

BREVARD COUNTY

**Oakwood
Kingswood**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 2 of 16**

Containing:
Monthly Operating Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER-DATE

04305 MAY 22 88

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.



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

See Page 2 for Instructions.

General Water System Information for the Month/Year of		January, 2007	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, FL			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope Street Longwood		State: FL Zip Code: 32750	
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

Daily Distribution System Disinfectant Residual Data for the Month/Year of		January, 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	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	Day of the Month	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
1			17		
2	4.7		18	3.1	
3			19		
4	4.2		20		
5			21		
6			22		
7			23	3.0	
8			24		
9	4.4		25	3.8	
10			26		
11	3.6		27		
12			28		
13			29		
14			30	4.8	
15			31		
16	2.8				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel 2/7/07*

William Trendel
Printed or Typed Name

C-6411
License Number or Title

DOCUMENT NUMBER-DATE

04305 MAY 22 8

FPSC-COMMISSION CLERK



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: February 2007

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities, Fl.

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope Street Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: _____

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: February 2007

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

Day of the Month	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	Day of the Month	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
1	3.3		17		
2			18		
3			19		
4			20		
5			21	3.9	
6	4.4		22		
7			23	3.3	
8	4.4		24		
9			25		
10			26		
11			27	3.0	
12			28		
13	4.2		29		
14			30		
15	4.0		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 3/14/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

General Water System Information for the Month/Year of		March, 2007	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, Fl.			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope Street Longwood		State: FL Zip Code: 32750	
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II Daily Distribution System Disinfectant Residual Data for the Month/Year of: March, 2007

Type of Disinfectant Residual Maintained in Distribution System:		<input type="checkbox"/> Free Chlorine	<input checked="" type="checkbox"/> Combined Chlorine (Chloramines)	<input type="checkbox"/> Chlorine Dioxide
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Day of the Month	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	Day of the Month	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
1	4.1		17		
2			18		
3			19		
4			20	3.4	
5			21		
6	3.9		22	3.6	
7			23		
8	3.7		24		
9			25		
10			26		
11			27	3.0	
12	3.2		28		
13			29	3.3	
14	2.9		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 4/8/07

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: April, 2007

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities, FL

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope Street Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address:

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: April, 2007

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

Day of the Month	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	Day of the Month	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
1			17	3.4	
2			18		
3	3.8		19	3.5	
4			20		
5	4.1		21		
6			22		
7			23		
8			24	3.4	
9			25		
10	3.6		26	3.8	
11			27		
12	2.5		28		
13			29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 5/3/07

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: May, 2007

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities, FL

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope Street Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address:

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: May, 2007

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

Day of the Month	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	Day of the Month	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
1	3.3		17	2.5	
2			18		
3	3.2		19		
4			20		
5			21		
6			22		
7			23	3.0	
8	3.4		24		
9			25	3.2	
10			26		
11	2.8		27		
12			28	3.0	
13			29		
14			30	2.9	
15	3.2		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Bill Trendel* 6/8/07

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:

June, 2007

Consecutive System Name: Oakwood PWS Identification Number: 3054100
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477
 Consecutive System Owner: Aqua Utilities, Fl.
 Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator
 Contact Person's Mailing Address: 140 Hope Street Longwood State: FL Zip Code: 32750
 Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490
 Contact Person's E-Mail Address:

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:

June, 2007

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

Day of the Month	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	Day of the Month	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
1			17		
2			18		
3			19	2.1	
4			20		
5			21	2.2	
6	3.9		22		
7			23		
8	2.5		24		
9			25		
10			26	1.5	
11			27		
12	3.0		28		
13			29		
14	2.4		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel
Signature and Date

7/5/07

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I General Water System Information for the Month Year of		July, 2007	
Consecutive System Name:	Kingswood	PWS Identification Number: 3054101	
Consecutive System 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:	58	Total Population Served at End of Month:	136
Consecutive System Owner:	Aqua Utilities, FL		
Contact Person:	William Trendel	Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address:	140 Hope St.	City: Longwood	State: FL 32750
Contact Person's Telephone Number:	407-339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:			

II Daily Distribution System Disinfectant Residual Data for the Month Year of		July, 2007	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	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	Day of the Month	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
1			17	2.2	
2			18		
3	2.8		19	2.2	
4			20		
5	1.8		21		
6			22		
7			23		
8			24		
9	1.9		25	1.8	
10			26		
11	3.3		27	2.8	
12			28		
13			29		
14			30		
15			31	0.9	
16					

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 8/15/07

Printed or Typed Name: William Trendel

License Number or Title: C-6411



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

See Page 2 for Instructions.

I. Consecutive System Information for the Month/Year of August, 2007

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities, FL

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope Street Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: _____

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of August, 2007

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

Day of the Month	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	Day of the Month	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
1			17		
2			18		
3	0.8		19		
4			20	1.8	
5			21		
6			22	2.0	
7			23		
8	3.5		24		
9			25		
10	1.7		26		
11			27		
12			28	0.9	
13			29		
14			30	1.1	
15			31		
16	1.0				

III. Certification by Authorized Representative:

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 9/2/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of **Sept. 2007**

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities, FL

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope Street Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: _____

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of **Sept. 2007**

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

Day of the Month	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	Day of the Month	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
1			17		
2			18		
3			19	2.1	
4			20		
5	1.2		21		
6			22	2.1	
7	0.9		23		
8			24		
9			25	0.3	
10			26		
11	0.5		27		
12			28		
13			29		
14	1.9		30	1.4	
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 10/8/07
 Signature and Date

William Trendel
 Printed or Typed Name

C-6411
 License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		October, 2007	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, FL			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope Street Longwood		State: FL Zip Code: 32750	
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of		October, 2007			
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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
1			17		
2			18		
3	1.5		19	0.5	
4			20		
5	1.6		21		
6			22		
7			23	1.6	
8			24		
9			25	3.3	
10	1.1		26		
11			27		
12			28		
13			29		
14			30		
15			31	2.0	
16	1.3				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 11-7-07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		Nov. 2007	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, FL.			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope Street		Longwood	State: FL Zip Code: 32750
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of		Nov. 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L
1		17	
2	1.0	18	
3		19	2.9
4		20	
5		21	
6		22	
7	3.4	23	
8		24	
9	0.8	25	
10		26	
11		27	2.4
12	1.5	28	
13		29	3.4
14	0.5	30	
15		31	
16			

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 12/5/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		Dec. 2007	
Consecutive System Name:	Oakwood	PWS Identification Number: 3054100	
Consecutive System 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:	203	Total Population Served at End of Month:	477
Consecutive System Owner:	Aqua Utilities, FL	Contact Person's Title: Senior Facilities Operator	
Contact Person:	William Trendel	State: FL	Zip Code: 32750
Contact Person's Mailing Address:	140 Hope Street	Longwood	
Contact Person's Telephone Number:	(407) 339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of		Dec. 2007	
Type of Disinfectant Residual Maintained in Distribution System:			
<input checked="" type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	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	Day of the Month	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
1			17		
2			18	3.2	
3			19		
4	2.5		20	3.0	
5			21		
6	0.6		22		
7			23		
8			24		
9			25		
10			26		
11			27	2.4	
12			28		
13	3.6		29	3.0	
14			30		
15	3.5		31		
16					

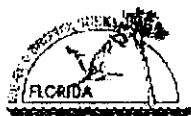
III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 1/6/08

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		Jan. 2006	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, Florida			
Contact Person: Bill Trendel		Contact Person's Title: Senior Operator	
Contact Person's Mailing Address: 140 Hope St.		City: Longwood	State: FL Zip Code: 32750
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address: betrendel@aquaaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		Jan. 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	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	Day of the Month	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
1			17	4.0	
2			18		
3	4.0		19	4.0	
4			20		
5	4.0		21		
6			22		
7			23		
8			24	4.0	
9			25		
10			26	4.0	
11	4.0		27		
12			28		
13	4.0		29		
14			30		
15			31	4.0	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel 1/2/06*

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		Feb. 2006	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, Florida			
Contact Person: Bill Trendel		Contact Person's Title: Senior Operator	
Contact Person's Mailing Address: 140 Hope St.		City: Longwood State: FL Zip Code: 32750	
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address: betrendel@aquaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		Feb. 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	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	Day of the Month	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
1			17	5.0	
2	4.0		18		
3			19		
4			20		
5			21	5.0	
6			22		
7	4.0		23	5.0	
8			24		
9			25		
10	5.0		26		
11			27		
12			28	5.0	
13			29		
14	5.0		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

3/17/06
 Signature and Date

William Trendel
 Printed or Typed Name

C-6411
 License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		March, 2006	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, Florida			
Contact Person: Bill Trendel		Contact Person's Title: Senior Operator	
Contact Person's Mailing Address: 140 Hope St.		City: Longwood	State: FL Zip Code: 32750
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address: betrendel@aquamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		March-06			
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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
1			17		
2	5.0		18		
3			19		
4			20		
5			21	5.0	
6			22		
7	5.0		23	5.0	
8			24		
9	5.0		25		
10			26		
11			27		
12			28		
13			29	5.0	
14	5.0		30		
15			31		
16	5.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 4/4/06

Printed or Typed Name: William Trendel

License Number or Title: C-6411

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: April-06

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities, Florida

Contact Person: Bill Trendel Contact Person's Title: Senior Operator

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: betrendel@aquaaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: April-06

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

Day of the Month	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	Day of the Month	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
1			17		
2			18	5.0	
3			19		
4	5.0		20		
5			21		
6	5.0		22		
7			23		
8			24		
9			25	5.0	
10			26		
11			27	5.0	
12			28		
13	5.0		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 5/4/06
 Signature and Date

William Trendel
 Printed or Typed Name

(611)
 License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: May-06

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities, Florida

Contact Person: Bill Trendel Contact Person's Title: Senior Operator

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: betrendel@aquaaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: May-06

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

Day of the Month	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	Day of the Month	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
1			17		
2			18	5.0	
3			19		
4	5.0		20		
5			21		
6			22	5.0	
7			23		
8			24	5.0	
9	5.0		25		
10			26		
11	5.0		27		
12			28		
13			29		
14			30		
15			31		
16	5.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 5/18/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:

June-06

Consecutive System Name: Oakwood PWS Identification Number: 3054100
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477
 Consecutive System Owner: Aqua Utilities, Florida
 Contact Person: Bill Trendel Contact Person's Title: Senior Operator
 Contact Person's Mailing Address: 140 Hope St City: Longwood State: FL Zip Code: 32750
 Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490
 Contact Person's E-Mail Address: betrendel@aquaaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:

June-06

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

Day of the Month	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	Day of the Month	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
1	4.0		17		
2			18		
3			19		
4			20	0.3	
5			21		
6	4.0		22		
7			23		
8	2.4		24		
9			25		
10			26		
11			27	0.3	
12			28		
13			29	0.4	
14			30		
15	0.4		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 7/7/06
 Signature and Date

William Trendel
 Printed or Typed Name

C-6411
 License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:

July, 2006

Consecutive System Name: Oakwood PWS Identification Number: 3054100
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477
 Consecutive System Owner: Aqua Utilities, Fl.
 Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator
 Contact Person's Mailing Address: 140 Hope Street, Longwood State: FL Zip Code: 32750
 Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490
 Contact Person's E-Mail Address:

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:

July, 2006

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

Day of the Month	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	Day of the Month	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
1			17	4.0	
2			18		
3			19		
4			20	4.0	
5	4.0		21		
6			22		
7			23		
8			24		
9			25	4.0	
10			26		
11			27	4.0	
12			28		
13	4.0		29		
14			30		
15			31		
16					

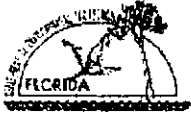
III. Certification by Authorized Representative.

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel 8/3/06*

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		August, 2006	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, FL			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope Street Longwood		State: FL Zip Code: 32750	
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		August, 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	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	Day of the Month	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
1			17	2.5	
2			18		
3	4.0		19		
4			20		
5			21		
6			22	3.5	
7			23		
8	3.5		24	3.5	
9			25		
10			26		
11	3.0		27		
12			28		
13			29	4.0	
14			30		
15	3.0		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

9/8/06
 Signature and Date

William Trendel
 Printed or Typed Name

C-6411
 License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		September, 2006	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, FL			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope Street		Longwood	State: FL Zip Code: 32750
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		September, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	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	Day of the Month	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
1			17		
2			18		
3			19	4.0	
4			20		
5	5.0		21	4.0	
6			22		
7	4.0		23		
8			24		
9			25		
10			26	3.5	
11			27		
12	4.0		28	4.0	
13			29		
14	4.0		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 9/8/06

Printed or Typed Name: William Trendel

License Number or Title: C-6411



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: October, 2006

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities, Fl.

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope Street Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: _____

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: October, 2006

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

Day of the Month	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	Day of the Month	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
1			17	3.8	
2			18		
3	3.9		19	4.0	
4			20		
5	3.4		21		
6			22		
7			23		
8			24	3.5	
9			25		
10	3.7		26	3.3	
11			27		
12	4.2		28		
13			29		
14			30		
15			31	4.0	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 11/5/06

Printed or Typed Name: William Trendel

License Number or Title: C-6411



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART II SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:

November, 2006

Consecutive System Name: Oakwood
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 203
 Consecutive System Owner: Aqua Utilities, FL
 Contact Person: William Trendel
 Contact Person's Mailing Address: 140 Hope Street
 Contact Person's Telephone Number: (407) 339-5424
 Contact Person's E-Mail Address: _____

PWS Identification Number: 4084100

Total Population Served at End of Month: 477

Contact Person's Title: Senior Facilities Operator
 City: Empwood State: FL Zip Code: 32750
 Contact Person's Fax Number: (407) 339-7490

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:

November, 2006

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

Date of the Month	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	Date of the Month	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
1			17		
2	4.2		18		
3			19		
4			20		
5			21	3.8	
6			22		
7	4.0		23	3.4	
8			24		
9	4.2		25		
10			26		
11			27	3.5	
12			28		
13			29		
14	3.5		30	0.6	
15			31		
16	3.3				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 12/5/06

William Trendel
 Printed or Typed Name

C 6411
 License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: December, 2006

Consecutive System Name: Oakwood PWS Identification Number: 3054100

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 203 Total Population Served at End of Month: 477

Consecutive System Owner: Aqua Utilities, Fl. Contact Person's Title: Senior Facilities Operator

Contact Person: William Trendel State: FL Zip Code: 32750

Contact Person's Mailing Address: 140 Hope Street Longwood Contact Person's Fax Number: (407) 339-7490

Contact Person's Telephone Number: (407) 339-5424

Contact Person's E-Mail Address:

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: December, 2006

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

Day of the Month	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	Day of the Month	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
2			18		
3			19	4.0	
4	3.7		20		
5			21	3.5	
6	3.5		22		
7			23		
8			24		
9			25		
10			26		
11			27	3.0	
12	3.7		28		
13			29	4.0	
14	3.8		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 1/8/07

Printed or Typed Name: William Trendel

License Number or Title: C-6411

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
Phone (772) 465-2400, Ext. 285 Fax (772) 467-584

Lab Receipt Date and Time: 12/14/07 1530

Received for Laboratory By: [Signature]

Analysis Date and Time: 12/14/07

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice 4°C
 Disinfectant Check Not Detected >0.1 mg/l

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 4155 St. Johns Parkway Suite 1300 Sanford, FL 32771 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 16331 Cortez Blvd. Brooksville, FL 3460 FDOH # E84418

HBEL Report Number: 2130242 Sub-Contract Lab ID: _____

Analysis Method Requested:
 ColiAlert Membrane Filtration PWS I.D. 3054100

System Name: OAKWOOD # 1702

System Address: US 1 & BROCKETT

City: MIMS System or Owner's Phone #: 407-339-5424 Fax #: _____

Collector: T. Mc CARTHY Collector's Phone #: SAME

Relinquished By: [Signature] Received By: _____ Relinquished By: _____

Date/Time: 12/13/07 1550 Date/Time: _____ Date/Time: _____

Type of Supply: Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other

Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other

Sample Collection Date(s): 12/13/07

LABORATORY CERTIFICATE OF ANALYSIS

TO BE COMPLETED BY COLLECTOR OF SAMPLE					LABORATORY CERTIFICATE OF ANALYSIS				
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd mg/L	pH	Total Coliform Analysis Method: (MF) SM9222B (ColiAlert) SM9223B	Fecal (MF) SM9221E	E. coli (MF) EC+MUG (ColiAlert) SM9223B	Lab Sample Number
1	3133 BAILEY	1220	D	3.5	8.0	A			2130242001
2	3235 CEDAR	1230	D	3.5	8.0	A			2130242002

Average of disinfectant residuals for routine and repeat samples. (Completes for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 3.5

Disinfectant Residual Analysis Method: DPD Colorimetric Other
 Person performing analysis is:
 A certified operator (# C-4617) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Name and Mailing Address of Person/Firm to Receive Report

AQUA UTIL. FL.
140 HOPE ST.
LONGWOOD, FL. 32750



Page 1 of 1

Key: P - Present A - Absent C - Confluent Growth
 TNTC - Too Numerous to Count TA - Turbid
 L.C.A. - Absence of gas or acid
 Analyst: [Signature]

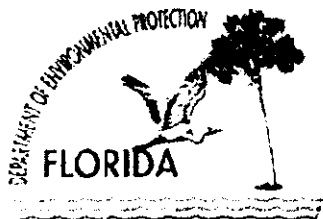
Report authorized by: [Signature] Technical Director or Designee

Date: 12/14/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

DOCUMENT NUMBER - DATE
 04305 MAY 22 8

FPSC-COMMISSION CLERK



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kotkann
FL Governor

Michael W. Sole
Secretary

VIA EMAIL
JMLIHVARCIK@AQUAAMERICA.COM

June 22, 2007

Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0631

Brevard County - PW
Oakwood Manor (Consecutive to 3050834 Mims)
PWS ID Number 3054100

Dear Mr. Lihvarcik:

This confirms a visit to the subject consecutive community public water system on May 17, 2007, by Chris Rossing to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than July 31, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Chris Rossing by e-mail at Chris.Rossing@dep.state.fl.us or by phone at (407) 893-3318, extension 2294.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/cr
Enclosures

cc: Patrick Farris, Environmental Compliance Specialist
Chris Rossing, DEP Drinking Water Compliance

DOCUMENT NUMBER-DATE
04305 MAY 22 08
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

Sanitary Survey Report for Consecutive Water Systems That Do Not Retreat Their Water

System Name OAKWOOD MANOR (CONSECUTIVE TO MIMS) County Brevard PWS ID # 3054100
System Location 3200 Brockett Road, Mims, FL 32754 Phone 352/732-6027
Owner Name Aqua Utilities Florida, Inc. Attn: Jack Lihvarcik Phone 352/435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Patrick Farris Title Environmental Compliance Specialist Phone 352/787-0980
This Survey Date 5/17/07 Last Survey Date 4/28/04 Last C.I. Date 12/23/98

PWS TYPE & CATEGORY/CLASS

- Consecutive/Community (6)
 Consecutive/Non-transient non-community
 Consecutive/Non-community

PWS STATUS

- Approved system with approval number & date
 Accepted
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

DISTRIBUTION SYSTEM

Number of Service Connections 203
Population Served 477 Basis Operator
Flow Measuring Device Master Meter (purchased)
Chlorine Residual >2.2 Total / 1.23 Free
Backflow Prevention Devices: Yes No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Bacteriological Monitoring Yes
Coliform Sampling Plan: Yes No N/A
Lead and Copper Sampling Yes

Comments _____

PURCHASED WATER SOURCE

PWS Name Mims Water Treatment/North Brevard
PWS ID # 3050834
Source Design Capacity 2,400,000 gpd
Treatment: Disinfection/ammoniation/sand filtration/
Aqua-Mag/lime softening/fluoridation

AUXILIARY POWER SOURCE

Yes None Not Required
Source Purchased

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number:
Bill Trendel C-6411
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

Comments _____

DEFICIENCIES:

See page 3.

DEFICIENCIES / COMMENTS:

1. **Failure to test the backflow prevention assembly provided at the interconnect with 3050834 Mims Water Treatment.**

To ensure continued satisfactory operation of backflow-prevention assemblies, they must be periodically tested by individuals who are certified and understand the design and operation of the assemblies. All assemblies are equipped with test cocks and shall be tested annually or more frequently as specified by the local cross connection control program. [Section 7.2, AWWA Manual M14, 2nd Edition as incorporated into Rule 62-555.330, F.A.C.]

Note: The cross-connection control program for the remainder of the distribution system will be evaluated separately.

2. **Failure to keep records documenting that isolation valves are being exercised.**

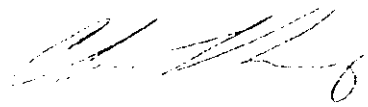
Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

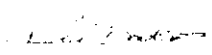
3. **Failure to keep records documenting that water mains are being flushed**

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

COMMENTS/REMINDERS:

- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2007, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2007.

Inspector  Title Environmental Specialist I Date 6/7/07

Approved by  Title Environmental Manager Date 6/22/07

A UA
Utilities Florida.

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

July 31, 2007

Chris Rossing
Environmental Specialist
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803

**RE: Reply to Compliance Evaluation Inspections
Oakwood Manor PWS ID 3054100
Kingswood Manor PWS ID 3054101
Brevard County**

Dear Mr. Rossing:

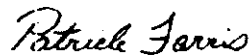
Thank you for your inspections on May 17, 2007. The purpose of the correspondence is to provide a written response as requested in your letters.

Both Facilities:

1. The backflow prevention assemblies were tested on July 9, 2007. Oakwood Manor's backflow passed and will be tested annually as required. Kingswood Manor's backflow failed the test and will be repaired or replaced within two weeks. The testing reports are enclosed with this letter. (Attachment 1)
2. Records of isolation valve exercising will be kept from now on and will be available for future inspections.
3. Records of water main flushing are enclosed. (Attachment 2)

If you have any questions, please contact me at (352) 435-4029 or by e-mail at PAFarris@aquaaamerica.com. Thank you.

Sincerely,

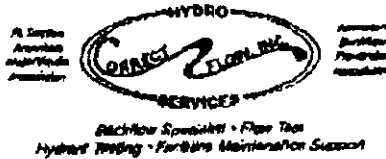


Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

Enclosures:

cc Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

Attachment # 1.



Member of the Better Business Bureau

Badger, Wis.

1

P. O. Box 915081 * Longwood FL 32791 * Telephone 407-332-4497 or 321-689-4738 * Fax 407-365-2819
 P. O. Box 901 * Edgewater FL 32132 * Telephone 386-345-4027 or 321-689-4738 * Fax 386-345-4027

CUSTOMER NAME: Aqua Utilities TEST DATE: 7-9-07
 STREET ADDRESS: OKWOOD US Hwy 1 Brockton Rd. Minis FL.
 MAILING ADDRESS: Aqua
 LOCATION OF ASSEMBLY: At primary meter
 TYPE OF ASSEMBLY: R P DC PVB P.S.I. 60 TIME 1:25pm SIZE: 4"
 MANUFACTURE: Fabco MODEL: 8251 SERIAL NO: 9606111355
 TYPE OF SERVICE(CHECK ONE): POTABLE IRRIGATION FIRE LINE

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES VACUUM BREAKER
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight Gage Pressure Across Check With Back Pressure Valve _____ PSI	Opened At: _____ PSI Did Not Open <input checked="" type="checkbox"/>	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight Gage Pressure Across Check Valve _____ PSI	Air Inlet Opened at _____ PSI Did Not Open <input type="checkbox"/> Check Valve: Leaked <input type="checkbox"/> Held At _____ PSI
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stern/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Cleaned Only <u>1/2-5yr.</u> Replaced: <u>Wash</u> <input type="checkbox"/> Rubber Kit: <u>Wash</u> <input type="checkbox"/> R V Assembly <input type="checkbox"/> Or <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-Rings <input type="checkbox"/> Other <input checked="" type="checkbox"/> Exercised	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stern/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Air In <input type="checkbox"/> Spring, Air <input type="checkbox"/> Spring, CV <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other
Gauge Pressure Across Check Valve <u>6.4</u> PSI	Relief Valve Opened at <u>2.4</u> PSI	Gauge Pressure Across Check Valve <u>1.4</u> PSI	Air Inlet _____ PSI Check Valve _____ PSI

Shut Off Valve # 2 Outlet Leaking Hightight Exercised

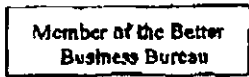
Note: ALL REPAIRS SHALL BE COMPLETED WITHIN TEN (10) DAYS

REMARKS: Annual TEST, Repair, Re-test - PASS
 I HEREBY CERTIFY THAT THE DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTANCE OF THE ASSEMBLY:

TESTER: RAY RODRIGUEZ (ROD) CERT NO: A12-05-2127 EXPIR DATE: 12-31-07
 TESTER: HAROLD EBBET (HAP) CERT NO: A17-05-3251 EXPIR DATE: 12-31-07

TEST EQUIP USED (MAKE & MODEL): MIDWEST 830 GAUGE S/N: 312182
 DATE LAST CALIBRATED: 2-13-07 35721
302754
330865

TESTER'S COMPANY NAME: CORRECT FLOW, INC TESTER'S SIGNATURE: [Signature]
 Badger - METER # missing READING # _____



Buro City

Backflow Specialist • Flow Test
Hydrant Testing • Facilities Maintenance Support

2

P. O. Box 915081 • Longwood FL 32791 • Telephone 407-332-4497 or 321-689-4738 • Fax 407-265-2819

P. O. Box 901 • Edgewater FL 32132 • Telephone 386-345-4027 or 321-689-4738 • Fax 386-345-4027

CUSTOMER NAME: Aqua Utilities TEST DATE: 7-9-07

STREET ADDRESS: Kingswood DC & Turpentine Rd. Mims FL.

MAILING ADDRESS: Aqua

LOCATION OF ASSEMBLY: S.W. Corner Pkwy

TYPE OF ASSEMBLY: R.P. DC PVB P.S.I. TIME 2pm SIZE: 3"

MANUFACTURE: Fabco MODEL: 825Y SERIAL NO: Missing Tag

TYPE OF SERVICE(CHECK ONE): POTABLE IRRIGATION FIRE LINE

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES VACUUM BREAKER
<input checked="" type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Gage Pressure Across Check Valve Back Pressure Valve _____ PSI	Opened At: _____ PSI <input type="checkbox"/> Did Not Open	<input checked="" type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Gage Pressure Across Check Valve _____ PSI	Air Inlet Opened at _____ PSI Did Not Open <input type="checkbox"/> Check Valve: Leaked <input type="checkbox"/> Hold At _____ PSI
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> R V Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-Rings <input type="checkbox"/> Other <input type="checkbox"/> Exercised	<input type="checkbox"/> Cleaned Only Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Air In <input type="checkbox"/> Spring, Air <input type="checkbox"/> Spring, CV <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other
Gauge Pressure Across Check Valve <u>0</u> PSI	Relief Valve Opened at _____ PSI	Gauge Pressure Across Check Valve <u>0</u> PSI	Air Inlet _____ PSI Check Valve _____ PSI

Shut Off Value # 2 Outlet Leaking Holdtight Exercised

NOTE: ALL REPAIRS SHALL BE COMPLETED WITHIN TEN(10) DAYS.

REMARKS: Annual Test Failed

I HEREBY CERTIFY THAT THE DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTANCE OF THE ASSEMBLY:

TESTER: RAY RODRIGUEZ (ROD) CERT NO: A12-05-2127 EXPIR DATE: 12-31-07

TESTER: HAROLD EBERT (HAR) CERT NO: A12-05-2251 EXPIR DATE: 12-31-07

TEST EQUIP USED (MAKE & MODEL): MIDWEST 830 GAUGE S/N: 112197

DATE LAST CALIBRATED: 2-13-07 357771

TESTER'S COMPANY NAME: CORRECT FLOW, INC TESTER'S SIGNATURE: [Signature] 302754

METER # _____
READING # _____

Attachment # 2.

Water Flushing

To be used to record water lost due to flushing

AQUA UTIL., FL

FLUSHING: CC GIRL SCOUT CAMP. Plant CHULVOTA - WP-1
 (Include service lines, mains, hydrants, tanks, etc.) CLOUDY WATER - Month / Year OCTOBER - 05

Date	H ₂ O Appear. Before	Cl ₂ Res. After	Flush Point Size	Time Flushed minutes	Hydrant Meter Readings start / end	Total Gallons Flushed	Location of Flush Point	Reason Flushed
10-6	CLOUDY	2.1	5.5X	600GPM	10 M	6,000	W 7 th & LARGFORD	
	CLOUDY	2.1	4" 2" BOV	200GPM	20 M	4,000	GIRL SCOUT CAMP.	
10-6			2" BOV	200GPM	20 M	4,000	WEST 6 th ST	CC
10-8	CLOUDY	2.0	2" BOV	200GPM	25	5,000	W 6 th ST	
			5.5X BOV		20	6,000	LARGFORD & W 7 th ST	
							510 E 5 th ST	SMELTY WATER
10-31	CLEAR	2.1	5.5X	600GPM	20 M	12,000	EH CORNER OF G AVE & KENT ST	
10-31			4" 1" SERVICE LEAKS			20,000	AVENUE & 8 th ST	

Flushing legend:
 Flushing Program FP - Customer Complaint CC
 Main Clearance MC
 Contractor Use CU (explain others)

CC SMELTY WATER

10-4	CLEAR	1.7	TOTAL 2" BOV	200GPM	20 M	4,000	KIBBEY POPULANTIC	
	"		2" BOV	200GPM	20 M	4,000	KIDLEY & NORFOLK	
							OXFORD	

(Use AWWA Water Loss Calculation Tables, located in the Florida Water Unaccounted for Water Guide, to estimate water losses.)

Water Flushing & Break Repair Record

To be used to record water lost due to flushing or main/service line repairs

Plant Chuluota, Oakwood, Kingswood
 Month / Year Aug. 2006

FLUSHING:
 (Include service lines, mains, hydrants, tanks, etc)

Date	H ₂ O Appear. Before	Cl ₂ Res. After	Flush Point Size	Time Flushed minutes	Hydrant Meter Readings start / end	Total Gallons Flushed	Location of Flush Point	Reason Flushed
8/28/06	Hazy	1.2	4"	10		10,000	Langford's 8 th W	Reason
8/28	Cloudy	1.2	2"	15		3,000	End of 9 th W	"
8/28	"	1.1	2"	15		3,000	End of 7 th W	"
8/28	"	1.2	2"	15		3,000	End of 4 th W	"
8/2	"	0.8	4"	10		10,000	Ospray Cir. (2)	"
8/2	"	0.8	4"	10		10,000	Grey Heron (172)	"
8/2	"	1.0	4"	10		10,000	Velveten (102)	"
8/2	"	0.9	4"	10		10,000	Velveten (337)	"
8/2	"	1.1	4"	10		10,000	Granite (13)	"
8/2	"	1.1	4"	10		10,000	Granite (7)	"
8/3	"	0.7	2"	15	[Colapsed]	3,000	Popalantic (2)	"
8/3	"	0.7	2"	15		3,000	Kinsley/Norwick (4)	"
8/3	"	0.8	2"	15		3,000	Dover/Baily (24)	"
8/3	"	0.7	2"	15		3,000	Dodham/Keefer (4)	"
8/3	"	1.0	2"	15		3,000	Drumwood Dr (1)	"

Flushing legend:
 Flushing Program FP Customer Complaint CC
 Line Repair LR Main Clearance MC
 Contractor Use CU (explain others)

MAIN / SERVICE LINE REPAIRS:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break (if known)	Initials

(Use AWWA Water Loss Calculation Tables, located in the Florida Water Unaccounted for Water Guide, to estimate water losses.)



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of January, 2007

Consecutive System Name: Kingswood PWS Identification Number: 3054101

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136

Consecutive System Owner: Aqua Utilities, FL

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL ZIP: 32750

Contact Person's Telephone Number: 407-339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: _____

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of January, 2007

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

Day of the Month	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	Day of the Month	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
1			17		
2	5.0		18	3.7	
3			19		
4	4.4		20		
5			21		
6			22		
7			23	4.2	
8			24		
9	4.6		25	4.7	
10			26		
11	4.1		27		
12			28		
13			29		
14			30	3.6	
15			31		
16	3.2				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: William Trendel 2/7/07

DOCUMENT NUMBER: 04305 DATE: MAY 22 8
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		February 2007	
Consecutive System Name:	Kingswood	PWS Identification Number:	3054101
Consecutive System 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:	58	Total Population Served at End of Month:	136
Consecutive System Owner:	Aqua Utilities, Fl.		
Contact Person:	William Trendel	Contact Person's Title:	Senior Facilities Operator
Contact Person's Mailing Address:	140 Hope St.	City:	Longwood
Contact Person's Telephone Number:	407-339-5424	State:	FL 32750
Contact Person's E-Mail Address:		Contact Person's Fax Number:	(407) 339-7490

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		February 2007	
Type of Disinfectant Residual Maintained in Distribution System:			
<input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	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	Day of the Month	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
1	4.9		17		
2			18		
3			19		
4			20		
5			21	2.3	
6	5.0		22		
7			23	3.0	
8	4.7		24		
9			25		
10			26		
11			27	3.3	
12			28		
13	4.5		29		
14			30		
15	4.4		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 3/4/07

Printed or Typed Name: William Trendel

License Number or Title: C-6411



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: March, 2007	
Consecutive System Name: Kingswood	PWS Identification Number: 3054101
Consecutive System 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: 58	Total Population Served at End of Month: 136
Consecutive System Owner: Aqua Utilities, FL	
Contact Person: William Trendel	Contact Person's Title: Senior Facilities Operator
Contact Person's Mailing Address: 140 Hope St.	City: Longwood State: FL ZIP: 32750
Contact Person's Telephone Number: 407-339-5424	Contact Person's Fax Number: (407) 339-7490
Contact Person's E-Mail Address:	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: March, 2007					
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	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	Day of the Month	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
1	4.0		17		
2			18		
3			19		
4			20	3.8	
5			21		
6	3.6		22	3.5	
7			23		
8	3.4		24		
9			25		
10			26		
11			27	3.3	
12	3.2		28		
13			29	3.5	
14	3.2		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 4/18/07

Printed or Typed Name: William Trendel

License Number or Title: C-6411



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART II SYSTEM

See Page 2 for Instructions.

I General Water System Information for the Month/Year of: April, 2007

Consecutive System Name: Kingswood PWS Identification Number: 3054101

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136

Consecutive System Owner: Aqua Utilities, FL

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL 32750

Contact Person's Telephone Number: 407-339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address:

II Daily Distribution System Disinfectant Residual Data for the Month/Year of: April, 2007

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

Day of the Month	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	Day of the Month	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
1			17	3.0	
2			18		
3	4.3		19	3.4	
4			20		
5	4.4		21		
6			22		
7			23		
8			24	3.5	
9			25		
10	4.8		26	3.9	
11			27		
12	2.8		28		
13			29		
14			30		
15			31		
16					

III Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 5/3/07

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:

May, 2007

Consecutive System Name: Kingswood

PWS Identification Number: 3054101

Consecutive System Type:

Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month:

58

Total Population Served at End of Month: 136

Consecutive System Owner:

Aqua Utilities, FL

Contact Person:

William Trendel

Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address:

140 Hope St.

City: Longwood

State: FL

32750

Contact Person's Telephone Number:

407-339-5424

Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address:

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:

May, 2007

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	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	Day of the Month	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
	3.1		17	2.9	
2			18		
3	2.9		19		
4			20		
5			21		
6			22		
7			23	3.2	
8	4.0		24		
9			25	3.5	
10			26		
11	3.5		27		
12			28	3.5	
13			29		
14			30	3.1	
15	3.0		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Bill Trendel* 6/8/07

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:

June, 2007

Consecutive System Name: Kingswood PWS Identification Number: 3054101
 Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community
 Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136
 Consecutive System Owner: Aqua Utilities, FL
 Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator
 Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL 32750
 Contact Person's Telephone Number: 407-339-5424 Contact Person's Fax Number: (407) 339-7490
 Contact Person's E-Mail Address:

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:

June, 2007

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

Day of the Month	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	Day of the Month	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
1			17		
2			18		
3			19	2.8	
4			20		
5			21	1.9	
6	1.8		22		
7			23		
8	3.0		24		
9			25		
10			26	3.3	
11			27		
12	2.8		28		
13			29		
14	3.5		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 7/5/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		July, 2007	
Consecutive System Name: Oakwood		PWS Identification Number: 3054100	
Consecutive System 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: 203		Total Population Served at End of Month: 477	
Consecutive System Owner: Aqua Utilities, FL			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope Street		Longwood	State: FL Zip Code: 32750
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of		July, 2007	
Type of Disinfectant Residual Maintained in Distribution System:		<input type="checkbox"/> Free Chlorine	<input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	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	Day of the Month	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
1			17	2.2	
2			18		
3	1.4		19	1.3	
4			20		
5	2.0		21		
6			22		
7			23		
8			24		
9	1.7		25	1.0	
10			26		
11	1.2		27	1.8	
12			28		
13			29		
14			30		
15			31	0.7	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 8/15/07
 Signature and Date

William Trendel
 Printed or Typed Name

C-6411
 License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of August, 2007

Consecutive System Name: Kingswood PWS Identification Number: 3054101

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136

Consecutive System Owner: Aqua Utilities, FL

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL 32750

Contact Person's Telephone Number: 407-339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: _____

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of August, 2007

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

Day of the Month	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	Day of the Month	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
1			17		
2			18		
3	1.0		19		
4			20	2.6	
5			21		
6			22	2.6	
7			23		
8	0.7		24		
9			25		
10	2.8		26		
11			27		
12			28	1.1	
13			29		
14			30	2.7	
15			31		
16	2.2				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 9/2/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		Sept. 2007	
Consecutive System Name: Kingswood		PWS Identification Number: 3054101	
Consecutive System 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: 58		Total Population Served at End of Month: 136	
Consecutive System Owner: Aqua Utilities, FL			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope St.		City: Longwood	State: FL 32750
Contact Person's Telephone Number: 407-339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of		Sept. 2007	
Type of Disinfectant Residual Maintained in Distribution System:		<input type="checkbox"/> Free Chlorine	<input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	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	Day of the Month	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
1			17		
2			18		
3			19		
4			20	2.1	
5	0.4		21		
6			22		
7	1.8		23	0.9	
8			24		
9			25	0.4	
10			26		
11	3.0		27		
12			28		
13			29		
14	2.4		30	1.4	
15			31		
16					

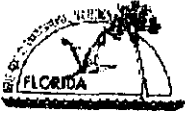
III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 10/8/07

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for instructions.

I. General Water System Information for the Month/Year of:		Oct. 2007	
Consecutive System Name: Kingswood		PWS Identification Number: 3054101	
Consecutive System 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: 58		Total Population Served at End of Month: 136	
Consecutive System Owner: Aqua Utilities, FL			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope St.		City: Longwood	State: FL 32750
Contact Person's Telephone Number: 407-339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		Oct. 2007	
---	--	------------------	--

Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine		<input checked="" type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide	
--	--	---	--	---	--	---	--

Day of the Month	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	Day of the Month	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
1			17		
2			18		
3	2.7		19	2.5	
4			20		
5	2.0		21		
6			22		
7			23	3.1	
8			24		
9			25	2.9	
10	2.8		26		
11			27		
12			28		
13			29		
14			30		
15			31	1.3	
16	3.1				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 11/7/07
 Signature and Date

William Trendel
 Printed or Typed Name

C-6411
 License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: Nov. 2007		PWS Identification Number: 3054101	
Consecutive System Name: Kingswood			
Consecutive System 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: 58		Total Population Served at End of Month: 136	
Consecutive System Owner: Aqua Utilities, FL			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope St.		City: Longwood	State: FL 32750
Contact Person's Telephone Number: 407-339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: Nov. 2007	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	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	Day of the Month	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
1			17		
2	4.7		18		
3			19	4.5	
4			20		
5			21		
6			22		
7	1.2		23		
8			24		
9	1.3		25		
10			26		
11			27	5.0	
12	2.1		28		
13			29	3.7	
14	2.0		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel 12/5/07*

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		Dec. 2007	
Consecutive System Name:	Kingswood	PWS Identification Number: 3054101	
Consecutive System 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:	58	Total Population Served at End of Month:	136
Consecutive System Owner:	Aqua Utilities, Fl.		
Contact Person:	William Trendel	Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address:	140 Hope St.	City: Longwood	State: FL 32750
Contact Person's Telephone Number:	407-339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		Dec. 2007	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	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	Day of the Month	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
1			17		
2			18	3.3	
3			19		
4	3.3		20	3.0	
5			21		
6	1.6		22		
7			23		
8			24		
9			25		
10			26		
11			27	3.1	
12			28		
13	3.6		29	3.0	
14			30		
15	3.5		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 1/6/08
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: Jan. 2006

Consecutive System Name: Kingswood PWS Identification Number: 3054101

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136

Consecutive System Owner: Aqua Utilities, Florida

Contact Person: Bill Trendel Contact Person's Title: Senior Facilities Oper.

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: betrendel@aquaaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: Jan. 2006

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

Day of the Month	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	Day of the Month	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
1			17	4.0	
2			18		
3	4.0		19	4.0	
4			20		
5	4.0		21		
6			22		
7			23		
8			24	4.0	
9			25		
10			26	4.0	
11	4.0		27		
12			28		
13	4.0		29		
14			30		
15			31	4.0	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 1/2/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title

DOCUMENT NUMBER-DATE

04305 MAY 22 8

FPSC-COMMISSION CLERK



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		Feb. 2006	
Consecutive System Name: Kingswood		PWS Identification Number: 3054101	
Consecutive System 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: 58		Total Population Served at End of Month: 136	
Consecutive System Owner: Aqua Utilities, Florida			
Contact Person: Bill Trendel		Contact Person's Title: Senior Facilities Oper.	
Contact Person's Mailing Address: 140 Hope St.		City: Longwood	State: FL Zip Code: 32750
Contact Person's Telephone Number: (407) 339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address: betrendel@aquaaamerica.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		Feb. 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input type="checkbox"/> Free Chlorine	<input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	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	Day of the Month	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
1			17	5.0	
2	4.0		18		
3			19		
4			20		
5			21	5.0	
6			22		
7	4.0		23	5.0	
8			24		
9			25		
10	5.0		26		
11			27		
12			28	5.0	
13			29		
14	5.0		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 2/3/7/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		March-06		PWS Identification Number: 3054101	
Consecutive System Name:	Kingswood		Consecutive System 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:	58		Total Population Served at End of Month:	136	
Consecutive System Owner:	Aqua Utilities, Florida				
Contact Person:	Bill Trendel		Contact Person's Title:	Senior Facilities Oper.	
Contact Person's Mailing Address:	140 Hope St.		City:	Longwood	State: FL Zip Code: 32750
Contact Person's Telephone Number:	(407) 339-5424		Contact Person's Fax Number:	(407) 339-7490	
Contact Person's E-Mail Address:	betrendel@aquaaamerica.com				

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:			March-06		
Type of Disinfectant Residual Maintained in Distribution System:			<input checked="" type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		
Day of the Month	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	Day of the Month	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
1			17		
2	5.0		18		
3			19		
4			20		
5			21	5.0	
6			22		
7	5.0		23	5.0	
8			24		
9	5.0		25		
10			26		
11			27		
12			28		
13			29	5.0	
14	5.0		30		
15			31		
16	5.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *Bill Trendel* 4/4/06

Printed or Typed Name: William Trendel

License Number or Title: C-6411



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of April-06

Consecutive System Name: Kingswood FWS Identification Number: 3054101

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136

Consecutive System Owner: Aqua Utilities, Florida

Contact Person: Bill Trendel Contact Person's Title: Senior Facilities Oper.

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: betrendel@aguaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of April-06

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

Day of the Month	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	Day of the Month	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
1			17		
2			18	5.0	
3			19		
4	5.0		20		
5			21		
6	5.0		22		
7			23		
8			24		
9			25	5.0	
10			26		
11			27	5.0	
12			28		
13	5.0		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 5/4/06
Signature and Date

William Trendel
Printed or Typed Name

C-6111
License Number of Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: May-06

Consecutive System Name: Kingswood PWS Identification Number: 3054101

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136

Consecutive System Owner: Aqua Utilities, Florida

Contact Person: Bill Trendel Contact Person's Title: Senior Facilities Oper.

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: betrendel@aguaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: May-06

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

Day of the Month	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	Day of the Month	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
1			17		
2			18	5.0	
3			19		
4	5.0		20		
5			21		
6			22	1.5	
7			23		
8			24	0.6	
9	5.0		25		
10			26		
11	5.0		27		
12			28		
13			29		
14			30	0.4	
15			31		
16	5.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: **June-06**

Consecutive System Name: Kingswood IPWS Identification Number: 3054101

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136

Consecutive System Owner: Aqua Utilities, Florida

Contact Person: Bill Trendel Contact Person's Title: Senior Facilities Oper.

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL Zip Code: 32750

Contact Person's Telephone Number: (407) 339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: betrendel@aquaaamerica.com

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **June-06**

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

Day of the Month	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	Day of the Month	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
1	4.0		17		
2			18		
3			19		
4			20	0.3	
5			21		
6	4.0		22		
7			23		
8	2.0		24		
9			25		
10			26		
11			27	0.4	
12			28		
13			29	0.3	
14			30		
15	0.4		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 7/7/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: July, 2006

Consecutive System Name: Kingswood PWS Identification Number: 3054101

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136

Consecutive System Owner: Aqua Utilities, Fl.

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL 32750

Contact Person's Telephone Number: 407-339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address:

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: July, 2006

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

Day of the Month	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	Day of the Month	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
1			17	4.0	
2			18		
3			19		
4			20	4.0	
5	4.0		21		
6			22		
7			23		
8			24		
9			25	4.0	
10			26		
11			27	4.0	
12			28		
13	4.0		29		
14			30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 8/3/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		August, 2006	
Consecutive System Name: Kingswood		PWS Identification Number: 3054101	
Consecutive System 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: 58		Total Population Served at End of Month: 136	
Consecutive System Owner: Aqua Utilities, Fl.			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope St		City: Longwood	State: FL 32750
Contact Person's Telephone Number: 407-339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		August, 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input type="checkbox"/> Free Chlorine	<input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	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	Day of the Month	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
1			17	3.5	
2	4.0		18		
3			19		
4			20		
5			21		
6			22	3.0	
7			23		
8	3.0		24	3.5	
9			25		
10			26		
11	2.6		27		
12			28		
13			29	3.0	
14			30		
15	3.5		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 9/8/06

Printed or Typed Name: William Trendel

License Number or Title: C-6411



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: September, 2006	
Consecutive System Name: Kingswood	PWS Identification Number: 3054101
Consecutive System 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: 58	Total Population Served at End of Month: 136
Consecutive System Owner: Aqua Utilities, Fl.	
Contact Person: William Trendel	Contact Person's Title: Senior Facilities Operator
Contact Person's Mailing Address: 140 Hope St.	City: Longwood State: FL ZIP: 32750
Contact Person's Telephone Number: 407-339-5424	Contact Person's Fax Number: (407) 339-7490
Contact Person's E-Mail Address:	

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: September, 2006	
Type of Disinfectant Residual Maintained in Distribution System: <input type="checkbox"/> Free Chlorine <input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	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	Day of the Month	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
1			17		
2			18		
3			19	4.0	
4			20		
5	5.0		21	4.0	
6			22		
7	4.0		23		
8			24		
9			25		
10			26	4.0	
11			27		
12	4.0		28	4.0	
13			29		
14	4.0		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date: *William Trendel* 10/8/06

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of		October, 2006	
Consecutive System Name: Kingswood		PWS Identification Number: 3054101	
Consecutive System 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: 58		Total Population Served at End of Month: 136	
Consecutive System Owner: Aqua Utilities, Fl.			
Contact Person: William Trendel		Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address: 140 Hope St.		City: Longwood	State: FL 32750
Contact Person's Telephone Number: 407-339-5424		Contact Person's Fax Number: (407) 339-7490	
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of		October, 2006	
Type of Disinfectant Residual Maintained in Distribution System:		<input type="checkbox"/> Free Chlorine	<input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	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	Day of the Month	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
1			17	5.0	
2			18		
3	4.0		19	5.0	
4			20		
5	4.1		21		
6			22		
7			23		
8			24	4.7	
9			25		
10	4.6		26	4.6	
11			27		
12	4.8		28		
13			29		
14			30		
15			31	3.7	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 11/5/06
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of: November, 2006

Consecutive System Name: Kingswood PWS Identification Number: 3054101

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 58 Total Population Served at End of Month: 136

Consecutive System Owner: Aqua Utilities, FL

Contact Person: William Trendel Contact Person's Title: Senior Facilities Operator

Contact Person's Mailing Address: 140 Hope St. City: Longwood State: FL Zip: 32750

Contact Person's Telephone Number: 407-339-5424 Contact Person's Fax Number: (407) 339-7490

Contact Person's E-Mail Address: _____

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: November, 2006

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

Day of the Month	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	Day of the Month	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
1			17		
2	5.0		18		
3			19		
4			20		
5			21	3.9	
6			22		
7	4.6		23	4.0	
8			24		
9	3.9		25		
10			26		
11			27	4.1	
12			28		
13			29		
14	4.4		30	0.7	
15	4.2		31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 12/5/2006
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title



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

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		December, 2006	
Consecutive System Name:	Kingswood	PWS Identification Number: 3054101	
Consecutive System 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:	58	Total Population Served at End of Month:	136
Consecutive System Owner:	Aqua Utilities, FL		
Contact Person:	William Trendel	Contact Person's Title: Senior Facilities Operator	
Contact Person's Mailing Address:	140 Hope St.	City: Longwood	State: FL 32750
Contact Person's Telephone Number:	407-339-5424	Contact Person's Fax Number:	(407) 339-7490
Contact Person's E-Mail Address:			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		December, 2006			
Type of Disinfectant Residual Maintained in Distribution System:		<input type="checkbox"/> Free Chlorine	<input checked="" type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		
Day of the Month	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	Day of the Month	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
1			17		
2			18		
3			19	3.9	
4	3.3		20		
5			21	4.0	
6	3.1		22		
7			23		
8			24		
9			25		
10			26		
11			27	3.6	
12	3.3		28		
13			29	4.2	
14	3.6		30		
15			31		

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

William Trendel 11/8/07
Signature and Date

William Trendel
Printed or Typed Name

C-6411
License Number or Title

WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Parkway
Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Ave.
Lehigh Acres, FL 33936
FDOH # E85370

18331 Cortez Blvd.
Brooksville, FL 3460
FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
Phone (772) 465-2400, Ext. 285 Fax (772) 467-884

HBEL Report Number: 2130241 Sub-Contract Lab ID: _____

Analysis Method Requested:

Coliform Membrane Filtration PWS I.D. 3054101

System Name: KINGSWOOD #1701

System Address: SR 46 + TURPENTINE

Lab Receipt Date and Time: 12/13/07 1530

Received for Laboratory By: [Signature]

Analysis Date and Time: 12/14/07 1430

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 5.6°C
Disinfectant Check Not Detected >0.1 mg/l

City: MIMS System or Owner's Phone #: 407-339-5424 Fax #: _____

Collector: T. McLAETHY Collector's Phone #: SAME

Relinquished By: [Signature] Received By: _____ Relinquished By: _____

Date/Time: 12/13/07 1530 Date/Time: _____ Date/Time: _____

Type of Supply: (check only one) Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other

Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other

Sample Collection Date(s): 12/13/07

TO BE COMPLETED BY COLLECTOR OF SAMPLE					
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
1	2430 WILDWOOD	1150	D	3.6	7.8
2	2454 WILDWOOD	1200	D	3.6	7.8

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B

Fecal (MF) SM9221E E. coli (MF) EC+MUG (Coliform) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130241001
	A			2130241002

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

3.6

Key: P - Present A - Absent C - Confluent Growth
TNTC-Too Numerous to Count TA-Turbid
L.C.A. Absence of gas or acid

Analyst: [Signature]

Disinfectant Residual Analysis Method: DPD Colorimetric Other _____
Person performing analysis is:
 A certified operator (# C4617) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Report authorized by: [Signature]
Technical Director or Designee

Date: 12/13/07 Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report

AQUA UTIL. FL.
140 HOPE ST.
LONGWOOD, FL. 32750



Page 1 of 1

Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

¹ DEP Sample Types: D-Distribution (Routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.)

² Defined in Florida Administrative Code Rule 62-150

DOCUMENT NUMBER-DATE

04305 MAY 22 08

FPSC-COMMISSION CLERK



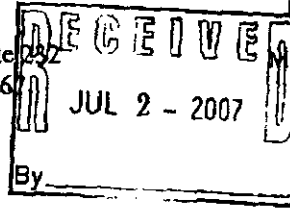
Florida Department of Environmental Protection

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767



VIA EMAIL
JMLIHVARCIK@AQUAAMERICA.COM

June 22, 2007

Jack Lihvarcik, President
Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0632

Brevard County - PW
Kingswood Manor (Consecutive to 3050834 Mims)
PWS ID Number 3054101

Dear Mr. Lihvarcik:

This confirms a visit to the subject consecutive community public water system on May 17, 2007, by Chris Rossing to conduct a sanitary survey inspection. A copy of the sanitary survey inspection report is enclosed for your reference and records.

Deficiencies found during the sanitary survey and in Department records are listed in the enclosed report. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, no later than July 31, 2007. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Chris Rossing by e-mail at Chris.Rossing@dep.state.fl.us or by phone at (407) 893-3318, extension 2294.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/cr
Enclosures

cc: Patrick Farris, Environmental Compliance Specialist
Chris Rossing, DEP Drinking Water Compliance

DOCUMENT NUMBER - DATE
04305 MAY 22 08
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

Sanitary Survey Report for Consecutive Water Systems
That Do Not Retreat Their Water

System Name KINGSWOOD MANOR (CONSECUTIVE TO MIMS) County Brevard PWS ID # 3054101
System Location Turpentine Drive @ Kingswood Drive, Mims, FL 32754 Phone 352/732-6027
Owner Name Aqua Utilities Florida, Inc. Attn: Jack Lihvarcik Phone 352/435-4028
Owner Address 1100 Thomas Ave., Leesburg, FL 34748
Contact Person Jerry Connolly Title Manager of Operations Phone 352/787-0980
This Survey Date 5/17/07 Last Survey Date 4/28/04 Last C.I. Date 9/23/98

PWS TYPE & CATEGORY/CLASS

- Consecutive/Community (6)
 Consecutive/Non-transient non-community
 Consecutive/Non-community

PWS STATUS

- Approved system with approval number & date
 Accepted
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

DISTRIBUTION SYSTEM

Number of Service Connections 60
Population Served 140 Basis Operator
Flow Measuring Device Master Meter (purchased)
Chlorine Residual >2.2 Total / 0.25 Free
Backflow Prevention Devices: Yes No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Bacteriological Monitoring Yes
Coliform Sampling Plan: Yes No N/A
Lead and Copper Sampling Yes

Comments _____

PURCHASED WATER SOURCE

PWS Name Mims Water Treatment/North Brevard
PWS ID # 3050834
Source Design Capacity 2,400,000 gpd
Treatment: Disinfection/ammoniation/sand filtration/
Aqua-Mag/lime softening/fluoridation

AUXILIARY POWER SOURCE

- Yes None Not Required
Source Purchased

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number:
Bill Trendel C-6411
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

Comments _____

DEFICIENCIES:

See page 3.

DEFICIENCIES/COMMENTS:

1. **Failure to test the backflow prevention assembly provided at the interconnect with 3050834 Mims Water Treatment.**

To ensure continued satisfactory operation of backflow-prevention assemblies, they must be periodically tested by individuals who are certified and understand the design and operation of the assemblies. All assemblies are equipped with test cocks and shall be tested annually or more frequently as specified by the local cross connection control program. [Section 7.2, AWWA Manual M14, 2nd Edition as incorporated into Rule 62-555.330, F.A.C.]

Note: The cross-connection control program for the remainder of the distribution system will be evaluated separately.

2. **Failure to keep records documenting that isolation valves are being exercised.**


Suppliers of water shall keep records documenting that their isolation valves are being exercised in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

3. **Failure to keep records documenting that water mains are being flushed.**

Suppliers of water shall keep records documenting that their water mains conveying finished drinking water are being flushed in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

COMMENTS/REMINDERS:

- The consumer confidence report (CCR) must be delivered to consumers and the Department no later than July 1, 2007, and certification of delivery of the CCR must be submitted to the Department no later than August 10, 2007.

Inspector  Title Environmental Specialist I Date 6/7/07

Approved by  Title Environmental Manager Date 6/22/07

A UA
Utilities Florida

Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

July 31, 2007

Chris Rossing
Environmental Specialist
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803

**RE: Reply to Compliance Evaluation Inspections
Oakwood Manor PWS ID 3054100
Kingswood Manor PWS ID 3054101
Brevard County**

Dear Mr. Rossing:

Thank you for your inspections on May 17, 2007. The purpose of the correspondence is to provide a written response as requested in your letters.

Both Facilities:

1. The backflow prevention assemblies were tested on July 9, 2007. Oakwood Manor's backflow passed and will be tested annually as required. Kingswood Manor's backflow failed the test and will be repaired or replaced within two weeks. The testing reports are enclosed with this letter. (Attachment 1)
2. Records of isolation valve exercising will be kept from now on and will be available for future inspections.
3. Records of water main flushing are enclosed. (Attachment 2)

If you have any questions, please contact me at (352) 435-4029 or by e-mail at P.A.Farris@aquaaamerica.com. Thank you.

Sincerely,



Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

enclosures:

cc: Will Fontaine, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail

Attachment # 1.



Member of the Better Business Bureau

Budger, Ariz.

Backflow Specialist - Pipe Test
Hydromat Testing - Facilities Maintenance Support

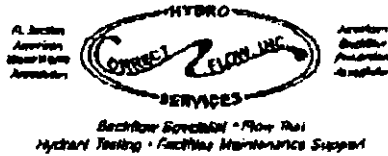
1

P. O. Box 915081 * Longwood FL 32791 * Telephone 407-332-4497 or 321-689-4738 * Fax 407-265-2819
P. O. Box 901 * Edgewater FL 32132 * Telephone 386-345-4027 or 321-689-4738 * Fax 386-345-4027

CUSTOMER NAME: Aqua Utilities TEST DATE: 7-9-07
STREET ADDRESS: OKWOOD US Hwy 1 Brockton Rd. Minis FL
MAILING ADDRESS: None
LOCATION OF ASSEMBLY: At primary meter
TYPE OF ASSEMBLY: R/P DC PVB P.S.I. 60 TIME 1:25pm SIZE: 4"
MANUFACTURE: Fabco MODEL: 825Y SERIAL NO: 960611355
TYPE OF SERVICE(CHECK ONE): POTABLE IRRIGATION FIRE LINE

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES VACUUM BREAKER
<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight Gage Pressure Across Check With Back Pressure Valve _____ PSI	Opened At: _____ PSI Did Not Open <input checked="" type="checkbox"/>	<input type="checkbox"/> Leaked <input checked="" type="checkbox"/> Closed Tight Gage Pressure Across Check Valve _____ PSI	Air Inlet Opened at _____ PSI Did Not Open <input type="checkbox"/> Check Valve: Leaked <input type="checkbox"/> Held At _____ PSI
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Cleaned Only <u>Hi-Jac</u> Replaced: <u>Line</u> <input type="checkbox"/> Rubber Kit: <u>Part</u> <input type="checkbox"/> R V Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-Rings <input type="checkbox"/> Other <input checked="" type="checkbox"/> Exercised	<input type="checkbox"/> Cleaned Only Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Air In <input type="checkbox"/> Spring, Air <input type="checkbox"/> Spring, CV <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other
Gauge Pressure Across Check Valve <u>6.4</u> PSI	Relief Valve Opened at <u>2.4</u> PSI	Gauge Pressure Across Check Valve <u>1.4</u> PSI	Air Inlet _____ PSI Check Valve _____ PSI
Sub: Off Valve # 2 Outlet <input type="checkbox"/> Leaking <input checked="" type="checkbox"/> Hightight <input checked="" type="checkbox"/> Exercised			

REMARKS: Annual TEST REPAIR TEST - PASS
I HEREBY CERTIFY THAT THE DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTANCE OF THE ASSEMBLY:
TESTER: RAY RODRIGUEZ (ROD) CERT NO: A12-05-2137 EXPIR DATE: 12-31-07
TESTER: HAROLD EBEL (HAE) CERT NO: A12-05-3251 EXPIR DATE: 12-31-07
TEST EQUIP USED (MAKE & MODEL): MIDWEST 830 GAUGE SN# 31282
DATE LAST CALIBRATED: 2-13-07 35271
30274
330865
TESTER'S COMPANY NAME CORRECT FLOW, INC TESTER'S SIGNATURE [Signature]
Badger - METER # missing
READING # _____



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Buro Army

2

P. O. Box 915081 • Longwood FL 32791 • Telephone 407-332-4497 or 321-689-4738 • Fax 407-265-2819

P. O. Box 901 • Edgewater FL 32132 • Telephone 386-345-4027 or 321-689-4738 • Fax 386-345-4027

CUSTOMER NAME: Aqua Utilities TEST DATE: 1-9-07

STREET ADDRESS: Kingswood Dr & Turpentine Rd. Mims FL

MAILING ADDRESS: Aqua

LOCATION OF ASSEMBLY: S.W. Corcoran Pkwy

TYPE OF ASSEMBLY: R.P. DC PVB P.S.I. TIME 2pm SIZE: 3"

MANUFACTURE: Fabco MODEL: 825Y SERIAL NO: Missing Tag

TYPE OF SERVICE(CHECK ONE): POTABLE IRRIGATION FIRE LINE

CHECK VALVE #1	RELIEF VALVE	CHECK VALVE #2	PRES VACUUM BREAKER
<input checked="" type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Gage Pressure Across Check With Back Pressure Valve _____ PSI	Opened At: _____ PSI <input type="checkbox"/> Did Not Open	<input checked="" type="checkbox"/> Leaked <input type="checkbox"/> Closed Tight Gage Pressure Across Check Valve _____ PSI	Air Inlet Opened at _____ PSI <input type="checkbox"/> Did Not Open Check Valve: <input type="checkbox"/> Leaked <input type="checkbox"/> Held At _____ PSI
<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> R V Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> Diaphragm <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> O-Rings <input type="checkbox"/> Other <input type="checkbox"/> Exercised	<input type="checkbox"/> Cleaned Only Replaced <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly Or <input type="checkbox"/> Disc <input type="checkbox"/> O-Rings <input type="checkbox"/> Seat <input type="checkbox"/> Spring <input type="checkbox"/> Stem/Guide <input type="checkbox"/> Retainer <input type="checkbox"/> Lock Nuts <input type="checkbox"/> Other	<input type="checkbox"/> Cleaned Only Replaced: <input type="checkbox"/> Rubber Kit <input type="checkbox"/> CV Assembly <input type="checkbox"/> Disc, CV <input type="checkbox"/> Disc, Air In <input type="checkbox"/> Spring, Air <input type="checkbox"/> Spring, CV <input type="checkbox"/> Retainer <input type="checkbox"/> Guide <input type="checkbox"/> O-Ring <input type="checkbox"/> Other
Gage Pressure Across Check Valve <u>0</u> PSI	Relief Valve Opened at _____ PSI	Gage Pressure Across Check Valve <u>0</u> PSI	Air Inlet _____ PSI Check Valve _____ PSI

Shut Off Valve # 2 Outlet Leaking Holdright Exercised

NOTE: ALL REPAIRS SHALL BE COMPLETED WITHIN TEN(10) DAYS.

REMARKS: Annual Test Failed

I HEREBY CERTIFY THAT THE DATA IS ACCURATE AND REFLECTS THE PROPER OPERATION AND MAINTANCE OF THE ASSEMBLY:

TESTER: RAY RODRIGUEZ (ROD) CERT NO: A12-05-2127 EXPIR DATE: 12-31-07

TESTER: HAROLD EBERT (HAE) CERT NO: A12-05-3251 EXPIR DATE: 12-31-07

TEST EQUIP USED (MAKE & MODEL): MIDWEST 838 GAUGE SN# 112192

DATE LAST CALIBRATED: 2-13-07 357771

TESTER'S COMPANY NAME: CORRECT FLOW, INC TESTER'S SIGNATURE: [Signature] 382756

METER # _____ READING # _____

Attachment # 2.

Water Flushing & Break Repair Record

To be used to record water lost due to flushing or main/service line repairs

Plant Chuluota, Oakwood, Kingswood
 Month / Year Aug. 2006

FLUSHING:
 (Include service lines, mains, hydrants, tanks, etc)

Date	H ₂ O Appear. Before	Cl ₂ Res. After	Flush Point Size	Time Flushed minutes	Hydrant Meter Readings start / end	Total Gallons Flushed	Location of Flush Point	Reason Flushed
8/28/06	Hazy	1.2	4"	10		10,000	Langford's 8 th W	Routine
8/28	Cloudy	1.2	2"	15		3,000	End of 9 th W	"
8/28	"	1.1	2"	15		3,000	End of 7 th W	"
8/28	"	1.2	2"	15		3,000	End of 4 th W	"
8/2	"	0.8	4"	10		10,000	Osprey Cir. (2)	"
8/2	"	0.8	4"	10		10,000	Grey Heron (172)	"
8/2	"	1.0	4"	10		10,000	Velveten (102)	"
8/2	"	0.9	4"	10		10,000	Velveten (337)	"
8/2	"	1.1	4"	10		10,000	Granite (13)	"
8/2	"	1.1	4"	10		10,000	Granite (7)	"
8/3	"	0.7	2"	15	Oakwood	3,000	Poplar (2)	}
8/3	"	0.7	2"	15		3,000	Kinsley/Norrock (4)	
8/3	"	0.8	2"	15		3,000	Dover/Baily (24)	
8/3	"	0.7	2"	15		3,000	Dudman/Kroder (4)	
8/3	"	1.0	2"	15		3,000	Dequard Dr (1)	

Flushing legend:
 Flushing Program FP Customer Complaint CC
 Line Repair LR Main Clearance MC
 Contractor Use CU (explain others)

MAIN / SERVICE LINE REPAIRS:

Date	Location of Repair	Size of Line	Size of Hole or Crack	Approx. Time Leaked	Estimated Water Loss	Cause of Break (if known)	Initials

(Use AWWA Water Loss Calculation Tables, located in the Florida Water Unaccounted for Water Guide, to estimate water losses.)

