,000												
24	X	24 hrs	26,300		2.3								1.3		
25		24 hrs	26,300												
26		24 hrs	26,300												
27	X	24 hrs	23,500		2.3								1.3		
28		24 hrs	23,500												
29	X	24 hrs	21,000		2.4								1.4		
30		24 hrs	21,000												
31		24 hrs													
Total			726,600												
Average			24,220												
Maximum			27,500												

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operators	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424030 Plant Name: Bellevue Hills

III. Daily Data for the Month/Year of: July-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced (gals)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (C)	pH of Water if Applicable	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)		
1		24 hrs	33,000											
2		24 hrs	33,000											
3		24 hrs	34,000											
4	X	24 hrs	28,000		2							1.4		
5		24 hrs	29,000											
6	X	24 hrs	24,000		1.6							1.4		
7		24 hrs	24,000											
8	X	24 hrs	26,000		2.4							1.2		
9		24 hrs	26,000											
10		24 hrs	26,000											
11	X	24 hrs	21,500		2.3							1		
12		24 hrs	21,500											
13	X	24 hrs	21,000		2							1		
14		24 hrs	21,000											
15	X	24 hrs	28,600		1.6							0.7		
16		24 hrs	28,600											
17		24 hrs	28,600											
18	X	24 hrs	22,000		2							1		
19	X	24 hrs	22,000		2.2							1.2		
20	X	24 hrs	30,000		1.7							1		
21	X	24 hrs	20,000		1.7							1.2		
22	X	24 hrs	29,000		1.6							1		
23		24 hrs	50,000											
24		24 hrs	50,000											
25	X	24 hrs	32,500		1.6							0.9		
26		24 hrs	32,500											
27	X	24 hrs	29,000		1.6							1.1		
28		24 hrs	29,000											
29	X	24 hrs	29,000		1.5							1		
30		24 hrs	29,000											
31		24 hrs	29,000											
Total			886,800											
Average			28,606											
Maximum			50,000											

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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 Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	11869 S.E. 96th Ave	City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420
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 Operator	Name	License Class	License Number	Days per week
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operators	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: August-05

Means of Achieving Four-Log Virus Inactivation/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

Day of Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours of Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpm)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (°C)	pH of Water, if Applicable	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1	X	24 hrs	24,500		2.1								1.7		
2		24 hrs	24,500												
3	X	24 hrs	25,000		2								1.6		
4		24 hrs	25,000												
5	X	24 hrs	25,300		2.2								1.8		
6		24 hrs	25,300												
7		24 hrs	25,300												
8	X	24 hrs	26,000		1.3								0.6		
9		24 hrs	26,000												
10	X	24 hrs	26,000		1.3								0.7		
11		24 hrs	26,000												
12	X	24 hrs	30,000		1.2								0.7		
13		24 hrs	30,000												
14		24 hrs	30,000												
15	X	24 hrs	31,500		1								0.5		
16		24 hrs	31,500												
17	X	24 hrs	26,000		1.4								0.9		
18		24 hrs	26,000												
19	X	24 hrs	28,000		1.5								1		
20		24 hrs	28,000												
21		24 hrs	28,000												
22	X	24 hrs	25,000		1.6								1.2		
23		24 hrs	25,000												
24	X	24 hrs	28,000		1.3								0.8		
25		24 hrs	28,000												
26	X	24 hrs	25,000		1.6								1.1		
27		24 hrs	25,000												
28		24 hrs	25,000												
29	X	24 hrs	21,000		1.4								0.9		
30		24 hrs	21,000												
31	X	24 hrs	24,000		1.3								0.8		
Total			814,900												
Average			26,287												
Maximum			31,500												

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **September-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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	Days/Shift(s) Worked
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
	Mark March	C	8287	3 Days per week
	Paul Thompson	A	7251	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: September-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours of Operation	Net Quantity of Finished Water Produced (gpd)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/l)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/l)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/l)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum CT Required (mg-min/l)	Lowest Operating UV Dose (mW/cm ² -s)	Minimum UV Dose Required (mW/cm ² -s)			
1		24 hrs	24,000												
2	X	24 hrs	23,000		1.1								0.7		
3		24 hrs	23,000												
4		24 hrs	23,000												
5	X	24 hrs	24,000		1.1								0.7		
6		24 hrs	24,000												
7	X	24 hrs	21,000		1.6								1.1		
8		24 hrs	21,000												
9	X	24 hrs	27,000		2								1.6		
10		24 hrs	27,000												
11		24 hrs	27,000												
12	X	24 hrs	29,000		1.6								1.2		
13		24 hrs	29,000												
14	X	24 hrs	20,000		1.5								1		
15		24 hrs	20,000												
16	X	24 hrs	39,000		1.4								0.9		
17		24 hrs	39,000												
18		24 hrs	39,000												
19	X	24 hrs	25,000		1.3								0.9		
20		24 hrs	25,000												
21	X	24 hrs	23,000		1.6								1.1		
22		24 hrs	23,000												
23	X	24 hrs	33,000		1.5								1		
24		24 hrs	33,000												
25		24 hrs	33,000												
26	X	24 hrs	25,000		1.5								1		
27		24 hrs	25,000												
28	X	24 hrs	19,000		1.2								0.8		
29		24 hrs	19,000												
30	X	24 hrs	30,000		1.1								0.7		
31		24 hrs													
Total			792,000												
Average			26,400												
Minimum			39,000												

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

PWS ID:	3424030	Plant Name:	Belleview Hills
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **October-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operators	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator	Hours of Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Flow (mgd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water if Applicable	Minimum CT Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)			
1		24 hrs	30,000												
2		24 hrs	30,000												
3	X	24 hrs	23,000		1								0.7		
4		24 hrs	23,000												
5	X	24 hrs	19,000		1.8								1.3		
6		24 hrs	19,000												
7	X	24 hrs	25,000		1.5								1.2		
8		24 hrs	25,000												
9		24 hrs	25,000												
10	X	24 hrs	22,000		1.5								1.2		
11		24 hrs	22,000												
12	X	24 hrs	20,000		1.4								1		
13		24 hrs	20,000												
14	X	24 hrs	34,000		1.7								1.4		
15		24 hrs	34,000												
16		24 hrs	34,000												
17	X	24 hrs	24,000		1.3								0.9		
18		24 hrs	24,000												
19	X	24 hrs	29,000		1.1								0.8		
20		24 hrs	29,000												
21	X	24 hrs	24,000		1.8								1.5		
22		24 hrs	24,000												
23		24 hrs	24,000												
24	X	24 hrs	21,000		1.4								1		
25		24 hrs	21,000												
26	X	24 hrs	17,000		1.5								1.2		
27		24 hrs	17,000												
28	X	24 hrs	26,000		1.4								1.1		
29		24 hrs	26,000												
30		24 hrs	26,000												
31	X	24 hrs	17,000		1.6								1.2		
Total			754,000												
Average			24,323												
Minimum			34,000												

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % ^t =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % ^t =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):	
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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 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.



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-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
		State:	FL	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34420	
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 (per subsection 62-699.310(4), F.A.C.):	D	
Licensed Operators	Name	License Class	License Number	Day(s)/Week Worked
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operators	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: November-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Please Mark)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Shutting Down Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (°C)	pH of Water (if Applicable)	Minimum UV Dose Required (mJ/cm ²)	Lowest Operating UV Dose (mJ/cm ²)	Minimum UV Dose Required (mJ/cm ²)			
1		24 hrs	17,000												
2	X	24 hrs	23,000		1.6								1.2		
3		24 hrs	23,000												
4	X	24 hrs	25,000		1.4								1		
5		24 hrs	25,000												
6		24 hrs	25,000												
7	X	24 hrs	25,000		1.5								1.1		
8		24 hrs	25,000												
9	X	24 hrs	25,000		1.4								1		
10		24 hrs	25,000												
11	X	24 hrs	28,000		1.4								1		
12		24 hrs	28,000												
13		24 hrs	28,000												
14	X	24 hrs	21,000		1.5								1.2		
15		24 hrs	21,000												
16	X	24 hrs	24,000		1.4								1		
17		24 hrs	24,000												
18	X	24 hrs	26,000		1.4								1.1		
19		24 hrs	26,000												
20		24 hrs	26,000												
21	X	24 hrs	24,000		1.4								1.1		
22		24 hrs	24,000												
23	X	24 hrs	24,000		1.4								1		
24		24 hrs	24,000												
25	X	24 hrs	27,000		1.4								1		
26		24 hrs	27,000												
27		24 hrs	27,000												
28	X	24 hrs	24,000		1.2								0.8		
29		24 hrs	24,000												
30	X	24 hrs	22,000		1.5								1.1		
31		24 hrs													
Total			737,000												
Average			24,567												
Maximum			28,000												

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

PWS ID:	3424030	Plant Name:	Bellevue Hills
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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? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

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 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.



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: **December-05**

A. Public Water System (PWS) Information

PWS Name:	Bellevue Hills	PWS Identification Number:	3424030
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	108	Total Population Served at End of Month:	378
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Bellevue Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	11869 S.E. 96th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	108,000	Zip Code:	34420	
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
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operators	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424030 Plant Name: Belleview Hills

III. Daily Data for the Month/Year of: December-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hour of Day in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, mgd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24 hrs	22,000											
2	X	24 hrs	23,000		1.5							1.1		
3		24 hrs	23,000											
4		24 hrs	23,000											
5	X	24 hrs	23,000		1.5							1.1		
6		24 hrs	23,000											
7	X	24 hrs	22,000		1.5							1		
8		24 hrs	22,000											
9	X	24 hrs	23,000		1.9							1.6		
10		24 hrs	23,000											
11		24 hrs	23,000											
12	X	24 hrs	22,000		1.4							1		
13		24 hrs	22,000											
14	X	24 hrs	20,000		1.6							1.3		
15		24 hrs	20,000											
16	X	24 hrs	24,000		1.8							1.6		
17		24 hrs	24,000											
18		24 hrs	24,000											
19	X	24 hrs	22,000		1							0.7		
20		24 hrs	22,000											
21	X	24 hrs	19,000		1.8							1.5		
22		24 hrs	20,000											
23	X	24 hrs	35,000		1.6							1.4		
24		24 hrs	35,000											
25		24 hrs	35,000											
26	X	24 hrs	25,000		1.2							0.8		
27		24 hrs	25,000											
28	X	24 hrs	23,000		1.8							1.5		
29		24 hrs	23,000											
30	X	24 hrs	21,000		1.1							0.8		
31		24 hrs	21,000											
Total			732,000											
Average			23,613											
Minimum			35,000											

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

PWS ID:	3424030	Plant Name:	Belleview Hills
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IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: *	2005
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A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No

follows:

Polymer Dose ppm =		Acrylamide Level, % [†] =	
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No

polymer are as follows:

Polymer Dose ppm =		Epichlorohydrin Level, % [†] =	
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C. Is any iron or manganese sequestrant used at the water treatment plant? ☒ No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
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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.

Chappell Hills



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

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Place	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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:	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month Year of: **January-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	10,000												
2	X	24 hrs	12,000										1.1		
3		24 hrs	11,000												
4		24 hrs	12,000												
5	X	24 hrs	10,000										1		
6		24 hrs	11,000												
7	X	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												
12	X	24 hrs	7,000										1		
13		24 hrs	7,000												
14	X	24 hrs	8,000										1		
15		24 hrs	8,000												
16	X	24 hrs	9,000										1.1		
17		24 hrs	9,000												
18		24 hrs	9,000												
19	X	24 hrs	10,000										1		
20		24 hrs	10,000												
21	X	24 hrs	7,000										1		
22		24 hrs	8,000												
23	X	24 hrs	10,000										1		
24		24 hrs	11,000												
25		24 hrs	10,000												
26	X	24 hrs	8,000										1		
27		24 hrs	8,000												
28	X	24 hrs	10,000										1.1		
29		24 hrs	9,000											1	
30	X	24 hrs	9,000										1		
31		24 hrs	9,000												
Total			286,000												
Average			9,226												
Maximum			12,000												

* 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

I. General Information for the Month Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Place	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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:	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers

Printed or Typed Name

B7327

License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **February-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	9,000											
2	X	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	X	24 hrs	9,000									1.2		
7		24 hrs	10,000											
8		24 hrs	9,000											
9	X	24 hrs	8,000									1.2		
10		24 hrs	9,000											
11	X	24 hrs	8,000									1.2		
12		24 hrs	7,000											
13	X	24 hrs	10,000									1.1		
14		24 hrs	9,000											
15		24 hrs	10,000											
16	X	24 hrs	8,000									1.0		
17		24 hrs	9,000											
18	X	24 hrs	9,000									1.1		
19		24 hrs	9,000											
20	X	24 hrs	10,000									1.0		
21		24 hrs	11,000											
22		24 hrs	10,000											
23	X	24 hrs	9,000									1.5		
24		24 hrs	9,000											
25	X	24 hrs	10,000									1.5		
26		24 hrs	9,000											
27	X	24 hrs	10,000									1.0		
28		24 hrs	9,000											
29		24 hrs	10,000											
30		24 hrs												
31		24 hrs												
Total			268,000											
Average			9,241											
Maximum			11,000											

* 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

I. General Information for the Month Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	8,000										0.9		
2		24 hrs	9,000												
3	X	24 hrs	9,000										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										1.8		
9		24 hrs	7,000												
10	X	24 hrs	10,000										0.9		
11		24 hrs	11,000												
12	X	24 hrs	10,000										1.2		
13		24 hrs	10,000												
14		24 hrs	11,000												
15	X	24 hrs	9,500										1.3		
16		24 hrs	9,500												
17	X	24 hrs	8,000										1.4		
18		24 hrs	8,000												
19	X	24 hrs	9,600										1.5		
20		24 hrs	9,600												
21		24 hrs	9,700												
22	X	24 hrs	9,000										1.4		
23	X	24 hrs	10,000												
24	X	24 hrs	9,000										1.2		
25		24 hrs	9,000												
26	X	24 hrs	8,000										0.9		
27	X	24 hrs	13,000										1		
28		24 hrs	13,000												
29	X	24 hrs	10,500										1.5		
30		24 hrs	10,500												
31	X	24 hrs	14,000										0.4		
Total			312,900												
Average			10,094												
Maximum			14,000												

* 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

I. General Information for the Month Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **April-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	11,000										0.5	
2	X	24 hrs	12,000										1	
3		24 hrs	12,000											
4		24 hrs	12,000											
5	X	24 hrs	12,000										1.1	
6		24 hrs	12,000											
7	X	24 hrs	9,000										1.3	
8		24 hrs	9,000											
9	X	24 hrs	12,600										1.4	
10		24 hrs	12,600											
11		24 hrs	12,600											
12	X	24 hrs	9,000										1.3	
13		24 hrs	9,000											
14	X	24 hrs	7,000										1.4	
15		24 hrs	7,000											
16	X	24 hrs	14,000										1.4	
17		24 hrs	14,000											
18		24 hrs	14,000											
19	X	24 hrs	10,500										1.3	
20		24 hrs	10,500											
21	X	24 hrs	10,500										1.4	
22		24 hrs	10,500											
23	X	24 hrs	14,600										1.2	
24		24 hrs	14,600											
25		24 hrs	14,700											
26	X	24 hrs	12,000										1.4	
27		24 hrs	11,000											
28	X	24 hrs	11,000										1.5	
29		24 hrs	11,000											
30	X	24 hrs	10,000										1.3	
31		24 hrs												
Total			341,700											
Average			11,390											
Maximum			14,700											

* 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

I. General Information for the Month/Year of: **May-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **May-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	10,000												
2		24 hrs	10,000												
3	X	24 hrs	8,000										1.3		
4	X	24 hrs	8,000												
5	X	24 hrs	9,000										1.2		
6		24 hrs	9,000												
7	X	24 hrs	12,000										1.3		
8		24 hrs	12,000												
9		24 hrs	13,000												
10	X	24 hrs	9,000										1.3		
11		24 hrs	9,000												
12	X	24 hrs	8,500										1		
13		24 hrs	8,500												
14	X	24 hrs	11,000										1.3		
15		24 hrs	11,000												
16		24 hrs	12,000												
17	X	24 hrs	8,500										1.4		
18		24 hrs	8,500												
19	X	24 hrs	7,000										1.3	1	
20	X	24 hrs	9,000										1.5		
21	X	24 hrs	12,000										1.5		
22		24 hrs	12,000												
23		24 hrs	13,000												
24	X	24 hrs	11,000										1.4		
25		24 hrs	11,000												
26	X	24 hrs	12,500										1.2		
27		24 hrs	12,500												
28	X	24 hrs	17,000										1		
29		24 hrs	18,000												
30		24 hrs	18,000												
31	X	24 hrs	14,000										1		
Total			344,000												
Average			11,097												
Maximum			18,000												

* 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

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month Year of: **June-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	14,000											
2	X	24 hrs	10,000										1.2	
3		24 hrs	10,000											
4		24 hrs	10,000											
5		24 hrs	10,000											
6		24 hrs	10,000											
7	X	24 hrs	7,000										1.4	
8		24 hrs	8,000											
9	X	24 hrs	9,000										1.4	
10		24 hrs	9,000											
11	X	24 hrs	10,700										1.6	
12		24 hrs	10,700											
13		24 hrs	10,600											
14	X	24 hrs	9,000										1.6	
15		24 hrs	9,000											
16	X	24 hrs	9,000										1.6	
17		24 hrs	9,000											
18	X	24 hrs	12,000										1.1	
19		24 hrs	12,000											
20		24 hrs	12,000											
21	X	24 hrs	8,500										0.6	
22		24 hrs	8,500											
23	X	24 hrs	10,000										1.2	
24		24 hrs	10,000											
25	X	24 hrs	10,000										1.3	
26		24 hrs	10,000											
27		24 hrs	10,000											
28	X	24 hrs	7,500										1.4	
29		24 hrs	7,500											
30	X	24 hrs	9,000										0.8	
31		24 hrs												
Total			292,000											
Average			9,733											
Maximum			14,000											

* 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

I. General Information for the Month Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **July-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	10,000											
2	X	24 hrs	10,000									0.4		
3		24 hrs	10,000											
4		24 hrs	10,000											
5	X	24 hrs	10,000									0.5		
6		24 hrs	10,000											
7	X	24 hrs	7,500									1		
8		24 hrs	7,500											
9	X	24 hrs	11,300									0.8		
10		24 hrs	11,300											
11		24 hrs	11,400											
12	X	24 hrs	11,000									1.6		
13		24 hrs	12,000											
14	X	24 hrs	9,000									1.6		
15		24 hrs	9,000											
16	X	24 hrs	9,000									1.1		
17		24 hrs	9,000											
18		24 hrs	9,000											
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											
23	X	24 hrs	8,300									1.1		
24		24 hrs	8,300											
25		24 hrs	8,400											
26	X	24 hrs	15,000									1.2		1
27	X	24 hrs	6,000									1.3		
28	X	24 hrs	8,000									1.6		
29		24 hrs	8,000											
30	X	24 hrs	8,600									1.4		
31		24 hrs	8,600											
Total			290,200											
Average			9,361											
Maximum			15,000											

* 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

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	3424029	Plant Name: Chappell Hills
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III. Daily Data for the Month/Year of: **August-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	8,700												
2	X	24 hrs	7,500										1.4		
3	X	24 hrs	7,500												
4	X	24 hrs	8,500										1.4		
5		24 hrs	8,500												
6	X	24 hrs	9,300										1.3		
7		24 hrs	9,300												
8	X	24 hrs	9,400												
9	X	24 hrs	9,000										1.4		
10	X	24 hrs	9,000												
11	X	24 hrs	8,000										1		
12		24 hrs	8,000												
13	X	24 hrs	10,000										1.2		
14		24 hrs	10,000												
15		24 hrs	10,000												
16	X	24 hrs	7,000										1.3		
17		24 hrs	8,000												
18	X	24 hrs	10,000										1.3		
19		24 hrs	10,000												
20	X	24 hrs	7,600										1.3		
21		24 hrs	7,700												
22		24 hrs	7,700												
23	X	24 hrs	7,000										1.2		
24		24 hrs	7,000												
25	X	24 hrs	8,000										1.2		
26		24 hrs	8,000												
27	X	24 hrs	9,000										1.2		
28		24 hrs	9,000												
29		24 hrs	9,000												
30	X	24 hrs	10,000										1.3		
31		24 hrs	11,000												
Total			268,700												
Average			8,668												
Maximum			11,000												

* 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

I. General Information for the Month/Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **September-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	6,000		1.6								1.3		
2		24 hrs	7,000												
3	X	24 hrs	7,000		0.7								0.4		
4		24 hrs	7,000												
5		24 hrs	7,000												
6	X	24 hrs	6,000		0								0		
7	X	24 hrs	11,000		1.2								1.1		
8	X	24 hrs	18,000		1.8								1.4		
9	X	24 hrs	10,000		1.7								1.6		
10	X	24 hrs	5,000		1.6								1.6		
11		24 hrs	5,000												
12		24 hrs	5,000												
13	X	24 hrs	7,000		1.8								1.6		
14		24 hrs	7,000												
15	X	24 hrs	7,000		1.6								1.3		
16		24 hrs	7,000												
17	X	24 hrs	8,000		1.8								1.1		
18		24 hrs	8,000												
19		24 hrs	8,000												
20	X	24 hrs	7,500		1								0.6		
21		24 hrs	7,500												
22	X	24 hrs	7,000		1.6								1.4		
23		24 hrs	7,000												
24	X	24 hrs	7,600		2								1.4		
25		24 hrs	7,600												
26		24 hrs	7,600												
27	X	24 hrs	4,000		1.6								1.4		
28	X	24 hrs	8,000		1.8								1.6		
29		24 hrs	8,000												
30	X	24 hrs	7,000		2.2								1.5		
31		24 hrs													
Total			224,800												
Average			7,493												
Maximum			18,000												

* 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

I. General Information for the Month/Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	40	Total Population Served at End of Month:	140
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____ Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	8,000		2								1.6		
2		24 hrs	8,000												
3		24 hrs	8,000												
4	X	24 hrs	7,000		2								1.6		
5		24 hrs	7,000												
6	X	24 hrs	8,000		1.8								1.4		
7		24 hrs	8,000												
8	X	24 hrs	7,000		0.8								1.6		
9		24 hrs	7,000												
10		24 hrs	8,000												
11	X	24 hrs	7,000		1.6								1.4		
12	X	24 hrs	6,000		1.8								1.6		
13	X	24 hrs	6,000		1.6								1.6		
14		24 hrs	7,000												
15	X	24 hrs	9,000		1.6								1.4		
16		24 hrs	9,000												
17		24 hrs	9,000												
18	X	24 hrs	7,000		1.8								1.3		
19		24 hrs	8,000												
20	X	24 hrs	8,000		1.6								1.4		
21		24 hrs	8,000												
22	X	24 hrs	8,000		1.8								1.6		
23		24 hrs	8,000												
24		24 hrs	8,000												
25	X	24 hrs	10,000		1.6								1.4		
26		24 hrs	10,000												
27	X	24 hrs	8,000		1.6								1.3		
28		24 hrs	8,000												
29	X	24 hrs	7,600		1.8								1.2		
30		24 hrs	7,600												
31		24 hrs	7,700												
Total			242,900												
Average			7,835												
Maximum			10,000												

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 Mailing Address:	1343 NE 17th Road	City:	Ocala
		State:	FL
		Zip Code:	34470
Contact Person's Telephone Number:	(352) 732-6027	Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 732-6027	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
		State:	FL	
		Zip Code:	34479	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **November-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	7,000		1.6								1.4		
2		24 hrs	8,000												
3	X	24 hrs	8,000		1.8								1.3		
4	X	24 hrs	8,000		1.5								0.3		
5	X	24 hrs	8,600		1.8								1.4		
6		24 hrs	8,600												
7		24 hrs	8,700												
8	X	24 hrs	8,500		1.8								1.3		
9		24 hrs	8,500												
10	X	24 hrs	7,000		1.6								1.4		
11		24 hrs	7,000												
12	X	24 hrs	9,000		1.4								1.2		
13		24 hrs	9,000												
14		24 hrs	9,000												
15	X	24 hrs	6,000		1.6								1.4		
16		24 hrs	7,000												
17	X	24 hrs	6,000		1.4								1.2		
18		24 hrs	7,000												
19	X	24 hrs	8,000		1.1								1		
20		24 hrs	8,000												
21		24 hrs	9,000												
22	X	24 hrs	7,000		1.2								1		
23		24 hrs	8,000												
24	X	24 hrs	7,000		1.4								1.1		
25		24 hrs	7,000												
26	X	24 hrs	8,600		1.6								1.2		
27		24 hrs	8,600												
28		24 hrs	8,700												
29	X	24 hrs	6,000		1.4								1.2		
30		24 hrs	6,000												
31		24 hrs													
Total			232,800												
Average			7,760												
Maximum			9,000												

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 732-6027	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **December-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	7,000		1.6								1.4	
2		24 hrs	7,000											
3	X	24 hrs	9,600		1.6								1.2	
4		24 hrs	9,600											
5		24 hrs	9,700											
6	X	24 hrs	11,000		1.4								1.2	
7		24 hrs	11,000											
8	X	24 hrs	8,000		1.5								1.2	
9		24 hrs	8,000											
10	X	24 hrs	8,300		1.5								1.1	
11		24 hrs	8,300											
12		24 hrs	8,300											
13	X	24 hrs	6,000		1.2								1	
14		24 hrs	6,000											
15	X	24 hrs	7,000		1.6								1.2	
16		24 hrs	7,000											
17	X	24 hrs	7,600		1.6								1.4	
18		24 hrs	7,600											
19		24 hrs	7,700											
20	X	24 hrs	7,000		1.6								12	
21		24 hrs	7,000											
22	X	24 hrs	6,000		1.8								1.4	
23		24 hrs	7,000											
24	X	24 hrs	9,000		1.6								1.4	
25		24 hrs	9,000											
26		24 hrs	8,000											
27	X	24 hrs	7,000		2								1.5	
28		24 hrs	8,000											
29	X	24 hrs	7,000		1.8								1.5	
30		24 hrs	7,000											
31	X	24 hrs	8,600		1.7								1.4	
Total			245,300											
Average			7,913											
Maximum			11,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	8,600											
2		24 hrs	8,600											
3	X	24 hrs	8,500		1.6							1.2		
4		24 hrs	8,500											
5	X	24 hrs	8,000		1							0.8		
6		24 hrs	8,000											
7	X	24 hrs	8,000		1.4							1.2		
8		24 hrs	8,000											
9		24 hrs	9,000											
10	X	24 hrs	8,000		1.6							1.4		
11		24 hrs	8,000											
12	X	24 hrs	8,000		1.6							1.2		
13		24 hrs	8,000											
14	X	24 hrs	9,000		1.8							1.2		
15		24 hrs	9,000											
16		24 hrs	9,000											
17	X	24 hrs	10,000		1.6							1.4		
18		24 hrs	11,000											
19	X	24 hrs	10,000		1.2							1		
20		24 hrs	10,000											
21		24 hrs	11,000											
22	X	24 hrs	13,000		1.6							1.4		
23		24 hrs	13,000											
24	X	24 hrs	10,000		1.6							1.2		
25		24 hrs	10,000											
26	X	24 hrs	10,000		1.8							1.4		
27		24 hrs	10,000											
28	X	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							1.2		
Total			304,200											
Average			9,813											
Maximum			14,000											

* 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

I. General Information for the Month Year of: **February-05**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month Year of: **February-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	10,000												
2	X	24 hrs	8,000		1.6								1.4		
3		24 hrs	8,000												
4	X	24 hrs	8,000		1.8								1.2		
5		24 hrs	8,000												
6		24 hrs	8,000												
7	X	24 hrs	10,000		1.6								1.4		
8		24 hrs	10,000												
9	X	24 hrs	4,000		1.6								1.2		
10		24 hrs	4,000												
11	X	24 hrs	8,600		1.8								1.2		
12		24 hrs	8,600												
13		24 hrs	8,700												
14	X	24 hrs	6,000		0.4								0.4		
15		24 hrs	7,000												
16	X	24 hrs	6,000		1.2								1		
17		24 hrs	6,000												
18	X	24 hrs	8,300		1.4								1.2		
19		24 hrs	8,300												
20		24 hrs	8,400												
21	X	24 hrs	6,000		1.6								1.2		
22		24 hrs	6,000												
23	X	24 hrs	7,000		1.8								1.2		
24		24 hrs	7,000												
25	X	24 hrs	7,600		1.6								1.4		
26		24 hrs	7,600												
27		24 hrs	7,700												
28	X	24 hrs	6,000		1.6								1.2		
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			208,800												
Average			7,457												
Maximum			10,000												

* 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

I. 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:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number:	3424029	Plant Name: Chappell Hills
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III. Daily Data for the Month/Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	6,000											
2	X	24 hrs	6,000		1.4							1		
3		24 hrs	7,000											
4	X	24 hrs	7,000		1.6							1.2		
5		24 hrs	7,000											
6		24 hrs	7,000											
7	X	24 hrs	10,000		1.2							1		
8		24 hrs	10,000											
9	X	24 hrs	7,000		1.6							1.4		
10		24 hrs	8,000											
11	X	24 hrs	8,000		1.2							1		
12		24 hrs	8,000											
13		24 hrs	9,000											
14	X	24 hrs	8,000		1							1		
15		24 hrs	8,000											
16	X	24 hrs	8,000		1							0.6		
17		24 hrs	9,000											
18	X	24 hrs	8,600		1.2							1		
19		24 hrs	8,700											
20		24 hrs	8,700											
21	X	24 hrs	7,000		1							0.8		
22		24 hrs	7,000											
23	X	24 hrs	7,500		1							0.6		
24		24 hrs	7,500											
25	X	24 hrs	9,000		1.2							1		
26		24 hrs	9,000											
27		24 hrs	10,000											
28	X	24 hrs	8,000		1.4							1.2		
29		24 hrs	9,000											
30	X	24 hrs	8,000		1							1		
31		24 hrs	9,000											
Total			250,000											
Average			8,065											
Maximum			10,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: April-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	9,000		1.8								1.4	
2		24 hrs	9,000											
3		24 hrs	9,000											
4	X	24 hrs	8,000		1								0.8	
5		24 hrs	8,000											
6	X	24 hrs	6,000		1.2								0.6	
7		24 hrs	7,000											
8	X	24 hrs	10,000		1.4								1	
9		24 hrs	10,000											
10		24 hrs	10,000											
11	X	24 hrs	8,000		1.8								1.7	
12		24 hrs	8,000											
13	X	24 hrs	8,000		1.6								1.4	
14		24 hrs	8,000											
15	X	24 hrs	11,000		1.8								1.4	
16		24 hrs	11,000											
17		24 hrs	12,000											
18	X	24 hrs	9,000		1								0.6	
19		24 hrs	10,000											
20	X	24 hrs	11,000		1								0.9	
21		24 hrs	11,000											
22	X	24 hrs	10,000		1.8								1.4	
23		24 hrs	10,000											
24		24 hrs	11,000											
25	X	24 hrs	7,000		1.6								1.2	
26		24 hrs	8,000											
27	X	24 hrs	10,000		1								0.9	
28		24 hrs	10,000											
29	X	24 hrs	12,000		1								0.9	
30		24 hrs	12,000											
31		24 hrs												
Total			283,000											
Average			9,433											
Maximum			12,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **May-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	12,000											
2	X	24 hrs	12,000		1.6							1.4		
3		24 hrs	12,000											
4	X	24 hrs	11,000		1.4							1.2		
5		24 hrs	12,000											
6	X	24 hrs	11,600		1.4							1		
7		24 hrs	11,600											
8		24 hrs	11,700											
9	X	24 hrs	10,000		1.6							1.2		
10		24 hrs	11,000											
11	X	24 hrs	10,000		1.8							1.4		
12		24 hrs	10,000											
13	X	24 hrs	12,000		1.2							1		
14		24 hrs	12,000											
15		24 hrs	12,000											
16	X	24 hrs	8,000		1.4							1		
17		24 hrs	8,000											
18	X	24 hrs	11,000		1							0.6		
19		24 hrs	11,000											
20	X	24 hrs	10,000		1							0.8		
21		24 hrs	10,000											
22		24 hrs	10,000											
23	X	24 hrs	8,500		1.2							1		
24		24 hrs	8,500											
25	X	24 hrs	12,000		1							0.5		
26		24 hrs	12,000											
27	X	24 hrs	13,000		1							1		
28		24 hrs	13,000											
29		24 hrs	14,000											
30	X	24 hrs	11,000		1.2							1		
31		24 hrs	11,000											
Total			341,900											
Average			11,029											
Maximum			14,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980
Plant Address:	2338 N.E. 55th Street	City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	12,000		0.6								0.5		
2		24 hrs	12,000												
3	X	24 hrs	11,000		1								0.8		
4		24 hrs	11,000												
5		24 hrs	10,000												
6	X	24 hrs	11,000		1								0.6		
7		24 hrs	12,000												
8	X	24 hrs	9,000		1								0.8		
9		24 hrs	8,000												
10	X	24 hrs	9,000		1								0.6		
11		24 hrs	9,000												
12		24 hrs	10,000												
13	X	24 hrs	8,000		1								0.8		
14		24 hrs	8,000												
15	X	24 hrs	8,000		1.2								0.8		
16		24 hrs	8,000												
17	X	24 hrs	8,600		1								1		
18		24 hrs	8,600												
19		24 hrs	8,600												
20	X	24 hrs	10,000		1								0.6		
21		24 hrs	11,600												
22	X	24 hrs	7,000		1								0.8		
23		24 hrs	8,000												
24	X	24 hrs	12,000		1								0.6		
25		24 hrs	12,000												
26		24 hrs	12,000												
27	X	24 hrs	5,500		1.2								1		
28		24 hrs	5,500												
29	X	24 hrs	8,500		1								0.8		
30		24 hrs	8,500												
31		24 hrs													
Total			282,400												
Average			9,413												
Maximum			12,000												

* 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

I. General Information for the Month Year of: **July-05**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Gary Kissick	C	7846	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **July-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hcurs Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	9,000		1.2								1		
2		24 hrs	9,000												
3	X	24 hrs	9,000		1								0.8		
4		24 hrs	9,000												
5		24 hrs	9,000												
6	X	24 hrs	8,000		1								0.6		
7		24 hrs	8,000												
8	X	24 hrs	800		1								0.8		
9		24 hrs	8,000												
10		24 hrs	9,000												
11	X	24 hrs	9,500		1								0.6		
12		24 hrs	9,500												
13	X	24 hrs	9,000		1								0.8		
14		24 hrs	9,000												
15	X	24 hrs	10,000		1								0.8		
16		24 hrs	10,000												
17		24 hrs	10,000												
18	X	24 hrs	10,000		1								0.6		
19		24 hrs	10,000												
20	X	24 hrs	7,000		1.2								0.8		
21		24 hrs	7,000												
22	X	24 hrs	11,600		1								0.8		
23		24 hrs	11,600												
24		24 hrs	11,700												
25	X	24 hrs	11,000		1								0.6		
26		24 hrs	12,000												
27	X	24 hrs	9,000		1								0.8		
28		24 hrs	9,000												
29	X	24 hrs	9,600		1.2								0.8		
30		24 hrs	9,600												
31		24 hrs	9,700												
Total			284,600												
Average			9,181												
Maximum			12,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month Year of: **August-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	14,000		1								0.6	
2		24 hrs	15,000											
3	X	24 hrs	7,000		1								0.8	
4		24 hrs	8,000											
5	X	24 hrs	10,000		1.2								1	
6		24 hrs	10,000											
7		24 hrs	10,000											
8	X	24 hrs	8,000		1.2								0.8	
9		24 hrs	9,000											
10	X	24 hrs	8,000		1								0.6	
11		24 hrs	9,000											
12	X	24 hrs	9,000		1								0.8	
13		24 hrs	9,000											
14		24 hrs	9,000											
15	X	24 hrs	9,000		1								0.6	
16	X	24 hrs	10,000		0.8								0.6	
17	X	24 hrs	8,000		1								0.8	
18		24 hrs	8,000											
19	X	24 hrs	11,000		1								0.8	
20		24 hrs	11,000											
21		24 hrs	11,000											
22	X	24 hrs	12,000		1								0.6	
23		24 hrs	13,000											
24	X	24 hrs	10,000		0.8								0.6	
25		24 hrs	10,000											
26	X	24 hrs	10,000		1.6								1.4	
27		24 hrs	10,000											
28		24 hrs	11,000											
29	X	24 hrs	11,000		1.2								1	
30		24 hrs	11,000											
31	X	24 hrs	11,000		1.4								1.2	
Total			312,000											
Average			10,065											
Maximum			15,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34479	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000			
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	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	C	8287	3 Days per week
	Gary Kissick	C	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **September-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hrs Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	10,000												
2	X	24 hrs	11,000		1.4								1.2		
3		24 hrs	11,000												
4		24 hrs	11,000												
5	X	24 hrs	12,000		1.2								0.8		
6		24 hrs	11,000												
7	X	24 hrs	10,000		1.2								0.8		
8		24 hrs	11,000												
9	X	24 hrs	12,000		1.4								1		
10		24 hrs	12,000												
11		24 hrs	12,000												
12	X	24 hrs	10,000		1.6								1.2		
13		24 hrs	11,000												
14	X	24 hrs	11,000		1.4								1.2		
15		24 hrs	11,000												
16	X	24 hrs	14,600		1.6								1.4		
17		24 hrs	14,600												
18		24 hrs	14,600												
19	X	24 hrs	9,000		1.4								1.2		
20		24 hrs	9,000												
21	X	24 hrs	10,000		1.6								1.4		
22		24 hrs	10,000												
23	X	24 hrs	11,000		1.4								1.2		
24		24 hrs	12,000												
25		24 hrs	12,000												
26	X	24 hrs	12,000		1.4								1		
27		24 hrs	13,000												
28	X	24 hrs	9,000		1.2								1		
29		24 hrs	9,000												
30	X	24 hrs	13,000		1.4								1.2		
31		24 hrs													
Total			338,800												
Average			11,293												
Maximum			14,600												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	13,000											
2		24 hrs	13,000											
3	X	24 hrs	30,000		1.4							1.2		
4		24 hrs	30,000											
5	X	24 hrs	9,000		1.4							1		
6		24 hrs	9,000											
7	X	24 hrs	10,000		1.2							1		
8		24 hrs	10,000											
9		24 hrs	11,500											
10	X	24 hrs	8,000		1.4							1.2		
11		24 hrs	9,000											
12	X	24 hrs	9,000		1.2							1		
13		24 hrs	9,000											
14	X	24 hrs	11,000		1.4							1.2		
15		24 hrs	11,000											
16		24 hrs	11,000											
17	X	24 hrs	12,000		1.4							1.2		
18		24 hrs	12,000											
19	X	24 hrs	11,000		1.4							1.2		
20		24 hrs	11,000											
21	X	24 hrs	12,000		1.3							1		
22		24 hrs	12,000											
23		24 hrs	12,000											
24	X	24 hrs	8,000		1.4							1.2		
25		24 hrs	8,000											
26	X	24 hrs	12,000		1							0.8		
27		24 hrs	11,000											
28	X	24 hrs	13,000		1.2							1		
29		24 hrs	13,000											
30		24 hrs	13,000											
31	X	24 hrs	9,000		1.4							1.2		
Total			372,500											
Average			12,616											
Maximum			30,000											

* 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

I. 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:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month Year of: **November-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	8,000												
2	X	24 hrs	11,000		1.2								1		
3		24 hrs	11,000												
4	X	24 hrs	12,000		1.4								1.2		
5		24 hrs	12,000												
6		24 hrs	13,000												
7	X	24 hrs	9,000		1.4								1		
8		24 hrs	9,000												
9	X	24 hrs	11,000		1.4								1.2		
10		24 hrs	12,000												
11	X	24 hrs	12,000		1.2								1		
12		24 hrs	12,000												
13		24 hrs	12,000												
14	X	24 hrs	11,000		1.4								1.2		
15		24 hrs	11,000												
16	X	24 hrs	11,000		1.6								1.4		
17		24 hrs	11,000												
18	X	24 hrs	12,000		1.6								1.2		
19		24 hrs	12,000												
20		24 hrs	12,000												
21	X	24 hrs	11,000		1.4								1.2		
22		24 hrs	11,000												
23	X	24 hrs	12,000		1.7								1.3		
24		24 hrs	12,000												
25	X	24 hrs	14,000		1.8								1.5		
26		24 hrs	14,000												
27		24 hrs	14,000												
28	X	24 hrs	11,000		1.7								1.3		
29		24 hrs	11,000												
30	X	24 hrs	11,000		1.7								1.4		
31		24 hrs													
Total			345,000												
Average			11,500												
Maximum			14,000												

* 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

I. General Information for the Month Year of: **December-05**

A. Public Water System (PWS) Information

PWS Name:	Chappell Hills	PWS Identification Number:	3424029
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Chappell Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2338 N.E. 55th Street	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	65,000	Zip Code:	34479	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month/Year of: **December-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	11,000											
2	X	24 hrs	12,000		1.6								1.2	
3		24 hrs	12,000											
4		24 hrs	12,000											
5	X	24 hrs	10,000		1.4								1.2	
6		24 hrs	11,000											
7	X	24 hrs	14,000		1.6								1.4	
8		24 hrs	14,000											
9	X	24 hrs	13,000		1.6								1.2	
10		24 hrs	13,000											
11		24 hrs	13,000											
12	X	24 hrs	13,000		1.2								1.2	
13		24 hrs	13,000											
14	X	24 hrs	13,000		1.4								1.4	
15		24 hrs	14,000											
16	X	24 hrs	17,000		1.4								1.4	
17		24 hrs	17,000											
18		24 hrs	18,000											
19	X	24 hrs	25,000		1.6								1.4	
20		24 hrs	25,000											
21	X	24 hrs	23,000		1.6								1.2	
22		24 hrs	24,000											
23	X	24 hrs	8,000		1.4								1.2	
24		24 hrs	9,000											
25		24 hrs	9,000											
26	X	24 hrs	11,000		1.6								1.4	
27		24 hrs	12,000											
28	X	24 hrs	10,000		1.4								1.2	
29		24 hrs	11,000											
30	X	24 hrs	10,000		1.6								1.2	
31		24 hrs	10,000											
Total			427,000											
Average			13,774											
Maximum			25,000											

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

Fairfax



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

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Place	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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:	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month Year of: **January-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	18,000											
2	X	24 hrs	22,000										1.1	
3		24 hrs	21,000											
4		24 hrs	22,000											
5	X	24 hrs	23,000										1.1	
6		24 hrs	23,000											
7	X	24 hrs	19,000										1.1	
8		24 hrs	19,000											
9	X	24 hrs	20,000										1	
10		24 hrs	21,000											
11		24 hrs	20,000											
12	X	24 hrs	19,000										1.3	
13		24 hrs	20,000											
14	X	24 hrs	19,000										1	
15		24 hrs	19,000											
16	X	24 hrs	19,000										1.1	
17		24 hrs	18,000											
18		24 hrs	19,000											
19	X	24 hrs	21,000										1.2	
20		24 hrs	21,000											
21	X	24 hrs	19,000										1.1	
22		24 hrs	19,000											
23	X	24 hrs	20,000										1	
24		24 hrs	19,000											
25		24 hrs	20,000											
26	X	24 hrs	21,000										1.1	
27		24 hrs	21,000											
28	X	24 hrs	20,000										1.4	
29		24 hrs	20,000											
30	X	24 hrs	20,000										1.4	
31		24 hrs	20,000											
Total			622,000											
Average			20,065											
Maximum			23,000											

* 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

I. General Information for the Month/Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
		State:	FL	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34491	
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.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers

Printed or Typed Name

B7327

License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **February-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	20,000											
2	X	24 hrs	19,000										1.3	
3		24 hrs	18,000											
4	X	24 hrs	17,000										1.3	
5		24 hrs	17,000											
6	X	24 hrs	20,000										1.3	
7		24 hrs	20,000											
8		24 hrs	20,000											
9	X	24 hrs	20,000										1.4	
10		24 hrs	20,000											
11	X	24 hrs	17,000										1.4	
12		24 hrs	18,000											
13	X	24 hrs	18,000										1.4	
14		24 hrs	19,000											
15		24 hrs	18,000											
16	X	24 hrs	30,000										1.1	
17		24 hrs	30,000											
18	X	24 hrs	24,000										1.1	
19		24 hrs	23,000											
20	X	24 hrs	31,000										1.1	
21		24 hrs	32,000											
22		24 hrs	31,000											
23	X	24 hrs	25,000										1.3	
24		24 hrs	24,000											1
25	X	24 hrs	22,000										2.1	
26		24 hrs	22,000											
27	X	24 hrs	24,000										2.0	
28		24 hrs	23,000											
29		24 hrs	24,000											
30		24 hrs												
31		24 hrs												
Total			646,000											
Average			22,276											
Maximum			32,000											

* 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

I. General Information for the Month Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	24,000										1.7	
2	X	24 hrs	25,000										1.3	
3	X	24 hrs	24,000										1.3	
4		24 hrs	23,000											
5	X	24 hrs	23,000										1.3	
6		24 hrs	24,000											
7		24 hrs	23,000											
8	X	24 hrs	21,000										1.3	
9		24 hrs	21,000											
10	X	24 hrs	20,000										1.1	
11		24 hrs	19,000											
12	X	24 hrs	23,600										1.1	
13		24 hrs	23,600											
14		24 hrs	23,600											
15	X	24 hrs	20,500										1.2	
16		24 hrs	20,500											
17	X	24 hrs	22,500										1	
18		24 hrs	22,500											
19	X	24 hrs	22,600										0.8	
20		24 hrs	22,600											
21		24 hrs	22,600											
22	X	24 hrs	21,500										0.9	
23		24 hrs	21,500											
24	X	24 hrs	19,500										0.7	
25		24 hrs	19,500											
26	X	24 hrs	22,300										0.3	
27		24 hrs	22,300											
28		24 hrs	22,300											
29	X	24 hrs	24,000										1	
30		24 hrs	24,000											
31	X	24 hrs	24,000										0.3	
Total			692,500											
Average			22,339											
Maximum			25,000											

* 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

I. General Information for the Month Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **April-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	24,000											
2	X	24 hrs	23,000										0.3	
3		24 hrs	23,000											
4		24 hrs	23,000											
5	X	24 hrs	28,000										0.3	
6		24 hrs	27,000											
7	X	24 hrs	22,000										0.3	
8		24 hrs	22,000											
9	X	24 hrs	23,000										0.3	
10		24 hrs	24,000											
11		24 hrs	24,000											
12	X	24 hrs	19,000										0.4	
13		24 hrs	20,000											
14	X	24 hrs	25,000										0.4	
15		24 hrs	26,000											
16	X	24 hrs	22,000										0.3	
17		24 hrs	22,000											
18		24 hrs	22,000											
19	X	24 hrs	29,000										0.3	
20		24 hrs	30,000											
21	X	24 hrs	25,000										0.4	
22		24 hrs	25,000											
23	X	24 hrs	27,000										0.4	
24		24 hrs	27,000											
25		24 hrs	27,000											
26	X	24 hrs	25,000										0.4	
27		24 hrs	25,000											
28	X	24 hrs	22,000										1	
29		24 hrs	21,000											
30	X	24 hrs	34,000										1.4	
31		24 hrs												
Total			736,000											
Average			24,533											
Maximum			34,000											

* 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

I. General Information for the Month Year of: **May-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **May-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	21,000											
2		24 hrs	21,000											
3	X	24 hrs	20,000										0.8	
4		24 hrs	20,000											
5	X	24 hrs	24,000										1.1	
6		24 hrs	25,000											
7	X	24 hrs	24,000										1.3	
8		24 hrs	24,000											
9		24 hrs	24,000											
10	X	24 hrs	27,000										1.1	
11		24 hrs	27,000											
12	X	24 hrs	28,500										1	
13		24 hrs	28,500											
14	X	24 hrs	25,000										1.1	
15		24 hrs	23,000											
16		24 hrs	23,000											
17	X	24 hrs	18,000										1	
18		24 hrs	18,000											
19	X	24 hrs	23,000										1.2	
20		24 hrs	24,000											
21	X	24 hrs	32,000										1	
22		24 hrs	32,000											
23		24 hrs	32,000											
24	X	24 hrs	27,500										1	
25		24 hrs	27,500											
26	X	24 hrs	33,500										1.2	
27		24 hrs	33,500											
28	X	24 hrs	32,600										0.8	
29		24 hrs	32,600											
30		24 hrs	32,600											
31	X	24 hrs	37,000										0.7	
Total			820,800											
Average			26,477											
Maximum			37,000											

* 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

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **June-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	37,000											
2	X	24 hrs	28,500										0.8	
3		24 hrs	28,500											
4	X	24 hrs	22,800										1	
5		24 hrs	22,800											
6		24 hrs	22,800											
7	X	24 hrs	20,500										1.2	
8		24 hrs	20,500											
9	X	24 hrs	20,000										1.1	
10		24 hrs	20,000											
11	X	24 hrs	23,000										0.9	
12		24 hrs	23,000											
13		24 hrs	23,000											
14	X	24 hrs	20,000										1	
15		24 hrs	20,000											
16	X	24 hrs	23,000										1.1	
17		24 hrs	23,000											
18	X	24 hrs	26,600										1.1	
19		24 hrs	26,600											
20		24 hrs	26,700											
21	X	24 hrs	20,500										1	
22		24 hrs	20,500											
23	X	24 hrs	22,000										1.1	
24		24 hrs	22,000											
25	X	24 hrs	23,000										1.2	
26		24 hrs	23,000											
27		24 hrs	24,000											
28	X	24 hrs	23,500										1	
29		24 hrs	23,500											
30	X	24 hrs	24,000										1.1	
31		24 hrs												
Total			704,300											
Average			23,477											
Maximum			37,000											

* 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

I. General Information for the Month/Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month Year of: **July-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	24,000											
2	X	24 hrs	21,300										1.2	
3		24 hrs	21,300											
4		24 hrs	21,400											
5	X	24 hrs	31,000										1.1	
6		24 hrs	31,000											
7	X	24 hrs	34,000										1.7	
8		24 hrs	34,000											
9	X	24 hrs	24,300										1.3	
10		24 hrs	24,300											
11		24 hrs	24,300											
12	X	24 hrs	19,000										1.3	
13		24 hrs	19,000											
14	X	24 hrs	28,500										1.2	
15		24 hrs	28,500											
16	X	24 hrs	20,600										1.2	
17		24 hrs	20,600											
18		24 hrs	20,700											
19	X	24 hrs	19,500										1.1	
20		24 hrs	19,500											
21	X	24 hrs	21,500										1.2	
22		24 hrs	21,500											
23	X	24 hrs	21,000										1.1	
24		24 hrs	21,000											
25		24 hrs	21,000											
26	X	24 hrs	21,000										1.2	
27		24 hrs	22,000											
28	X	24 hrs	18,500										1.1	
29		24 hrs	18,500											
30	X	24 hrs	18,000										1.2	
31		24 hrs	18,000											
Total			708,800											
Average			22,865											
Maximum			34,000											

* 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

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **August-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	18,000												
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	X	24 hrs	20,000										1		
10		24 hrs	20,000												
11	X	24 hrs	17,500										1		
12		24 hrs	17,500												
13	X	24 hrs	22,000										1.2		
14		24 hrs	22,000												
15		24 hrs	22,000												
16	X	24 hrs	20,000										1.1		
17		24 hrs	20,000												
18	X	24 hrs	21,000										1.2		
19		24 hrs	22,000												
20	X	24 hrs	20,600										1		
21		24 hrs	21,000												
22		24 hrs	21,000												
23	X	24 hrs	22,000										1		
24		24 hrs	22,000												
25	X	24 hrs	19,500										1		
26		24 hrs	19,500												
27	X	24 hrs	22,600										1.1		
28		24 hrs	22,600												
29		24 hrs	22,700												
30	X	24 hrs	26,500										1		
31		24 hrs	26,500												
Total			643,400												
Average			20,755												
Maximum			26,500												

* 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

I. General Information for the Month Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **September-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	18,000		1.6								1.4		
2		24 hrs	19,000												
3	X	24 hrs	13,600		1.5								1.3		
4		24 hrs	13,600												
5		24 hrs	13,600												
6	X	24 hrs	0		0								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	X	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								1.4		
14		24 hrs	21,000												
15	X	24 hrs	22,000		1.5								1.3		
16		24 hrs	23,000												
17	X	24 hrs	25,000		1.5								1.2		
18		24 hrs	25,000												
19		24 hrs	26,000												
20	X	24 hrs	23,000		1.4								1.3		
21		24 hrs	24,000												
22	X	24 hrs	19,000		1.3								1.2		
23		24 hrs	19,000												
24	X	24 hrs	19,000		1.3								1.3		
25		24 hrs	19,000												
26		24 hrs	20,000												
27	X	24 hrs	0		0								0		
28	X	24 hrs	9,000		1.4								1.2		
29	X	24 hrs	22,000		1.6								1.4		
30	X	24 hrs	30,000		1.4								1.3		
31		24 hrs													
Total			599,800												
Average			19,993												
Maximum			30,000												

* 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

I. General Information for the Month/Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	22,000		1.7								1.6		
2		24 hrs	22,000												
3		24 hrs	23,000												
4	X	24 hrs	20,000		1.5								1.3		
5		24 hrs	20,000												
6	X	24 hrs	20,000		1.4								1.2		
7		24 hrs	21,000												
8	X	24 hrs	25,000		1.3								1.2		
9		24 hrs	25,000												
10		24 hrs	25,000												
11	X	24 hrs	20,000		1.4								1		
12		24 hrs	19,000												
13	X	24 hrs	21,000		1.5								1.2		
14		24 hrs	21,000												
15	X	24 hrs	21,000		1.4								1		
16		24 hrs	21,000												
17		24 hrs	21,000												
18	X	24 hrs	19,000		1.4								0.9		
19		24 hrs	19,000												
20	X	24 hrs	24,000		1.5								0.8		
21		24 hrs	24,000												
22	X	24 hrs	24,000		1.5								1		
23		24 hrs	24,000												
24		24 hrs	24,000												
25	X	24 hrs	19,000		1.4								0.9		
26		24 hrs	19,000												
27	X	24 hrs	22,000		1.5								1		
28		24 hrs	22,000												
29	X	24 hrs	29,000		1.6								1		
30		24 hrs	29,000												
31		24 hrs	29,000												
Total			694,000												
Average			22,387												
Maximum			29,000												

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
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
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 732-6027	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **November-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Started or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	30,000		1.5								1.1	
2		24 hrs	30,000											
3	X	24 hrs	15,000		1.2								0.8	
4	X	24 hrs	15,000		2.4								1.8	
5	X	24 hrs	27,000		2.2								1.2	
6		24 hrs	27,000											
7		24 hrs	27,000											
8	X	24 hrs	23,000		2.2								1.4	
9		24 hrs	23,000											
10	X	24 hrs	30,000		2								1.4	
11		24 hrs	30,000											
12	X	24 hrs	24,000		1.2								0.8	
13		24 hrs	24,000											
14		24 hrs	25,000											
15	X	24 hrs	24,000		1.2								0.9	
16		24 hrs	24,000											
17	X	24 hrs	27,000		1.2								1	
18		24 hrs	27,000											
19	X	24 hrs	28,000		1.4								1	
20		24 hrs	28,000											
21	X	24 hrs	25,000		1.6								1.1	
22		24 hrs	26,000											
23		24 hrs	26,000											
24	X	24 hrs	27,000		1.6								1.2	
25		24 hrs	28,000											
26	X	24 hrs	29,000		1.5								1.2	
27		24 hrs	29,000											
28		24 hrs	29,000											
29	X	24 hrs	27,000		1.5								1	
30		24 hrs	27,000											
31		24 hrs												
Total			781,000											
Average			26,033											
Maximum			30,000											

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
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
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Fairfax Hills	Plant Telephone Number:	(352) 732-6027	
Plant Address:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **December-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	25,000		1.3								1	
2		24 hrs	26,000											
3	X	24 hrs	27,000		1.2								1	
4		24 hrs	27,000											
5		24 hrs	28,000											
6	X	24 hrs	31,000		1								1	
7		24 hrs	31,000											
8	X	24 hrs	30,000		1.2								1	
9		24 hrs	29,000											
10	X	24 hrs	28,000		1.2								1	
11		24 hrs	28,000											
12		24 hrs	28,000											
13	X	24 hrs	21,000		1.1								1	
14	X	24 hrs	20,000		1								1	
15	X	24 hrs	20,000		1.1								1	
16		24 hrs	20,000											
17	X	24 hrs	21,000		1.2								1	
18		24 hrs	22,000											
19		24 hrs	22,000											
20	X	24 hrs	19,000		1.3								1	
21		24 hrs	19,000											
22	X	24 hrs	20,000		1.4								1	
23		24 hrs	20,000											
24	X	24 hrs	19,000		1.3								1	
25		24 hrs	19,000											
26		24 hrs	18,000											
27	X	24 hrs	23,000		1.2								1	
28		24 hrs	23,000											
29	X	24 hrs	25,000		1.3								1	
30		24 hrs	26,000											
31		24 hrs	26,000											
Total			741,000											
Average			23,903											
Maximum			31,000											

* 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

I. General Information for the Month Year of: **January-05**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	85	Total Population Served at End of Month:	298
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	17,000		1.4								1		
2		24 hrs	17,000												
3	X	24 hrs	22,000		1.5								1.2		
4		24 hrs	23,000												
5	X	24 hrs	21,000		1.4								1.1		
6		24 hrs	21,000												
7	X	24 hrs	22,000		1.5								1.1		
8		24 hrs	22,000												
9		24 hrs	22,000												
10	X	24 hrs	21,000		1.6								1.1		
11		24 hrs	21,000												
12	X	24 hrs	25,000		1.5								1.1		
13		24 hrs	24,000												
14	X	24 hrs	27,600		1.6								1.2		
15		24 hrs	27,600												
16		24 hrs	27,600												
17	X	24 hrs	26,500		1.8								1.4		
18		24 hrs	26,500												
19	X	24 hrs	20,000		1.6								1.6		
20		24 hrs	20,000		1.6								1.4		
21	X	24 hrs	21,600		1.8								1.2		
22		24 hrs	21,600												
23		24 hrs	21,600												
24	X	24 hrs	22,000		1.6								1.4		
25		24 hrs	21,500												
26	X	24 hrs	21,500		1.8								1.6		
27		24 hrs	20,500		1.4								1.2		
28	X	24 hrs	20,500		1.2								1		
29		24 hrs	22,000												
30		24 hrs	22,000												
31	X	24 hrs	22,000		0.9								0.6		
Total			690,600												
Average			22,277												
Maximum			27,600												

* 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

I. General Information for the Month Year of: **February-05**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month Year of: **February-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	21,000												
2	X	24 hrs	21,000		0.6								0.4		
3		24 hrs	21,000												
4	X	24 hrs	22,000		0.6								0.4		
5		24 hrs	22,000												
6		24 hrs	22,000												
7	X	24 hrs	23,000		0.8								0.4		
8		24 hrs	23,000												
9	X	24 hrs	21,500		0.8								0.4		
10		24 hrs	21,500												
11	X	24 hrs	24,000		0.8								0.4		
12		24 hrs	24,000												
13		24 hrs	24,000												
14	X	24 hrs	23,000		1								0.6		
15		24 hrs	23,000												
16	X	24 hrs	23,000		0.9								0.6		
17		24 hrs	23,000												
18	X	24 hrs	26,000		0.9								0.6		
19		24 hrs	28,000												
20		24 hrs	28,000												
21	X	24 hrs	23,500		0.9								0.6		
22		24 hrs	23,500												
23	X	24 hrs	20,000		1								0.6		
24		24 hrs	20,000												
25	X	24 hrs	21,000		0.9								0.6		
26		24 hrs	21,000												
27		24 hrs	21,000												
28	X	24 hrs	20,000		0.9								0.6		
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			634,000												
Average			22,643												
Maximum			28,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hcurs Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	20,000											
2	X	24 hrs	19,000		1								0.8	
3		24 hrs	19,000											
4	X	24 hrs	22,000		1								0.8	
5		24 hrs	22,000											
6		24 hrs	22,000											
7	X	24 hrs	18,500		1								0.8	
8		24 hrs	18,500											
9	X	24 hrs	1,950		1								0.8	
10		24 hrs	19,500											
11	X	24 hrs	22,333		1								0.8	
12		24 hrs	22,333											
13		24 hrs	22,333											
14	X	24 hrs	21,000		1								0.8	
15		24 hrs	21,000											
16	X	24 hrs	20,000		1								0.8	
17		24 hrs	20,000											
18	X	24 hrs	22,300		1.1								0.8	
19		24 hrs	22,300											
20		24 hrs	22,300											
21	X	24 hrs	21,500		1								0.8	
22		24 hrs	21,500											
23	X	24 hrs	23,000		1								0.8	
24		24 hrs	23,000											
25	X	24 hrs	24,000		1								0.8	
26		24 hrs	24,000											
27		24 hrs	24,000											
28	X	24 hrs	22,000		1.1								0.9	
29		24 hrs	22,000											
30	X	24 hrs	22,500		1								0.9	
31		24 hrs	22,500											
Total			648,349											
Average			20,914											
Maximum			24,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III Daily Data for the Month Year of: April-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	13,000		2								1.5		
2		24 hrs	13,000												
3		24 hrs	13,000												
4	X	24 hrs	14,500		1.5								1.2		
5		24 hrs	14,500												
6	X	24 hrs	30,000		1.7								1.2		
7		24 hrs	30,000												
8	X	24 hrs	26,600		1.8								1.4		
9		24 hrs	26,600												
10		24 hrs	26,600												
11	X	24 hrs	22,500		2								1.5		
12		24 hrs	22,500												
13	X	24 hrs	24,000		1.8								1.4		
14		24 hrs	24,000												
15	X	24 hrs	16,600		1.6								1.2		
16		24 hrs	16,600												
17		24 hrs	16,600												
18	X	24 hrs	15,000		1.8								1.4		
19		24 hrs	15,000												
20	X	24 hrs	16,000		1.8								1.6		
21		24 hrs	16,000												
22	X	24 hrs	13,600		1.8								1.6		
23		24 hrs	13,600												
24		24 hrs	13,600												
25	X	24 hrs	13,500		1.6								1.2		
26		24 hrs	13,500												
27	X	24 hrs	13,500		1.8								1.4		
28		24 hrs	13,500												
29	X	24 hrs	14,000		2								1.6		
30		24 hrs	14,000												
31		24 hrs													
Total			535,400												
Average			17,847												
Maximum			30,000												

* 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

I. General Information for the Month/Year of:

May-05

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month Year of: **May-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	26,000											
2	X	24 hrs	32,500		1.1							0.8		
3		24 hrs	32,500											
4	X	24 hrs	25,500		1.1							0.9		
5		24 hrs	25,500											
6	X	24 hrs	18,600		1.1							0.9		
7		24 hrs	18,600											
8		24 hrs	18,600											
9	X	24 hrs	36,000		1.8							1.4		
10		24 hrs	36,000											
11	X	24 hrs	24,500		1.8							1.4		
12		24 hrs	24,500											
13	X	24 hrs	39,300		1.8							1.4		
14		24 hrs	39,300											
15		24 hrs	39,300											
16	X	24 hrs	24,000		1.8							1.4		
17		24 hrs	24,000											
18	X	24 hrs	22,500		1.6							1.2		
19		24 hrs	22,500											
20	X	24 hrs	26,200		1							0.8		
21		24 hrs	26,200											
22		24 hrs	26,200											
23	X	24 hrs	26,000		1							0.8		
24		24 hrs	27,000											
25	X	24 hrs	26,000		0.4							0.3		
26		24 hrs	27,000											
27	X	24 hrs	25,000		3							1.8		
28		24 hrs	25,000											
29		24 hrs	25,000											
30	X	24 hrs	26,000		2.6							1.6		
31		24 hrs	26,000											
Total			841,300											
Average			27,139											
Maximum			39,300											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	25,500		2.6								1.6		
2		24 hrs	25,500												
3	X	24 hrs	22,300		2.6								1.4		
4		24 hrs	22,300												
5		24 hrs	22,300												
6	X	24 hrs	22,000		2.6								1.4		
7		24 hrs	22,000												
8	X	24 hrs	22,000		2.6								1.4		
9		24 hrs	22,000												
10	X	24 hrs	22,300		2.3								1.3		
11		24 hrs	22,300												
12		24 hrs	22,300												
13	X	24 hrs	22,000		2.4								1.3		
14		24 hrs	22,000												
15	X	24 hrs	22,500		2.6								1.4		
16		24 hrs	22,500												
17	X	24 hrs	25,300		2.6								1.4		
18		24 hrs	25,300												
19		24 hrs	25,300												
20	X	24 hrs	24,500		2.8								1.4		
21		24 hrs	24,500												
22	X	24 hrs	21,500		2.4								1.2		
23		24 hrs	21,500												
24	X	24 hrs	24,000		1.7								0.7		
25		24 hrs	24,000												
26		24 hrs	24,000												
27	X	24 hrs	24,000		2.4								1		
28		24 hrs	24,000												
29	X	24 hrs	22,000		2.4								1		
30		24 hrs	22,000												
31		24 hrs													
Total			693,700												
Average			23,123												
Maximum			25,500												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month-Year of: **July-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	24,000		2.5								1.2	
2		24 hrs	25,000											
3	X	24 hrs	27,000		2								1.4	
4		24 hrs	27,000											
5		24 hrs	28,000											
6	X	24 hrs	30,000		2.2								1.6	
7		24 hrs	31,000											
8	X	24 hrs	29,300		2								1.6	
9		24 hrs	29,300											
10		24 hrs	29,300											
11	X	24 hrs	26,500		2.2								1.2	
12		24 hrs	26,500											
13	X	24 hrs	25,500		2.1								1	
14		24 hrs	25,500											
15	X	24 hrs	30,300		2.3								1.1	
16		24 hrs	30,300											
17		24 hrs	30,300											
18	X	24 hrs	33,000		1.6								0.7	
19	X	24 hrs	30,000		1.5								0.7	
20	X	24 hrs	34,000		1.4								1	
21		24 hrs	34,000											
22	X	24 hrs	33,600		2.2								1.6	
23		24 hrs	33,600											
24		24 hrs	33,600											
25	X	24 hrs	36,500		2.2								1.6	
26		24 hrs	36,500											
27	X	24 hrs	31,500		2								1.4	
28		24 hrs	31,500											
29	X	24 hrs	20,400		2								1.4	
30		24 hrs	20,400											
31		24 hrs	20,400											
Total			903,800											
Average			29,155											
Maximum			36,500											

* 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

I. General Information for the Month Year of: **August-05**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator	Gary Kissick	C	7846	3 Days per week
Other Operators	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **August-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	30,000		1.8							1.2		
2		24 hrs	30,000											
3	X	24 hrs	30,000		1.8							1.5		
4		24 hrs	30,000											
5	X	24 hrs	34,600		1.6							1.3		
6		24 hrs	34,600											
7		24 hrs	34,600											
8	X	24 hrs	30,000		1.3							0.9		
9		24 hrs	30,000											
10	X	24 hrs	29,500		1.3							0.9		
11		24 hrs	29,500											
12	X	24 hrs	23,300		1.2							0.8		
13		24 hrs	23,300											
14		24 hrs	23,300											
15	X	24 hrs	27,500		1.3							0.9		
16		24 hrs	27,500											
17	X	24 hrs	25,000		1.2							0.8		
18		24 hrs	25,000											
19	X	24 hrs	35,000		1.5							1.1		
20		24 hrs	35,000											
21		24 hrs	35,000											
22	X	24 hrs	38,000		1.3							0.9		
23		24 hrs	38,000											
24	X	24 hrs	29,000		1.3							0.9		
25		24 hrs	29,000											
26	X	24 hrs	32,000		1.2							0.8		
27		24 hrs	32,000											
28		24 hrs	32,000											
29	X	24 hrs	33,000		1.2							0.8		
30		24 hrs	33,000											
31	X	24 hrs	31,000		1.6							1.3		
Total			949,700											
Average			30,635											
Maximum			38,000											

* 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

I. General Information for the Month Year of: **September-05**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month/Year of: **September-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	31,000												
2	X	24 hrs	23,000		1.7								1.4		
3		24 hrs	23,000												
4		24 hrs	23,000												
5	X	24 hrs	26,000		1.2								0.8		
6		24 hrs	26,000												
7	X	24 hrs	20,000		1.5								1.1		
8		24 hrs	20,000												
9	X	24 hrs	27,000		1.4								1		
10		24 hrs	27,000												
11		24 hrs	27,000												
12	X	24 hrs	24,000		1.6								1.2		
13		24 hrs	24,000												
14	X	24 hrs	32,000		1								0.6		
15		24 hrs	32,000												
16	X	24 hrs	33,000		1.8								1.5		
17		24 hrs	33,000												
18		24 hrs	33,000												
19	X	24 hrs	26,000		1.2								0.8		
20		24 hrs	26,000												
21	X	24 hrs	24,000		1.2								0.8		
22		24 hrs	24,000												
23	X	24 hrs	25,000		1.3								0.9		
24		24 hrs	25,000												
25		24 hrs	25,000												
26	X	24 hrs	26,000		1.1								0.8		
27		24 hrs	26,000												
28	X	24 hrs	23,000		1.1								0.8		
29		24 hrs	23,000												
30	X	24 hrs	25,000		1.6								1.3		
31		24 hrs													
Total			732,000												
Average			26,067												
Maximum			33,000												

* 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

I. General Information for the Month Year of: **October-05**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	25,000												
2		24 hrs	25,000												
3	X	24 hrs	22,000		1.5								1.1		
4		24 hrs	22,000												
5	X	24 hrs	22,000		1.6								1.2		
6		24 hrs	22,000												
7	X	24 hrs	22,000		1.1								0.8		
8		24 hrs	22,000												
9		24 hrs	22,000												
10	X	24 hrs	25,000		1.3								1		
11		24 hrs	25,000												
12	X	24 hrs	23,000		1.4								1.1		
13		24 hrs	24,000												
14	X	24 hrs	24,000		1.3								1		
15		24 hrs	24,000												
16		24 hrs	24,000												
17	X	24 hrs	24,000		1.3								1		
18		24 hrs	24,000												
19	X	24 hrs	23,000		1.4								1		
20		24 hrs	23,000												
21	X	24 hrs	27,000		1.3								0.9		
22		24 hrs	27,000												
23		24 hrs	27,000												
24	X	24 hrs	27,000		1.3								0.9		
25		24 hrs	27,000												
26	X	24 hrs	24,000		1.4								1.1		
27		24 hrs	24,000												
28	X	24 hrs	30,000		1.3								1		
29		24 hrs	30,000												
30		24 hrs	30,000												
31	X	24 hrs	27,000		1.3								1		
Total			767,000												
Average			24,742												
Maximum			30,000												

* 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

I. General Information for the Month Year of: **November-05**

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date:

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month Year of: November-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	27,000											
2	X	24 hrs	26,000		1.2								0.9	
3		24 hrs	26,000											
4	X	24 hrs	28,000		1.2								0.9	
5		24 hrs	28,000											
6		24 hrs	28,000											
7	X	24 hrs	30,000		1.2								0.9	
8		24 hrs	30,000											
9	X	24 hrs	26,000		1.1								0.9	
10		24 hrs	26,000											
11	X	24 hrs	29,000		1.1								0.8	
12		24 hrs	29,000											
13		24 hrs	29,000											
14	X	24 hrs	31,000		1								0.7	
15		24 hrs	31,000											
16	X	24 hrs	22,000		1.1								0.8	
17		24 hrs	22,000											
18	X	24 hrs	27,000		1.2								1.5	
19		24 hrs	27,000											
20		24 hrs	27,000											
21	X	24 hrs	28,000		1.2								0.9	
22		24 hrs	28,000											
23	X	24 hrs	27,000		1.1								0.8	
24		24 hrs	27,000											
25	X	24 hrs	33,000		1								0.6	
26		24 hrs	33,000											
27		24 hrs	33,000											
28	X	24 hrs	26,000		2								1.8	
29		24 hrs	26,000											
30	X	24 hrs	27,000		1.1								0.8	
31		24 hrs												
Total			837,000											
Average			27,900											
Maximum			33,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Fairfax Hills	PWS Identification Number:	3424042
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		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:	14143 S.E. 45th Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	100,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operator:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424042 Plant Name: Fairfax Hills

III. Daily Data for the Month Year of: December-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	27,000												
2	X	24 hrs	26,000		1.1								0.7		
3		24 hrs	26,000												
4		24 hrs	26,000												
5	X	24 hrs	23,000		1.6								1.3		
6		24 hrs	23,000												
7	X	24 hrs	22,000		1.3								1		
8		24 hrs	22,000												
9	X	24 hrs	22,000		1.5								1.2		
10		24 hrs	22,000												
11		24 hrs	22,000												
12	X	24 hrs	23,000		1.6								1.3		
13		24 hrs	23,000												
14	X	24 hrs	18,000		1.3								1		
15		24 hrs	18,000												
16	X	24 hrs	23,000		1.3								1		
17		24 hrs	23,000												
18		24 hrs	23,000												
19	X	24 hrs	23,000		1.1								0.8		
20		24 hrs	23,000												
21	X	24 hrs	26,000		1.3								1		
22		24 hrs	26,000												
23	X	24 hrs	23,000		1.2								1		
24		24 hrs	23,000												
25		24 hrs	23,000												
26	X	24 hrs	79,000		1.1								0.8		
27		24 hrs	79,000												
28	X	24 hrs	16,000		1.8								1.6		
29		24 hrs	16,000												
30	X	24 hrs	20,000		1.8								1.6		
31		24 hrs	20,000												
Total			809,000												
Average			26,097												
Maximum			79,000												

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

Hawks Point



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

PWS Name:	Hawks Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawks Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,600	Zip Code:	34880	
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:	William Landers	B	7327	6 Days per week
Other Operators:	Mark March	C	8287	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawks Point

III. Daily Data for the Month Year of: **January-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	33,000										1.1		
2	X	24 hrs	30,000										1.1		
3	X	24 hrs	32,000										1		
4		24 hrs	32,000												
5	X	24 hrs	32,000										1		
6	X	24 hrs	31,000										1		
7	X	24 hrs	28,000										1.1		
8	X	24 hrs	25,000										1.1		
9	X	24 hrs	30,000										1.1		
10	X	24 hrs	30,000										1		
11		24 hrs	31,000												
12	X	24 hrs	28,000										1		
13	X	24 hrs	25,000										1		
14	X	24 hrs	31,000										1		
15	X	24 hrs	26,000										1.2		
16	X	24 hrs	27,000										1.2		
17	X	24 hrs	30,000										1.1		
18		24 hrs	29,000												
19	X	24 hrs	28,000										1.2		
20	X	24 hrs	29,000										1.1		
21	X	24 hrs	1,000										0.9		
22	X	24 hrs	27,000										0.8		
23	X	24 hrs	31,000										1		
24	X	24 hrs	30,000										1.1		
25		24 hrs	31,000												
26	X	24 hrs	34,000										1		
27	X	24 hrs	27,000										1		
28	X	24 hrs	23,000										1		
29	X	24 hrs	27,000										1.1		
30	X	24 hrs	21,000										1.1		
31	X	24 hrs	25,000										1.1		
Total			864,000												
Average			27,871												
Maximum			34,000												

* 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

I. General Information for the Month/Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	Hawks Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawks Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,600	Zip Code:	34880	
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:	William Landers	B	7327	6 Days per week
Other Operators:	Mark March	C	8287	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawks Point

III. Daily Data for the Month/Year of: **February-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	26,000												
2	X	24 hrs	23,000										1.0		
3	X	24 hrs	25,000										1.0		
4	X	24 hrs	30,000										1.0		
5	X	24 hrs	22,000										1.1		
6	X	24 hrs	22,000										1.0		
7	X	24 hrs	30,000										1.1		
8		24 hrs	29,000												
9	X	24 hrs	25,000										1.1		
10	X	24 hrs	22,000										1.0		
11	X	24 hrs	28,000										1.0		
12	X	24 hrs	26,000										1.0		
13	X	24 hrs	25,000										1.0		
14	X	24 hrs	24,000										1.1		
15		24 hrs	23,000												
16	X	24 hrs	26,000										1.1		
17	X	24 hrs	23,000										1.0		
18	X	24 hrs	26,000										1.0		
19	X	24 hrs	27,000										1.2		
20	X	24 hrs	28,000										1.0		
21	X	24 hrs	32,000										1.0		
22		24 hrs	32,000												
23	X	24 hrs	26,000										1.1		
24	X	24 hrs	26,000										1.2		
25	X	24 hrs	27,000										1.1		
26	X	24 hrs	21,000										1.2		
27	X	24 hrs	22,000										1.2		
28	X	24 hrs	27,000										1.0		
29		24 hrs	27,000												
30		24 hrs													
31		24 hrs													
Total			750,000												
Average			25,862												
Maximum			32,000												

* 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

I. General Information for the Month Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	273,600	Zip Code:	34880	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Tom Felton	C	2241	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	26,000										1	
2	X	24 hrs	24,000										1	
3	X	24 hrs	33,000										1	
4	X	24 hrs	27,000										1	
5	X	24 hrs	34,000										1	
6	X	24 hrs	36,000										0.8	
7		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										0.9	
12	X	24 hrs	37,000										1	
13		24 hrs	37,000											
14	X	24 hrs	51,000										1	
15	X	24 hrs	57,000										1	1
16	X	24 hrs	28,000										14	
17	X	24 hrs	21,000										0.4	
18	X	24 hrs	35,000										1	
19	X	24 hrs	41,000										0.9	
20	X	24 hrs	43,000										1.1	
21		24 hrs	43,000											
22	X	24 hrs	32,000										1	
23	X	24 hrs	34,000										1.1	
24	X	24 hrs	25,000										1	
25	X	24 hrs	33,000										1.1	
26	X	24 hrs	37,000										0.3	
27		24 hrs	37,000											
28		24 hrs	38,000											
29	X	24 hrs	28,000										0.3	
30	X	24 hrs	43,000										0.5	
31	X	24 hrs	41,000										0.4	
Total			1,092,000											
Average			35,226											
Maximum			57,000											

* 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

I. General Information for the Month/Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Tom Felton	C	2241	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **April-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	30,000									0.4		
2	X	24 hrs	35,000									0.3		
3	X	24 hrs	44,500									0.6		
4		24 hrs	44,500											
5	X	24 hrs	49,000									0.3		
6	X	24 hrs	48,000									0.4		
7	X	24 hrs	32,000									0.4		
8	X	24 hrs	41,000									1.8		
9	X	24 hrs	22,000									1.4		
10	X	24 hrs	44,000									1.5		
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									1.2		
15	X	24 hrs	33,000									1.8		
16	X	24 hrs	32,500									1		
17		24 hrs	32,500											
18	X	24 hrs	35,000									1.3		
19	X	24 hrs	57,000									1.2		
20	X	24 hrs	41,000									1.5		
21	X	24 hrs	28,000									1.4		
22	X	24 hrs	50,000									1.3		
23	X	24 hrs	34,000									1.2		
24	X	24 hrs	41,000									1.4		
25		24 hrs	41,000											
26	X	24 hrs	34,000									1.7		
27	X	24 hrs	41,000									1.5		
28	X	24 hrs	41,000									0.8		
29	X	24 hrs	33,000									1		
30	X	24 hrs	30,000									0.8		
31		24 hrs												
Total			1,218,000											
Average			40,600											
Maximum			76,000											

* 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

I. General Information for the Month/Year of: **May-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 - 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@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
		State:	FL	
		Zip Code:	34880	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Tom Felton	C	2241	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **May-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	30,500										1	
2		24 hrs	30,500											
3	X	24 hrs	25,000										0.4	
4	X	24 hrs	22,000										1	
5	X	24 hrs	37,000										1	
6	X	24 hrs	53,000										1.1	
7	X	24 hrs	48,300										1	
8		24 hrs	48,300											
9		24 hrs	48,300											
10	X	24 hrs	30,000										1	
11	X	24 hrs	59,000										1.1	
12	X	24 hrs	41,000										1	
13	X	24 hrs	65,000										1.1	
14	X	24 hrs	53,000										0.9	
15	X	24 hrs	38,500										0.8	
16		24 hrs	38,500											
17	X	24 hrs	24,000										0.7	
18	X	24 hrs	34,000										0.8	
19	X	24 hrs	45,000										0.7	
20	X	24 hrs	39,000										1	
21	X	24 hrs	39,000										0.8	
22	X	24 hrs	47,500										1	
23		24 hrs	47,500											
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											
31	X	24 hrs	50,000										0.7	
Total			1,381,900											
Average			44,577											
Maximum			70,000											

* 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

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:	Tom Felton	C	2241	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **June-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	52,000										0.6		
2	X	24 hrs	36,000										0.6		
3	X	24 hrs	33,000										1		
4	X	24 hrs	29,000										1.2		
5		24 hrs	29,000												
6		24 hrs	29,000												
7	X	24 hrs	27,000										1.1		
8	X	24 hrs	31,000										1.2		
9	X	24 hrs	30,000										1.1		
10	X	24 hrs	30,000										1.2		
11	X	24 hrs	32,000										1		
12	X	24 hrs	39,500										1.2		
13		24 hrs	39,500												
14	X	24 hrs	23,000										1		
15	X	24 hrs	25,000										1.2		
16	X	24 hrs	37,000										1.2		
17	X	24 hrs	32,000										1.6		
18	X	24 hrs	44,000										1.8		
19	X	24 hrs	35,000										1.6		
20		24 hrs	35,000												
21	X	24 hrs	25,000										1.5		
22	X	24 hrs	50,000										1.3		
23	X	24 hrs	26,000										1.3		
24	X	24 hrs	24,000										1.2		
25	X	24 hrs	43,000										1.1		
26	X	24 hrs	37,000										1.2		
27		24 hrs	37,000												
28	X	24 hrs	33,000										1.1		
29	X	24 hrs	32,000										1.3		
30	X	24 hrs	25,000										1.4		
31		24 hrs													
Total			1,000,000												
Average			33,333												
Maximum			52,000												

* 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

I. General Information for the Month/Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	6 Days per week
Other Operators:				

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **July-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	41,000										1.1	
2	X	24 hrs	20,000										1.1	
3	X	24 hrs	32,500										1.2	
4		24 hrs	32,500											
5	X	24 hrs	36,000										1.2	
6	X	24 hrs	45,000										1.1	
7	X	24 hrs	21,000										1.2	
8	X	24 hrs	39,000										1.3	
9	X	24 hrs	26,000										1.3	
10	X	24 hrs	35,500										1.3	
11		24 hrs	35,500											
12	X	24 hrs	27,000										1	
13	X	24 hrs	31,000										1.2	
14	X	24 hrs	48,000										1.3	
15	X	24 hrs	47,000										1.3	
16	X	24 hrs	57,000										1.2	
17	X	24 hrs	45,500										1.3	
18		24 hrs	45,500											
19	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										1.2	
23	X	24 hrs	31,000										1.2	
24	X	24 hrs	30,000										1.2	
25		24 hrs	29,000											
26	X	24 hrs	26,000										1	
27	X	24 hrs	32,000										1	
28	X	24 hrs	21,000										1.2	
29	X	24 hrs	12,000										1.1	
30	X	24 hrs	41,000										1.2	
31	X	24 hrs	30,500										1.1	
Total			1,053,500											
Average			33,984											
Maximum			57,000											

* 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

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:				

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **August-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time. (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	30,500												
2	X	24 hrs	20,000										1.1		
3	X	24 hrs	23,000										1		
4	X	24 hrs	31,000										1.2		
5	X	24 hrs	35,000										1.2		
6	X	24 hrs	17,000										1.1		
7	X	24 hrs	32,000										1.2		
8		24 hrs	32,000												
9	X	24 hrs	17,000										1.1		
10	X	24 hrs	39,000										1.2		
11	X	24 hrs	20,000										1.1		
12	X	24 hrs	32,000										1.2		
13	X	24 hrs	27,000										1.3		
14	X	24 hrs	24,500										1.2		
15		24 hrs	24,500												
16	X	24 hrs	25,000										1.1		
17	X	24 hrs	22,000										1.1		
18	X	24 hrs	27,000										1.2		
19	X	24 hrs	30,000										1.3		
20	X	24 hrs	23,000										1.2		
21	X	24 hrs	30,000										1.3		
22		24 hrs	31,000												
23	X	24 hrs	25,000										1.3		
24	X	24 hrs	22,000										1.2		
25	X	24 hrs	30,000										1.2		
26	X	24 hrs	23,000										1.2		
27	X	24 hrs	22,000										1.3		
28	X	24 hrs	30,000										1.3		
29		24 hrs	31,000												
30	X	24 hrs	24,000										1.2		
31	X	24 hrs	26,000										1.2		
Total			825,500												
Average			26,629												
Maximum			39,000												

* 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

I. General Information for the Month/Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:				

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **September-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	25,000		1.3								1.3		
2	X	24 hrs	25,000		1.4								1		
3	X	24 hrs	33,000		1.5								1.2		
4	X	24 hrs	25,000		1.3								1.2		
5		24 hrs	25,000												
6	X	24 hrs	17,000		1.4								1.1		
7	X	24 hrs	13,000		1.6								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	X	24 hrs	29,500		1.3								1		
12		24 hrs	29,500												
13	X	24 hrs	17,000		1.2								1.1		
14	X	24 hrs	22,000		1.2								1.2		
15	X	24 hrs	23,000		1.3								1.2		
16	X	24 hrs	30,000		1.5								1.2		
17	X	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		
21	X	24 hrs	26,000		1.4								1.2		
22	X	24 hrs	19,000		0.7								0.4		
23	X	24 hrs	32,000		1								0.7		
24	X	24 hrs	33,000		1.3								0.9		
25	X	24 hrs	22,000		1.2								0.7		
26		24 hrs	22,000												
27	X	24 hrs	36,000		1.3								0.8		
28	X	24 hrs	21,000		1								1		
29	X	24 hrs	23,000		1.3								1.1		
30	X	24 hrs	33,000		1.4								1.2		
31		24 hrs													
Total			765,000												
Average			25,500												
Maximum			38,000												

* 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

I. General Information for the Month/Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 369-4881	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:	Barry Cohen	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	30,000		1.1								1.1	
2	X	24 hrs	24,000		1.6								1.2	
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	X	24 hrs	36,000		1								0.9	
7	X	24 hrs	38,000		1								0.8	
8	X	24 hrs	27,000		1.2								1	
9	X	24 hrs	32,000		1.4								1.2	
10		24 hrs	32,000											
11	X	24 hrs	22,000		1.2								0.9	
12	X	24 hrs	23,000		1								0.8	
13	X	24 hrs	26,000		1.2								0.8	
14	X	24 hrs	33,000		1.3								1	
15	X	24 hrs	31,000		1.2								0.8	
16	X	24 hrs	27,000		1.3								0.8	
17		24 hrs	27,000											
18	X	24 hrs	30,000		1.5								1	
19	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								0.9	
23	X	24 hrs	35,000		1.3								1.2	
24		24 hrs	35,000											
25	X	24 hrs	18,000		1.6								1	
26	X	24 hrs	32,000		1.4								1.2	
27	X	24 hrs	27,000		1.4								1.1	
28	X	24 hrs	24,000		1.3								1.2	
29	X	24 hrs	36,000		1								0.8	
30	X	24 hrs	30,000		1.1								0.7	
31		24 hrs	30,000											
Total			955,000											
Average			30,806											
Maximum			72,000											

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	129	Total Population Served at End of Month:	452
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
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 732-6027	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:	Barry Cohen	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month Year of: **November-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	18,000		1								0.7	
2	X	24 hrs	22,000		1.1								0.9	
3	X	24 hrs	25,000		1								0.8	
4	X	24 hrs	25,000		1.1								1	
5	X	24 hrs	15,000		2.2								1.5	
6	X	24 hrs	38,000		1.8								1.4	
7		24 hrs	38,000											
8	X	24 hrs	30,000		2.2								2	
9	X	24 hrs	24,000		1.8								1.2	
10	X	24 hrs	29,000		2								1.4	
11	X	24 hrs	28,000		2								1.6	
12	X	24 hrs	29,000		1.8								1.3	
13	X	24 hrs	25,000		1.8								1.2	
14		24 hrs	24,000											
15	X	24 hrs	25,000		1.7								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								1.2	
19	X	24 hrs	13,000		1.8								1.1	
20	X	24 hrs	33,000		1.8								1.3	
21	X	24 hrs	40,000		1.5								1	
22		24 hrs	40,000											
23	X	24 hrs	29,000		1.5								1.2	
24	X	24 hrs	22,000		1.4								1.2	
25	X	24 hrs	27,000		1.4								1	
26	X	24 hrs	29,000		1.4								1	
27		24 hrs	30,000											
28	X	24 hrs	22,000		1.1								0.8	
29	X	24 hrs	24,000		0.8								0.7	
30	X	24 hrs	28,000		0.7								0.5	
31		24 hrs												
Total			819,000											
Average			27,300											
Maximum			40,000											

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	129	Total Population Served at End of Month:	452
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
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Hawk's Point	Plant Telephone Number:	(352) 732-6027	
Plant Address:	S.E. 43rd Ave & S.E. 107th	City:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:	Barry Cohen	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month Year of: **December-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	17,000		1								0.8	
2	X	24 hrs	29,000		0.8								0.6	
3	X	24 hrs	15,000		12								0.8	
4	X	24 hrs	32,000		1.4								1.2	
5		24 hrs	32,000											
6	X	24 hrs	42,000		1.5								1	
7	X	24 hrs	32,000		1.4								12	
8	X	24 hrs	40,000		1.5								1	
9	X	24 hrs	32,000		1.2								1	
10	X	24 hrs	29,000		1.5								1.1	
11	X	24 hrs	9,000		1.5								1.2	
12		24 hrs	9,000											
13	X	24 hrs	20,000		1.5								1.2	
14	X	24 hrs	33,000		1.4								1	
15	X	24 hrs	21,000		1.4								1.1	
16	X	24 hrs	46,000		1.2								1	
17	X	24 hrs	38,000		1.4								1.2	
18		24 hrs	38,000											
19	X	24 hrs	41,000		1.2								1	
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								0.7	
25	X	24 hrs	32,000		1.2								0.8	
26		24 hrs	32,000											
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	
Total			975,000											
Average			31,452											
Maximum			91,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	129	Total Population Served at End of Month:	452
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:				

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	17,000		1.2								1	
2		24 hrs	17,000											
3	X	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	X	24 hrs	25,000		1.4								1	
7	X	24 hrs	20,000		1.6								1.2	
8	X	24 hrs	31,000		1.8								1.4	
9		24 hrs	31,000											
10	X	24 hrs	25,000		2								1.5	
11	X	24 hrs	36,000		1.8								1.4	
12	X	24 hrs	46,000		1.6								1.2	
13	X	24 hrs	9,000		1.5								1.1	
14	X	24 hrs	12,000		1.4								1	
15	X	24 hrs	11,000		1.6								1.2	
16	X	24 hrs	11,000		1.4								1	
17	X	24 hrs	65,000		0.5								0.4	
18	X	24 hrs	74,000		0.5								0.4	
19	X	24 hrs	64,000		0.9								0.5	
20	X	24 hrs	20,000		1								0.6	
21	X	24 hrs	27,000		1								0.5	
22	X	24 hrs	26,000		1.2								0.6	
23		24 hrs	26,000											
24	X	24 hrs	20,000		3								2.2	
25	X	24 hrs	34,000		2.5								2	
26	X	24 hrs	29,000		1.8								1.4	
27	X	24 hrs	31,000		1								1.2	
28	X	24 hrs	30,000		0.1								0.9	
29	X	24 hrs	34,000		0.6								0.5	
30		24 hrs	34,000											
31	X	24 hrs	22,000		0.6								0.5	
Total			901,000											
Average			29,065											
Maximum			74,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:

3424685

Plant Name: Hawk's Point

III. Daily Data for the Month/Year of:

February-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	30,000		0.9								0.6	
2	X	24 hrs	17,000		1								0.6	
3	X	24 hrs	26,000		2								1.6	
4	X	24 hrs	35,000		2.5								1.5	
5		24 hrs	36,000											
6	X	24 hrs	23,000		1.8								1.6	
7	X	24 hrs	23,000		1.9								1.7	
8	X	24 hrs	31,000		2								1.8	
9	X	24 hrs	26,000		2.5								2	
10	X	24 hrs	25,000		2.5								2	
11	X	24 hrs	23,000		2								1.5	
12	X	24 hrs	22,500		1.8								1.6	
13		24 hrs	22,500											
14	X	24 hrs	21,000		2								1.6	
15	X	24 hrs	33,000		1.4								1	
16	X	24 hrs	28,000		1.2								1	
17	X	24 hrs	30,000		1								0.8	
18	X	24 hrs	31,000		1								0.8	
19	X	24 hrs	30,500		1								0.6	
20		24 hrs	30,500											
21	X	24 hrs	34,000		1.5								1	
22	X	24 hrs	28,000		1.5								1	
23	X	24 hrs	31,000		1.7								1.2	
24	X	24 hrs	28,000		1.9								1.5	
25	X	24 hrs	24,000		1.8								1.4	
26	X	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												
31		24 hrs												
Total			769,000											
Average			27,464											
Maximum			36,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	22,000		1.9								1.5		
2	X	24 hrs	26,000		1.4								1		
3	X	24 hrs	28,000		1.2								1		
4	X	24 hrs	20,000		1.5								1.2		
5	X	24 hrs	44,000		1.2								1		
6		24 hrs	44,000												
7	X	24 hrs	28,000		0.6								0.4		
8	X	24 hrs	28,000		1								0.8		
9	X	24 hrs	24,000		0.6								0.4		
10	X	24 hrs	30,000		1.1								1		
11	X	24 hrs	35,000		0.9								0.6		
12		24 hrs	35,000												
13	X	24 hrs	35,000		1.2								1		
14	X	24 hrs	35,000		1.5								1		
15	X	24 hrs	35,000		1.5								1.2		
16	X	24 hrs	35,000		1.5								1.2		
17	X	24 hrs	35,000		1.8								1.4		
18	X	24 hrs	35,000		2								1.5		
19	X	24 hrs	35,000		1.5								1.2		
20		24 hrs	35,000												
21	X	24 hrs	35,000		1.5								1.2		
22	X	24 hrs	35,000		1								0.6		
23	X	24 hrs	35,000		1.2								1		
24	X	24 hrs	35,000		1.4								1		
25	X	24 hrs	35,000		1.2								1		
26		24 hrs	35,000												
27		24 hrs	35,000												
28	X	24 hrs	35,000		1.2								1		
29	X	24 hrs	35,000		1.1								1		
30	X	24 hrs	35,000		1.2								1		
31	X	24 hrs	35,000		1.2								1		
Total			1,029,000												
Average			33,194												
Maximum			44,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month Year of: **April-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	35,000		1.2								1		
2	X	24 hrs	35,000		1.2								1.2		
3		24 hrs	35,000												
4	X	24 hrs	35,000		1.2								1		
5	X	24 hrs	35,000		1.4								1		
6	X	24 hrs	30,000		1.4								1.1		
7	X	24 hrs	25,000		1.4								1.2		
8	X	24 hrs	21,000		1.6								1.2		
9	X	24 hrs	23,500		1.4								1.4		
10		24 hrs	23,500												
11	X	24 hrs	22,000		1.6								1.4		
12	X	24 hrs	29,000		1.8								1.4		
13	X	24 hrs	32,000		1.8								1.4		
14	X	24 hrs	34,000		1.8								1.6		
15	X	24 hrs	38,000		1.4								1.2		
16	X	24 hrs	38,500		1.6								1.2		
17		24 hrs	38,500												
18	X	24 hrs	31,000		1.8								1.4		
19	X	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								1.1		
22	X	24 hrs	35,000		1.6								1.2		
23	X	24 hrs	35,500		1.8								1.4		
24		24 hrs	35,500												
25	X	24 hrs	32,000		1.6								1.2		
26	X	24 hrs	27,000		1.8								1.6		
27	X	24 hrs	29,000		1.8								1.4		
28	X	24 hrs	29,000		1.6								1.4		
29	X	24 hrs	27,000		1.8								1.4		
30	X	24 hrs	36,500		1.6								1.4		
31		24 hrs													
Total			952,500												
Average			31,750												
Maximum			38,500												

* 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

I. General Information for the Month Year of: **May-05**

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month Year of: May-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	36,500												
2	X	24 hrs	32,000		1.6								1.2		
3	X	24 hrs	40,000		1.4								1.2		
4	X	24 hrs	18,000		1.6								1.2		
5	X	24 hrs	26,000		1.8								1.4		
6	X	24 hrs	36,000		1.6								1.2		
7		24 hrs	36,000												
8	X	24 hrs	30,000		1.4								1.2		
9	X	24 hrs	45,000		1.6								1.2		
10	X	24 hrs	40,000		1.6								1.2		
11	X	24 hrs	31,000		1.4								1.2		
12	X	24 hrs	29,000		1.4								1.2		
13	X	24 hrs	49,000		1.6								1.1		
14	X	24 hrs	28,000		1.4								1		
15		24 hrs	28,000												
16	X	24 hrs	41,000		1.2								1		
17	X	24 hrs	29,000		1.4								1		
18	X	24 hrs	32,000		1.2								1		
19	X	24 hrs	59,000		1.4								1		
20	X	24 hrs	39,000		1.6								1.2		
21	X	24 hrs	44,000		2								1.5		
22		24 hrs	45,000												
23	X	24 hrs	51,000		1.8								1.6		
24	X	24 hrs	40,000		2.5								1.2		
25	X	24 hrs	38,000		2.5								1.4		
26	X	24 hrs	46,000		2.6								1.6		
27	X	24 hrs	46,000		2.6								1.6		
28	X	24 hrs	35,000		1.4								1.2		
29		24 hrs	35,000												
30	X	24 hrs	36,000		2.4								1.2		
31	X	24 hrs	23,000		2.5								1.2		
Total			1,143,500												
Average			36,887												
Maximum			59,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log-Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	27,000		2.5								1.3		
2	X	24 hrs	27,000		2.5								1.3		
3	X	24 hrs	18,000		2.6								1.4		
4	X	24 hrs	32,000		2.2								1.4		
5		24 hrs	32,000												
6	X	24 hrs	29,000		2.6								1.4		
7	X	24 hrs	29,000		2.5								1.2		
8	X	24 hrs	29,000		2.5								1.2		
9	X	24 hrs	25,000		2.4								1.2		
10	X	24 hrs	21,000		2.3								1		
11	X	24 hrs	60,000		2								1.4		
12		24 hrs	60,000												
13	X	24 hrs	29,000		0.5								0.3		
14	X	24 hrs	47,000		2								1		
15	X	24 hrs	27,000		2								1		
16	X	24 hrs	23,000		1.7								0.9		
17	X	24 hrs	28,000		1.8								0.7		
18	X	24 hrs	26,500		1.6								1.2		
19		24 hrs	26,500												
20	X	24 hrs	28,000		1.8								1.2		
21	X	24 hrs	24,000		1.7								1.2		
22	X	24 hrs	26,000		1.6								1		
23	X	24 hrs	28,000		1.7								1		
24	X	24 hrs	34,000		1.7								0.8		
25	X	24 hrs	26,500		1.2								0.6		
26		24 hrs	26,500												
27	X	24 hrs	22,000		1.4								0.7		
28	X	24 hrs	23,000		1.5								0.7		
29	X	24 hrs	27,000		1.5								0.7		
30	X	24 hrs	19,000		1.5								0.7		
31		24 hrs													
Total			880,000												
Average			29,333												
Maximum			60,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick

Printed or Typed Name

C7846

License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month Year of: **July-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	28,000												
2	X	24 hrs	25,000		1.6								1.2		
3		24 hrs	25,000												
4	X	24 hrs	46,000		1.4								1.2		
5	X	24 hrs	40,000		1.6								1		
6	X	24 hrs	14,000		1.6								1.8		
7	X	24 hrs	40,000		1.8								1.6		
8	X	24 hrs	12,000		1.8								1.2		
9	X	24 hrs	27,500		1.6								1		
10		24 hrs	27,500												
11	X	24 hrs	25,000		1.4								1		
12	X	24 hrs	27,000		1.4								0.8		
13	X	24 hrs	23,000		1.3								0.8		
14	X	24 hrs	21,000		1.3								0.7		
15	X	24 hrs	32,000		1.5								0.7		
16	X	24 hrs	15,000		1.4								1.2		
17		24 hrs	15,000												
18	X	24 hrs	15,000		2.2								1.6		
19	X	24 hrs	20,000		2.2								1.6		
20	X	24 hrs	29,000		2.1								1.5		
21	X	24 hrs	24,000		2.2								1.6		
22	X	24 hrs	29,000		2.1								1.5		
23	X	24 hrs	35,000		2.4								2		
24		24 hrs	35,000												
25	X	24 hrs	26,000		2.4								2		
26	X	24 hrs	43,000		1.7								1.2		
27	X	24 hrs	30,000		1.9								1.4		
28	X	24 hrs	34,000		1.8								1.3		
29	X	24 hrs	30,000		1.7								1.1		
30	X	24 hrs	33,000		1.6								1.2		
31		24 hrs	33,000												
Total			859,000												
Average			27,710												
Maximum			46,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	Total Population Served at End of Month:	462
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **August-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	18,000		1.9								1.4		
2	X	24 hrs	35,000		1.7								1.1		
3	X	24 hrs	21,000		1.8								1.4		
4	X	24 hrs	30,000		1.6								1.1		
5	X	24 hrs	28,000		1.7								1.4		
6	X	24 hrs	27,500		1.8								1.4		
7		24 hrs	27,500												
8	X	24 hrs	17,000		1.4								0.8		
9	X	24 hrs	34,000		1.4								0.8		
10	X	24 hrs	22,000		1.3								0.8		
11	X	24 hrs	34,000		1.4								0.9		
12	X	24 hrs	22,000		1.2								0.8		
13	X	24 hrs	35,000		1								0.6		
14		24 hrs	35,000												
15	X	24 hrs	30,000		1.4								0.8		
16	X	24 hrs	32,000		1.4								0.9		
17	X	24 hrs	35,000		1.5								1		
18	X	24 hrs	39,000		1.4								0.8		
19	X	24 hrs	40,000		1.2								0.7		
20		24 hrs	39,000												
21	X	24 hrs	41,000		1.4								1		
22	X	24 hrs	18,000		1.2								0.7		
23	X	24 hrs	34,000		1.2								0.7		
24	X	24 hrs	23,000		1.3								0.9		
25	X	24 hrs	33,000		1.1								0.6		
26	X	24 hrs	30,000		1.2								0.8		
27	X	24 hrs	29,000		1.1								0.7		
28		24 hrs	29,000												
29	X	24 hrs	21,000		1.2								0.7		
30	X	24 hrs	33,000		1.2								0.8		
31	X	24 hrs	21,000		1.2								0.8		
Total			913,000												
Average			29,452												
Maximum			41,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	Total Population Served at End of Month:	462
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month Year of: **September-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	33,000		1.2								0.8		
2	X	24 hrs	21,000		1.1								0.6		
3	X	24 hrs	26,000		1.2								0.7		
4		24 hrs	26,000												
5	X	24 hrs	38,000		1.3								0.8		
6	X	24 hrs	23,000		1.3								0.8		
7	X	24 hrs	25,000		1.2								0.8		
8	X	24 hrs	28,000		1.2								0.7		
9	X	24 hrs	32,000		1.7								1.1		
10	X	24 hrs	30,000		1.8								1		
11		24 hrs	30,000												
12	X	24 hrs	24,000		2.2								1.8		
13	X	24 hrs	40,000		2.2								1.8		
14	X	24 hrs	28,000		1.9								1.5		
15	X	24 hrs	29,000		1.5								1		
16	X	24 hrs	29,000		1.5								1.1		
17	X	24 hrs	40,000		1.6								1.4		
18		24 hrs	40,000												
19	X	24 hrs	36,000		1.5								1.1		
20	X	24 hrs	21,000		1.5								1.1		
21	X	24 hrs	30,000		1.5								1.1		
22	X	24 hrs	20,000		1.5								1.1		
23	X	24 hrs	26,000		1.5								1.1		
24	X	24 hrs	33,000		1.4								0.9		
25		24 hrs	33,000												
26	X	24 hrs	23,000		1.2								0.7		
27	X	24 hrs	32,000		1.2								0.7		
28	X	24 hrs	19,000		1.2								0.8		
29	X	24 hrs	30,000		1.3								0.9		
30	X	24 hrs	20,000		1.2								0.7		
31		24 hrs													
Total			865,000												
Average			28,833												
Maximum			40,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	Total Population Served at End of Month:	462
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	36,000		1.3								0.9		
2		24 hrs	36,000												
3	X	24 hrs	22,000		1.3								0.8		
4	X	24 hrs	39,000		1.5								1.1		
5	X	24 hrs	38,000		1.6								1.2		
6	X	24 hrs	30,000		1.5								1.1		
7	X	24 hrs	28,000		1.4								1		
8	X	24 hrs	30,000		1.2								1		
9		24 hrs	30,000												
10	X	24 hrs	21,000		1.4								1.1		
11	X	24 hrs	34,000		1.4								1		
12	X	24 hrs	20,000		1.3								0.8		
13	X	24 hrs	30,000		1.4								1		
14	X	24 hrs	25,000		1.2								0.9		
15	X	24 hrs	33,000		1.4								1		
16		24 hrs	33,000												
17	X	24 hrs	35,000		1.4								1		
18	X	24 hrs	26,000		1.2								0.9		
19	X	24 hrs	29,000		1.3								0.8		
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												
24	X	24 hrs	30,000		1.1								0.7		
25	X	24 hrs	45,000		1.1								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								0.8		
29	X	24 hrs	38,000		1.2								1		
30		24 hrs	38,000												
31	X	24 hrs	38,000		1.2								0.9		
Total			966,000												
Average			31,161												
Maximum			45,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name: Hawk's Point		PWS Identification Number: 3424685	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 132		Total Population Served at End of Month: 462	
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'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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

_____ Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of: **November-05**

Means of Achieving Four-Log Virus Inactivation/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 of Disinfectant Residual Maintained in Distribution System:															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	23,000		1.2								0.8		
2	X	24 hrs	29,000		1.3								0.9		
3	X	24 hrs	26,000		1.5								1.2		
4	X	24 hrs	30,000		1.4								1		
5	X	24 hrs	37,000		1.4								1.2		
6		24 hrs	37,000												
7	X	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								1		
10	X	24 hrs	33,000		2.2								2		
11	X	24 hrs	37,000		2.2								2		
12	X	24 hrs	32,000		2								1.8		
13		24 hrs	32,000												
14	X	24 hrs	29,000		2								1.7		
15	X	24 hrs	28,000		1.4								1		
16	X	24 hrs	28,000		1.7								1.4		
17	X	24 hrs	25,000		1.4								1		
18	X	24 hrs	23,000		1.1								0.8		
19	X	24 hrs	28,000		1.5								1.1		
20		24 hrs	28,000												
21	X	24 hrs	30,000		1.2								0.8		
22	X	24 hrs	23,000		1.2								0.8		
23	X	24 hrs	37,000		1.4								1		
24	X	24 hrs	29,000		1.3								0.9		
25	X	24 hrs	32,000		1.3								0.8		
26	X	24 hrs	31,000		1.2								0.8		
27		24 hrs	31,000												
28	X	24 hrs	23,000		1.2								0.7		
29	X	24 hrs	27,000		1.3								0.9		
30	X	24 hrs	27,000		1.5								1.1		
31		24 hrs													
Total			885,000												
Average			29,500												
Maximum			37,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Hawk's Point	PWS Identification Number:	3424685
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	132	Total Population Served at End of Month:	462
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aguaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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:	Bellevue	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	41,917	Zip Code:	34880	
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:	Gary Kissick	C	7846	6 Days per week
Other Operators:	Mark March	C	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 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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424685 Plant Name: Hawk's Point

III. Daily Data for the Month/Year of:

December-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	30,000		1.2								0.8		
2	X	24 hrs	20,000		1.2								0.8		
3	X	24 hrs	33,000		1.2								1		
4		24 hrs	33,000												
5	X	24 hrs	27,000		1.4								1.1		
6	X	24 hrs	28,000		1.3								0.8		
7	X	24 hrs	27,000		1.6								1.2		
8	X	24 hrs	35,000		1.2								0.8		
9	X	24 hrs	24,000		1.3								0.9		
10	X	24 hrs	30,000		1.2								1		
11		24 hrs	30,000												
12	X	24 hrs	30,000		1.2								0.9		
13	X	24 hrs	25,000		1.3								1.1		
14	X	24 hrs	31,000		1.2								0.9		
15	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		0.9								0.5		
18		24 hrs	32,000												
19	X	24 hrs	28,000		1.7								1.4		
20	X	24 hrs	28,000		1.5								1.3		
21	X	24 hrs	29,000		1.5								1.2		
22	X	24 hrs	26,000		1.5								1.2		
23	X	24 hrs	33,000		1.6								1.2		
24	X	24 hrs	35,000		1.6								1.4		
25		24 hrs	35,000												
26	X	24 hrs	32,000		1.4								1.1		
27	X	24 hrs	28,000		1.3								1		
28	X	24 hrs	33,000		1.3								1		
29	X	24 hrs	25,000		1.3								1		
30	X	24 hrs	26,000		1.3								1		
31	X	24 hrs	37,000		1.2								1		
Total			916,000												
Average			29,548												
Maximum			37,000												

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

Marion Hills



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

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com		

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14009 S.E. 51st Ave	City:	Ocala	
		State:	FL	
		Zip Code:	34491	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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:	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month Year of: **January-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	6,000											
2	X	24 hrs	6,000									1		
3		24 hrs	7,000											
4		24 hrs	6,000											
5	X	24 hrs	5,000									1.1		
6		24 hrs	5,000											
7	X	24 hrs	5,000									1.1		
8		24 hrs	5,000											
9	X	24 hrs	6,000									1.1		
10		24 hrs	6,000											
11		24 hrs	6,000											
12	X	24 hrs	5,000									1.2		
13		24 hrs	5,000											
14	X	24 hrs	5,000									1.2		
15		24 hrs	5,000											
16	X	24 hrs	6,000									1.2		
17		24 hrs	5,000											
18		24 hrs	6,000											
19	X	24 hrs	6,000									1.2		
20		24 hrs	5,000											
21	X	24 hrs	4,000									1.1		
22		24 hrs	5,000											
23	X	24 hrs	6,000									1.1		
24		24 hrs	5,000											
25		24 hrs	6,000											
26	X	24 hrs	6,000									1.1		
27		24 hrs	6,000											
28	X	24 hrs	5,000									1.1		
29		24 hrs	6,000											
30	X	24 hrs	6,000									1		
31		24 hrs	5,000											
Total			171,000											
Average			5,516											
Maximum			7,000											

* 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

I. General Information for the Month Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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:	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	William Landers	B7327
	Printed or Typed Name	License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **February-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	6,000											
2	X	24 hrs	5,000										1.0	
3		24 hrs	5,000											
4	X	24 hrs	6,000										1.1	
5		24 hrs	5,000											
6	X	24 hrs	6,000										1.1	
7		24 hrs	5,000											
8		24 hrs	6,000											
9	X	24 hrs	7,000										1.1	
10		24 hrs	6,000											
11	X	24 hrs	5,000										1.0	
12		24 hrs	4,000											
13	X	24 hrs	6,000										1.0	
14		24 hrs	5,000											
15		24 hrs	6,000											
16	X	24 hrs	5,000										1.2	
17		24 hrs	5,000											
18	X	24 hrs	5,000										1.1	
19		24 hrs	5,000											
20	X	24 hrs	7,000										1.0	
21		24 hrs	7,000											
22		24 hrs	7,000											
23	X	24 hrs	14,000										1.2	
24		24 hrs	14,000											
25	X	24 hrs	7,000										1.0	
26		24 hrs	7,000											
27	X	24 hrs	6,000										1.3	
28		24 hrs	7,000											
29		24 hrs	6,000											
30		24 hrs												
31		24 hrs												
Total			185,000											
Average			6,379											
Maximum			14,000											

* 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

I. General Information for the Month/Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	4,000										1.3	1	
2	X	24 hrs	3,000												
3	X	24 hrs	4,000										2.4		
4		24 hrs	5,000												
5	X	24 hrs	5,000										0.4		
6		24 hrs	6,000												
7		24 hrs	5,000												
8	X	24 hrs	5,000										1.4		
9		24 hrs	6,000												
10	X	24 hrs	5,000										1.2		
11		24 hrs	6,000												
12	X	24 hrs	5,000										1		
13		24 hrs	5,000												
14		24 hrs	5,000												
15	X	24 hrs	5,000												
16		24 hrs	5,000												
17	X	24 hrs	6,000										0.8		
18		24 hrs	6,000												
19	X	24 hrs	5,600										0.7		
20		24 hrs	5,600												
21		24 hrs	5,600												
22	X	24 hrs	5,000										0.8		
23		24 hrs	7,000												
24	X	24 hrs	15,000										0.9		
25	X	24 hrs	6,000										0.3		
26		24 hrs	6,000												
27		24 hrs	6,000												
28		24 hrs	6,000												
29	X	24 hrs	7,500										1.2		
30		24 hrs	7,500												
31	X	24 hrs	7,500										1.2		
Total			181,300												
Average			5,848												
Maximum			15,000												

* 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

I. General Information for the Month/Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com		

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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:	Mark March	C	8287	3 Days per week
Other Operators:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: April-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	8,000											
2	X	24 hrs	10,000									0.9		
3		24 hrs	11,000											
4		24 hrs	11,000											
5	X	24 hrs	10,000									1		
6	X	24 hrs	10,000									1.2		
7	X	24 hrs	7,000									1.1		
8		24 hrs	6,000											
9	X	24 hrs	7,000									0.8		
10		24 hrs	7,000											
11		24 hrs	7,000											
12	X	24 hrs	5,000									0.8		
13		24 hrs	5,000											
14	X	24 hrs	8,000									0.7		
15		24 hrs	9,000											
16	X	24 hrs	9,000									0.9		
17		24 hrs	9,000											
18		24 hrs	8,000											
19	X	24 hrs	12,000									1.1		
20		24 hrs	13,000											
21	X	24 hrs	10,000									1		
22		24 hrs	11,000											
23	X	24 hrs	11,000									1		
24		24 hrs	10,000											
25		24 hrs	10,000											
26	X	24 hrs	10,000									1.1		
27		24 hrs	10,000											
28	X	24 hrs	11,000									1.1		
29		24 hrs	11,000											
30	X	24 hrs	5,000									1.1		
31		24 hrs												
Total			271,000											
Average			9,033											
Maximum			13,000											

* 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

I. General Information for the Month/Year of: **May-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month Year of: **May-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	5,000											
2		24 hrs	5,000											
3	X	24 hrs	2,500									1.1		
4		24 hrs	2,500											
5	X	24 hrs	5,000									1.1		
6		24 hrs	5,000											
7	X	24 hrs	6,600									1		
8		24 hrs	6,600											
9		24 hrs	6,600											
10	X	24 hrs	14,000									1		
11		24 hrs	14,000											
12	X	24 hrs	11,500									1		
13		24 hrs	11,500											
14	X	24 hrs	11,600									1.4		
15		24 hrs	11,600											
16		24 hrs	11,600											
17	X	24 hrs	7,500									1.5		
18		24 hrs	7,500											
19	X	24 hrs	7,500									1.2		
20		24 hrs	8,000											
21	X	24 hrs	8,000									1		
22		24 hrs	12,600											
23		24 hrs	12,600											
24	X	24 hrs	11,000									1.1		
25		24 hrs	11,000											
26	X	24 hrs	17,000									1		
27		24 hrs	17,000											
28	X	24 hrs	11,000									1		
29		24 hrs	11,000											
30		24 hrs	11,000											
31	X	24 hrs	13,000									1.2		
Total			296,300											
Average			9,558											
Maximum			17,000											

* 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

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	Contact Person's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com		

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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:	Mark March	C	8287	3 Days per week
Other Operators:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month Year of: **June-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	13,000												
2	X	24 hrs	6,500										1.3		
3		24 hrs	6,500												
4	X	24 hrs	8,000										1.1		
5		24 hrs	8,000												
6		24 hrs	8,000												
7	X	24 hrs	6,500										1		
8		24 hrs	6,500												
9	X	24 hrs	7,500										1.2		
10		24 hrs	7,500												
11	X	24 hrs	7,300										0.8		
12		24 hrs	7,300												
13		24 hrs	7,300												
14	X	24 hrs	6,000										1.1		
15		24 hrs	6,000												
16	X	24 hrs	8,500										1.2		
17		24 hrs	8,500												
18	X	24 hrs	7,600										1.1		
19		24 hrs	7,600												
20		24 hrs	7,600												
21	X	24 hrs	7,000										1.2		
22		24 hrs	7,000												
23	X	24 hrs	10,000										1.3		
24		24 hrs	10,000												
25	X	24 hrs	9,300										1.1		
26		24 hrs	9,300												
27		24 hrs	9,300												
28	X	24 hrs	8,500										1.2		
29		24 hrs	8,500												
30	X	24 hrs	11,000										1.1		
31		24 hrs													
Total			241,600												
Average			8,053												
Maximum			13,000												

* 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

I. General Information for the Month Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	3424001	Plant Name: Marion Hills
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III. Daily Data for the Month/Year of: **July-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations; or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	11,000												
2	X	24 hrs	7,600										1		
3		24 hrs	7,600												
4		24 hrs	7,700												
5	X	24 hrs	9,500										1.1		
6		24 hrs	9,500												
7	X	24 hrs	7,000										1.1		
8		24 hrs	7,000												
9	X	24 hrs	9,000										1.2		
10		24 hrs	9,000												
11		24 hrs	9,000												
12	X	24 hrs	6,500										1.1		
13		24 hrs	6,500												
14	X	24 hrs	9,000										1.1		
15		24 hrs	9,000												
16	X	24 hrs	7,000										1.2		
17		24 hrs	7,000												
18		24 hrs	7,000												
19	X	24 hrs	6,000										1		
20		24 hrs	6,000												
21	X	24 hrs	6,000										1		
22		24 hrs	7,000												
23	X	24 hrs	19,300										1.2		
24		24 hrs	19,300												
25		24 hrs	19,300												
26	X	24 hrs	17,000										1.1		
27		24 hrs	17,000												
28	X	24 hrs	6,000										1.4		
29		24 hrs	6,000												
30	X	24 hrs	7,000										1.6		
31		24 hrs	7,000												
Total:			288,800												
Average:			9,316												
Maximum:			19,300												

* 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

I. General Information for the Month Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **August-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	7,000											
2	X	24 hrs	6,000									1.4		
3	X	24 hrs	6,000											
4	X	24 hrs	6,500									1.2		
5		24 hrs	6,500											
6	X	24 hrs	6,600									1.3		
7		24 hrs	6,600											
8		24 hrs	6,700											
9	X	24 hrs	6,000									1.4		
10		24 hrs	6,000											
11	X	24 hrs	5,500									1.2		
12		24 hrs	5,500											
13	X	24 hrs	7,600									1		
14		24 hrs	7,600											
15		24 hrs	7,700											
16	X	24 hrs	7,000									1.2		
17		24 hrs	8,000											
18	X	24 hrs	5,000									1.2		
19		24 hrs	6,000											
20	X	24 hrs	8,000									1.1		
21		24 hrs	8,000											
22		24 hrs	8,000											
23	X	24 hrs	6,000									1		
24		24 hrs	6,000											
25	X	24 hrs	5,000									1.2		
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									1.3		
31		24 hrs	5,000											
Total			200,800											
Average			6,477											
Maximum			8,000											

* 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

I. General Information for the Month/Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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:	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@aquaaamerica.com					

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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	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		
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **September-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	6,000		1.6								1.5	
2		24 hrs	6,000											
3	X	24 hrs	5,300		1.4								1.3	
4		24 hrs	5,300											
5		24 hrs	5,200											
6	X	24 hrs	11,000		0								0	
7	X	24 hrs	9,000		1.6								1.6	
8	X	24 hrs	15,000		1.4								1.4	
9	X	24 hrs	7,000		1.6								1.3	
10	X	24 hrs	6,700		1.5								1.2	
11		24 hrs	6,700											
12		24 hrs	6,600											
13	X	24 hrs	5,000		1.6								1.4	
14		24 hrs	5,000											
15	X	24 hrs	6,000		1.5								1.3	
16		24 hrs	7,000											
17	X	24 hrs	6,600		1.4								1.2	
18		24 hrs	6,600											
19		24 hrs	6,700											
20	X	24 hrs	6,000		1.5								1.3	
21		24 hrs	7,000											
22	X	24 hrs	4,000		1.6								1.3	
23		24 hrs	4,000											
24	X	24 hrs	7,000		2								1.4	
25		24 hrs	7,000											
26		24 hrs	7,000											
27	X	24 hrs	9,000		1.6								1.6	
28	X	24 hrs	8,000		1.8								1.4	
29	X	24 hrs	5,000		1.7								1.6	
30		24 hrs	5,000											
31		24 hrs												
Total			201,700											
Average			6,723											
Maximum			15,000											

* 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

I. General Information for the Month/Year of:

October-04

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 369-4881	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	6,000		1.7								1.6		
2		24 hrs	6,000												
3		24 hrs	6,000												
4	X	24 hrs	5,000		1.8								1.6		
5		24 hrs	6,000												
6	X	24 hrs	5,000		1.8								1.4		
7		24 hrs	6,000												
8	X	24 hrs	7,000		1.6								1.4		
9		24 hrs	7,000												
10		24 hrs	7,000												
11	X	24 hrs	5,000		2								1.5		
12		24 hrs	5,000												
13	X	24 hrs	6,000		2								1.4		
14		24 hrs	6,000												
15	X	24 hrs	7,000		2.2								1.6		
16		24 hrs	7,000												
17		24 hrs	7,000												
18	X	24 hrs	6,000		2.1								1.5		
19	X	24 hrs	5,000		2										
20	X	24 hrs	5,000		2.2								1.4		
21		24 hrs	5,000												
22	X	24 hrs	7,000		2.2								1.6		
23		24 hrs	7,000												
24		24 hrs	7,000												
25	X	24 hrs	4,000		1.5								1.1		
26		24 hrs	4,000												
27	X	24 hrs	5,000		1.3								0.8		
28		24 hrs	5,000												
29	X	24 hrs	5,000		1.5								1		
30		24 hrs	5,000												
31		24 hrs	5,000												
Total			179,000												
Average			5,774												
Maximum			7,000												

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 732-6027	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **November-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	7,000		1.2								0.8		
2		24 hrs	7,000												
3	X	24 hrs	6,000		1.1								0.6		
4	X	24 hrs	6,000		3.2								1.8		
5	X	24 hrs	7,000		2.2								2		
6		24 hrs	7,000												
7		24 hrs	7,000												
8	X	24 hrs	4,000		2								1.5		
9		24 hrs	5,000												
10	X	24 hrs	5,000		2.1								1.4		
11		24 hrs	5,000												
12	X	24 hrs	6,000		1								0.7		
13		24 hrs	6,000												
14		24 hrs	6,000												
15	X	24 hrs	7,000		1.2								0.7		
16		24 hrs	7,000												
17	X	24 hrs	6,000		1.2								0.8		
18		24 hrs	6,000												
19	X	24 hrs	8,000		1.1								0.8		
20		24 hrs	8,000												
21	X	24 hrs	5,000		0.8								0.5		
22		24 hrs	5,000												
23		24 hrs	5,000												
24	X	24 hrs	6,000		1								0.8		
25		24 hrs	5,000												
26	X	24 hrs	7,000		1.5								1.2		
27		24 hrs	7,000												
28		24 hrs	8,000												
29	X	24 hrs	5,000		1.5								1.1		
30		24 hrs	5,000												
31		24 hrs													
Total			184,000												
Average			6,133												
Maximum			8,000												

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 732-6027	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **December-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	5,000		1.8								1.4		
2		24 hrs	5,000												
3	X	24 hrs	7,000		1.8								1.5		
4		24 hrs	7,000												
5		24 hrs	6,000												
6	X	24 hrs	6,000		1.8								1.2		
7		24 hrs	6,000												
8	X	24 hrs	7,000		2								1.5		
9		24 hrs	7,000												
10	X	24 hrs	6,000		1.8								1.3		
11		24 hrs	6,000												
12		24 hrs	7,000												
13	X	24 hrs	6,000		1.8								1.2		
14		24 hrs	6,000												
15	X	24 hrs	7,000		1.7								1.2		
16		24 hrs	6,000												
17	X	24 hrs	7,000		1.6								1.4		
18		24 hrs	7,000												
19		24 hrs	7,000												
20	X	24 hrs	5,000		1.5								1.2		
21		24 hrs	5,000												
22	X	24 hrs	6,000		1.4								1.2		
23		24 hrs	6,000												
24	X	24 hrs	7,000		1.5								1.2		
25		24 hrs	7,000												
26		24 hrs	6,000												
27	X	24 hrs	5,000		1.4								1.1		
28		24 hrs	5,000												
29	X	24 hrs	7,000		1.5								1.2		
30		24 hrs	7,000												
31		24 hrs	6,000												
Total			193,000												
Average			6,226												
Maximum			7,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills			PWS Identification Number:	3424001	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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	
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's 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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	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		
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	6,000		1.5								1		
2		24 hrs	6,000												
3	X	24 hrs	5,000		1.6								1.2		
4		24 hrs	5,000												
5	X	24 hrs	5,000		1.5								1.1		
6		24 hrs	5,000												
7	X	24 hrs	5,000		1.5								1.2		
8		24 hrs	6,000												
9		24 hrs	6,000												
10	X	24 hrs	5,000		1.6								1.2		
11		24 hrs	5,000												
12	X	24 hrs	5,000		1.4								1		
13		24 hrs	5,000												
14	X	24 hrs	5,600		1.5								1.2		
15		24 hrs	5,600												
16		24 hrs	5,600												
17	X	24 hrs	5,600		1.6								1.2		
18		24 hrs	5,600												
19		24 hrs	6,000												
20	X	24 hrs	7,000		1.5								1		
21		24 hrs	7,000												
22	X	24 hrs	7,000		1.6								1.2		
23		24 hrs	8,000												
24	X	24 hrs	5,000		1.8								1.4		
25	X	24 hrs	6,000		1.2								1		
26	X	24 hrs	7,000		1								0.9		
27	X	24 hrs	7,000		1.5								1.1		
28	X	24 hrs	7,000		1.4								1.1		
29		24 hrs	7,000												
30		24 hrs	7,000												
31		24 hrs	7,000												
Total			185,000												
Average			5,968												
Maximum			8,000												

* 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

I. General Information for the Month Year of: **February-05**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: February-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations:						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	2,000		1.8								1.2	
2	X	24 hrs	2,000		0.8								0.4	
3		24 hrs	2,000											
4	X	24 hrs	4,000		0.6								0.4	
5	X	24 hrs	3,500											
6	X	24 hrs	3,500											
7	X	24 hrs	2,000		2								1.6	
8		24 hrs	2,000											
9	X	24 hrs	2,500		2								1.5	
10		24 hrs	2,500											
11	X	24 hrs	3,300		2								1.5	
12		24 hrs	3,300											
13		24 hrs	3,300											
14	X	24 hrs	3,000		1.5								1.2	
15		24 hrs	3,000											
16	X	24 hrs	3,500		1.9								1.1	
17		24 hrs	3,500											
18	X	24 hrs	4,000		1.5								1	
19		24 hrs	4,500											
20		24 hrs	4,500											
21	X	24 hrs	5,500		1.5								1.1	
22		24 hrs	5,500											
23	X	24 hrs	3,000		1.2								1	
24	X	24 hrs	2,000		1.2								1	
25	X	24 hrs	2,000		1.1								0.9	
26		24 hrs	4,000											
27		24 hrs	4,000											
28	X	24 hrs	5,500		1.2								1	
29		24 hrs												
30		24 hrs												
31		24 hrs												
Total			93,400											
Average			3,336											
Maximum			5,500											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	5,500												
2	X	24 hrs	4,000		1.2								1		
3		24 hrs	4,000												
4	X	24 hrs	6,000		1.2								1		
5		24 hrs	6,000												
6		24 hrs	6,000												
7	X	24 hrs	5,000		1.2								1		
8		24 hrs	5,000												
9	X	24 hrs	4,000		1.1								1		
10		24 hrs	4,000												
11	X	24 hrs	5,500		1.4								1.2		
12		24 hrs	5,500												
13		24 hrs	5,500												
14	X	24 hrs	4,500		1.8								1.4		
15		24 hrs	4,500												
16	X	24 hrs	7,000		1.8								1.4		
17		24 hrs	7,000												
18	X	24 hrs	3,000		1.6								1.2		
19		24 hrs	3,000												
20		24 hrs	3,000												
21	X	24 hrs	2,500		1.8								1.4		
22		24 hrs	2,500												
23	X	24 hrs	3,000		1.8								1.4		
24		24 hrs	3,000												
25	X	24 hrs	4,000		1.4								1.2		
26		24 hrs	4,600												
27		24 hrs	4,600												
28	X	24 hrs	4,000		1.4								1.2		
29	X	24 hrs	4,000		3.5								2	1	
30	X	24 hrs	4,000		1.2								1		
31		24 hrs													
Total			134,200												
Average			4,473												
Maximum			7,000												

* 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

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:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **April-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	4,600		1								0.8	
2		24 hrs	4,600											
3		24 hrs	4,600											
4	X	24 hrs	4,600		1								0.8	
5		24 hrs	4,600											
6	X	24 hrs	4,000		1								0.8	
7		24 hrs	1,000											
8	X	24 hrs	3,000		1.2								1	
9		24 hrs	3,000											
10		24 hrs	3,000											
11	X	24 hrs	4,000		1.5								1	
12		24 hrs	4,000											
13	X	24 hrs	4,000		1.9								1.5	
14		24 hrs	4,000											
15	X	24 hrs	2,000		1.4								1.2	
16		24 hrs	2,000											
17		24 hrs	2,000											
18	X	24 hrs	2,000		1.6								1.2	
19		24 hrs	2,000											
20	X	24 hrs	2,000		1								0.8	
21		24 hrs	2,000											
22	X	24 hrs	3,000		1.4								1.2	
23		24 hrs	3,000											
24		24 hrs	3,000											
25	X	24 hrs	2,000		1.5								1.2	
26		24 hrs	2,000											
27	X	24 hrs	1,000		1.4								1.2	
28		24 hrs	1,000											
29	X	24 hrs	1,500		1								0.8	
30		24 hrs	1,500											
31		24 hrs												
Total			85,000											
Average			2,833											
Maximum			4,600											

* 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

I. General Information for the Month Year of: **May-05**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2812	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month Year of: May-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	4,600											
2	X	24 hrs	4,600		1.4								1.2	
3		24 hrs	4,600											
4	X	24 hrs	4,600		1.4								1.2	
5		24 hrs	4,600											
6	X	24 hrs	4,000		1.8								1.4	
7		24 hrs	1,000											
8		24 hrs	3,000											
9	X	24 hrs	3,000		1.4								1.2	
10		24 hrs	3,000											
11	X	24 hrs	4,000		1								0.9	
12		24 hrs	4,000											
13	X	24 hrs	4,000		1.2								1	
14		24 hrs	4,000											
15		24 hrs	2,000											
16	X	24 hrs	2,000		1.6								1.2	
17		24 hrs	2,000											
18	X	24 hrs	2,000		1.8								1.4	
19		24 hrs	2,000											
20	X	24 hrs	2,000		1.8								1.4	
21		24 hrs	2,000											
22		24 hrs	3,000											
23	X	24 hrs	3,000		1.8								1.4	
24		24 hrs	3,000											
25	X	24 hrs	2,000		2.5								1.4	
26		24 hrs	2,000											
27	X	24 hrs	1,000		2.5								1.4	
28		24 hrs	1,000											
29		24 hrs	1,500											
30	X	24 hrs	1,500		2.5								1.4	
31		24 hrs	1,500											
Total			86,500											
Average			2,790											
Maximum			4,600											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2812	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	13,000		2.6								1.4	
2		24 hrs	6,500											
3	X	24 hrs	6,500		2.7								1.4	
4		24 hrs	8,000											
5		24 hrs	8,000											
6	X	24 hrs	8,000		2.6								1.4	
7		24 hrs	6,500											
8	X	24 hrs	6,500		2.7								1.4	
9		24 hrs	7,500											
10	X	24 hrs	7,500		2.6								1.3	
11		24 hrs	7,300											
12		24 hrs	7,300											
13	X	24 hrs	7,300		2.5								1.3	
14		24 hrs	6,000											
15	X	24 hrs	6,000		2.6								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											
20	X	24 hrs	7,600		2.7								1.3	
21		24 hrs	7,000											
22	X	24 hrs	7,000		2.5								1.3	
23		24 hrs	10,000											
24	X	24 hrs	10,000		2.6								1.3	
25		24 hrs	9,300											
26		24 hrs	9,300											
27	X	24 hrs	9,300		2.6								1.4	
28		24 hrs	8,500											
29	X	24 hrs	8,500		2.7								1.4	
30		24 hrs	11,000											
31		24 hrs												
Total			241,600											
Average			8,053											
Maximum			13,000											

* 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

I. General Information for the Month Year of: **July-05**

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **July-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	1,000		2.8								1.4		
2		24 hrs	1,000												
3	X	24 hrs	2,000		2.2								1.6		
4		24 hrs	2,000												
5		24 hrs	2,000												
6	X	24 hrs	2,000		1.8								1.4		
7		24 hrs	2,000												
8	X	24 hrs	1,000		1.8								1.6		
9		24 hrs	2,000												
10		24 hrs	2,000												
11	X	24 hrs	2,000		2.5								1.4		
12		24 hrs	1,500												
13	X	24 hrs	1,500		2.5								1.4		
14		24 hrs	1,500												
15	X	24 hrs	2,000		2.6								1.4		
16		24 hrs	2,000												
17		24 hrs	2,000												
18	X	24 hrs	2,000		2.7								1.4		
19		24 hrs	2,000												
20	X	24 hrs	2,000		2.2								1.8		
21		24 hrs	2,000												
22	X	24 hrs	2,000		2.2								1.9		
23		24 hrs	2,000												
24		24 hrs	2,000												
25	X	24 hrs	7,000		2.8								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								1.8		
30		24 hrs	2,300												
31		24 hrs	2,300												
Total			69,400												
Average			2,239												
Maximum			7,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **August-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	2,000		2.1								1.8		
2		24 hrs	2,000												
3	X	24 hrs	1,000		1.5								1.2		
4		24 hrs	1,000												
5	X	24 hrs	1,600		1.4								1.2		
6		24 hrs	1,600												
7		24 hrs	1,600												
8	X	24 hrs	500		1.3								0.9		
9		24 hrs	500												
10	X	24 hrs	1,500		1.2								0.9		
11		24 hrs	1,500												
12	X	24 hrs	300		1.2								0.9		
13		24 hrs	300												
14		24 hrs	300												
15	X	24 hrs	500		1.2								0.9		
16		24 hrs	500												
17	X	24 hrs	500		1.1								0.7		
18		24 hrs	500												
19	X	24 hrs	300		1.1								0.7		
20		24 hrs	300												
21		24 hrs	300												
22	X	24 hrs	500		1.3								0.9		
23		24 hrs	500												
24	X	24 hrs	4,000		1.6								1.2		
25		24 hrs	4,000												
26	X	24 hrs	3,000		1.2								0.8		
27		24 hrs	3,000												
28		24 hrs	3,000												
29	X	24 hrs	2,000		1.1								0.7		
30		24 hrs	2,000												
31	X	24 hrs	2,000		1.2								0.8		
Total			42,600												
Average			1,374												
Maximum			4,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick

Printed or Typed Name

C7846

License Number

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

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month Year of: **September 05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	2,000											
2	X	24 hrs	3,000		1.1							0.7		
3		24 hrs	3,000											
4		24 hrs	3,000											
5	X	24 hrs	4,000		1.4							1.1		
6		24 hrs	4,000											
7	X	24 hrs	3,000		1.3							1		
8		24 hrs	3,000											
9	X	24 hrs	4,000		1.2							0.9		
10		24 hrs	4,000											
11		24 hrs	4,000											
12	X	24 hrs	4,000		1.2							0.9		
13		24 hrs	4,000											
14	X	24 hrs	4,000		2							1.8		
15		24 hrs	4,000											
16	X	24 hrs	7,000		1.9							1.6		
17		24 hrs	7,000											
18		24 hrs	7,000											
19	X	24 hrs	4,000		1.7							1.4		
20		24 hrs	4,000											
21	X	24 hrs	3,000		1.1							0.7		
22		24 hrs	3,000											
23	X	24 hrs	6,000		2							1.7		
24		24 hrs	6,000											
25		24 hrs	6,000											
26	X	24 hrs	8,000		2.2							2		
27		24 hrs	8,000											
28	X	24 hrs	5,000		1.5							1.2		
29		24 hrs	5,000											
30	X	24 hrs	6,000		1.1							0.8		
31		24 hrs												
Total			138,000											
Average			4,600											
Maximum			8,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424001	Plant Name: Marion Hills
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III. Daily Data for the Month/Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	6,000											
2		24 hrs	6,000											
3	X	24 hrs	5,000		1.3								1	
4		24 hrs	5,000											
5	X	24 hrs	4,000		1.1								0.8	
6		24 hrs	4,000											
7	X	24 hrs	5,000		2.1								2	
8		24 hrs	5,000											
9		24 hrs	5,000											
10	X	24 hrs	5,000		1.3								1.1	
11		24 hrs	5,000											
12	X	24 hrs	4,000		1.5								1.3	
13		24 hrs	4,000		1.1									
14	X	24 hrs	5,000		1.1								0.9	
15		24 hrs	5,000											
16		24 hrs	5,000											
17	X	24 hrs	5,000		1.3								1	
18		24 hrs	5,000											
19	X	24 hrs	4,000		1.1								0.9	
20		24 hrs	4,000											
21	X	24 hrs	5,000		1								0.8	
22		24 hrs	5,000											
23		24 hrs	5,000											
24	X	24 hrs	4,000		1								0.8	
25		24 hrs	4,000											
26	X	24 hrs	4,000		1								0.8	
27		24 hrs	4,000											
28	X	24 hrs	6,000		1								0.8	
29		24 hrs	6,000											
30		24 hrs	6,000											
31	X	24 hrs	6,000		1								0.8	
Total			151,000											
Average			4,871											
Maximum			6,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **November-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		2- hrs	6,000											
2	X	2- hrs	6,000		1.4								1.1	
3		2- hrs	6,000											
4	X	2- hrs	5,000		2.2								2	
5		2- hrs	5,000											
6		2- hrs	5,000											
7	X	2- hrs	5,000		1.3								1.1	
8		2- hrs	5,000											
9	X	2- hrs	7,000		1.6								1.3	
10		2- hrs	7,000											
11	X	2- hrs	6,000		1.2								0.9	
12		2- hrs	6,000											
13		2- hrs	6,000											
14	X	2- hrs	5,000		1.2								1	
15		2- hrs	5,000											
16	X	2- hrs	5,000		1.2								1	
17		2- hrs	5,000											
18	X	2- hrs	5,000		1.8								1.6	
19		2- hrs	5,000											
20		2- hrs	5,000											
21	X	2- hrs	6,000		1								0.8	
22		2- hrs	6,000											
23	X	2- hrs	5,000		1								0.8	
24		2- hrs	5,000											
25	X	2- hrs	7,000		1								0.7	
26		2- hrs	7,000											
27		2- hrs	7,000											
28	X	2- hrs	4,000		1.1								0.9	
29		2- hrs	4,000											
30	X	2- hrs	4,000		1								0.8	
31		2- hrs												
Total			165,000											
Average			5,500											
Maximum			7,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Marion Hills	PWS Identification Number:	3424001
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Marion Hills	Plant Telephone Number:	(352) 787-0980	
Plant Address:	14009 S.E. 51st Ct.	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	36,000	Zip Code:	34491	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424001 Plant Name: Marion Hills

III. Daily Data for the Month/Year of: **December-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	4,000												
2	X	24 hrs	6,000		1								0.8		
3		24 hrs	6,000												
4		24 hrs	6,000												
5	X	24 hrs	5,000		1.1								0.8		
6		24 hrs	5,000												
7	X	24 hrs	6,000		1								0.8		
8		24 hrs	6,000												
9	X	24 hrs	6,000		1								0.8		
10		24 hrs	6,000												
11		24 hrs	6,000												
12	X	24 hrs	6,000		2.2								2		
13		24 hrs	6,000												
14	X	24 hrs	5,000		1.3								1.1		
15		24 hrs	5,000												
16	X	24 hrs	7,000		1								0.8		
17		24 hrs	7,000												
18		24 hrs	7,000												
19	X	24 hrs	5,000		1.1								0.8		
20		24 hrs	5,000												
21	X	24 hrs	5,000		1								0.8		
22		24 hrs	6,000												
23	X	24 hrs	5,000		1.2								1		
24		24 hrs	5,000												
25		24 hrs	5,000												
26	X	24 hrs	9,000		1.1								0.8		
27		24 hrs	9,000												
28	X	24 hrs	5,000		0.9								0.6		
29		24 hrs	5,000												
30	X	24 hrs	8,000		1.5								1.3		
31		24 hrs	8,000												
Total			185,000												
Average			5,968												
Maximum			9,000												

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

Ridge Meadows



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

See page 4 for instructions

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	12,600												
2		24 hrs	12,600												
3	X	24 hrs	10,000		1.2								1		
4		24 hrs	11,000												
5	X	24 hrs	11,000		1.6								1.4		
6		24 hrs	11,000												
7	X	24 hrs	12,600		1.4								1.2		
8		24 hrs	12,600												
9		24 hrs	12,600												
10	X	24 hrs	17,000		1.6								1.4		
11		24 hrs	12,000												
12	X	24 hrs	10,000		1.8								1.4		
13		24 hrs	11,000												
14	X	24 hrs	13,000		1.6								1.2		
15		24 hrs	13,000												
16		24 hrs	13,000												
17	X	24 hrs	12,500		1.6								1.4		
18		24 hrs	12,500												
19	X	24 hrs	13,000		1.8								1.2		
20		24 hrs	12,000												
21	X	24 hrs	13,000		1.6								1.4		
22		24 hrs	13,000												
23		24 hrs	13,000												
24	X	24 hrs	12,000		1.6								1.6		
25		24 hrs	12,000												
26	X	24 hrs	18,000		1.4								1.2		
27		24 hrs	19,000												
28	X	24 hrs	24,000		1.6								1.2		
29		24 hrs	24,000												
30		24 hrs	24,000												
31	X	24 hrs	20,000		1.6								1.4		
Total			437,000												
Average			14,097												
Maximum			24,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month Year of: February-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	20,000												
2	X	24 hrs	24,000		1.6								1.2		
3		24 hrs	25,000												
4	X	24 hrs	23,000		1.8								1.2		
5		24 hrs	23,000												
6		24 hrs	23,000												
7	X	24 hrs	25,000		1.6								1.4		
8		24 hrs	25,000												
9	X	24 hrs	21,000		1.8								1.2		
10		24 hrs	21,000												
11	X	24 hrs	23,000		1.6								1.1		
12		24 hrs	23,000												
13		24 hrs	24,000												
14	X	24 hrs	20,000		1.6								1.4		
15		24 hrs	21,000												
16	X	24 hrs	21,000		1.6								1.2		
17		24 hrs	22,000												
18	X	24 hrs	21,600		1.4								1.2		
19		24 hrs	21,700												
20		24 hrs	21,700												
21	X	24 hrs	23,000		1.5								1.2		
22		24 hrs	23,000												
23	X	24 hrs	19,000		1.6								1.4		
24		24 hrs	19,000												
25	X	24 hrs	21,000		1.6								1.2		
26		24 hrs	22,000												
27		24 hrs	22,000												
28	X	24 hrs	23,000		1.4								1.2		
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			621,000												
Average			22,179												
Maximum			25,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	23,000											
2	X	24 hrs	20,000		1.4								1	
3		24 hrs	21,000											
4	X	24 hrs	22,000		1.6								1.2	
5		24 hrs	23,000											
6		24 hrs	23,000											
7	X	24 hrs	21,000		1.4								1.2	
8		24 hrs	22,000											
9	X	24 hrs	20,000		1.6								1.4	
10		24 hrs	20,000											
11	X	24 hrs	22,000		1.4								1.2	
12		24 hrs	22,000											
13		24 hrs	22,000											
14	X	24 hrs	22,000		1.6								1.4	
15		24 hrs	22,000											
16	X	24 hrs	20,000		1.4								1.2	
17		24 hrs	20,000											
18	X	24 hrs	18,000		1.6								1.2	
19		24 hrs	18,000											
20		24 hrs	18,000											
21	X	24 hrs	28,000		1.4								1.2	
22		24 hrs	28,000											
23	X	24 hrs	22,000		1.5								1	
24		24 hrs	23,000											
25	X	24 hrs	24,600		1.6								1.4	
26		24 hrs	24,600											
27		24 hrs	24,600											
28	X	24 hrs	20,000		1.6								1.2	
29		24 hrs	21,000											
30	X	24 hrs	23,000		1.6								1.4	
31		24 hrs	23,000											
Total			680,800											
Average			21,961											
Maximum			28,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Bob Maxon	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **April-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	5,000		1.6								1.2	
2		24 hrs	5,000											
3		24 hrs	5,000											
4	X	24 hrs	23,000		1.6								1.4	
5		24 hrs	23,000											
6	X	24 hrs	23,000		1.4								1.2	
7		24 hrs	23,000											
8	X	24 hrs	15,000		1.4								1	
9		24 hrs	15,000											
10		24 hrs	15,000											
11	X	24 hrs	10,000		1.4								1.2	
12		24 hrs	11,000											
13	X	24 hrs	11,000		1.6								1.2	
14		24 hrs	12,000											
15	X	24 hrs	12,000		1.6								1.4	
16		24 hrs	12,000											
17		24 hrs	13,000											
18	X	24 hrs	11,000		1.4								1.2	
19		24 hrs	12,000											
20	X	24 hrs	13,000		1.4								1	
21		24 hrs	14,000											
22	X	24 hrs	11,000		1								0.6	
23		24 hrs	11,000											
24		24 hrs	11,000											
25	X	24 hrs	16,000		1.4								1.2	
26		24 hrs	16,000											
27	X	24 hrs	11,000		1.8								1.4	
28		24 hrs	11,000											
29	X	24 hrs	14,000		1.6								1.4	
30		24 hrs	14,000											
31		24 hrs												
Total			398,000											
Average			13,267											
Maximum			23,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

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	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34482	
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(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
	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month Year of: May-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log-Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	14,000											
2	X	24 hrs	15,000		1.4								1.2	
3		24 hrs	15,000											
4	X	24 hrs	16,000		1.6								1.4	
5		24 hrs	16,000											
6	X	24 hrs	11,600		1.6								1.2	
7		24 hrs	11,600											
8		24 hrs	11,700											
9	X	24 hrs	12,000		1.4								1.2	
10		24 hrs	12,000											
11	X	24 hrs	11,000		1.6								1.4	
12		24 hrs	12,000											
13	X	24 hrs	13,600		1.4								1.2	
14		24 hrs	13,600											
15		24 hrs	13,700											
16	X	24 hrs	13,000		1.6								1.2	
17		24 hrs	13,000											
18	X	24 hrs	11,000		1.4								1	
19		24 hrs	10,000											
20	X	24 hrs	12,000		1.6								1.4	
21		24 hrs	12,000											
22		24 hrs	13,000											
23	X	24 hrs	17,000		1.4								1.2	
24		24 hrs	17,000											
25	X	24 hrs	12,000		1.2								1	
26		24 hrs	12,000											
27	X	24 hrs	11,000		1								0.8	
28		24 hrs	11,000											
29		24 hrs	12,000											
30	X	24 hrs	12,000		1.2								0.8	
31		24 hrs	12,000											
Total			398,800											
Average			12,865											
Maximum			17,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	11,000		1.4								1		
2		24 hrs	11,000												
3	X	24 hrs	12,000		1.2								1		
4		24 hrs	12,000												
5		24 hrs	12,000												
6	X	24 hrs	12,000		1.2								0.8		
7		24 hrs	13,000												
8	X	24 hrs	11,000		1.4								1		
9		24 hrs	12,000												
10	X	24 hrs	12,000		1								0.6		
11		24 hrs	12,000												
12		24 hrs	13,000												
13	X	24 hrs	13,000		0.8								0.4		
14		24 hrs	13,000												
15	X	24 hrs	10,000		1								0.6		
16		24 hrs	11,000												
17	X	24 hrs	16,000		1.2								1		
18		24 hrs	16,000												
19		24 hrs	16,000												
20	X	24 hrs	13,000		1								0.8		
21		24 hrs	14,000												
22	X	24 hrs	13,000		1.2								1		
23		24 hrs	13,000												
24	X	24 hrs	13,000		1.4								1.2		
25		24 hrs	13,000												
26		24 hrs	14,000												
27	X	24 hrs	12,000		1.6								1.2		
28		24 hrs	13,000												
29	X	24 hrs	12,000		1								0.8		
30		24 hrs	13,000												
31		24 hrs													
Total			381,000												
Average			12,700												
Maximum			16,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Gary Kissick	C	7846	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **July-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	13,000		1								0.8	
2		24 hrs	13,000											
3	X	24 hrs	19,500		1								0.6	
4		24 hrs	19,500											
5	X	24 hrs	13,000		1								0.6	
6		24 hrs	13,000											
7	X	24 hrs	12,000		1								0.8	
8		24 hrs	12,000											
9		24 hrs	13,000											
10	X	24 hrs	10,000		1								0.6	
11	X	24 hrs	12,000		1								0.8	
12		24 hrs	12,000											
13	X	24 hrs	12,000		1								0.6	
14		24 hrs	12,000											
15	X	24 hrs	16,000		1								0.8	
16		24 hrs	16,000											
17		24 hrs	17,000											
18	X	24 hrs	10,000		0.8								0.6	
19	X	24 hrs	12,000		0.8								0.6	
20	X	24 hrs	13,000		1.2								1	
21	X	24 hrs	12,000		2.2								1.8	
22	X	24 hrs	13,000		1.8								1.4	
23		24 hrs	13,000											
24		24 hrs	13,000											
25	X	24 hrs	13,000		1.4								1	
26		24 hrs	14,000											
27	X	24 hrs	13,000		1								0.6	
28		24 hrs	13,000											
29	X	24 hrs	13,000		0.8								0.6	
30		24 hrs	13,000											
31		24 hrs	13,000											
Total			413,000											
Average			13,323											
Maximum			19,500											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month Year of: August-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	13,000		1.2								1	
2		24 hrs	14,000											
3	X	24 hrs	12,000		1								0.6	
4		24 hrs	12,000											
5	X	24 hrs	11,600		1.2								1	
6		24 hrs	11,600											
7		24 hrs	11,700											
8	X	24 hrs	12,000		1.4								1.2	
9		24 hrs	12,000											
10	X	24 hrs	10,000		1								0.8	
11		24 hrs	11,000											
12	X	24 hrs	12,600		1								0.6	
13		24 hrs	12,600											
14		24 hrs	12,700											
15	X	24 hrs	12,000		1.2								1	
16		24 hrs	13,000											
17	X	24 hrs	11,000		0.8								0.6	
18		24 hrs	12,000											
19	X	24 hrs	12,000		1								0.8	
20		24 hrs	12,000											
21		24 hrs	13,000											
22	X	24 hrs	10,000		1								0.6	
23		24 hrs	10,000											
24	X	24 hrs	9,000		1								0.8	
25		24 hrs	9,000											
26	X	24 hrs	14,000		1.2								1	
27		24 hrs	15,000											
28		24 hrs	15,000											
29	X	24 hrs	15,000		1								0.6	
30		24 hrs	15,000											
31	X	24 hrs	15,000		1								0.5	
Total			380,800											
Average			12,284											
Maximum			15,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name: Ridge Meadows		PWS Identification Number: 6424591	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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: 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's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

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: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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
Lead/Chief Operator:	Paul Thompson	A	7251
Other Operators:	Mark March	C	8287
	Gary Kissick	C	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **September-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	15,000											
2	X	24 hrs	13,000		0.6								0.4	
3		24 hrs	14,000											
4		24 hrs	14,000											
5	X	24 hrs	11,000		0.6								0.4	
6		24 hrs	10,000											
7	X	24 hrs	10,000		1.4								0.7	
8		24 hrs	11,000											
9	X	24 hrs	16,500		1.6								1	
10		24 hrs	16,500											
11		24 hrs	17,000											
12	X	24 hrs	17,000		1.2								1	
13		24 hrs	17,000											
14	X	24 hrs	16,000		1.4								1.2	
15		24 hrs	17,000											
16	X	24 hrs	17,000		1.4								1.2	
17		24 hrs	17,000											
18		24 hrs	17,000											
19	X	24 hrs	12,000		1.6								1.2	
20		24 hrs	12,000											
21	X	24 hrs	11,000		1.4								1.2	
22		24 hrs	11,000											
23	X	24 hrs	11,600		1.4								1	
24		24 hrs	11,600											
25		24 hrs	11,700											
26	X	24 hrs	12,000		1.2								1	
27		24 hrs	12,000											
28	X	24 hrs	10,000		1								0.8	
29		24 hrs	10,000											
30	X	24 hrs	9,000		1.2								1	
31		24 hrs												
Total			399,900											
Average			13,330											
Maximum			17,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	9,000												
2		24 hrs	10,000												
3	X	24 hrs	11,000		1.4								1.2		
4		24 hrs	11,000												
5	X	24 hrs	11,000		1.2								1		
6		24 hrs	11,000												
7	X	24 hrs	12,000		1.4								1.2		
8		24 hrs	12,000												
9		24 hrs	13,000												
10	X	24 hrs	13,000		1.2								1		
11		24 hrs	13,000												
12	X	24 hrs	13,000		1.4								1		
13		24 hrs	13,000												
14	X	24 hrs	17,000		1.4								1.2		
15		24 hrs	17,000												
16		24 hrs	17,000												
17	X	24 hrs	13,000		1.5								1.3		
18		24 hrs	13,000												
19	X	24 hrs	12,000		1.4								1.1		
20		24 hrs	12,000												
21	X	24 hrs	13,000		1.5										
22		24 hrs	13,000										1.3		
23		24 hrs	13,000												
24	X	24 hrs	13,000		1.4								1.2		
25		24 hrs	13,000												
26	X	24 hrs	11,000		1.6								1.2		
27		24 hrs	11,000												
28	X	24 hrs	13,000		1.4								1		
29		24 hrs	14,000												
30		24 hrs	14,000												
31	X	24 hrs	12,000		1.2								1		
Total			393,000												
Average			12,677												
Maximum			17,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: November-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	12,000											
2	X	24 hrs	12,000		1.4							1.2		
3		24 hrs	13,000											
4	X	24 hrs	13,000		1.4							1		
5		24 hrs	14,000											
6		24 hrs	14,000											
7	X	24 hrs	13,000		1.4							1.2		
8		24 hrs	14,000											
9	X	24 hrs	12,000		1.4							1.2		
10		24 hrs	12,000											
11	X	24 hrs	15,000		1.6							1.2		
12		24 hrs	15,000											
13		24 hrs	15,000											
14	X	24 hrs	12,000		1.4							1.2		
15		24 hrs	13,000											
16	X	24 hrs	13,000		1.6							1.2		
17		24 hrs	13,000											
18	X	24 hrs	13,000		1.4							1		
19		24 hrs	13,000											
20		24 hrs	13,000											
21	X	24 hrs	15,000		1.4							1.1		
22		24 hrs	15,000											
23	X	24 hrs	13,000		1.4							0.9		
24		24 hrs	13,000											
25	X	24 hrs	13,000		1.9							1.6		
26		24 hrs	13,000											
27		24 hrs	13,000											
28	X	24 hrs	13,000		1.7							1.4		
29		24 hrs	13,000											
30	X	24 hrs	12,000		1.4							1.3		
31		24 hrs												
Total			397,000											
Average			13,233											
Maximum			15,000											

* 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

I. General Information for the Month Year of: **December-05**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 787-0980	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson

Printed or Typed Name

A7251

License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **December-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	11,000												
2	X	24 hrs	13,000		1.4								1.2		
3		24 hrs	13,000												
4		24 hrs	13,000												
5	X	24 hrs	13,000		1.4								1		
6		24 hrs	14,000												
7	X	24 hrs	12,000		1.6								1.4		
8		24 hrs	13,000												
9	X	24 hrs	13,000		1.4								1.2		
10		24 hrs	13,000												
11		24 hrs	13,000												
12	X	24 hrs	13,000		1.4								1		
13		24 hrs	12,000												
14	X	24 hrs	12,000		1.2								1.2		
15		24 hrs	12,000												
16	X	24 hrs	13,000		1.4								1.2		
17		24 hrs	14,000												
18		24 hrs	14,000												
19	X	24 hrs	13,000		1.6								1.4		
20		24 hrs	13,000												
21	X	24 hrs	13,000		1.4								1.2		
22		24 hrs	12,000												
23	X	24 hrs	14,000		1.6								1.4		
24		24 hrs	15,000												
25		24 hrs	15,000												
26	X	24 hrs	13,000		1.4								1.2		
27		24 hrs	14,000												
28	X	24 hrs	14,000		1.4								1		
29		24 hrs	14,000												
30	X	24 hrs	16,000		1.4								1.2		
31		24 hrs	16,000												
Total:			413,000												
Average:			13,323												
Maximum:			16,000												

* 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

I. General Information for the Month/Year of: **January-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	66	Total Population Served at End of Month:	139
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 369-4881	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		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.):		
Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Head/Chief Operator:	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **January-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	13,000												
2	X	24 hrs	14,000										1		
3		24 hrs	14,000												
4		24 hrs	14,000												
5	X	24 hrs	15,000										1		
6		24 hrs	14,000												
7	X	24 hrs	15,000										1		
8		24 hrs	16,000												
9	X	24 hrs	17,000										1.2		
10		24 hrs	16,000												
11		24 hrs	17,000												
12	X	24 hrs	13,000										1.3		
13		24 hrs	12,000												
14	X	24 hrs	12,000										1.3		
15		24 hrs	13,000												
16	X	24 hrs	13,000										1.4		
17		24 hrs	12,000												
18		24 hrs	12,000												
19	X	24 hrs	12,000										1.2		
20		24 hrs	12,000												
21	X	24 hrs	14,000										1.2		
22		24 hrs	14,000												
23	X	24 hrs	13,000										1		
24		24 hrs	12,000												
25		24 hrs	13,000												
26	X	24 hrs	16,000										1		
27		24 hrs	16,000												
28	X	24 hrs	12,000										1		
29		24 hrs	11,000												
30	X	24 hrs	13,000										1.4		
31		24 hrs	13,000												
Total			423,000												
Average			13,645												
Maximum			17,000												

* 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

I. General Information for the Month/Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	66	Total Population Served at End of Month:	139
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 369-4881	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		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.):		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

William Landers
Printed or Typed Name

B7327
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month Year of: February-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	13,000												
2	X	24 hrs	13,000										1.5		
3		24 hrs	14,000												
4	X	24 hrs	12,000										1.5		
5		24 hrs	12,000												
6	X	24 hrs	16,000										1.4		
7		24 hrs	15,000												
8		24 hrs	16,000												
9	X	24 hrs	14,000										1.5		
10		24 hrs	13,000												
11	X	24 hrs	12,000										1.3		
12		24 hrs	12,000												
13	X	24 hrs	15,000										1.3		
14		24 hrs	15,000												
15		24 hrs	15,000												
16	X	24 hrs	14,000										1.2		
17		24 hrs	13,000												
18	X	24 hrs	27,000										1.0		
19		24 hrs	27,000											1	
20	X	24 hrs	15,300										1.0		
21		24 hrs	15,300												
22		24 hrs	15,300												
23	X	24 hrs	15,000										1.0	1	
24		24 hrs	15,000												
25	X	24 hrs	13,000										1.1		
26		24 hrs	14,000												
27	X	24 hrs	13,000										1.0		
28		24 hrs	13,000												
29		24 hrs	13,000												
30		24 hrs													
31		24 hrs													
Total			429,900												
Average			14,824												
Maximum			27,000												

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

I. General Information for the Month/Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	66	Total Population Served at End of Month:	139
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 369-4881	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		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.):		
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

FWS Identification Number: 6424591 Plant Name: Ridge Meadows

II. Daily Data for the Month Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	15,000										1.9		
2		24 hrs	15,000												
3	X	24 hrs	13,000										1.7		
4		24 hrs	13,000												
5	X	24 hrs	15,000										1.5		
6		24 hrs	15,000												
7		24 hrs	16,000												
8	X	24 hrs	12,000										1.4		
9		24 hrs	13,000												
10	X	24 hrs	10,000										1.2		
11		24 hrs	11,000												
12	X	24 hrs	16,000										1.2		
13		24 hrs	16,000												
14		24 hrs	16,000												
15	X	24 hrs	11,000										1.1		
16		24 hrs	11,000												
17	X	24 hrs	16,000										1		
18		24 hrs	16,000												
19	X	24 hrs	16,000										1.1		
20		24 hrs	16,000												
21		24 hrs	16,000												
22	X	24 hrs	14,000										1.2		
23		24 hrs	14,000												
24	X	24 hrs	12,000										1.1		
25		24 hrs	13,000												
26	X	24 hrs	13,000										0.6		
27	X	24 hrs	14,000										0.8		
28		24 hrs	14,000												
29	X	24 hrs	13,500										1		
30		24 hrs	13,500												
31	X	24 hrs	15,500										1.1		
Total			434,500												
Average			14,016												
Maximum			16,000												

* 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

I. General Information for the Month Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> 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.		
Contact Person:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 369-4881	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		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.):		
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

II. Daily Data for the Month Year of: April-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	15,500											
2	X	24 hrs	16,600										1.1	
3		24 hrs	16,600											
4		24 hrs	16,700											
5	X	24 hrs	12,500										1	
6		24 hrs	12,500											
7	X	24 hrs	13,000										1.2	
8		24 hrs	13,000											
9	X	24 hrs	13,000										1.6	
10		24 hrs	13,000											
11		24 hrs	14,000											
12	X	24 hrs	1,500										1.4	
13		24 hrs	15,500											
14	X	24 hrs	11,000										1.3	
15		24 hrs	11,000											
16	X	24 hrs	16,000										1.4	
17		24 hrs	16,000											
18		24 hrs	16,000											
19	X	24 hrs	12,500										0.8	
20		24 hrs	12,500											
21	X	24 hrs	18,500										0.7	
22		24 hrs	18,500											
23	X	24 hrs	19,000										1.2	
24		24 hrs	19,000											
25		24 hrs	19,000											
26	X	24 hrs	7,500										1.1	
27		24 hrs	7,500											
28	X	24 hrs	11,000										1.1	
29		24 hrs	12,000											
30	X	24 hrs	14,000										1.2	
31		24 hrs												
Total			414,400											
Average			13,813											
Maximum			19,000											

* 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

I. 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:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	66	Total Population Served at End of Month:	139
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 369-4881	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		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.):		
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

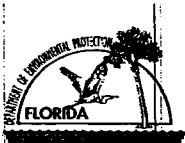
III. Daily Data for the Month Year of: May-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1/1/11		24 hrs	14,000												
1/2/11		24 hrs	14,000												
1/3/11	X	24 hrs	14,500										1.3		
1/4/11	X	24 hrs	14,500												
1/5/11	X	24 hrs	15,000										1.3		
1/6/11		24 hrs	15,000												
1/7/11	X	24 hrs	15,300										1.3		
1/8/11		24 hrs	15,300												
1/9/11		24 hrs	15,300												
1/10/11	X	24 hrs	16,000										0.6		
1/11/11		24 hrs	16,000												
1/12/11	X	24 hrs	13,000										0.7		
1/13/11		24 hrs	13,000												
1/14/11	X	24 hrs	16,300										1		
1/15/11		24 hrs	16,300												
1/16/11		24 hrs	16,300												
1/17/11	X	24 hrs	14,000										1.1		
1/18/11		24 hrs	14,000												
1/19/11	X	24 hrs	16,500										1		
1/20/11		24 hrs	16,500												
1/21/11	X	24 hrs	18,600										1.1		
1/22/11		24 hrs	18,600												
1/23/11		24 hrs	18,600												
1/24/11	X	24 hrs	14,000										1.4		
1/25/11		24 hrs	14,000												
1/26/11	X	24 hrs	18,000										1.3		
1/27/11		24 hrs	18,000												
1/28/11	X	24 hrs	13,000										1.2		
1/29/11		24 hrs	14,000												
1/30/11		24 hrs	14,000												
1/31/11	X	24 hrs	17,000										1.1		
Volume			478,600												
Average			15,439												
Maximum			18,600												

* 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

I. 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:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	66	Total Population Served at End of Month:	139
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
Contact Person's Telephone Number:	(352) 369-4881	Zip Code:	34470
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	City:	Ocala
		State:	FL
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	Zip Code:	34482
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):		Plant Class (per subsection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Mark March	C	8287
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

1. Daily Data for the Month/Year of: June-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	17,000												
2	X	24 hrs	14,200										1		
3		24 hrs	14,200												
4		24 hrs	14,200												
5		24 hrs	14,200												
6		24 hrs	14,200												
7	X	24 hrs	12,000										1.2		
8		24 hrs	13,000												
9	X	24 hrs	14,000										1.3		
10		24 hrs	14,000												
11	X	24 hrs	13,300										1.4		
12		24 hrs	13,300												
13		24 hrs	13,300												
14	X	24 hrs	11,000										1.2		
15		24 hrs	11,000												
16	X	24 hrs	11,500										1.1		
17		24 hrs	11,500												
18	X	24 hrs	13,000										1.2		
19		24 hrs	13,000												
20		24 hrs	14,000												
21	X	24 hrs	13,000										1.3		
22		24 hrs	13,000												
23	X	24 hrs	14,500										1.2		
24		24 hrs	14,500												
25	X	24 hrs	14,000										1.2		
26		24 hrs	14,000												
27		24 hrs	14,000												
28	X	24 hrs	12,000										1.2		
29		24 hrs	13,000												
30	X	24 hrs	11,500										1.3		
31		24 hrs													
Total			399,400												
Average			13,313												
Maximum			17,000												

* 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

I. General Information for the Month Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 369-4881	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		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.):		
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date: _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month/Year of: **July-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	11,500												
2	X	24 hrs	11,600										1.1		
3		24 hrs	11,600												
4		24 hrs	11,700												
5	X	24 hrs	15,000										1.1		
6		24 hrs	15,000												
7	X	24 hrs	12,000										1.2		
8		24 hrs	12,000												
9	X	24 hrs	12,000										1.2		
10		24 hrs	12,000												
11		24 hrs	12,000												
12	X	24 hrs	13,000										1.1		
13		24 hrs	13,000												
14	X	24 hrs	17,000										1.1		
15		24 hrs	17,000												
16	X	24 hrs	13,000										1.2		
17		24 hrs	13,000												
18		24 hrs	14,000												
19	X	24 hrs	18,500										1.2		
20		24 hrs	18,500												
21	X	24 hrs	13,500										1.1		
22		24 hrs	13,500												
23	X	24 hrs	13,600										1.2		
24		24 hrs	13,600												
25		24 hrs	13,600												
26	X	24 hrs	12,500										1.3		
27		24 hrs	12,500												
28	X	24 hrs	18,000										1.1		
29		24 hrs	18,000												
30	X	24 hrs	11,600										1.2		
31		24 hrs	11,600												
Total			425,400												
Average			13,723												
Maximum			18,500												

* 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

I. General Information for the Month Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 369-4881	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month Year of: **August-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1/1		24 hrs	11,600												
1/2	X	24 hrs	14,500										1.2		
1/3		24 hrs	14,500												
1/4	X	24 hrs	11,000										1.1		
1/5		24 hrs	11,000												
1/6	X	24 hrs	14,300										1		
1/7		24 hrs	14,300												
1/8		24 hrs	14,400												
1/9	X	24 hrs	13,000										1.1		
1/10		24 hrs	13,000												
1/11	X	24 hrs	12,000										1.2		
1/12		24 hrs	12,000												
1/13	X	24 hrs	13,300										1.1		
1/14		24 hrs	13,300												
1/15		24 hrs	13,300												
1/16	X	24 hrs	11,000										1.1		
1/17		24 hrs	11,000												
1/18	X	24 hrs	13,000										1.2		
1/19		24 hrs	13,000												
1/20	X	24 hrs	22,000										1.1		
1/21		24 hrs	22,000												
1/22		24 hrs	23,000												
1/23	X	24 hrs	15,500										0.8		
1/24		24 hrs	15,500												
1/25	X	24 hrs	13,500										0.7		
1/26		24 hrs	13,500												
1/27	X	24 hrs	13,300										0.9		
1/28		24 hrs	13,300												
1/29		24 hrs	13,400												
1/30	X	24 hrs	9,500										0.6		
1/31		24 hrs	9,500												
2/1		24 hrs	427,500												
2/2		24 hrs	13,790												
2/3		24 hrs	23,000												

* 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

I. General Information for the Month/Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 369-4881	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III. Daily Data for the Month Year of: **September-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1-11	X	24 hrs	12,000		1.4								1.2	
1-12		24 hrs	13,000											
1-13	X	24 hrs	11,000		1.8								1.6	
1-14		24 hrs	11,000											
1-15		24 hrs	11,000											
1-16	X	24 hrs	12,000		1.2								1.1	
1-17	X	24 hrs	3,000		1.6								1.3	
1-18	X	24 hrs	5,000		1.8								1.6	
1-19	X	24 hrs	17,000		1.6								1.3	
1-20	X	24 hrs	14,000		1.5								12	
1-21		24 hrs	14,000											
1-22		24 hrs	14,000											
1-23	X	24 hrs	12,000		1.6								1.4	
1-24		24 hrs	13,000											
1-25	X	24 hrs	13,000		1.7								1.3	
1-26		24 hrs	14,000											
1-27	X	24 hrs	15,600		1.1								1	
1-28		24 hrs	15,600											
1-29		24 hrs	15,700											
1-30	X	24 hrs	14,000		1.6								1.3	
1-31		24 hrs	14,000											
1-32	X	24 hrs	13,000		1.2								1.1	
1-33		24 hrs	13,000											
1-34	X	24 hrs	12,300		1.9								1.4	
1-35		24 hrs	12,300											
1-36		24 hrs	12,300											
1-37	X	24 hrs	8,000		1.4								1.3	
1-38	X	24 hrs	8,000		1.8								1.4	
1-39	X	24 hrs	17,000		1.7								1.6	
1-40		24 hrs	17,000											
1-41		24 hrs												
Total			376,800											
Average			12,560											
Maximum			17,000											

* 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

General Information for the Month Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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@aquaamerica.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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

III Daily Data for the Month Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	15,600		1.8								1.6		
2		24 hrs	15,600												
3		24 hrs	15,600												
4	X	24 hrs	12,000		1.5								1.4		
5		24 hrs	12,000												
6	X	24 hrs	12,000		1								0.8		
7		24 hrs	12,000												
8	X	24 hrs	14,600		1.3								1		
9		24 hrs	14,600												
10		24 hrs	14,700												
11	X	24 hrs	13,000		0.8								0.4		
12		24 hrs	14,000		1.8								1.4		
13	X	24 hrs	14,000		1.8								1.6		
14		24 hrs	14,000												
15	X	24 hrs	12,600		1								0.8		
16		24 hrs	12,600												
17		24 hrs	12,600												
18	X	24 hrs	12,000		1.4								1.1		
19		24 hrs	12,000												
20	X	24 hrs	13,000		1.2								1.1		
21		24 hrs	14,000												
22	X	24 hrs	15,000		1.4								1.2		
23		24 hrs	15,000												
24		24 hrs	15,000												
25	X	24 hrs	12,000		1.1								0.8		
26		24 hrs	13,000												
27	X	24 hrs	10,000		1								7		
28	X	24 hrs	9,000		1								0.6		
29	X	24 hrs	16,600		1.3								1.2		
30		24 hrs	16,600												
31		24 hrs	16,600												
Average			421,300												
Average			13,590												
Minimum			16,600												

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 732-6027	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number:	6424591	Plant Name: Ridge Meadows
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III. Daily Data for the Month/Year of: **November-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
11-1	X	24 hrs	16,000		1.6								1.4	
11-2		24 hrs	16,000											
11-3	X	24 hrs	13,000		1.8								1.6	
11-4	X	24 hrs	15,000		3.5								2.8	
11-5	X	24 hrs	13,000		2								1.4	
11-6		24 hrs	13,000											
11-7		24 hrs	14,000											
11-8	X	24 hrs	11,000		1.6								1.4	
11-9		24 hrs	11,000											
11-10	X	24 hrs	13,000		1.4								1.2	
11-11		24 hrs	14,000											
11-12	X	24 hrs	14,000		1.6								1.4	
11-13		24 hrs	14,000											
11-14		24 hrs	15,000											
11-15	X	24 hrs	12,500		1.4								1.2	
11-16		24 hrs	12,500											
11-17	X	24 hrs	12,000		1.4								1.1	
11-18		24 hrs	13,000											
11-19	X	24 hrs	13,300		1.6								1.4	
11-20		24 hrs	13,300											
11-21		24 hrs	13,300											
11-22	X	24 hrs	12,000		1.5								1	
11-23		24 hrs	12,000											
11-24	X	24 hrs	16,000		1.4								1.2	
11-25		24 hrs	16,000											
11-26		24 hrs	16,000											
11-27	X	24 hrs	19,500		1.5								1.3	
11-28		24 hrs	19,500											
11-29	X	24 hrs	10,000		1.2								1.2	
11-30		24 hrs	10,000											
11-31		24 hrs												
Total			412,900											
Average			13,763											
Maximum			19,500											

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	Ridge Meadows	PWS Identification Number:	6424591
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Brian Heath	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Ridge Meadows	Plant Telephone Number:	(352) 732-6027	
Plant Address:	957 N.W. 58th Court	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		Zip Code:	34482	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 6424591 Plant Name: Ridge Meadows

1.1. Daily Data for the Month/Year of: **December-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
12/1	X	24 hrs	10,000		1.8								1.6		
12/2		24 hrs	11,000												
12/3	X	24 hrs	14,000		1.6								1.4		
12/4		24 hrs	14,000												
12/5		24 hrs	14,000												
12/6	X	24 hrs	15,000		1.6								1.2		
12/7		24 hrs	15,000												
12/8	X	24 hrs	14,000		2								1.5		
12/9		24 hrs	14,000												
12/10	X	24 hrs	10,600		2								1.8		
12/11		24 hrs	10,600												
12/12		24 hrs	11,000												
12/13	X	24 hrs	14,000		1.8								1.6		
12/14		24 hrs	14,000												
12/15	X	24 hrs	8,000		1.6								1.4		
12/16		24 hrs	9,000												
12/17	X	24 hrs	11,000		1.8								1.4		
12/18		24 hrs	11,000												
12/19		24 hrs	11,000												
12/20	X	24 hrs	13,000		1.6								1.2		
12/21		24 hrs	13,000												
12/22	X	24 hrs	12,500		1.6								1.4		
12/23		24 hrs	12,500												
12/24	X	24 hrs	14,000		1.6								1.2		
12/25		24 hrs	15,000												
12/26		24 hrs	15,000												
12/27	X	24 hrs	10,000		1.5								1.2		
12/28		24 hrs	10,000												
12/29	X	24 hrs	15,000		1.8								1.2		
12/30		24 hrs	15,000												
12/31	X	24 hrs	12,600		1.8								1.4		
12/31			388,800												
Average			12,542												
Maximum			15,000												

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

Westview



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

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2475 N.E. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **January-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	8,000											
2	X	24 hrs	7,000									1.2		
3		24 hrs	7,000											
4		24 hrs	7,000											
5	X	24 hrs	6,000									1.2		
6		24 hrs	6,000											
7	X	24 hrs	6,000									1.3		
8		24 hrs	6,000											
9	X	24 hrs	7,000									1.2		
10		24 hrs	7,000											
11		24 hrs	7,000											
12	X	24 hrs	6,500									1.3		
13		24 hrs	6,500											
14	X	24 hrs	6,500									1.2		
15		24 hrs	6,500											
16	X	24 hrs	8,300									1.3		
17		24 hrs	8,300											
18		24 hrs	8,300											
19	X	24 hrs	5,500									1.2		
20		24 hrs	5,500											
21	X	24 hrs	7,000									1.3		
22		24 hrs	7,000											
23	X	24 hrs	6,300									1.2		
24		24 hrs	6,300											
25		24 hrs	6,300											
26	X	24 hrs	7,000									1.2		
27		24 hrs	7,000											
28	X	24 hrs	6,000									1.3		
29		24 hrs	6,000											
30	X	24 hrs	6,300									1.1		
31		24 hrs	6,300											
Total			207,400											
Average			6,690											
Maximum			8,300											

* 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

I. General Information for the Month Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: February-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	6,400												
2	X	24 hrs	6,100										1.2		
3		24 hrs	6,100												
4	X	24 hrs	6,000										1.1		
5		24 hrs	6,000												
6	X	24 hrs	6,600										1.3		
7		24 hrs	6,600												
8		24 hrs	6,700												
9	X	24 hrs	6,500										1.2		
10		24 hrs	6,500												
11	X	24 hrs	6,000										1.2		
12		24 hrs	6,000												
13	X	24 hrs	7,000										1.0		
14		24 hrs	7,000												
15		24 hrs	7,000												
16	X	24 hrs	6,500										1.1		
17		24 hrs	6,500												
18	X	24 hrs	6,500										1.2		
19		24 hrs	6,500												
20	X	24 hrs	8,000										1.2		
21		24 hrs	8,000												
22		24 hrs	8,000												
23	X	24 hrs	7,000										1.3		
24		24 hrs	7,000												
25	X	24 hrs	9,000										1.2		
26		24 hrs	9,000												
27	X	24 hrs	7,200										1.3		
28		24 hrs	7,200												
29		24 hrs	7,200												
30		24 hrs													
31		24 hrs													
Total			200,100												
Average			6,900												
Maximum			9,000												

* 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

I. General Information for the Month/Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	7,200											
2	X	24 hrs	11,000										1.4	
3		24 hrs	11,000											
4	X	24 hrs	6,500										1.4	
5		24 hrs	6,500											
6	X	24 hrs	6,000										1.4	
7		24 hrs	6,000											
8	X	24 hrs	7,000										1.3	
9		24 hrs	7,000											
10	X	24 hrs	6,500										1.3	
11		24 hrs	6,500											
12	X	24 hrs	7,000										1.3	
13		24 hrs	7,000											
14		24 hrs	7,000											
15	X	24 hrs	8,500										1.1	
16		24 hrs	8,500											
17	X	24 hrs	6,000										1.2	
18		24 hrs	6,000											
19	X	24 hrs	9,600										1.1	
20		24 hrs	9,600											
21		24 hrs	9,700											
22	X	24 hrs	7,000										1.2	
23	X	24 hrs	9,000											
24	X	24 hrs	7,500										1	
25		24 hrs	7,500											
26	X	24 hrs	7,000										0.3	
27	X	24 hrs	8,000										0.6	
28		24 hrs	8,000											
29	X	24 hrs	11,000										0.4	
30		24 hrs	11,000											
31	X	24 hrs	8,500										0.9	
Total			244,600											
Average			7,890											
Maximum			11,000											

* 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

I. General Information for the Month/Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	West View			PWS Identification Number:	3424036		
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881			Contact Person's Fax Number:	(352) 732-3213		
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com						

B. Water Treatment Plant Information

Plant Name:	West View			Plant Telephone Number:	(352) 369-4881		
Plant Address:	2475 N.W. 45th Road			City:	Ocala	State:	FL
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> 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	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: **April-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	8,500												
2	X	24 hrs	10,000										0.4		
3		24 hrs	10,000												
4		24 hrs	10,000												
5	X	24 hrs	8,500										1		
6		24 hrs	8,500												
7	X	24 hrs	8,000										1.1		
8		24 hrs	8,000												
9	X	24 hrs	8,000										1.2		
10		24 hrs	8,000												
11		24 hrs	8,000												
12	X	24 hrs	8,500										1.1		
13		24 hrs	8,500												
14	X	24 hrs	7,000										1.2		
15		24 hrs	7,000												
16	X	24 hrs	7,000										1.2		
17		24 hrs	7,000												
18		24 hrs	7,000												
19	X	24 hrs	7,500										1.3		
20		24 hrs	7,500												
21	X	24 hrs	11,000										1.3		
22		24 hrs	11,000												
23	X	24 hrs	9,300										1.2		
24		24 hrs	9,300												
25		24 hrs	9,300												
26	X	24 hrs	10,000										1.2		
27		24 hrs	10,000												
28	X	24 hrs	6,500										1.1		
29		24 hrs	6,500												
30	X	24 hrs	7,000										1.2		
31		24 hrs													
Total			252,400												
Average			8,413												
Maximum			11,000												

* 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

I. General Information for the Month Year of: **May-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number:

3424036

Plant Name: West View

III. Daily Data for the Month Year of: **May-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	7,000												
2		24 hrs	7,000												
3	X	24 hrs	6,000										1.2		
4	X	24 hrs	6,000												
5	X	24 hrs	7,000										1.1		
6		24 hrs	7,000												
7	X	24 hrs	10,600										1.1		
8		24 hrs	10,600												
9		24 hrs	10,800												
10	X	24 hrs	7,500										1		
11		24 hrs	7,500												
12	X	24 hrs	8,000										1.1		
13		24 hrs	8,000												
14	X	24 hrs	8,000										1		
15		24 hrs	8,000												
16		24 hrs	8,000												
17	X	24 hrs	6,500										1.1		
18		24 hrs	6,500												
19	X	24 hrs	8,500										1		
20		24 hrs	8,500												
21	X	24 hrs	10,000										1.2		
22		24 hrs	10,000												
23		24 hrs	10,000												
24	X	24 hrs	8,000										1.3		
25		24 hrs	8,000												
26	X	24 hrs	9,500										1.2		
27		24 hrs	9,500												
28	X	24 hrs	10,000										1.1		
29		24 hrs	10,000												
30		24 hrs	10,000												
31	X	24 hrs	11,500										1		
Total			263,500												
Average			8,500												
Maximum			11,500												

* 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

I. General Information for the Month Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: **June-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	12,000												
2	X	24 hrs	8,000										1.1		
3		24 hrs	8,000												
4		24 hrs	8,000												
5		24 hrs	8,000												
6		24 hrs	8,000												
7	X	24 hrs	6,000										1.1		
8		24 hrs	7,000												
9	X	24 hrs	7,500										1.3		
10		24 hrs	7,500												
11	X	24 hrs	7,600										1		
12		24 hrs	7,600												
13		24 hrs	7,700												
14	X	24 hrs	7,000										1.1		
15		24 hrs	7,000												
16	X	24 hrs	8,000										1.2		
17		24 hrs	8,000												
18	X	24 hrs	6,000										1.1		
19		24 hrs	6,000												
20		24 hrs	7,000												
21	X	24 hrs	8,500										1.1		
22		24 hrs	8,500												
23	X	24 hrs	8,000										1.2		
24		24 hrs	9,000												
25	X	24 hrs	7,000										1.1		
26		24 hrs	7,000												
27		24 hrs	7,000												
28	X	24 hrs	8,000										1.2		
29		24 hrs	8,000												
30	X	24 hrs	8,000										1.3		
31		24 hrs													
Total			230,900												
Average			7,697												
Maximum			12,000												

* 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

I. General Information for the Month Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	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@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
		State:	FL	
		Zip Code:	34475	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **July-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	8,000												
2	X	24 hrs	7,300										1.1		
3		24 hrs	7,300												
4		24 hrs	7,400												
5	X	24 hrs	12,000										1		
6		24 hrs	13,000												
7	X	24 hrs	6,000										1.1		
8		24 hrs	6,000												
9	X	24 hrs	8,600										1.2		
10		24 hrs	8,600												
11		24 hrs	8,700												
12	X	24 hrs	12,000										1.2		
13		24 hrs	12,000												
14	X	24 hrs	8,500										1.2		
15		24 hrs	8,500												
16	X	24 hrs	7,000										1.1		
17		24 hrs	7,000												
18		24 hrs	7,000												
19	X	24 hrs	8,500										1.2		
20		24 hrs	8,500												
21	X	24 hrs	7,500										1.1		
22		24 hrs	7,500												
23	X	24 hrs	7,000										1.2		
24		24 hrs	7,000												
25		24 hrs	7,000												
26	X	24 hrs	8,000										1.1		
27	X	24 hrs	6,000										1.4		
28	X	24 hrs	6,500										1.4		
29		24 hrs	6,500											1	
30	X	24 hrs	7,300										1		
31		24 hrs	7,300												
Total			249,500												
Average			8,048												
Maximum			13,000												

* 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

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **August-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	7,300												
2	X	24 hrs	7,000										1		
3	X	24 hrs	7,000										1		
4	X	24 hrs	7,500										0.8		
5		24 hrs	7,500												
6	X	24 hrs	8,000										0.9		
7		24 hrs	8,000												
8		24 hrs	8,000												
9	X	24 hrs	7,000										1		
10		24 hrs	7,000												
11	X	24 hrs	9,000										1		
12		24 hrs	9,000												
13	X	24 hrs	6,300										1		
14		24 hrs	6,300												
15		24 hrs	6,400												
16	X	24 hrs	7,000										1.1		
17		24 hrs	6,000												
18	X	24 hrs	6,000										1.2		
19		24 hrs	7,000												
20	X	24 hrs	6,000										1.2		
21		24 hrs	6,000												
22		24 hrs	6,000												
23	X	24 hrs	8,000										1.1		
24		24 hrs	8,000												
25	X	24 hrs	7,000										1.3		
26		24 hrs	7,000												
27	X	24 hrs	7,600										1.3		
28		24 hrs	7,600												
29		24 hrs	7,700												
30	X	24 hrs	8,000										1.4		
31		24 hrs	8,000												
Total			224,200												
Average			7,232												
Maximum			9,000												

* 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

I. General Information for the Month/Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month-Year of: **September-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	12,000		1.8								1.4	
2		24 hrs	12,000											
3	X	24 hrs	7,000		1.6								1.3	
4		24 hrs	7,000											
5		24 hrs	8,000											
6	X	24 hrs	9,000		1.5								1.3	
7	X	24 hrs	5,000		1.1								1.1	
8	X	24 hrs	5,000		1.6								1.1	
9	X	24 hrs	3,000		1.7								1.3	
10	X	24 hrs	2,500		1.6								1.6	
11	X	24 hrs	2,500		1.4								1.3	
12	X	24 hrs	10,000		1.8								1.6	
13		24 hrs	10,000											
14	X	24 hrs	5,000		1.8								1.7	
15		24 hrs	5,000											
16		24 hrs	6,000											
17	X	24 hrs	8,000		1.6								1.3	
18		24 hrs	8,000											
19		24 hrs	8,000											
20	X	24 hrs	8,000		1.4								1.2	
21		24 hrs	8,000											
22	X	24 hrs	9,000		1.5								1.3	
23		24 hrs	9,000											
24	X	24 hrs	8,000		1.4								1	
25		24 hrs	8,000											
26		24 hrs	9,000											
27	X	24 hrs	9,000		1.6								1.1	
28	X	24 hrs	11,000		1.7								1.3	
29	X	24 hrs	12,000		1.6								1.4	
30		24 hrs	12,000											
31		24 hrs												
Total			236,000											
Average			7,867											
Maximum			12,000											

* 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

I. General Information for the Month/Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 369-4881	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	9,600		1.6								1.3		
2		24 hrs	9,600												
3		24 hrs	9,700												
4	X	24 hrs	9,500		1.8								1.3		
5		24 hrs	9,500												
6	X	24 hrs	10,000		1.8								1.4		
7		24 hrs	10,000												
8	X	24 hrs	11,000		1.6								1.4		
9		24 hrs	11,000												
10		24 hrs	11,000												
11	X	24 hrs	9,000		1.8								1.4		
12		24 hrs	10,000												
13	X	24 hrs	11,000		1.6								1.4		
14		24 hrs	10,000												
15	X	24 hrs	10,000		1.8								1.5		
16		24 hrs	10,000												
17		24 hrs	11,000												
18	X	24 hrs	11,000		1.6								1.6		
19		24 hrs	12,000												
20	X	24 hrs	10,000		1.4								1.3		
21		24 hrs	11,000												
22	X	24 hrs	9,600		1.6								1.2		
23		24 hrs	9,600												
24		24 hrs	9,600												
25	X	24 hrs	10,000		1.6								1.4		
26		24 hrs	10,000												
27	X	24 hrs	7,000		1.6								1.3		
28		24 hrs	8,000												
29	X	24 hrs	8,300		1.6								1.2		
30		24 hrs	8,300												
31		24 hrs	8,300												
Total			304,600												
Average			9,826												
Maximum			12,000												

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aguaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 732-6027	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: **November-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	8,000		1.6								1.2		
2		24 hrs	8,000												
3	X	24 hrs	6,000		1.4								1.2		
4	X	24 hrs	9,000		2.2								1.8		
5	X	24 hrs	8,000		1.8								1.3		
6		24 hrs	8,000												
7		24 hrs	8,000												
8	X	24 hrs	6,000		1.6								1.4		
9		24 hrs	6,000												
10	X	24 hrs	7,000		1.6								1.2		
11		24 hrs	8,000												
12	X	24 hrs	7,000		1.8								1.2		
13		24 hrs	7,000												
14		24 hrs	800												
15	X	24 hrs	6,000		1.6								1.4		
16		24 hrs	6,000												
17	X	24 hrs	6,500		1.6								1.2		
18		24 hrs	6,500												
19	X	24 hrs	7,600		1.8								1.4		
20		24 hrs	7,600												
21		24 hrs	7,700												
22	X	24 hrs	6,000		1.1								1		
23		24 hrs	7,000												
24	X	24 hrs	7,000		1.2								1.1		
25		24 hrs	7,000												
26	X	24 hrs	8,000		1.4								1.2		
27		24 hrs	8,000												
28		24 hrs	9,000												
29	X	24 hrs	4,500		1.6								1.4		
30		24 hrs	4,500												
31		24 hrs													
Total			205,700												
Average			6,857												
Maximum			9,000												

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 732-6027	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: **December-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	6,000		1.6								1.2		
2		24 hrs	6,000												
3	X	24 hrs	7,000		1.6								1.4		
4		24 hrs	7,000												
5		24 hrs	8,000												
6	X	24 hrs	8,000		2								1.2		
7		24 hrs	8,000												
8	X	24 hrs	7,000		1.2								0.8		
9		24 hrs	7,000												
10	X	24 hrs	4,600		1.2								1		
11		24 hrs	4,600												
12		24 hrs	4,600												
13	X	24 hrs	7,000		1.6								1.2		
14		24 hrs	8,000												
15	X	24 hrs	6,000		1.8								1.4		
16		24 hrs	5,000												
17	X	24 hrs	6,700		1.6								1.2		
18		24 hrs	6,700												
19		24 hrs	6,700												
20	X	24 hrs	6,000		1.8								1.4		
21		24 hrs	6,000												
22	X	24 hrs	6,000		1.4								1.2		
23		24 hrs	7,000												
24	X	24 hrs	7,000		1.4								1		
25		24 hrs	7,000												
26		24 hrs	7,000												
27	X	24 hrs	7,000		1.4								1.1		
28		24 hrs	7,000												
29	X	24 hrs	8,000		1.4								1.1		
30		24 hrs	7,000												
31	X	24 hrs	8,600		1.2								1		
Total			207,500												
Average			6,694												
Maximum			8,600												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	8,600												
2		24 hrs	8,600												
3	X	24 hrs	7,000		1.4								1.2		
4		24 hrs	7,000												
5	X	24 hrs	6,500		1.6								1.2		
6		24 hrs	6,500												
7	X	24 hrs	7,000		1.6								1.4		
8		24 hrs	7,000												
9		24 hrs	8,000												
10	X	24 hrs	5,500		1.8								1.4		
11		24 hrs	5,500												
12	X	24 hrs	5,000		1.6								1.4		
13		24 hrs	5,000												
14	X	24 hrs	6,000		1.4								1.2		
15		24 hrs	6,000												
16		24 hrs	7,000												
17	X	24 hrs	7,000		1.6								1.2		
18		24 hrs	7,000												
19	X	24 hrs	6,000		1.4								1		
20		24 hrs	6,000												
21	X	24 hrs	6,800		1.3								1.2		
22		24 hrs	6,800												
23		24 hrs	6,700												
24		24 hrs	6,700												
25	X	24 hrs	7,000		1.4								1		
26		24 hrs	7,000												
27	X	24 hrs	8,500		1.6								1.2		
28		24 hrs	8,500												
29	X	24 hrs	6,500		1.4								1.2		
30		24 hrs	6,500												
31		24 hrs	6,500												
Total			209,700												
Average			6,765												
Maximum			8,600												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: February-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	7,000		1.2								1.2		
2	X	24 hrs	7,000		1.4								1.2		
3		24 hrs	7,000												
4	X	24 hrs	8,000		1.6								1.4		
5		24 hrs	8,000												
6		24 hrs	8,000												
7	X	24 hrs	6,000		1.4								1.2		
8		24 hrs	6,000												
9	X	24 hrs	7,000		1.6								1.4		
10		24 hrs	7,000												
11	X	24 hrs	8,000		1.6								1.2		
12		24 hrs	8,000												
13		24 hrs	8,000												
14	X	24 hrs	6,000		1.8								1.2		
15		24 hrs	6,000												
16	X	24 hrs	6,000		1.8								1.4		
17		24 hrs	7,000												
18	X	24 hrs	8,000		1.6								1.2		
19		24 hrs	8,000												
20		24 hrs	8,000												
21	X	24 hrs	10,000		1.4								1.2		
22		24 hrs	11,000												
23	X	24 hrs	7,000		1.6								1.4		
24		24 hrs	8,000												
25	X	24 hrs	7,000		1.6								1.2		
26		24 hrs	7,000												
27		24 hrs	7,000												
28	X	24 hrs	8,000		1.4								1.2		
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			209,000												
Average			7,464												
Maximum			11,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out-of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	8,000												
2	X	24 hrs	7,000		0.8								0.6		
3		24 hrs	7,000												
4	X	24 hrs	8,000		1.2								1		
5		24 hrs	8,000												
6		24 hrs	9,000												
7	X	24 hrs	6,000		1								1		
8		24 hrs	6,000												
9	X	24 hrs	6,000		1.4								1.2		
10		24 hrs	7,000												
11	X	24 hrs	7,600		1.2								1		
12		24 hrs	7,700												
13		24 hrs	7,700												
14	X	24 hrs	6,000		1.4								1.2		
15		24 hrs	7,000												
16	X	24 hrs	8,000		1.2								1		
17		24 hrs	8,000												
18	X	24 hrs	7,000		1.4								1		
19		24 hrs	7,000												
20		24 hrs	7,000												
21	X	24 hrs	6,000		1.4								1.2		
22		24 hrs	7,000												
23	X	24 hrs	8,000		1.6								1.4		
24		24 hrs	7,000												
25	X	24 hrs	6,000		1.4								1		
26		24 hrs	6,000												
27		24 hrs	6,000												
28	X	24 hrs	6,000		1.6								1.2		
29		24 hrs	6,000												
30	X	24 hrs	7,000		1.4								1		
31		24 hrs	7,000												
Total			217,000												
Average			7,000												
Maximum			9,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: April-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	10,000		1								0.6		
2		24 hrs	10,000												
3		24 hrs	10,000												
4	X	24 hrs	6,000		1.4								1		
5		24 hrs	6,000												
6	X	24 hrs	7,000		1.2								1		
7		24 hrs	7,000												
8	X	24 hrs	7,000		1								0.6		
9		24 hrs	7,000												
10		24 hrs	7,000												
11	X	24 hrs	8,000		1.4								1.2		
12		24 hrs	8,000												
13	X	24 hrs	6,000		1.6								1.4		
14		24 hrs	6,000												
15	X	24 hrs	7,000		1.6								1.2		
16		24 hrs	7,000												
17		24 hrs	7,000												
18	X	24 hrs	6,500		1.4								1.2		
19		24 hrs	6,500												
20		24 hrs	8,000												
21	X	24 hrs	8,000		1.6								1.2		
22	X	24 hrs	7,600		1.8								1.2		
23		24 hrs	7,600												
24		24 hrs	7,600												
25	X	24 hrs	6,000		1.6								1.4		
26		24 hrs	7,000												
27	X	24 hrs	9,000		1.4								1.2		
28		24 hrs	9,000												
29	X	24 hrs	8,600		1.4								1.2		
30		24 hrs	8,600												
31		24 hrs													
Total			226,000												
Average			7,533												
Maximum			10,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: **May-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	8,700												
2	X	24 hrs	9,000		1.8							1.2			
3		24 hrs	9,000												
4	X	24 hrs	7,000		1.8							1.4			
5		24 hrs	7,000												
6	X	24 hrs	9,000		1.6							1.4			
7		24 hrs	9,000												
8		24 hrs	9,000												
9	X	24 hrs	8,500		1.6							1.2			
10		24 hrs	8,500												
11	X	24 hrs	12,000		1.4							1.2			
12		24 hrs	12,000												
13	X	24 hrs	7,000		1.8							1.4			
14		24 hrs	7,000												
15		24 hrs	8,000												
16	X	24 hrs	8,000		1.6							1.2			
17		24 hrs	8,000												
18	X	24 hrs	10,000		1.6							1.2			
19		24 hrs	10,000												
20	X	24 hrs	5,000		1.8							1.4			
21		24 hrs	5,000												
22		24 hrs	5,000												
23	X	24 hrs	12,000		1.6							1.2			
24		24 hrs	13,000												
25	X	24 hrs	7,000		1							0.8			
26		24 hrs	8,000												
27	X	24 hrs	7,000		1.2							1			
28		24 hrs	7,000												
29		24 hrs	7,000												
30	X	24 hrs	10,000		1.4							1.2			
31		24 hrs	10,000												
Total			262,700												
Average			8,474												
Maximum			13,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	9,000		1.4								1		
2		24 hrs	10,000												
3	X	24 hrs	9,000		1.6								1.2		
4		24 hrs	9,000												
5		24 hrs	9,000												
6	X	24 hrs	6,000		1.4								1.2		
7		24 hrs	7,000												
8	X	24 hrs	7,000		1.6								1.4		
9		24 hrs	7,000												
10	X	24 hrs	6,000		1.6								1.2		
11		24 hrs	6,000												
12		24 hrs	6,000												
13	X	24 hrs	4,000		1.4								1		
14		24 hrs	5,000												
15	X	24 hrs	8,000		1.4								1.2		
16		24 hrs	8,000												
17	X	24 hrs	6,600		1.6								1.2		
18		24 hrs	6,600												
19		24 hrs	6,700												
20	X	24 hrs	6,000		1								0.8		
21		24 hrs	7,000												
22	X	24 hrs	7,000		1.2								1		
23		24 hrs	7,000												
24		24 hrs	7,000												
25	X	24 hrs	6,800		1.4								1		
26		24 hrs	6,500												
27	X	24 hrs	7,000		1.2								1		
28		24 hrs	7,000												
29	X	24 hrs	9,000		1.4								1.2		
30		24 hrs	10,000												
31		24 hrs													
Total			216,200												
Average			7,207												
Maximum			10,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator	Mark March	C	8287	3 Days per week
Other Operators	Gary Kissick	C	7846	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **July-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	7,000		1.4								1.2	
2		24 hrs	7,000											
3		24 hrs	7,000											
4	X	24 hrs	6,500		1.4								1	
5		24 hrs	6,500											
6	X	24 hrs	7,000		1.4								1.2	
7		24 hrs	7,000											
8	X	24 hrs	8,000		1.2								1	
9		24 hrs	8,000											
10		24 hrs	8,000											
11	X	24 hrs	6,000		1.2								1	
12		24 hrs	6,000											
13	X	24 hrs	7,000		1.4								1	
14		24 hrs	8,000											
15	X	24 hrs	6,600		1.4								1.2	
16		24 hrs	6,600											
17		24 hrs	6,700											
18	X	24 hrs	7,500		1.6								1.4	
19		24 hrs	7,500											
20	X	24 hrs	7,000		1.4								1	
21		24 hrs	7,000											
22	X	24 hrs	7,300		1.2								1	
23		24 hrs	7,300											
24		24 hrs	7,300											
25	X	24 hrs	7,000		1.4								1.2	
26		24 hrs	7,000											
27	X	24 hrs	8,000		1.4								1	
28		24 hrs	7,000											
29	X	24 hrs	7,000		1.2								1.8	
30		24 hrs	7,000											
31		24 hrs	8,000											
Total			220,800											
Average			7,123											
Maximum			8,000											

* 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

I. General Information for the Month Year of: **August-05**

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **August-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	5,000		1.4								1	
2		24 hrs	6,000											
3	X	24 hrs	6,000		1.2								1	
4		24 hrs	7,000											
5	X	24 hrs	6,000		1.2								1	
6		24 hrs	6,000											
7		24 hrs	7,000											
8	X	24 hrs	6,000		1.4								1.2	
9		24 hrs	6,000											
10	X	24 hrs	6,000		1.2								1	
11		24 hrs	5,000											
12	X	24 hrs	7,000		1								0.8	
13		24 hrs	7,000											
14		24 hrs	8,000											
15	X	24 hrs	6,000		1.2								1	
16		24 hrs	6,000											
17	X	24 hrs	7,000		1								0.6	
18		24 hrs	8,000											
19	X	24 hrs	6,600		1.2								1	
20		24 hrs	6,700											
21		24 hrs	6,700											
22	X	24 hrs	5,000		1.4								1	
23		24 hrs	5,000											
24	X	24 hrs	6,000		1.2								1	
25		24 hrs	6,000											
26	X	24 hrs	7,000		1								0.8	
27		24 hrs	7,000											
28		24 hrs	7,000											
29	X	24 hrs	5,000		0.8								0.6	
30		24 hrs	6,000											
31	X	24 hrs	7,000		1								1	
Total			196,000											
Average			6,323											
Maximum			8,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **September-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	7,000											
2	X	24 hrs	6,300		1.2							1		
3		24 hrs	6,300											
4		24 hrs	6,300											
5	X	24 hrs	7,000		0.9							0.6		
6		24 hrs	7,000											
7	X	24 hrs	7,000		1							0.6		
8		24 hrs	7,000											
9	X	24 hrs	6,600		1.2							1		
10		24 hrs	6,700											
11		24 hrs	6,700											
12	X	24 hrs	7,500		1.4							1		
13		24 hrs	7,500											
14	X	24 hrs	8,000		1.6							1.2		
15		24 hrs	8,000											
16	X	24 hrs	7,000		1.4							1.2		
17		24 hrs	7,000											
18		24 hrs	7,000											
19	X	24 hrs	9,000		1.4							1		
20		24 hrs	9,000											
21	X	24 hrs	6,000		1.2							1		
22		24 hrs	7,000											
23	X	24 hrs	9,000		1.4							1.2		
24		24 hrs	9,000											
25		24 hrs	9,000											
26	X	24 hrs	7,000		1.2							1		
27		24 hrs	8,000											
28	X	24 hrs	6,000		1.4							1.2		
29		24 hrs	7,000											
30	X	24 hrs	8,000		1.2							1		
31		24 hrs												
Total			219,900											
Average			7,330											
Maximum			9,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	8,000											
2		24 hrs	9,000											
3	X	24 hrs	6,500		1.4							1		
4		24 hrs	6,500											
5	X	24 hrs	6,000		1.2							1		
6		24 hrs	6,000											
7	X	24 hrs	8,000		1.2							1		
8		24 hrs	8,000											
9		24 hrs	9,000											
10	X	24 hrs	6,000		1.4							1.2		
11		24 hrs	6,000											
12	X	24 hrs	5,000		1.2							1		
13		24 hrs	6,000											
14	X	24 hrs	6,000		1.2							1.2		
15		24 hrs	6,000											
16		24 hrs	6,000											
17	X	24 hrs	6,000		1							0.8		
18		24 hrs	6,000											
19	X	24 hrs	6,000		1							0.8		
20		24 hrs	6,000											
21	X	24 hrs	6,000		1							0.8		
22		24 hrs	6,000											
23		24 hrs	6,000											
24	X	24 hrs	6,000		1							0.8		
25		24 hrs	6,000											
26	X	24 hrs	6,000		1.2							1		
27		24 hrs	6,000											
28	X	24 hrs	6,000		1.4							1		
29		24 hrs	6,000											
30		24 hrs	6,000											
31	X	24 hrs	7,000		1.2							1		
Total			199,000											
Average			6,419											
Maximum			9,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month Year of: **November-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	6,000												
2	X	24 hrs	5,000		1.2								1.2		
3		24 hrs	6,000												
4	X	24 hrs	7,000		1.4								1.2		
5		24 hrs	7,000												
6		24 hrs	7,000												
7	X	24 hrs	4,000		1.4								1		
8		24 hrs	5,000												
9	X	24 hrs	5,000		1.2								1		
10		24 hrs	5,000												
11	X	24 hrs	7,000		1.4								1.2		
12		24 hrs	7,000												
13		24 hrs	8,000												
14	X	24 hrs	7,000		1.2								0.8		
15		24 hrs	8,000												
16	X	24 hrs	6,000		1								0.6		
17		24 hrs	6,000												
18	X	24 hrs	7,000		1.4								1.2		
19		24 hrs	7,000												
20		24 hrs	7,000												
21	X	24 hrs	6,000		1								0.7		
22		24 hrs	6,000												
23	X	24 hrs	7,000		1								0.7		
24		24 hrs	7,000												
25	X	24 hrs	13,000		1								0.6		
26		24 hrs	13,000												
27		24 hrs	13,000												
28	X	24 hrs	8,000		1.1								0.7		
29		24 hrs	8,000												
30	X	24 hrs	8,000		1								0.6		
31		24 hrs													
Total			216,000												
Average			7,200												
Maximum			13,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	West View	PWS Identification Number:	3424036
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	West View	Plant Telephone Number:	(352) 787-0980	
Plant Address:	2475 N.W. 45th Road	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000	Zip Code:	34475	
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
Lead/Chief Operator:	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

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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424036 Plant Name: West View

III. Daily Data for the Month/Year of: December-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	8,000											
2	X	24 hrs	7,000		0.6								0.4	
3		24 hrs	7,000											
4		24 hrs	7,000											
5	X	24 hrs	4,000		1								0.8	
6		24 hrs	5,000											
7	X	24 hrs	8,000		1								0.6	
8		24 hrs	8,000											
9	X	24 hrs	6,000		0.8								0.6	
10		24 hrs	6,000											
11		24 hrs	7,000											
12	X	24 hrs	6,000		1								0.8	
13		24 hrs	5,000											
14	X	24 hrs	5,000		1								0.6	
15		24 hrs	6,000											
16	X	24 hrs	7,000		1								0.8	
17		24 hrs	7,000											
18		24 hrs	6,000											
19	X	24 hrs	6,000		1.2								1	
20		24 hrs	6,000											
21	X	24 hrs	7,000		1.4								1	
22		24 hrs	8,000											
23	X	24 hrs	6,000		1.4								1.2	
24		24 hrs	7,000											
25		24 hrs	7,000											
26	X	24 hrs	6,000		1.3								1	
27		24 hrs	6,000											
28	X	24 hrs	8,000		1.2								1	
29		24 hrs	8,000											
30	X	24 hrs	6,000		1								0.8	
31		24 hrs	7,000											
Total			203,000											
Average			6,548											
Maximum			8,000											

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

Woodberry Forest



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

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	116
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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	William Landers	B	7327	3 Days per week
Other Operators	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	William Landers Printed or Typed Name	B7327 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **January-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	16,000											
2	X	24 hrs	12,000										1.2	
3		24 hrs	12,000											
4		24 hrs	12,000											
5	X	24 hrs	11,000										1.2	
6		24 hrs	10,000											
7	X	24 hrs	12,000										1.2	
8		24 hrs	11,000											
9	X	24 hrs	11,000										1.1	
10		24 hrs	10,000											
11		24 hrs	11,000											
12	X	24 hrs	10,000										1	
13		24 hrs	9,000											
14	X	24 hrs	10,000										1	
15		24 hrs	10,000											
16	X	24 hrs	10,000										1	
17		24 hrs	10,000											
18		24 hrs	10,000											
19	X	24 hrs	10,000										1	
20		24 hrs	9,000											
21	X	24 hrs	10,000										1	
22		24 hrs	10,000											
23	X	24 hrs	11,000										1	
24		24 hrs	11,000											
25		24 hrs	11,000											
26	X	24 hrs	10,000										1.1	
27		24 hrs	10,000											
28	X	24 hrs	11,000										1.2	
29		24 hrs	10,000											
30	X	24 hrs	10,000										1.3	
31		24 hrs	10,000											
Total			330,000											
Average			10,645											
Maximum			16,000											

* 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

I. General Information for the Month Year of: **February-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	116
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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:	William Landers	B	7327	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	William Landers Printed or Typed Name	B7327 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **February-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	10,000												
2	X	24 hrs	12,000										1.0		
3		24 hrs	11,000												
4	X	24 hrs	11,000										1.1		
5		24 hrs	11,000												
6	X	24 hrs	10,000										0.9		
7		24 hrs	11,000												
8		24 hrs	10,000												
9	X	24 hrs	11,000										1.3		
10		24 hrs	10,000												
11	X	24 hrs	10,000										1.4		
12		24 hrs	10,000												
13	X	24 hrs	10,000										1.3		
14		24 hrs	11,000												
15		24 hrs	10,000												
16	X	24 hrs	10,000										1.3		
17		24 hrs	10,000												
18	X	24 hrs	10,000										1.3		
19		24 hrs	10,000												
20	X	24 hrs	12,000										1.2		
21		24 hrs	11,000												
22		24 hrs	12,000												
23	X	24 hrs	9,000										1.0		
24		24 hrs	10,000												
25	X	24 hrs	9,000										1.0		
26		24 hrs	10,000												
27	X	24 hrs	10,000										1.0		
28		24 hrs	10,000												
29		24 hrs	10,000												
30		24 hrs													
31		24 hrs													
Total			301,000												
Average			10,379												
Maximum			12,000												

* 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

I. General Information for the Month/Year of: **March-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	116
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@suburbanwater.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **March-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	12,000										1.2	1	
2		24 hrs	12,000												
3	X	24 hrs	12,000										1.3		
4		24 hrs	12,000												
5	X	24 hrs	14,000										1.1		
6		24 hrs	13,000												
7		24 hrs	14,000												
8	X	24 hrs	11,000										1.4		
9		24 hrs	11,000												
10	X	24 hrs	12,000										1.4		
11		24 hrs	12,000												
12	X	24 hrs	15,600										1.4		
13		24 hrs	15,600												
14		24 hrs	15,600												
15	X	24 hrs	11,500										1.2		
16		24 hrs	11,500												
17	X	24 hrs	17,500										1.1		
18		24 hrs	17,500												
19	X	24 hrs	18,300										1		
20		24 hrs	18,300												
21		24 hrs	18,300												
22	X	24 hrs	13,500										0.7		
23		24 hrs	13,500												
24	X	24 hrs	13,000										0.8		
25		24 hrs	13,000												
26	X	24 hrs	19,000										0.6		
27		24 hrs	19,000												
28		24 hrs	19,000												
29	X	24 hrs	16,500										0.6		
30		24 hrs	16,500												
31	X	24 hrs	16,500										0.7		
Total			454,200												
Average			14,652												
Maximum			19,000												

* 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

I. General Information for the Month Year of: **April-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	116
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: April-04

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	12,000											
2	X	24 hrs	16,000										0.7	
3		24 hrs	16,000											
4		24 hrs	16,000											
5	X	24 hrs	20,000										0.8	
6		24 hrs	19,000											
7	X	24 hrs	14,000										0.7	
8		24 hrs	14,000											
9	X	24 hrs	17,000										0.7	
10		24 hrs	18,000											
11		24 hrs	18,000											
12	X	24 hrs	11,000										0.7	
13		24 hrs	10,000											
14	X	24 hrs	17,000										0.8	
15		24 hrs	17,000											
16	X	24 hrs	17,000										0.4	
17		24 hrs	17,000											
18		24 hrs	17,000											
19	X	24 hrs	22,000										0.7	
20		24 hrs	23,000											
21	X	24 hrs	18,000										0.6	
22		24 hrs	18,000											
23	X	24 hrs	17,000										0.7	
24		24 hrs	15,000											
25		24 hrs	15,000											
26	X	24 hrs	20,000										0.4	
27		24 hrs	20,000											
28	X	24 hrs	17,000										1.2	
29		24 hrs	16,000											
30	X	24 hrs	14,000										1	
31		24 hrs												
Total			501,000											
Average			16,700											
Maximum			23,000											

* 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

I. General Information for the Month Year of: **May-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	116
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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:	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March

Printed or Typed Name

C8287

License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: **May-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	15,000												
2		24 hrs	15,000												
3	X	24 hrs	11,500										1		
4		24 hrs	11,500												
5	X	24 hrs	17,000										1		
6		24 hrs	17,000												
7	X	24 hrs	22,600										1		
8		24 hrs	22,600												
9		24 hrs	22,600												
10	X	24 hrs	14,500										1.1		
11		24 hrs	14,500												
12	X	24 hrs	11,500										1.3		
13		24 hrs	11,500												
14	X	24 hrs	15,000										1		
15		24 hrs	15,000												
16		24 hrs	15,000												
17	X	24 hrs	9,500										1.4		
18		24 hrs	9,500												
19	X	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												
24	X	24 hrs	16,000										1.2		
25		24 hrs	16,000												
26	X	24 hrs	21,000										1.3		
27		24 hrs	21,000												
28	X	24 hrs	18,600										1.3		
29		24 hrs	18,600												
30		24 hrs	18,600												
31	X	24 hrs	15,500										1.4		
Total			490,000												
Average			15,806												
Maximum			22,600												

* 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

I. General Information for the Month/Year of: **June-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	116
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
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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	Tom Felton	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: **June-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	15,500											
2	X	24 hrs	11,500										1.3	
3		24 hrs	11,500											
4	X	24 hrs	13,300										1.1	
5		24 hrs	13,300											
6		24 hrs	13,300											
7	X	24 hrs	10,500										1.4	
8		24 hrs	10,500											
9	X	24 hrs	9,000										1.4	
10	X	24 hrs	9,000										1.6	
11	X	24 hrs	10,600										1	
12		24 hrs	10,600											
13		24 hrs	10,700											
14	X	24 hrs	13,500										0.9	
15		24 hrs	13,500											
16	X	24 hrs	17,000										1.4	
17	X	24 hrs	17,000										0.6	
18	X	24 hrs	21,600										1.5	
19		24 hrs	21,600											
20		24 hrs	21,600											
21	X	24 hrs	14,500										1.3	
22		24 hrs	14,500											
23	X	24 hrs	18,500										1.2	
24		24 hrs	18,500											
25	X	24 hrs	17,300										1.2	
26		24 hrs	17,300											
27		24 hrs	17,300											
28	X	24 hrs	17,500										1.2	
29		24 hrs	17,500											
30	X	24 hrs	19,000										1.3	
31		24 hrs												
Total			447,000											
Average			14,900											
Maximum			21,600											

* 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

I. General Information for the Month/Year of: **July-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: **July-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	19,000												
2	X	24 hrs	15,600										1.2		
3		24 hrs	15,600												
4		24 hrs	15,700												
5	X	24 hrs	17,500										1.1		
6		24 hrs	17,500												
7	X	24 hrs	16,500										1.2		
8		24 hrs	16,500												
9	X	24 hrs	22,000										1.1		
10		24 hrs	22,000												
11		24 hrs	22,000												
12	X	24 hrs	10,000										1		
13		24 hrs	10,000												
14	X	24 hrs	15,000										1.1		
15		24 hrs	15,000												
16	X	24 hrs	12,600										1.2		
17		24 hrs	12,600												
18		24 hrs	12,700												
19	X	24 hrs	14,000										1.3		
20		24 hrs	14,000												
21	X	24 hrs	17,000										1.2		
22		24 hrs	17,000												
23	X	24 hrs	13,300										1.1		
24		24 hrs	13,300												
25		24 hrs	13,400												
26	X	24 hrs	13,500										1.2		
27		24 hrs	13,500												
28	X	24 hrs	13,000										1.1		
29		24 hrs	13,000												
30	X	24 hrs	14,300										1		
31		24 hrs	14,300												
Total			471,400												
Average			15,206												
Maximum			22,000												

* 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

I. General Information for the Month/Year of: **August-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **August-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	14,300											
2	X	24 hrs	12,000										1	
3	X	24 hrs	12,000										1.1	
4	X	24 hrs	11,500										1.4	
5		24 hrs	11,500											
6	X	24 hrs	13,000										1.2	
7		24 hrs	13,000											
8		24 hrs	13,000											
9	X	24 hrs	14,000										1.2	
10		24 hrs	14,000											
11	X	24 hrs	12,000										1.2	
12		24 hrs	12,000											
13	X	24 hrs	14,600										1.2	
14		24 hrs	14,600											
15		24 hrs	14,700											
16	X	24 hrs	15,000										1.2	
17		24 hrs	15,000											
18	X	24 hrs	14,000										1.3	
19		24 hrs	14,000											
20	X	24 hrs	14,000										1.2	
21		24 hrs	14,000											
22		24 hrs	14,000											
23	X	24 hrs	22,000										1.3	
24		24 hrs	22,000											
25	X	24 hrs	10,500										1.2	
26		24 hrs	10,500											
27	X	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											
Total			425,200											
Average			13,716											
Maximum			22,000											

* 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

I. General Information for the Month Year of: **September-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **September-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24 hrs	6,000	1.6									1.2	
2		24 hrs	6,000											
3	X	24 hrs	14,000	1.4									1.3	
4		24 hrs	14,000											
5		24 hrs	14,000											
6	X	24 hrs	15,000	1.6									1.3	
7	X	24 hrs	7,000	1.7									1.1	
8	X	24 hrs	18,000	1.6									1.4	
9	X	24 hrs	11,000	1.6									1.2	
10	X	24 hrs	17,600	1.7									1.3	
11		24 hrs	17,700											
12		24 hrs	17,700											
13	X	24 hrs	12,000	1.6									1.2	
14		24 hrs	12,000											
15	X	24 hrs	14,000	1.1									1	
16		24 hrs	15,000											
17	X	24 hrs	20,000	1									0.8	
18		24 hrs	20,000											
19		24 hrs	20,000											
20	X	24 hrs	13,000	1.2									1	
21		24 hrs	14,000											
22	X	24 hrs	12,500	1.3									1.1	
23		24 hrs	12,500											
24	X	24 hrs	15,000	1.6									1.1	
25		24 hrs	15,000											
26		24 hrs	16,000											
27	X	24 hrs	12,000	1.2									1	
28		24 hrs	12,000											
29	X	24 hrs	23,000	1.4									1.1	
30		24 hrs	23,000											
31		24 hrs												
Total			439,000											
Average			14,633											
Maximum			23,000											

* 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

I. General Information for the Month Year of: **October-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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:	Michael Fitzgerald	Contact Person's Title:	Area Manager - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 369-4881	State:	FL
Contact Person's E-Mail Address:	mvfitzgerald@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 369-4881	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **October-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	18,000		1.3								1.1		
2		24 hrs	18,000												
3		24 hrs	18,000												
4	X	24 hrs	15,000		0.6								0.4		
5		24 hrs	16,000												
6	X	24 hrs	14,000		1								0.9		
7		24 hrs	14,000												
8	X	24 hrs	19,000		1.5								1.2		
9		24 hrs	19,000												
10		24 hrs	18,000												
11	X	24 hrs	11,000		1								0.8		
12		24 hrs	11,000												
13	X	24 hrs	11,000		0.8								0.5		
14		24 hrs	11,000												
15	X	24 hrs	15,000		1.5								1.1		
16		24 hrs	15,000												
17		24 hrs	16,000												
18	X	24 hrs	11,000		0.8								0.6		
19		24 hrs	11,000												
20	X	24 hrs	12,000		0.9								0.5		
21		24 hrs	12,000												
22	X	24 hrs	15,000		0.8								0.5		
23		24 hrs	15,000												
24		24 hrs	15,000												
25	X	24 hrs	11,000		0.7								0.4		
26	X	24 hrs	11,000		0.6								0.3		
27	X	24 hrs	21,000		1								0.6		
28	X	24 hrs	11,000		2.2										
29	X	24 hrs	17,000		2.2								1.5		
30		24 hrs	17,000												
31		24 hrs	17,000												
Total			455,000												
Average			14,677												
Maximum			21,000												

* 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

I. General Information for the Month/Year of: **November-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - 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's Fax Number:	(352) 732-3213
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone 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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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.):	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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: **November-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	12,000		0.8							0.4		
2		24 hrs	12,000											
3	X	24 hrs	12,000		1.4							0.8		
4	X	24 hrs	13,000		2							1.3		
5	X	24 hrs	13,000		2.2							1.5		
6		24 hrs	13,000											
7		24 hrs	13,000											
8	X	24 hrs	10,000		1.8							1.4		
9		24 hrs	11,000											
10	X	24 hrs	16,000		1.6							1.2		
11		24 hrs	16,000											
12	X	24 hrs	16,000		1.7							1.2		
13		24 hrs	16,000											
14		24 hrs	16,000											
15	X	24 hrs	12,000		1.8							1.2		
16		24 hrs	12,000											
17	X	24 hrs	15,000		2							1.5		
18		24 hrs	15,000											
19	X	24 hrs	16,000		1.8							1.5		
20		24 hrs	16,000											
21	X	24 hrs	13,000		1.2							0.6		
22		24 hrs	13,000											
23		24 hrs	13,000											
24	X	24 hrs	12,000		1.4							1		
25		24 hrs	13,000											
26	X	24 hrs	12,000		1.5							1.2		
27		24 hrs	12,000											
28		24 hrs	12,000											
29	X	24 hrs	13,000		1.4							1.1		
30		24 hrs	13,000											
31		24 hrs												
Total			401,000											
Average			13,367											
Maximum			16,000											

* 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

I. General Information for the Month/Year of: **December-04**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	1343 NE 17th Road	City:	Ocala
Contact Person's Telephone Number:	(352) 732-6027	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34470
		Contact Person's Fax Number:	(352) 732-3213

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 732-6027
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Barry Cohen	C	8253	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

II. Daily Data for the Month Year of: **December-04**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	10,000		1.4								1.1		
2		24 hrs	10,000												
3	X	24 hrs	13,000		1.2								1		
4		24 hrs	13,000												
5		24 hrs	13,000												
6	X	24 hrs	11,000		1.4								1		
7		24 hrs	11,000												
8	X	24 hrs	12,000		1.4								1.1		
9		24 hrs	13,000												
10	X	24 hrs	13,000		1.5								1.2		
11		24 hrs	13,000												
12		24 hrs	14,000												
13	X	24 hrs	11,000		1.5								1.3		
14		24 hrs	11,000												
15	X	24 hrs	12,000		1.6								1.2		
16		24 hrs	11,000												
17	X	24 hrs	13,000		1								0.8		
18		24 hrs	13,000												
19		24 hrs	13,000												
20	X	24 hrs	10,000		1.2								1		
21		24 hrs	10,000												
22	X	24 hrs	11,000		1.4								1		
23		24 hrs	11,000												
24	X	24 hrs	13,000		1.4								1.1		
25		24 hrs	13,000												
26		24 hrs	13,000												
27	X	24 hrs	11,000		1.3								1		
28		24 hrs	11,000												
29	X	24 hrs	12,000		1.4								1		
30		24 hrs	12,000												
31	X	24 hrs	12,000		1.5								1.2		
Total			369,000												
Average			11,903												
Maximum			14,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> 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 - Florida
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **January-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	6,500		1.5							1.1		
2		24 hrs	6,500											
3	X	24 hrs	6,500		1.5							1.2		
4		24 hrs	6,500											
5	X	24 hrs	18,000		1.4							1.1		
6		24 hrs	18,000											
7	X	24 hrs	13,000		1.4							1		
8		24 hrs	13,000											
9		24 hrs	13,000											
10	X	24 hrs	10,000		1.2							1		
11		24 hrs	10,000											
12	X	24 hrs	11,000		1.4							1		
13		24 hrs	11,000											
14	X	24 hrs	13,000		1.6							1.4		
15		24 hrs	13,000											
16		24 hrs	13,000											
17	X	24 hrs	11,000		1.6							1.2		
18		24 hrs	11,000											
19	X	24 hrs	7,000		1.4							1.2		
20		24 hrs	7,000		1.6							1.4		
21	X	24 hrs	12,000		1.8							1.4		
22		24 hrs	12,000											
23		24 hrs	12,000											
24	X	24 hrs	9,000		1.6							1.2		
25		24 hrs	9,000											
26	X	24 hrs	11,000		1.6							1.4		
27		24 hrs	12,000											
28	X	24 hrs	11,000		1.8							1.4		
29		24 hrs	10,000											
30		24 hrs	11,000											
31	X	24 hrs	12,000		1.7							1.2		
Total			339,000											
Average			10,935											
Maximum			18,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: February-05

Means of Achieving Four-Log Virus Inactivation/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	
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	12,000												
2	X	24 hrs	11,500		2								1.5		
3		24 hrs	11,500												
4	X	24 hrs	10,500		1.5								1.2		
5		24 hrs	11,500												
6		24 hrs	11,500												
7	X	24 hrs	12,000		2.2								1.8		
8		24 hrs	12,000												
9	X	24 hrs	12,500		2.5								2		
10		24 hrs	12,500												
11	X	24 hrs	13,500		2.5								2		
12		24 hrs	13,500												
13		24 hrs	13,500												
14	X	24 hrs	11,500		2								1.5		
15		24 hrs	11,500												
16	X	24 hrs	15,000		2								1.7		
17		24 hrs	15,000												
18	X	24 hrs	14,000		2								1.5		
19		24 hrs	14,000												
20		24 hrs	15,000												
21	X	24 hrs	13,500		2								1.6		
22		24 hrs	13,500												
23	X	24 hrs	13,000		2.2								1.6		
24		24 hrs	13,000												
25	X	24 hrs	11,500		2.2								1.6		
26		24 hrs	11,500												
27		24 hrs	11,500												
28	X	24 hrs	13,000		2.2								1.6		
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			354,500												
Average			12,661												
Maximum			15,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date _____
Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **March-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	13,000											
2	X	24 hrs	13,000		1.5								1.2	
3		24 hrs	13,000											
4	X	24 hrs	14,300		1.5								1.2	
5		24 hrs	14,300											
6		24 hrs	14,300											
7	X	24 hrs	13,500		1.7								1.2	
8		24 hrs	13,500											
9	X	24 hrs	10,500		1.5								1.2	
10		24 hrs	10,500											
11	X	24 hrs	11,500		1.6								1.2	
12		24 hrs	11,500											
13		24 hrs	1,100											
14	X	24 hrs	17,500		1.8								1.6	
15		24 hrs	17,500											
16	X	24 hrs	18,500		2								1.5	
17		24 hrs	18,500											
18	X	24 hrs	12,000		1.8								1.4	
19		24 hrs	12,000											
20		24 hrs	12,000											
21	X	24 hrs	11,500		2								1.5	
22		24 hrs	11,500											
23	X	24 hrs	10,500		2								1.5	
24		24 hrs	10,500											
25	X	24 hrs	13,300										1.5	
26		24 hrs	13,300		2									
27		24 hrs	13,200											
28	X	24 hrs	12,000		1.8								1.4	
29		24 hrs	12,000											
30	X	24 hrs	12,500		1.8								1.4	
31		24 hrs	12,500											
Total			394,800											
Average			12,735											
Maximum			18,500											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	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 this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Mark March Printed or Typed Name	C8287 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 342466 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: April-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	33,000		1								0.9		
2		24 hrs	33,000												
3		24 hrs	33,000												
4	X	24 hrs	48,000		1								0.8		
5		24 hrs	48,000												
6	X	24 hrs	23,500		1.1								0.9		
7		24 hrs	23,500												
8	X	24 hrs	22,600		1.1								0.8		
9		24 hrs	22,600												
10		24 hrs	22,600												
11	X	24 hrs	20,000		1								0.8		
12		24 hrs	20,000												
13	X	24 hrs	23,500		1								0.8		
14		24 hrs	23,500												
15	X	24 hrs	25,300		1								0.8		
16		24 hrs	25,300												
17		24 hrs	25,300												
18	X	24 hrs	25,000		1.1								0.9		
19		24 hrs	25,000												
20	X	24 hrs	22,000		1								0.9		
21		24 hrs	22,000												
22	X	24 hrs	23,600		1.1								1		
23		24 hrs	23,600												
24		24 hrs	23,600												
25	X	24 hrs	22,000		1								0.8		
26		24 hrs	22,000												
27	X	24 hrs	29,000		1								0.8		
28		24 hrs	29,000												
29	X	24 hrs	26,000		1.1								0.9		
30		24 hrs	26,000												
31		24 hrs													
Total			791,500												
Average			26,383												
Maximum			48,000												

* 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

I. General Information for the Month Year of: **May-05**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Mark March
Printed or Typed Name

C8287
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **May-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	14,000											
2	X	24 hrs	16,000		2							1.6		
3		24 hrs	16,000											
4	X	24 hrs	10,500		1.8							1.4		
5		24 hrs	10,500											
6	X	24 hrs	14,600		1.8							1.4		
7		24 hrs	14,600											
8		24 hrs	14,600											
9	X	24 hrs	13,500		1.6							1.4		
10		24 hrs	13,500											
11	X	24 hrs	15,500		1.8							1.4		
12		24 hrs	15,500											
13	X	24 hrs	14,300		1.6							1.2		
14		24 hrs	14,300											
15		24 hrs	14,300											
16	X	24 hrs	13,500		1.8							1.2		
17		24 hrs	13,500											
18	X	24 hrs	13,500		2							1.6		
19		24 hrs	13,500											
20	X	24 hrs	18,000		1.8							1.6		
21		24 hrs	18,000											
22		24 hrs	18,000											
23	X	24 hrs	15,000		1.8							1.4		
24		24 hrs	15,000											
25	X	24 hrs	17,000		2.5							1.2		
26		24 hrs	17,000											
27	X	24 hrs	17,000		2.5							1.2		
28		24 hrs	17,000											
29		24 hrs	17,000											
30	X	24 hrs	29,000		2.6							1.2		
31		24 hrs	29,000											
Total			492,700											
Average			15,894											
Maximum			29,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Mark March	C	8287	3 Days per week
Other Operators:	Bob Maxon	C	2810	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

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

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: **June-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	14,500		2.7								1.3		
2		24 hrs	12,500												
3	X	24 hrs	15,300		2.6								1.3		
4		24 hrs	15,300												
5		24 hrs	15,300												
6	X	24 hrs	17,000		2.6								1.4		
7		24 hrs	17,000												
8	X	24 hrs	18,000		2.7								1.4		
9		24 hrs	18,000												
10	X	24 hrs	16,300		2.4								1.2		
11		24 hrs	16,300												
12		24 hrs	16,300												
13	X	24 hrs	15,000		2.6								1.2		
14		24 hrs	15,000												
15	X	24 hrs	13,500		2.7								1.4		
16		24 hrs	13,500												
17	X	24 hrs	15,300		2.7								1.2		
18		24 hrs	15,300												
19		24 hrs	15,300												
20	X	24 hrs	14,500		2.8								1.2		
21		24 hrs	14,500												
22	X	24 hrs	12,000		2.8								1.2		
23		24 hrs	12,000												
24	X	24 hrs	14,000		2.8								1.4		
25		24 hrs	14,000												
26		24 hrs	14,000												
27	X	24 hrs	11,500		2.7								1.4		
28		24 hrs	11,500												
29	X	24 hrs	10,500		2.8								1.4		
30		24 hrs	10,500												
31		24 hrs													
Total			433,700												
Average			14,457												
Maximum			18,000												

* 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

I. General Information for the Month Year of: **July-05**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **July-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	12,000											
2		24 hrs	12,000											
3		24 hrs	13,000											
4	X	24 hrs	17,000		1.2								1	
5		24 hrs	18,000											
6	X	24 hrs	14,000		1.4								1	
7		24 hrs	15,000											
8	X	24 hrs	13,300		1								0.8	
9		24 hrs	13,300											
10		24 hrs	13,300											
11	X	24 hrs	13,500		2.6								1.2	
12		24 hrs	13,500											
13	X	24 hrs	12,000		2.6								1.4	
14		24 hrs	12,000											
15	X	24 hrs	17,300		2.7								1.4	
16		24 hrs	17,300											
17		24 hrs	17,300											
18	X	24 hrs	12,000		1.1								0.7	
19	X	24 hrs	20,000		1								0.6	
20	X	24 hrs	9,000		2.4								1.1	
21	X	24 hrs	16,000		2.2								1	
22	X	24 hrs	21,300		2.2								1	
23		24 hrs	21,300											
24		24 hrs	21,300											
25	X	24 hrs	12,000		1.5								0.9	
26		24 hrs	12,000											
27	X	24 hrs	19,000		1.1								0.7	
28		24 hrs	19,000											
29	X	24 hrs	16,600		1.4								0.9	
30		24 hrs	16,600											
31		24 hrs	16,600											
Total			476,500											
Average			15,371											
Maximum			21,300											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: August-05

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1	X	24 hrs	18,000		1.4								0.9	
2		24 hrs	18,000											
3	X	24 hrs	11,000		1.4								0.9	
4		24 hrs	11,000											
5	X	24 hrs	14,000		1.3								0.8	
6		24 hrs	14,000											
7		24 hrs	14,000											
8	X	24 hrs	15,000		1.2								0.7	
9		24 hrs	15,000											
10	X	24 hrs	18,500		1.3								0.8	
11		24 hrs	18,500											
12	X	24 hrs	20,000		2.2								1.7	
13		24 hrs	20,000											
14		24 hrs	20,000											
15	X	24 hrs	15,000		2								1.5	
16		24 hrs	15,000											
17	X	24 hrs	15,000		1.4								0.9	
18		24 hrs	15,000											
19	X	24 hrs	16,000		1.7								1.3	
20		24 hrs	16,000											
21		24 hrs	16,000											
22	X	24 hrs	14,000		1.7								1.1	
23		24 hrs	14,000											
24	X	24 hrs	11,000		1.6								1.2	
25		24 hrs	11,000											
26	X	24 hrs	16,000		1.6								1.1	
27		24 hrs	16,000											
28		24 hrs	16,000											
29	X	24 hrs	14,000		1.4								0.8	
30		24 hrs	14,000											
31	X	24 hrs	14,000		1.6								1.2	
Total			475,000											
Average			15,323											
Maximum			20,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	Gary Kissick Printed or Typed Name	C7846 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **September-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	14,000											
2	X	24 hrs	14,000		1.3								0.8	
3		24 hrs	14,000											
4		24 hrs	14,000											
5	X	24 hrs	14,000		1.2								0.7	
6		24 hrs	14,000											
7	X	24 hrs	13,000		1.3								0.8	
8		24 hrs	13,000											
9	X	24 hrs	17,000		1.5								1	
10		24 hrs	17,000											
11		24 hrs	17,000											
12	X	24 hrs	16,000		1.7								1.3	
13		24 hrs	16,000											
14	X	24 hrs	14,000		1.2								0.7	
15		24 hrs	14,000											
16	X	24 hrs	24,000		1.3								0.8	
17		24 hrs	24,000											
18		24 hrs	24,000											
19	X	24 hrs	16,000		1.2								0.8	
20		24 hrs	16,000											
21	X	24 hrs	14,000		1.4								0.9	
22		24 hrs	14,000											
23	X	24 hrs	19,000		1								0.6	
24		24 hrs	19,000											
25		24 hrs	19,000											
26	X	24 hrs	18,000		1.6								1.2	
27		24 hrs	18,000											
28	X	24 hrs	15,000		1.6								1.1	
29		24 hrs	15,000											
30	X	24 hrs	15,000		1.5								1	
31		24 hrs												
Totals			491,000											
Average			16,367											
Maximum			24,000											

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: **October-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24 hrs	15,000											
2		24 hrs	15,000											
3	X	24 hrs	14,000		1.6								1.1	
4		24 hrs	14,000											
5	X	24 hrs	18,000		1.6								1.1	
6		24 hrs	18,000											
7	X	24 hrs	20,000		1.4								1	
8		24 hrs	20,000											
9		24 hrs	20,000											
10	X	24 hrs	17,000		1.4								1	
11		24 hrs	17,000											
12	X	24 hrs	14,000		1.7								1.4	
13		24 hrs	14,000											
14	X	24 hrs	19,000		1.4								1	
15		24 hrs	19,000											
16		24 hrs	19,000											
17	X	24 hrs	14,000		1								0.6	
18		24 hrs	14,000											
19	X	24 hrs	18,000		1.3								0.9	
20		24 hrs	18,000											
21	X	24 hrs	17,000		1								0.6	
22		24 hrs	17,000											
23		24 hrs	17,000											
24	X	24 hrs	15,000		1.1								0.7	
25		24 hrs	15,000											
26	X	24 hrs	15,000		1.6								1.2	
27		24 hrs	15,000											
28	X	24 hrs	16,000		1.4								1	
29		24 hrs	16,000											
30		24 hrs	16,000											
31	X	24 hrs	13,000		1.7								1.2	
Total			509,000											
Average			16,419											
Maximum			20,000											

* 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

I. General Information for the Month Year of: **November-05**

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month/Year of: **November-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1		24 hrs	13,000												
2	X	24 hrs	14,000		1.3								0.9		
3		24 hrs	14,000												
4	X	24 hrs	16,000		1.3								0.9		
5		24 hrs	16,000												
6		24 hrs	16,000												
7	X	24 hrs	13,000		1.3								0.9		
8		24 hrs	13,000												
9	X	24 hrs	13,000		1.4								1		
10		24 hrs	13,000												
11	X	24 hrs	16,000		1.4								1		
12		24 hrs	16,000												
13		24 hrs	16,000												
14	X	24 hrs	14,000		1.2								0.8		
15		24 hrs	14,000												
16	X	24 hrs	14,000		1.2								0.8		
17		24 hrs	14,000												
18	X	24 hrs	14,000		1								0.6		
19		24 hrs	14,000												
20		24 hrs	14,000												
21	X	24 hrs	13,000		1.1								0.7		
22		24 hrs	13,000												
23	X	24 hrs	16,000		1								0.6		
24		24 hrs	16,000												
25	X	24 hrs	17,000		1.8								1.4		
26		24 hrs	17,000												
27		24 hrs	17,000												
28	X	24 hrs	10,000		1.4								1		
29		24 hrs	10,000												
30	X	24 hrs	10,000		1								0.5		
31		24 hrs													
Total			426,000												
Average			14,200												
Maximum			17,000												

* 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

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

A. Public Water System (PWS) Information

PWS Name:	Woodberry Forest	PWS Identification Number:	3424646
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	55	Total Population Served at End of Month:	193
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
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	Woodberry Forest	Plant Telephone Number:	(352) 787-0980	
Plant Address:	9050 S.E. County Hwy C-25	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	54,000	Zip Code:	34420	
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
Lead/Chief Operator:	Gary Kissick	C	7846	3 Days per week
Other Operators:	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. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Gary Kissick
Printed or Typed Name

C7846
License Number

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

PWS Identification Number: 3424646 Plant Name: Woodberry Forest

III. Daily Data for the Month Year of: **December-05**

Means of Achieving Four-Log Virus Inactivation/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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW sec/cm2		
1		24 hrs	10,000											
2	X	24 hrs	12,000		1.8								1.4	
3		24 hrs	12,000											
4		24 hrs	12,000											
5	X	24 hrs	14,000		1.7								1.4	
6		24 hrs	14,000											
7	X	24 hrs	11,000		1.5								1	
8		24 hrs	11,000											
9	X	24 hrs	12,000		1.4								1	
10		24 hrs	12,000											
11		24 hrs	12,000											
12	X	24 hrs	14,000		1.4								1	
13		24 hrs	14,000											
14	X	24 hrs	12,000		1.3								0.9	
15		24 hrs	12,000											
16	X	24 hrs	13,000		0.9								0.5	
17		24 hrs	13,000											
18		24 hrs	13,000											
19	X	24 hrs	11,000		1.1								0.7	
20		24 hrs	11,000											
21	X	24 hrs	12,000		2								1.8	
22		24 hrs	12,000											
23	X	24 hrs	14,000		1.6								1.2	
24		24 hrs	14,000											
25		24 hrs	14,000											
26	X	24 hrs	13,000		0.8								0.5	
27		24 hrs	13,000											
28	X	24 hrs	11,000		1.2								0.9	
29		24 hrs	11,000											
30	X	24 hrs	11,000		1								0.6	
31		24 hrs	11,000											
Total			381,000											
Average			12,290											
Maximum			14,000											

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