OF GINE 2

Haines Creek

Docket No. 060368-WS

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

Florida	CMP
VOLUME 6	COM
	CTR
Book 7	ECR
Set 11 of 57	GCL
	OPC
Containing Additional Engineering Requirements	RCA
5 5 1	SCR
Monthly Operating Reports	SGA
	SEC
	OTH

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - DATE

00841 JAN 26 5 FPSC-COMMISSION CLERK

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Aqua Utilities Florida, Inc. Monthly Operating Reports

Haines Creek

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	1		<u> </u>			 					000'87	24 PLS		
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	90		I		<u> </u>						20,000	24 pr.s	X	5
Water System Components Out of Operation	System, mg/L	2000/2005	200/cm2	ู ๅ/บานเ-ฮินเ	Applicable	1000 m				- 10 (50'000	54 prs		- 1 I
Espair of Manuferance Work that Involves Taking	Honnornerg	Minimung UV Dose Required, Wm	Lowest Decraing Decraing Decraing	Required, Minimum	P. Hq. Valiet, if	C S C Mater; C	I Lowest CT Provided Provid Provid Provided Provided Provided Provided Provided Provided Prov	Disinfectant Contact Time (T) at C Measurement Peak Flow, Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Peak Flow Rate, gpd	Yet Quanity of Finished Water Produced, gal	Hours Plant in Operation	Plant Staffed or Visited by Operator (Place "X")	lo va Uay of the Month
				ddy r tro		<u></u>	suone	CT Calcul					Days	
	and the second s		*shles			so.l-wo	Finonstrate F	or UV Dose, to I						
Chlorine Dioxide	nlorine (Chlora	D banidm	Co	orine	Free Chlo				in System:	n Distributio	ii bənintaineM lau	tant Residi	Disinfe	Type of
Combined Chlorine (Chloramines)	əuoz	о 🗌	əbixoiO	Chlorine I		hlorine) əər4	:(• Other (Describe	viation/Remo	vitus Inactiv	ving Four-L t Radiation	of Achie	Neans I
									January-04		di Year of:	or the Mon	I nind vi	is(I.III
						Ţ	Hainescree	Plant Name:		1870555		iəquin noi	tentificat	PI SMd
	G70) (110)	10 1 1 1												0

Page 2

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

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See page 4 for instructions					
1. General Information	for the Month Year of: January-04				
A. Public Water System	1 (PWS) Information				
PWS Name:	Hainescreek		PWS Identif	ication Number:	3350481
PWS Type:	X Community Non-Transient Non-Con	mmunity	Transient Non-Commu		Consecutive
	nnections at End of Month: 108		Total Population Served	at End of Month:	227
PWS Owner:	AquaSource Utility, Inc.				
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - F	
Contact Person's Maili			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep			Contact Person Person's	Fax Number:	(352) 732-3213
Contact Person's E-Ma		<u>]</u>			
B. Water Treatment Pla					
Plant Name:	Hainescreek			one Number:	(352) 369-4881
Plant Address:	Haincscreek Road		City: Leesburg	State: FL	Zip Code: 34788
Type of Water Treated		Purchased Finished Wa	iter		
	Day Operating Capacity of Plant, gallons per day: bsection 62-699.310(4), F.A.C.):	64,800	Diant Class (and a start	(2 (00 210(4))	
Licensed Operators	Name	License Class	Plant Class (per subsection License Number		
Lead/Chief Operator:	Mark March				bay(s)/Shift(s) Worked
Other Operators:	Tom Felton	C	8287		3 Days per week
Oulei Operators.	Iom renon		2241		3 Days per week
			<u> </u>		3 Days per week
1. 周期 1. 11 11 11 11 11 11 11 11 11 11 11 11			······································	<u>_</u>	
				1	
s-Willing white Reporting					-

II. Certification by Lead Chief Operator

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

Signature and Date

Mark March Printed or Typed Name C8287 License Number

DEP Form 62-555.900(3)Alternate

4



WATER

See page 4 for instructions

I. General Information f	or the Month Year of:	Februar	y-04			······	· · · · · · · · · · · · · · · · · · ·					
A. Public Water System	(PWS) Information											
PWS Name:	Hainescreek						PWS Identi	fication Nur	nber:	335048	1	
PWS Type:	X Community	Non-Transier	nt Non-Com	munity		Transie	nt Non-Comm	unity		Consecutiv	<u>e</u>	
Number of Service Con	nections at End of Mont	h: 108				Total Pop	ulation Served	at End of M	fonth:	227		
PWS Owner:	AquaSource Utility, Inc.											
Contact Person:	Michael Fitzgerald					Contact F	erson's Title:	Area Mar	nager - I			
Contact Person's Mailin	g Address: 1343 NE	17th Road				City:	Ocala	State:	FL	Zip Coo		
Contact Person's Teleph	one Number:	(352) 369-4881				Contact F	erson Person's	Fax Numbe	r:	(352) 7	32-321	3
Contact Person's E-Mail		mvfitzgerald@suburbar	nwater.com	<u> </u>								
B. Water Treatment Plan	nt Information											
Plant Name:	Hainescreek						Plant Telep	hone Numb	er:	(352) 3	69-488	1
Plant Address:	Hainescreek Road					City:	Leesburg	State:	FL	Zip Coo	le: 34	1788
Type of Water Treated	by Plant: X Ra	aw Ground Water	Pu	rchased Finishe	ed W	ater		t==t=				
	ay Operating Capacity o			64,800								
	section 62-699.310(4), I	² .A.C.):					ss (per subsect		<u>310(4), I</u>	F.A.C.):		
Licensed Operators		Name		License Cl	ass	Lice	nse Number			Day(s)/Shift(s)		
Lead/Chief Operator:		Mark March		C			8287		<u> </u>	3 Days per v	veek	
Other Operators:		Tom Felton		С			2241			3 Days per v		
										3 Days per v	veek	
												·····
et estatus - Second - S												
				L							- <u></u>	

II. Certification by Lead Chief Operator

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Signature and Date

Mark March

Printed or Typed Name

C8287 License Number

DEP Form 62-555.900(3)Alternate

PWS ld	WS Identification Number: 3350481 Plant Name: Hainescreek													
111 12.5	h Data f	or the Mont	h Year of		February-04									
nn. Dai Maaraa	of A obje	ving Four I	og Virus Inactiv				Free C	Chlorine		Chlorine E	lioxide	C	Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:):								
	niavion	stant Dagida	al Maintained i	n Distributio		<u></u>			Free Chlo	orine	Co	mbined C	hlorine (Chlor	amines) Chlorine Dioxide
Type of	Disinie			II Distributio	CT Calculations,	or UV Dose, to I	Demonstrate F	our-Log	Virus Inactiva	ation, if Appl	icable*			
					CI Culculuiolia,	CT Calcu					UVI	Dose		
	Days						Lowest CT						Lowest.	
	Plant				Lowest Residual	Disinfectant	Provided						Residual	사실 같은 것 같은
	Staffed				Disinfectant	Contact-Time	Before or		- ,				Disinfectant	
	or Visited			1. A. A.	Concentration	(T) at C	at First				Lowest	Minimum	Concentration	성격 전 것이 집에서 이 것이 생각하는 것을 했다.
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum		UV Dose	at Remote	Emergency or Abnormal Operating Conditions;
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Repair or Maintenance Work that Involves Takin
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution System, mg/L	Water System Components Out of Operation
Month	`"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water Bystem Components Components
1		24 hrs	18,000				L						1.0	
2	Х	24 hrs	16,000				I	 					1.0	
3 a ±		24 hrs	16,000				<u> </u>	ļ					1.0	· · · · · · · · · · · · · · · · · · ·
4	X	24 hrs	19,000	ļ · ·								<u> </u>		
5		24 hrs	19,000	ļ									1.0	
6	X	24 hrs	20,000					<u> </u>						
7.	ļ	24 hrs	20,000	· · · · · · · · · · · · · · · · · · ·			┼							
8		24 hrs	20,000										1.1	1
9	X	24 hrs	17,000					1						
10	·	24 hrs	17,000			· · · · · ·				t	<u> </u>		1.1	
11		24 hrs	17,000	╆╴────	<u> </u>	·		+					0.8	
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16	x	24 hrs	14,000										1.2	
17		24 hrs	14,000								L		L	
18	x	24 hrs	18,000	<u> </u>								ļ	1.1	
19	1 ^	24 hrs	18,000							ļ	ļ	ļ	10	
20	x	24 hrs	12,000	1					ļ			 	1.0	
21		24 hrs	12,000					ļ		l		+		
22	1	24 hrs	12,000					_					1.2	
23	x	24 hrs	15,000			ļ						+	1.4	
24		24 hrs	15,000			 -		+	<u> </u>		+	+	1.2	
25	X	24 hrs	17,000											
26		24 hrs	17,000	ļ	<u> </u>	+			<u> </u>	+			1.1	
27	X	24 hrs	19,000						+		1			
28	1	24 hrs	18,000		<u> </u>	+	+		<u> </u>		1	1		
29	<u>.</u>	24 hrs	18,000			+			1	+	1	+		
30	1	24 hrs			+		1	+	1	1	1			
31	1	24 hrs	482.000			<u> </u>		_ _	ndaaa					
Total	<u></u>	1	483,000	-4										
Avera		<u> </u>	20,000	-										
Maxin	ium		20,000				,							

Maximum 20,000 * Refer to the instructions for this report to determine which plants must provide this information.



WATER

See page 4 for instructions

I. General Information	for the Month Year of:	March-04							
A. Public Water Syster	n (PWS) Information								
PWS Name:	Hainescreek				PWS Identi	fication Nu	mber:	3350481	
PWS Type:	X Community	Non-Transient Non-Com	munity	Transie	nt Non-Comm	unity		Consecutive	<u> </u>
Number of Service Co	nnections at End of Month:	108		Total Population Served at End of Month: 227					
PWS Owner:	AquaSource Utility, Inc.								
Contact Person:	Michael Fitzgerald				Person's Title:		nager - Flor		
Contact Person's Maili		· · · · · · · · · · · · · · · · · · ·		City:	Ocala	State:	FL	Zip Code:	
Contact Person's Telep) 369-4881		Contact I	Person Person's	Fax Numbe	er:	(352) 732-3	213
Contact Person's E-Ma		tzgerald@suburbanwater.com		<u> </u>					
B. Water Treatment Pla	ant Information								
Plant Name:	Hainescreek					hone Numb	er:	(352) 369-4	
Plant Address:	Hainescreek Road			City:	Leesburg	State:	FL	Zip Code:	34788
Type of Water Treated			rchased Finished W	ater					<u></u>
	Day Operating Capacity of Plant		64,800	· · · · · · · · · · · · · · · · · · ·					···
	ubsection 62-699.310(4), F.A.C.				ss (per subsect				• • • • • • • • • • • • • • • • • • •
Licensed Operators	Na	me	License Class	Lice	nse Number			/(s)/Shift(s) Wor	
Lead/Chief Operator:	Mark	March	C		8287			3 Days per week	
Other Operators:	Tom	Felton	С		2241			3 Days per week	· · · · · · · · · · · · · · · · · · ·
							·····		
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A State of the second								· <u> </u>	
	·					_	<u> </u>		
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	1		l	1		1			

II. Certification by Lead Chief Operator

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

Mark March Printed or Typed Name C8287 License Number

DEP Form 62-555 900(3)Alternate

PWS Id	lentificat	ion Numbe	r:	3350481		Plant Name:	Hainescree	ek								
		or the Mon			March-04											(<u>)</u>
Means	of Achie	ving Four-l	og Virus Inacti	iviation/Rem	oval: *		Free (Chlorine	e 📋	Chlorine I	Dioxide		Dzone	Combined Chlo	orine (Chloramines)
Πι	Iltraviole	et Radiation	L		Other (Describe	e):										
Type of	Disinfe	ctant Resid	ual Maintained	in Distributio	on System.				Free Chl	orine		ombined C	hlorine (Chlor	amines)		Chlorine Dioxide
Type o		cuin resid	auf Maintaineu .	I.	CT Calculations,	or IIV Dose to	Demonstrate I					, And A will		<u> </u>		
					CI Calculations,	CT Calcu		our ing	VII us IIIIou	<u>uuon, 11 r.pp</u>	VU~	Dose				
	Days						1	<u> </u>			- Sector					이 영상 관계 관계
	Plant		1 T 1 T 1	이 이 가지 못			Lowest CT		이 같은 것				Lowest			
1.1	Staffed	· · · ·			Lowest Residual	Disinfectant	Provided				12.04	See.	Residual Disinfectant			
	or				Disinfectant	Contact Time	Before or at First				Lowest	Minimum	Concentration			에 가지 가장 것 같은 것이다. 이 가지 않는 것 같은 것 같
	Visited		NIG		Concentration (C) Before or at	(T) at C Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote			· · · · · · · · · · · · · · · · · · ·
Deviet	by	TTerren	Net Quanity of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or A	hnorm	al Operating Conditions;
Day of the	Operator (Place	Hours Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required	mW-	mW	Distribution			Work that Involves Taking
Month	(Flace "X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable		sec/cm2	sec/cm2	System, mg/L			nents Out of Operation
1	X	24 hrs	18,000	Tranic, Bha	104, 11912	in the second second			ripplication	ing him 2			1.1			
2		24 hrs	18,000					<u> </u>		<u> </u>		t				
3	x	24 hrs	17,000	<u>+</u>				<u> </u>					1.1	<u> </u>		
4 .0	<u>^</u>	24 hrs 24 hrs	17,000	1	[<u> </u>	t			1	1		ł		·····
5	- <u>x</u>	24 hrs	23,000				<u> </u>			<u> </u>		t	1.1			
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7		24 hrs	23,000	<u> </u>				<u> </u>			<u> </u>	<u> </u>				
8	x	24 hrs	19,000				+	t		·	<u> </u>		1.1	· · · · · · · · · · · · · · · · · · ·		· ···· ····
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10	x	24 hrs	21,000		<u> </u>			t				<u>+</u>	1.2			
11	~_^	24 hrs	21,000	<u> </u>				†			<u> </u>	╂────				
12	- <u>x</u>	24 hrs	22,000	+				+		1		1	1.3	h		
13	- <u>^</u>	24 hrs	22,000					†	<u> </u>	<u> </u>						
13		24 hrs	22,000					t		1	1	<u> </u>				
15	- <u>x</u>	24 hrs	12,000	<u> </u>				f	[f	f	f	1.8	<u></u>		
15	<u>^</u>	24 hrs	12,000		<u> </u>		<u> </u>	1				1				
10	x	24 hrs	4,000					t					1.7	<u> </u>		
18	<u> </u>	24 hrs	4,000	<u> </u>	<u>}</u>			1		ł	·		·			
19	- <u>x</u>	24 hrs	2,300								†	†	1.4			
20	<u> </u>	24 hrs	2,300	<u> </u>			<u>├</u> ─────	1		<u>† </u>		<u>†</u>				· · · · · · · · · · · · · · · · · · ·
20		24 hrs	2,000	<u> </u>			†	1	<u> </u>		†	1	t			
22	- <u>x</u> -	24 hrs	18,000	<u> </u>	 		†	1	<u> </u>		†	1	1.2	1		
23	<u>^</u>	24 hrs	18,000	<u> </u>			†	1	· · · ·	··	1			1		
24	x	24 hrs	10,000	1			1	1		<u></u>	1	<u> </u>	1.4	1		
25		24 hrs	10,000				1				1	1		<u> </u>		
26	X	24 hrs	3,000	1			†	<u>† – – – – – – – – – – – – – – – – – – –</u>	t		1	1	1.3	1		
27	<u>^</u>	24 hrs	3,000	+			<u>+</u>				h	1		1		
28		24 hrs	3,000	+	<u> </u>		+	1	<u> </u>	1	1	1		1		
29	x	24 hrs	21,000	1			†	1	·		1	1	1.1	1		
30		24 hrs	21,000	1			1	1	I	1	1	1				
31	x	24 hrs	21,000			l	+	1	<u> </u>	1	1		1.1	1		
Total	•	L	451,600	1	L	J	•		•			· • • • • • • • • • • • • • • • • • • •				
Average			14,568	1												
Maxim			23.000	1												

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

DEP Form Form 62-555.900(3)Alternate



WATER

See page 4 for instructions

I. General Information 1	or the Month Year of:	April-04				
A. Public Water System	(PWS) Information					
PWS Name:	Hainescreek			PWS	Identification Number:	3350481
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-O		Consecutive
Number of Service Cor	nections at End of Month:	108		Total Population S	Served at End of Month:	227
	AquaSource Utility, Inc.				······	
	Michael Fitzgerald			Contact Person's		
Contact Person's Mailir		toad	·····	City: Ocala		Zip Code: 34470
Contact Person's Telepl) 369-4881		Contact Person Pe	rson's Fax Number:	(352) 732-3213
Contact Person's E-Mai	l Address: mvf	tzgerald@aquaamerica.com	<u> </u>			
B. Water Treatment Pla	nt Information				·····	
Plant Name:	Hainescreek			Plant	Telephone Number:	(352) 369-4881
Plant Address:	Hainescreek Road		_	City: Leest	ourg State: FL	Zip Code: 34788
Type of Water Treated	by Plant: X Raw Gro	ound Water 📃 Pu	urchased Finished W	ater		
	ay Operating Capacity of Plant		48,000			
	osection 62-699.310(4), F.A.C.		·		ubsection 62-699.310(4),	
Licensed Operators	Na	me	License Class	License Num	ber	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Mark	March	С	8287	·	3 Days per week
Other Operators:	Tom	Felton	C	2241		3 Days per week
		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·				
an the state of the			L			
and the second						

II. Certification by Lead Chief Operator

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

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

DEP Form 62-555.900(3)Alternate

PWS Io	lentificat	tion Numbe	r:	3350481		Plant Name:	Hainescre	ek									
111 12.5	h: Data (Cordby Man	de Xanna de		April-04												
			th Year of:					<u></u>			D: :1			Carting	Y. Learing (Chloromin	20)
			Log Virus Inacti				Free	Chlorin	e	Chlorine l	Dioxide		Dzone	Combined C	niorine (Chioramine	:5)
		et Radiation			Other (Describe	e):											
Type o	f Disinfe	ctant Resid	ual Maintained	in Distributi	on System:				Free Ch	orine	Co	ombined C	hlorine (Chlor	ramines)		Chlorine l	Dioxide
			1. A. A. A. A.	$(x,y) \in [0,\infty)$	CT Calculations	, or UV Dose, to	Demonstrate	Four-Log	Virus Inactiv	ation, if App		war in South				**************************************	
	Days			<u></u>		CT Calcu	ulations				UV	Dose				S. Pri f	
	Plant		1 (d)		옷 물 글 다		Lowest CT					and a second	Lowest			Contraction of the second	
1	Staffed				Lowest Residual	Disinfectant	Provided						Residual			TAT AND THE	
	or				Disinfectant	Contact Time	Before or	1			and the second		Disinfectant			Str.Pl.	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration			AL.	
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	생긴 옷을	Minimum	Operating	UV Dose	at Remote		143	李书之"	
Day of	Operator	Hours	of Finished	D 1 M	First Customer	Point During	During	of	pH of	CT.	UV Dose,	Required,	Point in			al Operating (
the Month	(Place "X")	Plant in	Water Produced, gal	Peak Flow	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	Water, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution	Repair or Mai		nents Out of (
Monu	<u>^</u> ,	Operation 24 hrs	16,000	Rate, gpd	Flow, ing/L	minutes	Ing-mu/L		Аррпсаве	ng-nm/r	Sec/cm2	sec/cm2	System, mg/L	water-Syste	an compo	Jents Out OI	Jpciauon-
2	x	24 hrs	16,000				<u> </u>	+	<u> </u>	<u> </u>		<u> </u>	0.7	+			
3		24 hrs	4,000		1							┼──		1			
4		24 hrs	4,000														
5	X	24 hrs	10,000										0.6				
6		24 hrs	10,000					l				ļ					
7	<u> </u>	24 hrs	22,000				<u> </u>					<u> </u>	0.4	<u> </u>	<u> </u>		
8		24 hrs	22,000				<u> </u>	 				<u> </u>		<u> </u>			
9	<u>X</u>	24 hrs	42,000				<u> </u>				<u> </u>		0.9	<u> </u>			
10		24 hrs	42,000							<u> </u>	ļ	ļ					
11		24 hrs	15,000	 							<u> </u>		0.9	{			
12	<u>x</u>	24 hrs 24 hrs	15,000										0.9				
13	x	24 hrs	17,000	[{		┢					┼───	1.7				
15	A	24 hrs	17,000				+			<u> </u>			1.7	<u> </u>			<u> </u>
16	x	24 hrs	26,000					1	<u> </u>	<u> </u>			0.4				
17	- <u>^</u>	24 hrs	26,000		1												
18	X	24 hrs	16,000					<u> </u>			1		0.2				
19	X	24 hrs	20,000				1	1				<u> </u>	0.2	1			
20		24 hrs	20,000				1					1					
21	X	24 hrs	24,000										2.2+				
22		24 hrs	24,000														
23	X	24 hrs	25,000										0.9				
24		24 hrs	25,000														
25		24 hrs	25,000														
26	X	24 hrs	22,000										1.3				
27		24 hrs	22,000				L	1		L	I						
28	<u>X</u>	24 hrs	18,000										0.2				
29		24 hrs	18,000			L						ļ		<u> </u>			
30	X	24 hrs	23,000				l	1		<u> </u>	<u> </u>	↓	0.7	<u> </u>			
31		24 hrs	(00.000		L	I	1	1	I	L	1	L	l	1			
Total	<u></u>		603,000	{													
Average			20,100	4													
Maximu	m	A state in the second	42,000														

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

DEP Form Form 62-555.900(3)Alternate



See page 4 for instructions

I. General Information	for the Month Year of:	May-04							
A. Public Water System	(PWS) Information								
PWS Name:	Hainescreek				PWS Identi	fication Num		3350481	
PWS Type:	X Community	Non-Transient Non-Com	munity		Non-Comm			Consecutive	
	nections at End of Month:	108		Total Popula	ation Served	at End of Mo	onth:	227	
PWS Owner:	AquaSource Utility, Inc.						<u> </u>		
Contact Person:	Michael Fitzgerald			Contact Per		Area Mana			
Contact Person's Mailir				City:	Ocala	State:	FL	Zip Code:	
Contact Person's Telepl		369-4881		Contact Per	son Person's	Fax Number:		(352) 732-3	213
Contact Person's E-Mai		zgerald@aquaamerica.com	<u> </u>						
B. Water Treatment Pla	nt Information					·····			
Plant Name:	Hainescreek	···	<u> </u>			hone Number		(352) 369-4	· · · · · · · · · · · · · · · · · · ·
Plant Address:	Hainescreek Road			City:	Leesburg	State:	FL	Zip Code:	34788
Type of Water Treated			urchased Finished W	ater					
	Day Operating Capacity of Plant,		48,000						
	bsection 62-699.310(4), F.A.C.)					ion 62-699.31	10(4), F.A.	C.):	C THE WAR AND STONE
Licensed Operators	Na	ne	License Class		Number				ked
Lead/Chief Operator:	Mark 1		С		287			Days per week	
Other Operators:	Tom F	elton	С	2	241		3	Days per week	
					····				
			<u> </u>	+					
			<u> </u>						·
a state of the second sec									
	· · · · · · · · · · · · · · · · · · ·		<u> </u>						
the second s			L						

II. Certification by Lead Chief Operator

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

Signature and Date

Mark March

Printed or Typed Name

C8287 License Number

DEP Form 62-555 900(3)Alternate

PWS Identific	ation Numbe	er:	3350481		Plant Name:	Hainescre	ek						
III. Daily Data				May-04									
		Log Virus Inacti	viation/Rem			Free (Chlorin	e []	Chlorine l	Dioxide		Dzone	Combined Chlorine (Chloramines)
	let Radiation			Other (Describe	e):								
Type of Disinf	fectant Resid	ual Maintained	in Distributi	on System:				Free Chl	orine	Co	ombined C	hlorine (Chlor	ramines) Chlorine Dioxide
			I		, or UV Dose, to I	Demonstrate	Four-Log						
Days					CT Calcu						Dose		
Plant						Lowest CT	100.000		14.17			Lowest	
Staffed				Lowest Residual	Disinfectant	Provided	a deterio					Residual	
or	Sec. Sec.	a factor de la composición de la composicinde la composición de la composición de la composición de la		Disinfectant	Contact Time	Before or						Disinfectant,	
Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of Operato		of Finished	Ł	First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the (Place	Fig. 1. S. S. S. S. S. Martin, Phys. Rev. Lett. 19, 101	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month "X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
169	24 hrs	23,000				ļ	 			<u> </u>			
2	24 hrs	23,000	 			l	ł		<u> </u>	I	l		
3 X	24 hrs	15,000					<u> </u>					1.1	
4 5 X	24 hrs	15,000 25,000		1			ł					1.0	
6 X	24 hrs 24 hrs	25,000	<u> </u>									1.0	
7 X	24 hrs	8,000	<u>├</u>				ł			<u> </u>		0.6	
8	24 hrs	8,000		<u> </u>		<u> </u>	╂───					0.0	
9 X	24 hrs	9,000										1.1	
10	24 hrs	9,000					t			<u> </u>		1.1	
11	24 hrs	9,000	İ			F	1						
12 X	24 hrs	7,000					<u> </u>					0.6	
13 X	24 hrs	8,000				†					1	1.3	
14 X	24 hrs	8,000					1					1.8	
15	24 hrs	4,000	[T							
16' *	24 hrs	4,000											
17 X	24 hrs	23,000										1.7	
18	24 hrs	23,000											
19 X	24 hrs	17,000										1	
20	24 hrs	17,000											
21 X	24 hrs	25,000						L				0.4	
22	24 hrs	25,000	L			ļ	 						
23	24 hrs	25,000								 	·		
24 X	24 hrs	20,000				ļ	 			<u> </u>		0.5	
25	24 hrs	20,000							<u> </u>				
26 X	24 hrs	22,000	·}	<u> </u>			 			<u> </u>		0.8	
27	24 hrs	22,000							<u> </u>		1	0.8	
28 X 29	24 hrs	22,000				<u> </u>						0.8	
	24 hrs	22,000	<u> </u>	+								0.8	
30 X 31	24 hrs 24 hrs	22,000		<u> </u>		1	<u> </u>				+	0.8	
Total	<u>4 nrs</u>	529,000		L		L	1	L	1	1			1
Average		17,065	1										
Maximum		25,000	1										
		,000											

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

DEP Form Form 62-555.900(3)Atternate



WATER

See page 4 for instructions	ŝ				
I. General Information	for the Month/Year of: June-04				
A. Public Water System	n (PWS) Information				
PWS Name:	Hainescreek		PWS Ident	ification Number:	3350481
PWS Type:	X Community Non-Transient Non-Com	munity	Transient Non-Comn	nunity	Consecutive
Number of Service Con	nnections at End of Month: 108		Total Population Serve	at End of Month:	227
PWS Owner:	AquaSource Utility, Inc.				
Contact Person:	Michael Fitzgerald		Contact Person's Title:	Area Manager - Fle	
Contact Person's Mailin			City: Ocala	State: FL	Zip Code: 34470
Contact Person's Telep			Contact Person Person'	s Fax Number:	(352) 732-3213
Contact Person's E-Ma	il Address: mvfitzgerald@aquaamerica.com]			
B. Water Treatment Pla	ant Information				
Plant Name:	Hainescreek		Plant Tele	ohone Number:	(352) 369-4881
Plant Address:	Hainescreek Road		City: Leesburg	State: FL	Zip Code: 34788
Type of Water Treated		urchased Finished W	ater		
	Day Operating Capacity of Plant, gallons per day:	48,000			
	bsection 62-699.310(4), F.A.C.):		Plant Class (per subsec		
Licensed Operators	Name	License Class	License Number	D	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Mark March	C	8287		3 Days per week
Other Operators:	Tom Felton	С	2241		3 Days per week
					·····
이 강렬한 너희 나랍니?					
		[

II. Certification by Lead Chief Operator

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

Signature a	and	Date
-------------	-----	------

Mark March

Printed or Typed Name

C8287 License Number

DEP Form 62-555.900(3)Alternate

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

PWS Ic	S Identification Number: 3350481 Plant Name: Hainescreek													
III Dai	ly Data	for the Mon	th Year of		June-04							<u> </u>		
			Log Virus Inacti	viation/Rem			Free (Chlorine		Chlorine I	Dioxide		Zone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	:)·						<u> </u>		· · · · · · · · · · · · · · · · · · ·
			ual Maintained i	in Distributic					Free Chl	orine		mbined C	hlorine (Chlor	amines) Chlorine Dioxide
Type of	Dishine	ctain reeste			CT Calculations,	or LIV Dose to I)emonstrate I							
	D				or culculations,	CT Calcu		our Log	VII US AILOUIV		UVI	Dose		
	Days Plant						Lowest CT					A	Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited		a de la composición d		Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
1	by		Net Quanity	· · .	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
$\frac{1}{2}$	<u>x</u>	24 hrs 24 hrs	24,000			<u></u>						├	0.6	
	<u> </u>		17,000										0.0	
3	X	24 hrs 24 hrs	21,000	······				}					2.2	
5	<u>^</u>	24 hrs	21,000	<u> </u>					· · ·····					
6		24 hrs	21,000	·										
7	X	24 hrs	11,000	<u></u>									0.9	
8		24 hrs	11,000											
9	X	24 hrs	17,000										0.5	
10	·	24 hrs	17,000	· · · · · · · · · · · · · · · · · · ·										
11	X	24 hrs	20,000						_				1.7	
12		24 hrs	20,000											
13		24 hrs	20,000										······	
14	X	24 hrs	20,000							[[]	0.5	
15		24 hrs	20,000											
16	X	24 hrs	20,000	ļ									0.5	
17		24 hrs	20,000							{	[0.6	
18	X	24 hrs	15,000										0.0	
19 20		24 hrs 24 hrs	15,000 15,000		<u>↓</u>			┟┈──┤				├		
20	X	24 nrs 24 hrs	12,000	<u> </u>				<u>-</u>			<u> </u>	<u>†</u>	0.6	
22	<u>_</u>	24 hrs	12,000	<u> </u>							t			
23	x	24 hrs	24,000					<u>├</u> ────┤	<u></u>			t 1	0.6	
24		24 hrs	24,000								<u> </u>			
25	X	24 hrs	13,000	<u> </u>									0.9	
26		24 hrs	13,000											
27		24 hrs	13,000											
28	X	24 hrs	16,000								<u> </u>		1.1	
29		24 hrs	16,000											
30	<u>X</u>	24 hrs	17,000	ļ				└── ┤		 	l	ļ	1.3	
31		24 hrs		ļ		<u>_</u>	i		L	L	l	I		L
Total			522,000	4										
Average			17,400	4										

 Maximum
 24,000

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

DEP Form Form 62-555 900(3)Alternate



See page 4 for instructions

I. General Information	he Month Year of: July-04
A. Public Water System	WS) Information
PWS Name:	nescreek PWS Identification Number: 3350481
PWS Type:	Community Non-Transient Non-Community Transient Non-Community Consecutive
Number of Service Cor	
PWS Owner:	ua Utilities Florida
Contact Person:	an Heath Contact Person's Title: Area Manager - Florida
Contact Person's Mailir	
Contact Person's Telepl	
Contact Person's E-Mai	Idress: beheath@aguaamerica.com
B. Water Treatment Pla	nformation
Plant Name:	nescreek Plant Telephone Number: (352) 369-4881
Plant Address:	nescreek Road City: Leesburg State: FL Zip Code: 34788
Type of Water Treated	
	Operating Capacity of Plant, gallons per day: 48,000
	tion 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.):
Licensed Operators	Name License Class License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine C 6813 3 Days per week
Other Operators:	
and the second second second	

II. Certification by Lead Chief Operator

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

Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

PWS I	lentificat	tion Numbe	r:	3350481		Plant Name:	Hainescre	ek							
		for the Mon			July-04										
Means	of Achie	ving Four-I	Log Virus Inacti	viation/Rem	oval: *		Free (Chlorin	e 🗌	Chlorine I	Dioxide)zone	Combined Chlorine (Chlorami	ines)
1 🗖 י	Jltraviol	et Radiation	1		Other (Describe	:):						_			
Type o	f Disinfe	ctant Resid	ual Maintained i	in Distributio	on System:				Free Chl	orine	Co	mbined C	hlorine (Chlor	amines) Chlorin	e Dioxide
					CT Calculations,	or UV Dose, to I	Demonstrate	Four-Log							
	Dave			1		CT Calcu					UV	Dose			
	Days Plant			<u> </u>			Lowest CT	1					Lowest	Definition of the second se	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	[基礎::::::::::::::::::::::::::::::::::::	1903 - 1903 - 1903 1973 - 1975
	or			100	Disinfectant	Contact Time	Before or						Disinfectant		
1.14	Visited				Concentration #	(T) at C	at First	1			Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		🐃 at Remote 🖙		
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Emergency or Abnormal Operating	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that In	
Month	<u>"X")</u>	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	.sec/cm2	System, mg/L	Water System Components Out o	1 Operation
1		24 hrs	20,000	[╂			<u> </u>	<u> </u>	1.3		
2	<u>x</u>	24 hrs	16,000	·	1.7			 		<u> </u>		 	1.3		
-3 -4		24 hrs 24 hrs	16,000		{			<u> </u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	
5	x	24 hrs 24 hrs	21,300		1.5			<u> </u>		<u> </u>		ł	1.2		
6	$\frac{\lambda}{X}$	24 hrs	20,000		1.3		<u> </u>				┝		1	<u> </u>	
7	$\frac{\lambda}{X}$	24 hrs	17,000		1.2			<u> </u>				<u> </u>	0.9		<u> </u>
8	$\frac{x}{x}$	24 hrs	29,000		1		┼────	<u> </u>			<u> </u>		0.8		
9	X	24 hrs	23,000		<u>i</u>		<u> </u>	<u>†</u>					0.8		
10		24 hrs	23,000				1								
11		24 hrs	23.000	1								1			
12	x	24 hrs	21,900		1.5						1		1.2		
13	X	24 hrs	16,100		1.7		T						1.3		
14	X	24 hrs	20,200		1.6								1.3		
15	X	24 hrs	27,000		1.8								1.4		
16	x	24 hrs	11,000		1.8							L	1.5		<u> </u>
17	X	24 hrs	21,000		1	· · · · · · · · · · · · · · · · · · ·	<u> </u>			ļ					
18	[]	24 hrs	21,000	L			<u> </u>			L		<u> </u>		l	
19	X	24 hrs	7,000		1.6		<u> </u>	<u> </u>		Į			1.3	l	
20	X	24 hrs	18,400		1.2	L		-		<u> </u>		<u> </u>	0.8	· · · · · · · · · · · · · · · · · · ·	<u></u>
21	X	24 hrs	25,600	 	1.1	<u> </u>	╂	+		<u> </u>		<u> </u>	0.8	<u> </u>	<u> </u>
22	X	24 hrs	18,100	<u> </u>	1.1		<u> </u>	<u> </u>	 	<u> </u>	<u> </u>		1.2		
23	X	24 hrs 24 hrs	18,500 18,500	<u> </u>	1.3		<u>↓</u>	+		<u>+</u>			<u>1.2</u>	<u>+</u>	
25		24 hrs 24 hrs	18,500	{			<u> </u>		<u>├──</u> ── ─	<u> </u>	<u>├</u> ─────	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
26	x	24 hrs	15,700	<u> </u>	0.5		1	1	<u> </u>		t	<u> </u>	0.3		
27	$\frac{\lambda}{X}$	24 hrs	12,000	<u> </u>	1		t	1	<u> </u>		<u> </u>	1	0.7	1	
28	X	24 hrs	15,500	<u> </u>	0.6		1	1		1	<u> </u>	<u> </u>	0.3		
29	X	24 hrs	13,900	t	0.6		1	1		1	1	1	0.4		
30	x	24 hrs	20,000	<u>† </u>	0.8		1	1	1	1	1		0.5		
31		24 hrs	20,000	1											
Total		·	584,200		······································										
Averag	•		18,845]											

Maximum 29,000

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

DEP Form Form 62-555 900(3)Alternate



WATER

See page 4 for instructions I. General Information for the Month Year of: August-04 A. Public Water System (PWS) Information PWS Identification Number: 3350481 PWS Name: Hainescreek Consecutive PWS Type: X Community Non-Transient Non-Community Transient Non-Community Total Population Served at End of Month: 227 Number of Service Connections at End of Month: 108 PWS Owner: Aqua Utilities Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida 2315 Griffin Road, Suite 4 Leesburg State: FL Zip Code: 34748 Contact Person's Mailing Address: City: 352/787-6333 Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Telephone Number: (352) 369-4881 Plant Name: Hainescreek Zip Code: 34788 Plant Address: Hainescreek Road City: Leesburg State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 48,000 Plant Class (per subsection 62-699.310(4), F.A.C.) Plant Category (per subsection 62-699.310(4), F.A.C.): С v Day(s)/Shift(s) Worked License Class License Number Licensed Operators Name 6813 3 Days per week Lead/Chief Operator: Will Fontaine С Other Operators: $M_{\rm eq} = 100$ 1.55

II. Certification by Lead Chief Operator

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

Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

PWS Ic	lentificat	ion Numbe	r:	3350481		Plant Name:	Hainescree	ek									
					r=						······		·				
		or the Mon		_	August-04												
Means	of Achie	ving Four-I	log Virus Inactiv	viation/Rem	oval: *		Free C	Chlorine	2 L	Chlorine I	Dioxide		Dzone	Combined Ch	lorine	(Chloramines)
		et Radiation			Other (Describe	:):	-										
			ual Maintained i	n Distributio		·			Free Chl	orine	C	mbined C	hlorine (Chlora	amines)		Chlorine Di	oxide
Type o					CT Calculations,	or LIV Dose to I	Demonstrate I	OUT-LOP	Virus Inactiv	ation if Appl							
					er culculations,	CT Calcu		<u> </u>			UV	Dose					
	Days				i		Lowest CT						Lowest				
	Plant				Lowest Residual	Disinfectant	Provided						Residual				
	Staffed or	1 - C - 2	a Charles Agentalia		Disinfectant	Contact Time	Before or						Disinfectant				
	Visited	5 A. 1			Concentration	(T) at C	at First			1. 영화 전 문	Lowest	Minimum	Concentration				
	by		Net Quanity	9.9. S.	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	1. Sec. 62	5	日本: 164章	
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or	Abnorn	al Operating Co	nditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution	and the second sec	A state of the second	Work that Involv	the second s
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System	Comp	onents Out of Op	eration
1		24 hrs	30,350					I		L				·			
2	X	24 hrs	30,350		0.8						ļ		0.6				
3	X	24 hrs	18,300		0.7					ļ			0.6				
4	X	24 hrs	19,600		0.6		ļ					<u> </u>	0.4				
5	X	24 hrs	23,800		0.6			L			<u> </u>		0.4				
6	X	24 hrs	20,900	L	2.2			<u> </u>			ļ	┝	22				
· 7: ·		24 hrs	31,200	 								<u> </u>					<u> </u>
8		24 hrs	31,200				ļ				<u> </u>	<u> </u>	2				
9	X	24 hrs	31,200		2.2							╉───────	1.3				
10	X	24 hrs	14,600		1.5		<u> </u>	ļ		ļ	ļ		<u> </u>				
11	X	24 hrs	12,600		1.4		<u> </u>	╄───		<u> </u>		╆	1.2				
12	<u>x</u>	24 hrs	19,300	{	1.4			ļ	<u> </u>	<u> </u>		<u> </u>	1.2				
13	X	24 hrs	15,000	<u> </u>	1.5 1.5			╂────		┼			1.3				
14 15	x	24 hrs 24 hrs	10,800		1.5		┼	<u> </u>	<u> </u>				1.5				
16	x	24 hrs 24 hrs	14,800	<u> </u>	1.3			┼		<u> </u>	+	+	1.1				
10	x	24 hrs	16,800	<u> </u>	1.9			<u> </u>					1.5				
18	$\frac{\lambda}{X}$	24 hrs	14,000	<u>├</u>	1.7		1	<u> </u>			<u> </u>	t	1.5				
19	$\frac{\Lambda}{X}$	24 hrs	16,700	<u> </u>	1					<u> </u>			0.9				
20	$\frac{\Lambda}{X}$	24 hrs	15,000	<u> </u>	1			1			1	1	0.8				
20		24 hrs	25,050	[1		1	1		1							
22		24 hrs	25,050	1			1	1		1							
23	x	24 hrs	25,050	†	1.1	1	1						1				
24	X	24 hrs	14,100	t	1.3								1.1				
25	x	24 hrs	14,600		1.7								1,5				
26	X	24 hrs	11,600		1.5		1						1.3				
27	X	24 hrs	14,100		1.5							L	1.4				
28		24 hrs	28,150											 			
29		24 hrs	28,150									1	ļ	ļ			
30	X	24 hrs	28,150		1.5								1.3				
31	X	24 hrs	16,900		1.4								1.3	I			
Total	jat et i		632,200														
Average	C ,		20,394	1													
Maxim	um		31,200	J													

 Maximum
 31,200

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

DEP Form Form 62-555 900(3)Alternate



WATER

See page 4 for instructions

I. General Information t	for the Month Year of:	September-0)4							
A. Public Water System	(PWS) Information									
PWS Name:	Hainescreek				P	WS Identif	ication Nun	nber:	3350481	
PWS Type:	X Community	Non-Transient No	n-Community		Transient N	lon-Commi	inity		Consecutive	
	nections at End of Month:	108			Total Populat	ion Served	at End of M	Ionth:	227	
	Aqua Utilities Florida				-					
	Brian Heath				Contact Perso			ager - Flo		
Contact Person's Mailin		Road, Suite 4				eesburg	State:	FL	Zip Code:	
Contact Person's Telep		52/787-0980			Contact Perso	n Person's	Fax Numbe	r:	352/787-633	3
Contact Person's E-Mai		eheath@aguaamerica.co	<u>m</u>							
B. Water Treatment Pla										
	Hainescreek				P	lant Telep	none Numbe		(352) 369-48	
	Hainescreek Road					eesburg	State:	FL	Zip Code:	34788
Type of Water Treated		Ground Water	Purchased Finis	shed Wa	ater					
	Day Operating Capacity of P		48,000							
	bsection 62-699.310(4), F.A				Plant Class (p					
Licensed Operators		Name	License	Class	License 1	Number	制部准。》溯	Da	y(s)/Shift(s) Work	ed
Lead/Chief Operator:	Wi	Il Fontaine	C		681	13			3 Days per week	
Other Operators:	Jo	nn Worrell	С		659	97			3 Days per week	
	N	larty Neal	C		100	27			3 Days per week	
					1					
							1			
and the state of the										
]		_			

II. Certification by Lead Chief Operator

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

Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555 900(3)Alternate

Page 1

PWS Id	entificat	tion Numbe	r:	3350481		Plant Name:	Hainescree	ek						······			
III. Dai	y Data f	for the Mon	th Year of:		September-04											(OL 1 ·	
Means	of Achie	ving Four-l	Log Virus Inacti	iviation/Rem	oval: *		Free C	Chlorin	e []	Chlorine I	Dioxide		Dzone	Combined Chl	iorine (Chlorami	nes)
Πι	Itraviol	et Radiatior	1		Other (Describe	e):											
			ual Maintained i	in Distributio	on System:				Free Chl	orine	СС	ombined C	hlorine (Chlor	amines)		Chlorine	e Dioxide
1) pe o	Distine			T	CT Calculations	, or UV Dose, to I	Demonstrate I	Four-Log			licable*				2 200-2		
					<u>CI Culture</u>	CT Calcu			17 (1. 19 (1. 4)			Dose					
	Days	A.				1	Lowest CT				A States		Lowest	1	1.1		
1.5.6.5	Plant				Lowest Residual	Disinfectant	Provided		김 영국 감독				Residual	C.S. CARE			
1.12	Staffed or	1.1.1			Disinfectant	Contact Time	Before or						Disinfectant	4 94 9	G.S.		21일 전 1월 1993 - 1993 1993 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 - 1995 -
	Visited				Concentration	(T) at C	* at First				Lowest	Minimum					
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote				
Day of	Operator	Hours	of Finished	¢w.	First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Emergency or a	Abnorm	a Uperating	Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mŴ	Distribution /	Repair or Mainte	enance A	Work that In	volves laking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	Ċ	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System	i Compe	ments Out of	f Operation
1	Х	24 hrs	16,700		1.4								1.2				
2	X	24 hrs	13,200		1.8					L			1				
3	Х	24 hrs	17,400		1.6			L					1.4	<u> </u>			
4		24 hrs	8,500					ļ		ļ			<u> </u>	 			
5		24 hrs	8,500	ļ	ļ	ļ	<u> </u>			ļ	ļ	<u> </u>		<u> </u>		 	
6	X	24 hrs	8,500	<u> </u>	1.4						l		0.8				
7	X	24 hrs	16,200		1.5	ļ		ļ					1.3	 			
8	X	24 hrs	10,700	ļ	1.5			ļ			<u> </u>		1.4	<u> </u>			
9	X	24 hrs	18,200		1.4		·{			<u> </u>	{		1.2	<u> </u>			
10	<u> </u>	24 hrs	14,300	·	1.4					<u> </u>		+	1.1	<u> </u>			
11	x	24 hrs	11,400		1.4	<u> </u>				<u> </u>			<u> </u>	+			
12		24 hrs	17,500		L		<u> </u>						1.2	 			
13	X	24 hrs	17,600		1.4		+	+		<u> </u>			1.1				
14 15	X X	24 hrs 24 hrs	13,900 14,100		1.4								1.2				
15	$\frac{x}{x}$	24 hrs 24 hrs	15,000	┼╼────	1.4	<u> </u>						1	0.7	+			
10	- <u>x</u>	24 hrs	18,200		1.3					+	1		1				
18	<u> </u>	24 hrs	15,100	<u> </u>	1.5	<u> </u>	<u> </u>		·		1	1		<u> </u>			
19		24 hrs	15,200		· · · · ·	1							1	1			
20	X	24 hrs	15,200	<u></u>	1.4	<u> </u>	1	1		<u> </u>			1.2				
21	X	24 hrs	12,400		1.4	<u> </u>	1			<u> </u>			1.1				
22	X	24 hrs	15,000	1	1.5			1					1.3				
23	X	24 hrs	11,800	1	1.5	1							1.3				
24	X	24 hrs	12,300		1.3								1.1				
25		24 hrs	10,600														
26		24 hrs	10,600										ļ				
27	Х	24 hrs	10,700		0.9								0.8				
- 28	X	24 hrs	14,500		1.2								1.0				
29	X	24 hrs	17,200		1.3			ļ	ļ				1	<u> </u>			
30	X	24 hrs	14,900		1.4				ļ	ļ			1.1				
31		24 hrs		_	L	<u> </u>	<u> </u>		L	J					<u> </u>		
Total	la e e la	<u>, 1988</u>	415,400	1													
Average		an thair	13,847	4													
Maxim	m		18,200														

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

DEP Form Form 62-555.900(3)Alternate



WATER

See page 4 for instructions October-04 I. General Information for the Month Year of: A. Public Water System (PWS) Information 3350481 **PWS Identification Number:** PWS Name: Hainescreek Consecutive **PWS** Type: X Community Non-Transient Non-Community Transient Non-Community 227 Total Population Served at End of Month: Number of Service Connections at End of Month: 108 PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager - Florida Contact Person: Brian Heath Zip Code: 34748 Contact Person's Mailing Address: 2315 Griffin Road, Suite 4 Leesburg State: FL City: 352/787-6333 Contact Person's Telephone Number: 352/787-0980 Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aquaamerica.com B. Water Treatment Plant Information (352) 369-4881 Plant Name: Plant Telephone Number: Hainescreek Zip Code: 34788 Plant Address: Hainescreek Road City: Leesburg State: FL Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 48.000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) С v Day(s)/Shift(s) Worked Licensed Operators License Class License Number Name 3 Days per week Lead/Chief Operator: С 6813 Will Fontaine C 6597 3 Days per week Other Operators: John Worrell 3 Days per week C Marty Neal 10027

II. Certification by Lead Chief Operator

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

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

umber

PWS k	tentificat	tion Number	r:	3350481		Plant Name:	Hainescree	ek	<u> </u>					<u> </u>			
111 75					Ostohan 04								<u></u>	• · · · · · · ·		<u></u>	
		for the Mon			October-04			74.1 -		Chief			7000	Combined Chl	lorine ((Thloramin	es)
			Log Virus Inactiv	viation/Rem			I Free (Chlorine		Chlorine E	лохіае		Dzone	Comoinea Chi	ionne (t	Cinoramin	~3)
		et Radiation			Other (Describe	<u>=):</u>			1		— —— ———			· · · · ·	_ 	011	Dia 11
Type of	Disinfe	ctant Residu	ual Maintained i	n Distributic					Free Chl			Combined C	hlorine (Chlor	amines)		Chlorine	Dioxide
	1	I			CT Calculations,	, or UV Dose, to I		our-Log	Virus Inactiv	ation, if Appl							
.	Days	1 i i i	1 1			CT Calcul	lations				<u> </u>	/ Dose	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		r Maria		
1	Plant	1	۱ J		an a		Lowest CT		<u> </u>			에 영화하였	Lowest			1	
1	Staffed	1		i 1	Lowest Residual	Disinfectant	Provided	()	[1	in a state A state a state		Residual				
1	or	1 1			Disinfectant	Contact Time	Before or	1. j	¶'∶ '				Disinfectant				
	Visited				Concentration	(T) at C	at First	[]	l, is a f		Lowest		Concentration				
[³ d	by		Net Quanity	1	(C) Before or at	Measurement	Customer	Temp.	۱. <u>۱</u>	Minimum	Operating		at Remote				
Day of	Operator		of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose		Point in	Emergency or /			
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Repair or Mainte Water System			
Month	- "X") X	Operation 24 bro	Produced, gal 14,800	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	scorem2	System, mg/L=	water oystem	upor	wine Out Of	-priation
2	<u> </u>	24 hrs	20,500	<u>}</u>	1.3		i	<u>├</u>	└─── ──	├ i	<u>├</u>	+	1.3				
3	└──── │	24 hrs 24 hrs	20,500	 	t		├	<u>+</u> i	 -		<u> </u>	+		<u> </u>		- 1	
4	x	24 hrs 24 hrs	20,600	<u> </u>	1.3	 	├─ ───┐	<u>├</u>			t	+	1	t			
5	X	24 ms	18,200		1.4	1	t	†i	ł	ti	t	1	1.2				
6	X	24 hrs	17,400		1.3								1				
7	X	24 hrs	16,600		1.4								1				
8	X	24 hrs	19,000		1.3								1	L			
9	1	24 hrs	18,800											ļ			
10	!]	24 hrs	18,800							L	l		i				
11	X	24 hrs	18,900		1.3	ļ	L	آــــــــــــــــــــــــــــــــــــــ	L	ļ	<u> </u>		1.1	 		···	
12	<u>X</u>	24 hrs	14,600	ļ	1.4			<u> </u>	ļ	L	 		<u> </u>		<u> </u>		
13	X	24 hrs	14,100		1.3	[├ ───	<u> </u>	l		<u>├</u>		1	 			. <u> </u>
14	X	24 hrs	25,900		1.3	 		 −−−−-					0.9	<u> </u>		- <u></u>	
15	X	24 hrs	19,800	i	1.3	 	{ i	<u> </u>	ļ	 	ł		0.9	 			
16	L	24 hrs	15,600			ļ	<u>}</u> −−−−	┠	┞──────	<u> </u>	┠		<u>├</u>	 			
<u>17</u> 18	$-\overline{v}$	24 hrs	15,700	 	1.4	↓	├ ────	╂		├ ───			1.1			- <u></u> -	
18	X X	24 hrs 24 hrs	15,700 14,200	<u>↓</u>	1.4	 -		<u>∤</u> i	 	<u> </u>	<u>+</u>		1.1	 			
20	X X	24 hrs 24 hrs	14,200	}	1.3		<u>}</u> i	┢\	ļ	<u>├</u>	┼────		1.1	+		<u> </u>	
20	<u>X</u>	24 hrs 24 hrs	16,600	 	1.5	f	├	†i	├ ───	 	t		1.2	1			
21	$\frac{\hat{x}}{x}$	24 hrs 24 hrs	16,900		1.5	 	<u> </u>	<u>↓</u> i	 	<u>├───</u>	†	-+	1	1	<u> </u>		
23	<u> </u>	24 hrs	18,100	 		t	<u> </u>	ti	 	 	t		t	1			
24	<u> </u>	24 hrs	18,100		1	t	<u> </u>		 		1		 	1		······	
25	X	24 hrs	18,200	†	1.2	t	1	1	<u>├</u> ────	· · ·	1		1				
26	X	24 hrs	18,500	 	1.5		· · · · ·	1		· · · · ·	1	1	1				
27	x	24 hrs	12,900	<u> </u>	1.2								0.8				
28	x	24 hrs	20,600		1.3								0.8				
29	X	24 hrs	16,600		1.7								1.1	L			
30		24 hrs	26,100										L	L			
31	X	24 hrs	26,100										L	l			
Total			562,000												_		
Average			18,129	1													
Maximu	111		26,100	l													

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



WATER

See page 4 for instructions

I. General Information f	or the Month/Year of:	November-04							
A. Public Water System	(PWS) Information								
PWS Name:	Hainescreek				PWS Identif	fication Numbe	er:	3350481	
PWS Type:	X Community	Non-Transient Non-C	Community		Transient Non-Commu	unity		Consecutive	
Number of Service Con	nections at End of Month:	108			Total Population Served	at End of Mon	th:	227	
	Aqua Utilities Florida								
	Brian Heath				Contact Person's Title:	Area Manag	er - Florid		
Contact Person's Mailin		d, Suite 4			City: Leesburg	State:	FL	Zip Code:	34748
Contact Person's Teleph		37-0980			Contact Person Person's	Fax Number:		352/787-63	33
Contact Person's E-Mai	Address: behea	th@aquaamerica.com							
B. Water Treatment Plan	nt Information								
Plant Name:	Hainescreek				Plant Teleph	none Number:		(352) 369-4	
	Hainescreek Road				City: Leesburg	State:	FL	Zip Code:	34788
Type of Water Treated			Purchased Finished	d Wat	er				
	ay Operating Capacity of Plant,	gallons per day:	48,000						
	section 62-699.310(4), F.A.C.):	V			Plant Class (per subsecti	on 62-699.310			
Licensed Operators	Nam	e	License Clas	SS	License Number		Day(s	s)/Shift(s) Wor	ked
Lead/Chief Operator:	Will For	itaine	C		6813			Days per week	
Other Operators:	John We	orrell	С		6597		31	Days per week	·
	Marty 1	Veal	С		10027		31	Days per week	
		······································							
	······								

II. Certification by Lead Chief Operator

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

Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555.900(3)Alternate

Page 1

1....

PWSI	lentificat	ion Numbe	r:	3350481		Plant Name:	Hainescree	<u> </u>									·
III. Da	ly Data f	or the Mon	th Year of:		November-04											<u></u> _	
			log Virus Inacti	viation/Rem			Free C	hlorin	e T	Chlorine I	Dioxide		Dzone	Combined Chi	lorine (C	hloramines)	
		et Radiation			Other (Describe	-)·						١				,	
			ual Maintained i						Free Chl	orina		mbinad C	hlorine (Chlor	amines)		Chlorine Dioxi	de
Type 0		ciam Kesiu					5						morme (Cmor				
		10 A.			CI Calculations,	or UV Dose, to I		our-Log	virus inactiv	ation, il App		.					
	Days		:			CT Calcu	and Annal and a second	n y dan ar ye. Tan ƙasar			ַיעט	JOSE					
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Plant						Lowest CT						Lowest				
	Staffed			2	Lowest Residual	Disinfectant	Provided						Residual				
	OT				Disinfectant Concentration	Contact Time (T) at C	Before or at First			7.04 (j. 1	Taurant		Disinfectant Concentration				
	Visited by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Lowest Operating	Minimum UV Dose	at Remote				
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	A STATE OF A	Abnormal (Operating Condition	ions:
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution			rk that Involves T	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System; mg/L			nts Out of Operat	
". 1 %	X	24 hrs	26,100		1.4								1				
2	X	24 hrs	15,700		1.4								0.9				
3	Х	24 hrs	12,300		1.3				······································			[1.2	1			
4	Х	24 hrs	35,900		1.3								1.1				
5 .	X	24 hrs	19,800		1.4								1.2				
6		24 hrs	19,100														
1.2		24 hrs	19,100										_				
8	X	24 hrs	19,100		1.2								1				
9.1	X	24 hrs	16,700		1.5								1.1				
10	X	24 hrs	14,900		1.3								1		,		
140	X	24 hrs	22,900		1.4								1.2				
12	X	24 hrs	29,200		1.4								1.3		.		
13		24 hrs	17,200								ļ	L					
14		24 hrs	17,200		L												
15	<u>X</u>	24 hrs	17,200		1.5								1.3				
16 -	X	24 hrs	14,300		1.4					· · · · · ·	 	<u> </u>	1.3				
17	X	24 hrs	23,900		2.1							<u> </u>	1.7				
18	X	24 hrs	20,500		1.6						ļ		1.3	ļ			
19	X	24 hrs	14,700		1.5						ļ		1.3				
20		24 hrs	20,100										┝─────		·····		···
21		24 hrs	20,100		1.4	L									····-		
22	X X	24 hrs 24 hrs	20,200	<u> </u>	1.4								1.1	l			
23	X	24 hrs 24 hrs	10,400		1.5							<u>├</u>	1.3				
24	X	24 hrs 24 hrs	15,000	├	1.0								1.3				
26	x	24 hrs 24 hrs	14,800		1.4					···			1.2	<u> </u>			
27	<u>^</u>	24 hrs	16,300		1.5							·	1.2				
28		24 hrs	16,300								+	<u> </u>	<u> </u>	<u> </u>			
29	x	24 hrs	16,400	ļ	1.3						<u> </u>		1			·····	
30	X	24 hrs	14,600		1.2	├						<u> </u>	<u> </u>				
31	<u>├</u> ───┤	24 hrs	11,000					 		t			t				
Total	<u> </u>	2, 113	554,700		L	L	L	k ;	_	L	L	L	1	L			
Average	,		18,490	1													
Maxim	um		35,900	1													

 Maximum
 35,900

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



See page 4 for instructions

I. General Information for	or the Month Year of:	December-04				
A. Public Water System	(PWS) Information					
PWS Name:	Hainescreek			PWS Identi	fication Number:	3350481
PWS Type:	X Community	Non-Transient Non-Con	nmunity	Transient Non-Comm		Consecutive
	nections at End of Month:	108		Total Population Served	at End of Month:	227
PWS Owner:	Aqua Utilities Florida					
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager - Fl	
Contact Person's Mailing	g Address: 2315 Griffin Roa	d, Suite 4		City: Leesburg	State: FL	Zip Code: 34748
Contact Person's Teleph	one Number: 352/7	87-0980		Contact Person Person's	Fax Number:	352/787-6333
Contact Person's E-Mail	Address: behe	ath@aquaamerica.com				······
B. Water Treatment Plan	nt Information					
Plant Name:	Hainescreek	_		Plant Telep	hone Number:	(352) 369-4881
Plant Address:	Hainescreek Road			City: Leesburg	State: FL	Zip Code: 34788
Type of Water Treated	by Plant: X Raw Grou	nd Water P	urchased Finished Wa	ater		
Permitted Maximum Da	ay Operating Capacity of Plant,	gallons per day:	48,000			
Plant Category (per sub	section 62-699.310(4), F.A.C.):	V		Plant Class (per subsect		
Licensed Operators	Nan	ne	License Class	License Number	D	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fo	ntaine	С	6813		3 Days per week
Other Operators:	John W	orrell	С	6597		3 Days per week
	Marty	Neal	C ·	10027		3 Days per week
						······································
						·····
「「「「」」という人名林						
				1		

II. Certification by Lead Chief Operator

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

Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555 900(3)Alternate

PWS I	lentifica	tion Numbe	er:	3350481		Plant Name:	Hainescre	ek								
		· · · · · · ·														
			th Year of:		December-04											
			Log Virus Inacti	iviation/Rem			Free (Chlorin	e	Chlorine l	Dioxide		Ozone	Combined C	Chlorine (Chloram	ines)
		et Radiation			0 mm (2 + 0 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	e):										
Type o	f Disinfe	ctant Resid	ual Maintained	in Distributi	on System:				Free Ch	orine		ombined C	Chlorine (Chlor	ramines)	Chlorin	e Dioxide
						, or UV Dose, to	Demonstrate	Four-Log	Virus Inactiv	ation, if App		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.				
	Days	Physics and				CT Calcu				and the second	JUV	Dose		化合物的合金		
	Plant					and the second sec	Lowest CT				2 NAME &	0.8008	Lowest			
	Staffed			} .	Lowest Residual	Disinfectant	Provided						Residual			
	or				Disinfectant	Contact Time	Before or	11.17				1997 - 1998 Sanat (1998	Disinfectant			
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration			
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote			
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in		r Abnormal Operatin	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW	Distribution		ntenance Work that In	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water Syste	em Components Out of	of Operation
2	<u>x</u>	24 hrs	19,300	ł	1.2		<u> </u>					ļ	0.9			
$\frac{2}{3}$	$\frac{\lambda}{X}$	24 hrs 24 hrs	25,200 18,000		1.4			+		<u> </u>		ļ	1	<u> </u>		
4	<u>^</u>	24 hrs	18,000	}	1.4							<u> </u>	1.1	+		
5		24 hrs	18,700	t			[╂			·			<u>+</u>		
6	x	24 hrs	18,700	ł	1.5					<u> </u>			1.2	<u>+</u>		
7	$\frac{x}{x}$	24 hrs	15,500	†	1.5		<u> </u>	+		<u>├</u>			1.2	t		
8	X	24 hrs	25,500	f	1.5			<u> </u>					1.3	+		
9	X	24 hrs	19,800		1.3			1		t		<u>├</u> ───	1.5	+		
10	Х	24 hrs	14,200		1.4							<u> </u>	1.2			
11		24 hrs	17,100		1			1		<u> </u>	†	1		t		
12		24 hrs	17,200											1	· · · · · · · · · · · · · · · · · · ·	
13	X	24 hrs	17,200		1.4								1			
14	X	24 hrs	14,500		1.4								1.1			
15	X	24 hrs	19,200		1.4								1.3			
16	X	24 hrs	18,800		1.5								1.3			
17	X	24 hrs	19,000		1.2			L			ļ		1.1	ļ		
18		24 hrs	16,200		ļ									<u> </u>		
19		24 hrs	16,200		<u> </u>		<u> </u>	ł			I	I		ļ		
20 21	X	24 hrs	16,200		1.2			ł			L		1	+		
21	<u>X</u> X	24 hrs	18,900		1.4						<u> </u>	<u> </u>	1.1	<u> </u>		
22	X	24 hrs 24 hrs	17,800 13,400		1.4		<u> </u>	ł		l			1.1	+	<u> </u>	
23	X	24 hrs	11,800		1.5					<u> </u>		<u> </u>	1.1	+		
25	<u>^</u>	24 hrs	13,900		1.5						I		1.2	ł		
26		24 hrs	13,900					1						t		
27	X	24 hrs	14,000		1.4			1					1.2			
28	X	24 hrs	14,000		1.4								1.2	t		
29	X	24 hrs	11,700		1.4			t				<u> </u>	1.2	t		
30	X	24 hrs	16,300		1.3			1			<u> </u>	1	1	1		
31	X	24 hrs	15,700		1.3							1	1.1	1		
Total			526,700		•		······	•				J	·	<u> </u>		
Average			16,990]												
Maximu	m	4.11.11.11	25,500													

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

DEP Form Form 62-555.900(3)Alternate



WATER

See page 4 for instructions

I. General Information for	or the Month Year of:	January-05					
A. Public Water System	(PWS) Information						
PWS Name:	lainescreek			PWS Ide	ntification Number:	: 3350481	
PWS Type:	X Community	Ion-Transient Non-Corr	nmunity	Transient Non-Con	munity	Consecutive	
Number of Service Conr	ections at End of Month:	108		Total Population Serv	ed at End of Month	n: 227	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title	: Area Manager		
Contact Person's Mailing	g Address: PO Box 490310			City: Leesburg			: 34749
Contact Person's Telephe		80		Contact Person Perso	n's Fax Number:	352/787-	6333
Contact Person's E-Mail	Address: beheath@a	aquaamerica.com					
B. Water Treatment Plan	t Information						
Plant Name:	Hainescreek			Plant Tel	ephone Number:	(352) 787	
	Hainescreek Road			City: Leesburg	State: F	L Zip Code	: 34788
Type of Water Treated			urchased Finished Wa	ater		·	
	y Operating Capacity of Plant, gallon	s per day:	48,000				
	section 62-699.310(4), F.A.C.):	V	·····	Plant Class (per subse			
Licensed Operators	Name	<u></u>	License Class	License Number		Day(s)/Shift(s) W	orked
Lead/Chief Operator:	Will Fontaine		С	6813		3 Days per we	ek
Other Operators:	John Worrell		C	6597		3 Days per we	ek
and the second	Marty Neal		С	10027		3 Days per we	ek
a si norașe in Aus							
						· · · · · · · · · · · · · · · · · · ·	
Region de Line 😽							,
						······································	
				I			

II. Certification by Lead Chief Operator

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

Signature	and	Date
-----------	-----	------

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555 900(3)Alternate

PWS I	lentificat	tion Numbe	r:	3350481		Plant Name:	Hainescre	ek										
	Daily Data for the Month Year of: January-05																	
			log Virus Inacti				Free G	Chlorin	ie 📋	Chlorine I	Jioxide		Dzone	Combined Cl	ilorine (Chloramin	ies)	
		et Radiation			Other (Describe	e):				·								
Type o	f Disinfe	ctant Resid	ual Maintained i	in Distributic					Free Chl			mbined Cl	hlorine (Chlor	amines)		Chlorine	Dioxic	de
	12.1			L	CT Calculations	, or UV Dose, to		Four-Log	g Virus Inactiv	ation, if Appl		计计数字						
	Days		• • • •		<u> </u>	CT Calcu	lations	93% <u>(</u> .).		<u></u>	UV	Dose				a de la com		
	Plant			1			Lowest CT						Lowest					
	Staffed				Lowest Residual	Disinfectant	Provided				12.1		Residual		성의 일어난 것 있는 것 모두 아니		11년 -	
	or Visited	1.1.1.1.1	1.4-		Disinfectant Concentration	Contact Time (T) at C	Before or at First	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Townst	Minimum	Disinfectant Concentration					
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Lowest Operating	UV Dose	at Remote					
Day of	Operator	Hours	of Finished	1.1.1	First Customer	Point During	During		pH of Water,		UV Dose,	Required,	Point in	Emergency or	Abnorma	al Operating	Conditio	ons;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Main	itenance V	Vork that Inv	volves Ta	aking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	С	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System	m Compo	nents Out of	Operation	on
1		24 hrs	18,200	<u> </u>			ļ							<u> </u>				
2	X	24 hrs	18,200	1			<u> </u>	ļ			·							
4	$\frac{\Lambda}{X}$	24 hrs 24 hrs	18,200 15,400		1.2			<u> </u>			<u> </u>		1					
5	X	24 hrs 24 hrs	13,400	l	1.3			<u> </u>					0.9	<u> </u>				
6	X	24 hrs	18,200		1.4							<u> </u>	1.3	<u> </u>				
7	X	24 hrs	19,500	1	1.4								1.5					
8		24 hrs	27,600				<u> </u>	<u> </u>					1.2					
9		24 hrs	27,600	1														
10	X	24 hrs	27,700		1.3			<u> </u>					1		···			
11-,	Х	24 hrs	29,100		1.4								1.2					
12	X	24 hrs	26,000		1.4								1.1					
13	X	24 hrs	25,600		1.5								1.2					
14	X	24 hrs	24,500		1.2								0.9					
15		24 hrs	28,200				<u> </u>							<u> </u>				
<u>16</u> 17		24 hrs	28,300											<u> </u>				
18	<u>X</u> X	24 hrs 24 hrs	28,300 28,000		1.3			<u> </u>	1				1.1					
19	x	24 hrs	26,900	·	1.3			<u> </u>					1.1	·				
20	x	24 hrs	28,300		1.3								1.1					
21	X	24 hrs	29,700		1.3								1.1					
22		24 hrs	32,300															
23		24 hrs	32,300								······							
24	X	24 hrs	32,400		1.1								0.9					
25	X	24 hrs	31,200		1.1								0.8					
26	<u>X</u>	24 hrs	29,000		1.2								0.8					
27	X	24 hrs	19,500		1.2								0.9					
28	x	24 hrs	15,700		1.2								1.0					
29 30		24 hrs	17,100	L			 											
30		24 hrs 24 hrs	17,100		1.2			<u> </u>	+				0.0					
Total	<u>^</u>	24 nrs	751,600		1.2		L	L	I		L	L	0.9	L				
Average	ana Maria		24,245															
		1	,	1														

Maximum 32,400

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

DEP Form Form 62-555.900(3)Alternate

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

WATER

See page 4 for instructions	,						
I. General Information f	for the Month Year of:	February-05					
A. Public Water System	n (PWS) Information						
PWS Name:	Hainescreek			PWS Ident	ification Number:	3350481	
PWS Type:	X Community	Non-Transient Non-	Community	Transient Non-Comn	nunity	Consecutive	
Number of Service Con	nnections at End of Month:	110		Total Population Serve	d at End of Month	: 220	
PWS Owner:	Aqua Utilities Florida						
Contact Person:	Brian Heath			Contact Person's Title:	Area Manager		
Contact Person's Mailir		10		City: Leesburg	State: FI		
Contact Person's Teleph	none Number: 352	2/787-0980		Contact Person Person'	s Fax Number:	352/787-6333	
Contact Person's E-Mai	l Address: be	heath@aquaamerica.com]				
B. Water Treatment Pla	nt Information						
Plant Name:	Hainescreek				phone Number:	(352) 787-0980	
Plant Address:	Hainescreek Road			City: Leesburg	State: FI	L Zip Code: 34788	
Type of Water Treated		round Water	Purchased Finished W	ater			
Permitted Maximum D	Day Operating Capacity of Pla	nt, gallons per day:	48,000	· · · · · · · · · · · · · · · · · · ·			
	bsection 62-699.310(4), F.A.C	C.): V		Plant Class (per subsec	tion 62-699.310(4		
Licensed Operators	<u> </u>	lame	License Class	License Number		Day(s)/Shift(s) Worked	
Lead/Chief Operator:	Will	Fontaine	С	6813		3 Days per week	
Other Operators:	John	Worrell	С	6597		3 Days per week	
	Mai	ty Neal	С	10027		3 Days per week	
e de la companya de l							

II. Certification by Lead Chief Operator

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

Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555 900(3)Alternate

29

PWS Ic	lentifica	tion Numbe	r:	3350481		Plant Name:	Hainescree	ek								
		for the Mon			February-05					· · · · · · · · ·						· · · · ·
			og Virus Inactiv	viation/Remo			Free C	Chlorin	.e	Chlorine I	Dioxide		Dzone	Combined Chl	orine (C	hloramines)
		et Radiation			Other (Describe	:):										
Type o	f Disinfe	ectant Resid	ual Maintained in	n Distributic	on System:				Free Chl	orine	Co	mbined Cl	nlorine (Chlora	amines)		Chlorine Dioxide
					CT Calculations	, or UV Dose, to I	Demonstrate I	Four-Log	Virus Inactiv	ation, if Appl						
	Days					CT Calcu		С.			UVI	Dose				
	Plant						Lowest CT						Lowest	and the second		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	and the second		
1,24	or				Disinfectant	Contact Time	Before or						Disinfectant			
	Visited		Net Quanity		Concentration (C) Before or at	(T) at C Measurement	at First Customer	<u></u>		Minimum	Lowest Operating	Minimum UV Dose	Concentration at Remote	1		
Day of	by Operator	Hours	of Finished		First Customer	Point During :	During	Temp.	pH of Water,		UV Dose,	Required,	Point in	Emergency or	Abnormal	Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow	Water,		Required,	mW-	mW	Distribution			ork that Involves Takin
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c	Applicable		sec/cm2	sec/cm2	System, mg/L			ents Out of Operation
1	X	24 hrs	13,700		1.2								1			
2	X	24 hrs	12,200		1.1								0.9			
3	X	24 hrs	12,200		1.2			I					1			·
4	<u> </u>	24 hrs	11,900		1.2			 	ł				0.9			
5		24 hrs	17,100				_	ļ	<u></u>	<u> </u>	<u> </u>			<u></u>		
6		24 hrs	17,100						<u> </u>	┝───			1	<u> </u>		
7	<u>X</u>	24 hrs	17,200		1.2				<u>'</u>		<u> </u>		0.9			
8	X X	24 hrs 24 hrs	<u>19,200</u> 15,400		1.2			<u> </u>	<u> </u>	}			1.1			
10	$\frac{x}{x}$	24 hrs	14,400		1.3			<u> </u>	+	<u> </u>			1.1			
11	<u> </u>	24 hrs	12,100		1.3		<u> </u>	<u> </u>	+				1			
12		24 hrs	20,000						+	İ						·····
13		24 hrs	20,000			· · · · · · · · · · · · · · · · · · ·		1	1	[[
14	X	24 hrs	20,100		1.3								1.1			
15	X	24 hrs	19,800		1.6								1.1			
16	<u>X</u>	24 hrs	20,000		1.5				ļ			i	1.3			
17	<u>X</u>	24 hrs	21,500		1.5			ļ	<u> </u>	ļ	 	ļ	1.2			· <u> </u>
18	X	24 hrs	14,100		1.5		<u> </u>		ł				1.3			
<u>19</u> 20		24 hrs 24 hrs	<u>33,700</u> <u>33,700</u>				<u>├</u> ····──	 	⁻					<u> </u>		
20	X	24 hrs	33,700		1.5			<u> </u>	+		<u>├</u> ────		1.4			
21	$\frac{\Lambda}{X}$	24 hrs	35,000		1.3		<u> </u>	1	+		<u> </u>	<u> </u>	1.2			······
23	<u>X</u>	24 hrs	44,800		1.4		t	<u> </u>	t	h			1.2			
24	X	24 hrs	37,500	<u> </u>	1.3	<u> </u>	[1	1	[1		1.2			
25	X	24 hrs	19,200	<u> </u>	1.4								1.1			
26		24 hrs	13,300													
27		24 hrs	13,300											ļ		······
28	X	24 hrs	13,400		1.3				<u></u>	L			1.1	ļ		
29		24 hrs					I			ļ				ļ		
30		24 hrs					 			<u> </u>		 		<u> </u>		
31 Total	L	24 hrs	575 (00	<u> </u>	1		[L	1	L	I	L	L	1		
Total		<u></u>	575,600	{												

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

44,800

DEP Form Form 62-555 900(3)Atternate

Maximum



See page 4 for instructions

I. General Information fo	r the Month Year of:	March-05	<u> </u>			
A. Public Water System (PWS) Information		····			
PWS Name: F	lainescreek			PWS Identi	fication Number:	3350481
PWS Type:	Community	Non-Transient Non-Con	nmunity	Transient Non-Comm		Consecutive
Number of Service Conn	ections at End of Month:	110		Total Population Served	at End of Month:	220
PWS Owner: A	qua Utilities Florida					
Contact Person: E	Irian Heath			Contact Person's Title:	Area Manager - Flo	
Contact Person's Mailing				City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telepho		0980		Contact Person Person's	Fax Number:	352/787-6333
Contact Person's E-Mail		@aquaamerica.com				
B. Water Treatment Plan	t Information					
Plant Name: H	lainescreek			Plant Telep	hone Number:	(352) 787-0980
Plant Address: H	lainescreek Road			City: Leesburg	State: FL	Zip Code: 34788
Type of Water Treated b			urchased Finished Wa	ater		
	y Operating Capacity of Plant, gal		48,000			
	ection 62-699.310(4), F.A.C.):	<u> </u>	• • · · · · · · · · · · · · · · · · · ·	Plant Class (per subsect		
Licensed Operators	Name		License Class	License Number	Da	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fonta	ne	С	6813		3 Days per week
Other Operators:	John Worr	ell	C	6597		3 Days per week
	Marty Ne	al	C	10027		3 Days per week
						·····
				L		
		·····				······································
			<u> </u>			

II. Certification by Lead Chief Operator

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

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

DEP Form 62-555.900(3)Alternate

PWS Io	lentificat	ion Number	::	3350481		Plant Name:	Hainescree	<u>ek</u>							
		or the Mont			March-05										
Means	of Achie	ving Four-L	og Virus Inactiv	viation/Remo	oval: *		Free (Chlorin	e 🗌	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)	
Πι	Iltraviole	t Radiation			Other (Describe	:):									<u> </u>
Type o	f Disinfe	ctant Residu	al Maintained i	n Distributio	n System:				Free Chlo	orine	Co	mbined C	hlorine (Chlora	amines) Chlorine Dioz	ide
<u>-) r</u>				F	CT Calculations	, or UV Dose, to I	Demonstrate l	Four-Log	Virus Inactiva	ation, if Appl	icable*	32 (A) (P)	REE		
	Days				2011年第1月19日後	CT Calcu		9-632			UV	Dose			
	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
1 (d. 1	or				Disinfectant	Contact Time	Before or				-		Disinfectant		
	Visited				Concentration -	(T) at C	at First				Lowest	Minimum	Concentration		
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished	1	First Customer	Point During	During	of	pH of Water,	СТ	UV Dose,	Required,	Point in	Emergency or Abnormal Operating Cond Repair or Maintenance Work that Involves	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution System, mg/L	Water System Components Out of Oper	
Month	"X") X	Operation	Produced, gal 13,700	Rate, gpd	Flow, mg/L	in the second second	ing-miler		Applicable	. mg-nmvD	SCATCINE	Scoreinz	1.1	trates bysten components out crooper	
<u>1</u> 2	X	24 hrs 24 hrs	15,800	<u> </u>	1.3	· · · · · · · · · · · · · · · · · · ·		╂──					0.9		
$\frac{2}{3}$	$\frac{\Lambda}{X}$	24 ms 24 hrs	12,200		1.3						<u> </u>	<u></u>	1		
4	$\frac{x}{x}$	24 hrs	11,000		1.3			<u> </u>					1.1		
5		24 hrs	21,300	<u> </u>	1.5						<u>}</u>	<u> </u>			
6		24 hrs	21,400						-						
7	x	24 hrs	21,400	<u>+</u>	1.2			1	1		1	T	1		
8	X	24 hrs	15,900		1.2			1			1		1		
9	X	24 hrs	20,200		1.4			1					1		
10	X	24 hrs	14,200	1	1.3								1		
11	X	24 hrs	18,000	1	1.2								0.9		
12		24 hrs	19,500									[[<u></u>		
13		24 hrs	19,600									L			
14	Х	24 hrs	19,600		1.3								1		
15	X	24 hrs	14,500	ļ	1.5	Í	↓		·		<u> </u>	l	1		
16	X	24 hrs	15,500	l	1.1		ļ	ļ					0.9		
17	X	24 hrs	12,600		1.3	l	ļ					┼────	1.1		
18	X	24 hrs	13,900	f	1.3	<u> </u>	┟		{·	·		<u> </u>	1.1		<u> </u>
19		24 hrs	16,066	<u> </u>								<u> </u>			
20 21	X	24 hrs	16,066 16,066	ł	1.2		<u> </u>						1		
21	X	24 hrs 24 hrs	14,000	ł	1.2		<u>+</u>	<u>+</u>				†	0.8		
23	X	24 hrs	15,400		1.4		<u> </u>	<u>├</u> ──	<u> </u>				1		
24	X	24 hrs	16,600		1.4							·	1.2		
25	X	24 hrs	16,700		1.2		<u> </u>	1	1	1	1	1	1		
26	<u> </u>	24 hrs	16,866	1	†	1	1	1	1						
27		24 hrs	16,866	1					1		[1			
28	X	24 hrs	16,866	1	1.3	ļ	1				1		1.0		
29	X	24 hrs	16,900		1.3								1.1		
30	X	24 hrs	14,200	1	1.3								1		
31	X	24 hrs	19,200	1	1.2								0.8		
Total			512,096												
Averag	e		16,519												

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

21,400

DEP Form Form 62-555 900(3)Alternate

Maximum



WATER

See page 4 for instructions General Information for the Month Year of: April-05 A. Public Water System (PWS) Information PWS Name: 3350481 Hainescreek PWS Identification Number: PWS Type: X Community Non-Transient Non-Community Transient Non-Community Consecutive Number of Service Connections at End of Month: 110 220 Total Population Served at End of Month: PWS Owner: Aqua Utilitics Florida Contact Person: Brian Heath Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: PO Box 490310 Zip Code: 34749 City: Leesburg State: FL. 352/787-0980 352/787-6333 Contact Person's Telephone Number: Contact Person Person's Fax Number: Contact Person's E-Mail Address: beheath@aguaamerica.com B. Water Treatment Plant Information Plant Name: Hainescreek (352) 787-0980 Plant Telephone Number: Plant Address: Hainescreek Road City: Leesburg State: FL Zip Code: 34788 Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 48.000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) С Licensed Operators Day(s)/Shift(s) Worked Name License Class License Number Lead/Chief Operator: Will Fontaine 6813 3 Days per week С Other Operators: John Worrell C 6597 3 Days per week Marty Neal C 10027 3 Days per week

II. Certification by Lead Chief Operator

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

Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555.900(3)Alternate

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

PWS Identification Number: 3350481 Plant Name: Hainescreek																
III. Daily Data for the Month Year of: April-05																
			og Virus Inacti	viation/Remo			X Free C	Chlorin	e 🔄	Chlorine I	Dioxide)zone	Combined Ch	lorine (Chloramines)	
Ultraviolet Radiation Other (Describe):																
Type of	Disinfe	ctant Residu	ual Maintained i	in Distributio	n System:			X	Free Chlo	orine	Co	mbined Cl	nlorine (Chlora	amines)	Chlorine Dioxide	
		1.00		1	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*											
	Days		e de la tra	UV Dose												
	Plant						Lowest CT						Lowest			
	Staffed				Lowest Residual	Disinfectant	Provided						Residual			21
1.10	or				Disinfectant	Contact Time	Before or						Disinfectant	· 新教 · · · · · · · · · · · · · · · · · ·		1
	Visited		· · · ·		Concentration	(T) at C	at First				Lowest	Minimum	Concentration			1. 1
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote			$j \geq l$
Day of	Operator	Hours	of Finished		First Customer	Point During	During	 6.37 (107) 	pH of Water,		UV Dose,	Required,	Point in		Abnormal Operating Conditions;	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	2	Required,	mW-	mW	Distribution		tenance Work that Involves Takir	
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	Water System	n Components Out of Operation	12.2
1	<u> </u>	24 hrs	16,100		1.4		<u> </u>	 	<u> </u>				1.1	<u> </u>		
3		24 hrs 24 hrs	18,200 18,200	+			· · · · ·	──	ł!	<u> </u>	<u></u>			<u> </u>		
3		24 hrs	18,200		1.4			<u> </u>			<u> </u>	i	0.5	<u>+</u>		
5	$-\frac{\Lambda}{X}$	24 hrs	19,000	<u> </u>	1.4	·	<u> </u>	├	f				0.9	<u> </u>		
6	X	24 hrs	19,500	<u>}</u>	1.3				<u> </u>				1			
7	$\frac{x}{x}$	24 hrs	24,800		1.5			<u>+</u>	+		·		0.8			
8	<u>X</u>	24 hrs	14,000		1.1								0.8			
9		24 hrs	25,500				†		+					 		
10		24 hrs	25,500				1									
11	X	24 hrs	25,600		1.1			<u> </u>	1				0.9			
12	X	24 hrs	23,700		1.3								0.9		-	
13	X	24 hrs	21,100		1.1								0.9			
14	X	24 hrs	22,200		1.2		L	<u> </u>	J				11	ļ		
15	X	24 hrs	17,200	i	1.4		ļ	└──					1.1	<u> </u>		
16		24 hrs	20,000				ļ	 								
17		24 hrs	20,100						ļ	<u> </u>				<u> </u>		
<u>18</u> 19	<u>X</u>	24 hrs	20,100 23,200	<u> </u>	1.4	·····	<u> </u>	 	 	l	<u> </u>		1.1	<u>+</u>		
20	<u>X</u> X	24 hrs 24 hrs	16,500		1.3			 	<u>├</u>		<u> </u>		1.1	+		
20	$\frac{X}{X}$	24 nrs 24 hrs	25,200		1.3			<u>+</u>	 				1	<u>+</u>		
21	<u> </u>	24 hrs	23,200	+	1.3			<u> </u>	t	t —	├		1.1	t		
23		24 hrs	18,200	<u>†</u>				1	<u> </u>	·	·			t		
24		24 hrs	18,300				<u> </u>			<u> </u>			·			
25	X	24 hrs	18,300	<u> </u>	1.2			t	<u> </u>				1	1		
26	X	24 hrs	17,000	1	1.3		1	1	1	[·	[1			
27	x	24 hrs	13,200	1	1.3		<u> </u>	<u> </u>					1	1		
28	X	24 hrs	19,900		1.4								1.2			
29	X	24 hrs	20,500		1.3								1.1			
30 -	X	24 hrs	18,000					ļ						_		
31 24 hrs																
Total			601,300	1												
Average		20.043	1													

 Maximum
 25,600

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

DEP Form Form 62-555 900(3)Alternate



WATER

See page 4 for instructions									
I. General Information f	or the Month Year of: May-05								
A. Public Water System	(PWS) Information								
PWS Name:	Hainescreek		PWS Identif	ication Number:	3350481				
	Community Non-Transient Non-Co	mmunity	Transient Non-Commu	nity	Consecutive				
	nections at End of Month: 110		Total Population Served	at End of Month:	220				
	Aqua Utilities Florida			······					
	Brian Heath	Contact Person's Title: Area Manager - Florida							
Contact Person's Mailir			City: Leesburg	State: FL	Zip Code: 34749				
Contact Person's Telepl			Contact Person Person's I	Fax Number:	352/787-6333				
Contact Person's E-Mai	Address: beheath@aquaamerica.com								
B. Water Treatment Pla	nt Information								
Plant Name:	Hainescreek		Plant Teleph	one Number:	(352) 787-0980				
Plant Address:	Hainescreek Road		City: Leesburg	State: FL	Zip Code: 34788				
Type of Water Treated		Purchased Finished W	ater						
	ay Operating Capacity of Plant, gallons per day:	48,000							
Plant Category (per sul	osection 62-699.310(4), F.A.C.): V		Plant Class (per subsection						
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked				
Lead/Chief Operator:	Will Fontaine	С	6813		Days per week				
Other Operators:	John Worrell	C	6597		Days per week				
in a second second second second second second second second second second second second second second second s	Marty Neal	С	10027	3	Days per week				
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					· · · · · · · · · · · · · · · · · · ·				
					······································				
and which the address of the second of									

II. Certification by Lead Chief Operator

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

Will Fontaine Printed or Typed Name C6813 License Number

DEP Form 62-555.900(3)Alternate

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

PWS Identification Number: 3350481 Plant Name: Hainescreek															
فتكشد													<u> </u>		
		or the Mon			May-05										
Means	of Achie	ving Four-I	.og Virus Inacti	viation/Rem	oval: *		X Free (Chlorin	e 🗌	Chlorine I	Dioxide		Dzone	Combined Chle	orine (Chloramines)
1 🗆 נ	Iltraviole	et Radiation			Other (Describe	e):									
Type o	f Disinfe	ctant Residu	ual Maintained i	n Distributic	on System:			X	Free Chl	orine	Co	mbined C	hlorine (Chlora	amines)	Chlorine Dioxide
1.500	f Disinfectant Residual Maintained in Distribution System:							emonstrate Four-Log Virus Inactivation, if Applicable*							
				CT Calculations											
	Days	1					the state was a second	T			2014				
]	Plant		a di shekara	The Second			Lowest CT	416					Lowest Residual		
	Staffed	1			Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Disinfectant		
	or Visited		이 방송 가장		Concentration	(T) at C	at First				Lowest	Minimum	Concentration		a state the second state of the second state o
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water		UV Dose	Required,	Point in	Emergency or A	Amormal Operating Conditions
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Mainte	nance Work that involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	c''	Applicable		sec/cm2	sec/cm2	System, mg/L		Components Out of Operation
1		24 hrs	18,000	, Junio, Spa				<u> </u>	1.ppcubic	ing min D	- order of hitz			<u> </u>	
2	X	24 hrs	18,000		1.4							<u> </u>	1.1		
3	x	24 hrs	17,800		1.5								1.3	<u> </u>	
4	x	24 hrs	13,400	<u>↓ </u>	1.5			<u> </u>					1.2		
5	X	24 hrs	11,000		1.4		[1			··		1.1		·
6	X	24 hrs	10,000		1.1			+				<u>├ · ─</u> ─	0.9		
7	<u> -^-</u>	24 hrs	17,600	<u>↓</u>	1		<u> </u>	†							······
8		24 hrs	17,600	<u>+</u>			<u> </u>	†				<u> </u>			
9	x	24 hrs	17,600		1.3		<u> </u>	1					1		
10	X	24 hrs	15,700		1.2										
11	x	24 hrs	17,200		1.4		<u> </u>	<u> </u>			<u> </u>		1		······································
12	$\frac{x}{x}$	24 hrs	14,500		1.2								0.9	······	
13	X	24 hrs	14,100	1	1.2			t					0.9		
14		24 hrs	18,400				 	1							
15		24 hrs	18,400		1		<u> </u>	†	<u> </u>						· · · · · · · · · · · · · · · · · · ·
16	X	24 hrs	18,500		1.2								0.9		· · · · · ·
17	X	24 hrs	16,500		1.2			t					0.9		
18	X	24 hrs	15,600		1.2			1					0.8		
19	X	24 hrs	18,100		1.2		1						0.9		
20	X	24 hrs	17,200		1.1		T						0.9		
21-		24 hrs	18,700		-	·	[1						
22		24 hrs	18,700	1			1	1				T			
23	X	24 hrs	18,700	1	1.3								1		
24	X	24 hrs	23,900	1	1.4	···		1	· · · · · · · · · · · · · · · · · · ·				1.2		
25	X	24 hrs	33,300	<u> </u>	1.4			1				1	1.2		
26	X	24 hrs	24,400	1	1.4		-	1				1	1.1		· · · · · · · · · · · · · · · · ·
27	X	24 hrs	22,200	1	1.3			1	<u> </u>			1	1		······································
28	1	24 hrs	20,600	1			[1				1			
29		24 hrs	20,600	1			T	1							
30	X	24 hrs	20,600	1	1.4		T · · · ·	1	1				1.1		
31	X	24 hrs	16,900	1	1.3		-	1		·			1	1	
Total			563,800	1	<u> </u>	·	±		A	·	*			•	
Average			18,187	1											

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

33,300

DEP Form Form 62-555.900(3)Alternate

Maximum



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

WATER

See page 4 for instructions											
1. General Information f	For the Month Year of: June-05										
A. Public Water System	(PWS) Information										
PWS Name:	Hainescreek			PW	S Identif	ication Num	ber:	3350481			
PWS Type:	Community Non-Transient	Non-Comr	nunity	Transient Non	-Commu	inity		Consecutive			
Number of Service Con	nections at End of Month: 110			Total Population	Served	at End of Mo	onth:	220			
PWS Owner:	Aqua Utilities Florida										
	Brian Heath			Contact Person's	Title:	Area Mana					
Contact Person's Mailin					sburg	State:	FL	Zip Code: 34749			
Contact Person's Teleph				Contact Person I	Person's	Fax Number	:	352/787-6333			
Contact Person's E-Mai	l Address: beheath@aquaamerica	.com									
B. Water Treatment Pla	nt Information										
Plant Name:	Hainescreek			Plar	nt Telepl	none Number	r:	(352) 787-0980			
Plant Address: Hainescreek Road City: Leesburg State: FL Zip Code: 34788											
Type of Water Treated	by Plant: X Raw Ground Water	Pur	chased Finished Wa	ter							
	Day Operating Capacity of Plant, gallons per day:		48,000	-				1.0.110.00			
	bsection 62-699.310(4), F.A.C.): V			Plant Class (per							
Licensed Operators	Name		License Class	License Nu	mber		Da	y(s)/Shift(s) Worked	該定		
Lead/Chief Operator:	Will Fontaine		С	6813				3 Days per week			
Other Operators:	John Worrell		С	6597				3 Days per week			
	Marty Neal		С	10027				3 Days per week			
and the second second											
· 영상 이 전부는 가격도 출시											
and the second second second second second second second second second second second second second second second											
an an ga an an an				<u></u>							
and the second second second second											

II. Certification by Lead Chief Operator

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

Will Fontaine Printed or Typed Name C6813 License Number

PWS Io	lentificat	tion Numbe	:r:	3350481		Plant Name:	Hainescre	ek								
111 12.5	L. Data f	En the Men	ds V sur af		June-05											
		for the Mon					VI E	Chlaria		Chlorine I			Dzone	Combined Chl	lorine ((Chloramines)
			Log Virus Inactiv			、 、	X Free (Chiorin		Chiorine	Dioxide			Combined Chi	or me (c	Smoratimesy
		et Radiation			Other (Describe	e):				<u> </u>						Old all Disside
Type o	f Disinte	ctant Resid	ual Maintained i	n Distributio					Free Chl			mbined C	hlorine (Chlor	amines)		Chlorine Dioxide
1 1	$\mathcal{A}_{ab}^{(1)} \mathcal{A}_{ab}^{(1)} \mathcal{A}_{ab}^{($				CT Calculations	, or UV Dose, to l				ation, if Appl						(1,2,2,2)
	Days				CT Calculations UV Dose											
	Plant						Lowest CT	ide sere Alta sere					Lowest	1 to play		
1.	Staffed				Lowest Residual	Disinfectant	Provided						Residual			
	or				Disinfectant	Contact Time	Before or						Disinfectant Concentration			
	Visited		Nacoura		Concentration (C) Before or at	(T) at C Measurement	at First Customer	ia 4 Transa		Minimum	Lowest	Minimum UV Dose	at Remote		7 7 2	a water in
Day of	by Operator	Hours	Net Quanity of Finished		First Customer	Point During	During	Temp.	pH of Water		Operating UV Dose,	Required,	Point in		15	d Operating Conditions;
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	777722		Required,	mW-	mW	Distribution	Repair or Maintr	chance V	Vork that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	Ċ			sec/cm2	sec/cm2	System, mg/L	Water System	1 Compor	nents Out of Operation
1 1	X	24 hrs	15,900	1	1.3				1			1	1			
2	X	24 hrs	11,700		1.3								0.9			
3	X	24 hrs	14,300		1.2								1			
4		24 hrs	12,700								ļ	L				
5	Í	24 hrs	12,700				ļ									
6	X	24 hrs	12,700		1			<u> </u>				<u> </u>	0.8			<u>-</u>
7	X	24 hrs	10,500		1.3		ļ	<u> </u>			<u> </u>	ļ	0.9	ļ		
8	X	24 hrs	17,400		1.2		<u> </u>	<u> </u>	_		<u> </u>	ł	1	<u> </u>		
10	X X	24 hrs 24 hrs	15,600 12,000	+	1.4		<u> </u>				<u> </u>		1.1			
		24 hrs	12,000	<u>}</u>	1.2		ł	+		ļ — —		<u> </u>		} -		
12		24 hrs	13,400	<u>+</u>		<u> </u>		<u> </u>	+	<u>├</u> ────	+					
13	x	24 hrs	13,400		1.4				1				1	<u> </u>		
14	X	24 hrs	11,700	·	1.4			1	1		1	1	1			
15	X	24 hrs	15,200		1.4								1.1			
16	X	24 hrs	15,800		1.4								1.2			
17	X	24 hrs	13,100		1.4								1.1			
18	L	24 hrs	20,666													
19		24 hrs	20,666	ļ		l		1								
20	X	24 hrs	20,666	ļ	1.3	j	ļ		'	L	Ì	<u> </u>	1.1	ļ		
21	X	24 hrs	13,600	 	1.3		 			<u> </u>	<u> </u>	{	1	 		
22	X X	24 hrs 24 hrs	13,700 11,900	<u> </u>	0.9	<u> </u>			·	·			0.8			
24	$\hat{\mathbf{x}}$	24 hrs 24 hrs	13,500	}	0.9	}				<u> </u>		<u> </u>	0.7	+		
25	$ -\hat{-} $	24 hrs	14,800	<u>+</u>	0.8			<u>{</u>			<u> </u>	f	0.0	+		
26		24 hrs	14,900	<u> </u>		ł	<u>†</u>									
27	X	24 hrs	14,900	†	1.1	t		1	1		1	1	0.7	1		
28	x	24 hrs	11,100	t	<u> </u>		1	1	1			1	0.7			
29	X	24 hrs	10,300		1.3								0.8			
30	X	24 hrs	13,900		1.2								0.7			
31		24 hrs			L	1	L	1	1	L		1		<u> </u>		
Total			426,098	4												
Average	e	1999 - Sec.	14,203													

 Average
 14,203

 Maximum
 20,666

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



WATER

See page 4 for instructions)				·
I. General Information f	for the Month Year of: July-05				
A. Public Water System	1 (PWS) Information				
PWS Name:	Hainescreek		PWS Identif	ication Number:	3350481
	X Community Non-Transient Non-Com	imunity	Transient Non-Commu		Consecutive
Number of Service Con	nnections at End of Month: 110		Total Population Served	at End of Month:	220
	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager - Fl	
Contact Person's Mailir	ng Address: PO Box 490310		City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Teleph			Contact Person Person's	Fax Number:	352/787-6333
Contact Person's E-Mai	il Address: beheath@aquaamerica.com				
B. Water Treatment Pla	Int Information				
Plant Name:	Hainescreek		Plant Teleph	none Number:	(352) 787-0980
Plant Address:	Hainescreek Road		City: Leesburg	State: FL	Zip Code: 34788
Type of Water Treated	l by Plant: 🛛 🖾 Raw Ground Water 🗌 Ρι	urchased Finished Wa	iter		
Permitted Maximum D	Day Operating Capacity of Plant, gallons per day:	48,000			· · · · · · · · · · · · · · · · · · ·
Plant Category (per sul	bsection 62-699.310(4), F.A.C.): V	•···	Plant Class (per subsecti		
Licensed Operators	Name	License Class	License Number	D	ay(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813		3 Days per week
Other Operators:	John Worrell	C	6597		3 Days per week
	Marty Neal	C	10027		3 Days per week
			<u> </u>		
に 連邦教 差 いっこうちん 湯					

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

MONTHLY OPERATION REPORT FOR PWS	s TREATING RAW GROUND WATER	OR PURCHASED FINISHED WATER

PWS Ic	lentificat	ion Number	r:	3350481		Plant Name:	Hainescree	ek									
111 15					L.L. 05							·····					
		or the Mon			July-05											1	
			.og Virus Inactiv				X Free (Chlorin	e 🔄	Chlorine I	Dioxide)zone	Combined C	hlorine (Ch	loramines)	
		t Radiation			Other (Describe	e):											
Type o	Disinfe	ctant Residu	ual Maintained i	n Distributio	on System:			X	Free Chlo	orine		ombined Cl	hlorine (Chlor	amines)		Chlorine Di	
					CT Calculations	, or UV Dose, to I	Demonstrate]	Four-Log	J Virus Inactiva	ation, if Appl	icable*						
	Days					CT Calcu	lations			4 44 A.	UV	Dose					
	Plant						Lowest CT						Lowest				
	Staffed				Lowest Residual	Disinfectant	Provided						Residual				
	or				Disinfectant	Contact Time	Before or						Disinfectant	1. A. A.			
	Visited				Concentration	🌯 (T) at C	at First		1		Lowest	Minimum	Concentration	· 教育: 14/4 (14/2)			
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote				教養主
Day of	Operator	Hours	of Finished	N 1 N	First Customer	Point During	During		pH of Water,	СТ	UV Dose,	Required,	Point in	Emergency o Repair or Main	or Abnormal C		
the Month	(Place "X")	Plant in Operation	Water	Peak Flow	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	, if Applicable	Required, mg-min/L	mW- sec/cm2	mW sec/cm2	Distribution		menance wor		
1	X X	24 hrs	Produced, gal 13,600	Rate, gpd	1.1	minutes	ing-inn/E	<u> </u>	Applicable	nig-nuir L	SCOULT	SCOULT	0.8		in compose	15 04 01 01	
$\frac{1}{2}$		$\frac{24 \text{ ms}}{24 \text{ hrs}}$	18,300		1.1			t	t1			1	0.0				
3		24 hrs	18,300	<u> </u>	<u> </u>	<u> </u>		t	<u>∤</u> ┦		<u> </u>	1	·	1		<u> </u>	
4	x	24 hrs	18,400		1.3			+	<u>}</u> ,		· · · · ·		0.9				
5	x	24 hrs	20,600		1.2			+	1		<u> </u>		1.0	1	·····		
6	X	24 hrs	14,000		1.8			<u>† </u>	1		1		1.2	1			
7	X	24 hrs	12,200		1.2			1	1				0.9				
8	X	24 hrs	19,700		2.3				1				1.9	1			
9		24 hrs	17,200						11								
10		24 hrs	17,200						1								
11	X	24 hrs	17,300		1								0.7				
12	Х	24 hrs	11,100		1								0.7				
13	Х	24 hrs	18,200		1.5			ļ					1.3		<u> </u>		
14	<u>X</u>	24 hrs	14,100		1.4							L	1.2	ļ			_ _
15	X	24 hrs	11,300		1.3		ļ	<u> </u>	!		L		1	<u></u>			
16		24 hrs	16,400						Ļ/		[<u> </u>			
17		24 hrs	16,500	·····			ļ	\vdash	ļ		ļ			ļ		<u> </u>	
18	<u>X</u>	24 hrs	16,500	L	1.3				<u> </u>			ļ	0.9				
19	<u>X</u>	24 hrs	14,200		1.3		·	──	<u> </u>				0.8			······································	~···
20	<u>X</u>	24 hrs	11,700		1.3			<u> </u>	┟───┤		ł	<u> </u>	0.8	+			
21	X	24 hrs	15,700		1.3			──	┟╌───┦	L	<u> </u>	+	0.9	+			
22	<u>X</u>	24 hrs	10,500		1.2		<u> </u>	+	+!		<u> </u>	<u>├</u> ───	0.9	 			
23		24 hrs	18,500 18,500		<u> </u>			+	┼	⊢	├ ───	+		+			
24	X	24 hrs 24 hrs	18,500		1.2		<u> </u>	+	+	<u> </u>	<u> </u>		0.9	<u>├</u>			
26	$\frac{\Lambda}{X}$	24 hrs	14,300		1.2			f	+			<u> </u>	0.8	1			
20	$\frac{\Lambda}{X}$	24 hrs	18,900	 	1.3			1	1			1	1	1			
28	<u> </u>	24 hrs	17,000		1.3		1	1	+			1	1.0	1			
29	<u>x</u>	24 hrs	19,000		1.1		1	1	1		<u> </u>	1	0.9	1			
30		24 hrs	13,400		1	1		1	1	[1	1					
31		24 hrs	13,400	···			1	1	1								
Total		· · · · ·	494,500	1	····												
Average			15,952]													

Maximum 20,600

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

DEP Form Form 62-555.900(3)Alternate

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WATER

See page 4 for instructions	5				
1. General Information	for the Month Year of: August-05				
A. Public Water System	n (PWS) Information				
PWS Name:	Hainescreek		PWS Ident	fication Number:	3350481
PWS Type:	X Community Non-Transient Non-Con	nmunity	Transient Non-Comm	unity	Consecutive
Number of Service Cor	nnections at End of Month: 110		Total Population Served	at End of Month:	220
PWS Owner:	Aqua Utilities Florida				
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager	
Contact Person's Mailin			City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telep			Contact Person Person's	Fax Number:	352/787-6333
Contact Person's E-Ma	il Address: beheath@aquaamerica.com				
B. Water Treatment Pla	ant Information				
Plant Name:	Hainescreek		Plant Telep	hone Number:	(352) 787-0980
Plant Address:	Hainescreek Road		City: Leesburg	State: FL	Zip Code: 34788
Type of Water Treated		urchased Finished W	ater		
	Day Operating Capacity of Plant, gallons per day:	48,000		·	
	bsection 62-699.310(4), F.A.C.): V		Plant Class (per subsect		
Licensed Operators	Name	License Class	License Number	I	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Will Fontaine	С	6813		3 Days per week
Other Operators:	John Worrell	<u> </u>	6597		3 Days per week
	Marty Neal	С	10027		3 Days per week
					·····
			· · · · · · · · · · · · · · · · · · ·		
			·		
	1	1	J	1	

II. Certification by Lead Chief Operator

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Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

DEP Form 62-555 900(3)Alternate

Page 1

	S TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER
MONITULY ODEDATION DEDODT FOD DIAG	A TOPATING DAM/ ODOUND WATED OD DUDCUASED LINISHED WATER
MUNIHI Y OPERALIUN REPUBLEUR PWS	S IRFALING RAW GROUND WATER OR FUNCTIAGED LINGULD WATER

PWS Id	PWS Identification Number: 3350481 Plant Name: Hainescreek														
			1.37 0		A	··· -·								· · · · · · · · · · · · · · · · · · ·	
		or the Mont			August-05								<u> </u>	C L LCL	(Chlorominoc)
			og Virus Inactiv	viation/Remo			X Free (Chiorin	e 📋	Chlorine E	noxide)zone	Combined Chie	orine (Chloramines)
		t Radiation		<u> </u>	Other (Describe):									
Type o	f Disinfe	ctant Residu	ual Maintained i	n Distributio				х					nlorine (Chlora	amines)	Chlorine Dioxide
		1			CT Calculations,	or UV Dose, to I	Demonstrate H	our-Log	Virus Inactiva	tion, if Appli					
	Days		10 A.			CT Calcu	lations		11년 2017년 12년 12년 12년 12년 12년 12년 12년 12년 12년 12		UVI	Dose			
	Plant	. · · · ·					Lowest CT						Lowest		
	Staffed	1.1			Lowest Residual	Disinfectant	Provided		이 가게 가 옷 가장 지지는 것 같아?				Residual		
	or				Disinfectant	Contact Time	Before or		11 12 13				Disinfectant		
· .	Visited	1. A.			Concentration	(T) at C	at First				Lowest 3	Minimum	Concentration		
	by		Net Quanity	A. S.	(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote		
	Operator	Hours	of Finished		First Customer	Point During	During	1 A 1 1 A	pH of Water, if	CT Required,	UV Dose, mW-	Required, mW	Point in Distribution	Emergency or A	bnormal Operating Conditions; nance Work that Involves Taking
the Month	(Place "X")	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	Applicable		sec/cm2	sec/cm2	System, mg/L		Components Out of Operation
14101111	x	24 hrs	13,400	Kaic, gpu	1.3	unnues	ing-univi-		Applicatic	ing-innet.	SCO CILL?	- SOUTOILL,	1	. Water Bystem	
2	X	24 hrs	11,400		1.3								1		
3	X	24 hrs	16,100		1.9								1.4	······	
4	$\frac{x}{x}$	24 hrs	13,500	· · · · · · · · · · · · · · · · · · ·	1.2								1.1		
5	X	24 hrs	10,300		0.8								0.6		
6		24 hrs	14,200					[
7		24 hrs	14,200					[
8	Х	24 hrs	14,300		0.8								0.6		
9	Х	24 hrs	13,200		1.1	· · · · · · · · · · · · · · · · · · ·							0.8		
10	X	24 hrs	14,400		0.9								0.7		
11	Х	24 hrs	19,600		1.3			1					0.9		
12	Х	24 hrs	13,400		1.3								1		
13		24 hrs	18,700												· · · · · · · · · · · · · · · · · · ·
14		24 hrs	18,700												
15	X	24 hrs	18,800		1.1								0.9		
16	X	24 hrs	16,200		1.2								1		
17	X	24 hrs	16,400		1.3			ļ					1		
18	X	24 hrs	14,500		1.1								0.9		
19	X	24 hrs	14,600		1.2								0.9		
20		24 hrs	15,200				<u> </u>	 							
21 22	v	24 hrs	15,200	<u> </u>									0.7		
23	X X	24 hrs 24 hrs	12,200 14,300		1				<u> </u>				0.7		
23	$\frac{x}{x}$	24 hrs 24 hrs	11,200	}	1.2		<u> </u>						0.8		
25	X	24 hrs 24 hrs	18,400	· · · · · ·	1.3			<u> </u>					1	f	
26	$\frac{\lambda}{X}$	24 hrs	11,500		1.3			<u> </u>	<u> </u>				1.1		·····
27		24 hrs	12,800						<u>├</u> ────			1			
28		24 hrs	12,800					t	t					1	
29	x	24 hrs	12,900	<u> </u>	1.3		t	1	1				1		
30	X	24 hrs	13,800	1	1.2				[0.9		
31	X	24 hrs	8,900	1	1.3								0.9		
Total			445,100												
Average			14,358]											

Maximum 19,600

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

DEP Form Form 62-555.900(3)Alternate

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WATER

See page 4 for instructions

1. General Information for the N	onth Year of:	September-0	5							
A. Public Water System (PWS)	Information					<u> </u>				
PWS Name: Hainesci	eek				a	PWS Identi	fication Nu	mber:	3350481	
PWS Type: X Com		Non-Transient No	n-Community			Non-Comm			Consecutive	
Number of Service Connections	at End of Month:	110			Total Popul			Aonth:	220	
	lities Florida									na a dina
Contact Person: Brian He					Contact Per	son's Title:	Area Ma	nager		
Contact Person's Mailing Addres					City:	Leesburg	State:	FL	Zip Code:	34749
Contact Person's Telephone Nun		980			Contact Per	son Person's	Fax Numbe	er:	352/787-63	33
Contact Person's E-Mail Address	: <u>beheath(</u>	aquaamerica.co	m							
B. Water Treatment Plant Inform	nation									
Plant Name: Hainescr	eek					Plant Telep	hone Numb	er:	(352) 787-0	980
Plant Address: Hainescr	eek Road				City:	Leesburg	State:	FL	Zip Code:	34788
Type of Water Treated by Plant:			Purchased Finis	shed W	ater					
Permitted Maximum Day Opera		ons per day:	48,000							
Plant Category (per subsection 6	2-699.310(4), F.A.C.):	v			Plant Class	per subsect	on 62-699.	310(4), F.A	C.) C	
Licensed Operators	Name		License	Class	License	Number		Day	(s)/Shift(s) Wor	ked
Lead/Chief Operator:	Will Fontair	ie	C		6	813			3 Days per week	
Other Operators:	John Worre	11	С		6	597			3 Days per week	
	Marty Neal	1	C		10	027			3 Days per week	

II. Certification by Lead Chief Operator

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

Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number

PWS Identification Number: 3350481 Plant Name: Hainescreek														
III. Dai	v Data I	for the Mont	h Year of:		September-05									
			.og Virus Inactiv	viation/Remo			X Free C	Chlorin	e	Chlorine I	Dioxide		Dzone	Combined Chlorine (Chloramines)
		et Radiation			Other (Describe	;):						C		
Type of	Disinfe	ctant Residu	al Maintained in	n Distributio		,		X	Free Chl	orine	Co	mbined Ci	hlorine (Chlora	amines) Chlorine Dioxide
						, or UV Dose, to	Demonstrate I	our-Log	Virus Inactiv	ation, if Appl	icable*			
1.1.1	Days							i diger	8 1. 6 6 6 1. 4 1.	State Children	्र एए।	Dose		
	Piant						Lowest CT						Lowest	and the second second second second second second second second second second second second second second secon
	Staffed		1943년 11월 1943년 11월 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 - 11일 -		Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or			臺於雲			Disinfectant	
1 1 1	Visited			1	Concentration	(T) at C	at First				Lowest	Minimum	Concentration .	
Devef	by	TI	Net Quanity		(C) Before or at First Customer	Measurement Point During	Customer	Temp.		Minimum CT	Operating UV Dose,	UV Dose Required,	at Remote Point in	Emergency or Abnormal Operating Conditions;
Day of the	Operator (Place	Hours Plant in	of Finished Water	Peak Flow	During Peak	Point During Peak Flow,	During Peak Flow,	Water,	pH of Water, if	Required,	mW-	mW	Distribution	Repair or Maintenance Work that Involves Taking
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C C	Applicable		sec/cm2	sec/cm2	System, mg/L	Water System Components Out of Operation
1	X	24 hrs	14,500	, or -	2			1					1.6	
2	X	24 hrs	13,000		1.5				1		<u> </u>		1.4	
3		24 hrs	14,100											
4		24 hrs	14,100											
5	<u>X</u>	24 hrs	14,200		1.4			ļ					1.1	
6	X	24 hrs	16,000		1.3		ļ	<u> </u>	ļ	ļ	ļ		1.1	
7	<u>X</u>	24 hrs	19,100		2.5				ļ				2	
8	<u> </u>	24 hrs	14,600		1.4			<u> </u>	ļ				<u>1.4</u> 1.3	
9	<u>X</u>	24 hrs	18,100		1.4			┨────					1.3	
10		24 hrs	18,333 18,333						·		}	·		
11	X	24 hrs 24 hrs	18,333		1.5			<u> </u>			<u> </u>		1.3	
13	- <u>x</u>	24 hrs	16,500		1.3	····· ··· ··· ··· ··· ··· ··· ···	<u> </u>				<u> </u>		1	
14	<u> </u>	24 hrs	13,700		1.3				·				1	
15	<u>x</u>	24 hrs	13,600		1.2			1					0.9	
16	X	24 hrs	16,800		1.2								0.9	
17		24 hrs	21,000											
18		24 hrs	21,000											
- 19	X	24 hrs	21,000		1.3		L	L	l			 	1	
20	<u> </u>	24 hrs	15,600	ļ	1.2			ļ				L	1	
21	X	24 hrs	12,400		-1.3			<u> </u>				<u> </u>	0.9	
22	<u> </u>	24 hrs	16,200		1.2								0.9	
24	<u> </u>	24 hrs 24 hrs	<u>11,300</u> 19,000	{·	1.2			f					· · · · · · · · · · · · · · · · · · ·	
25		24 hrs 24 hrs	19,000											
26	X	24 hrs	19,000		1.1			-					0.9	
27	- <u>x</u>	24 hrs	15,300	<u> </u>	1.1			1	1			<u> </u>	0.8	
- 28	X	24 hrs	20,000		1.2					_			0.8	
29	X	24 hrs	16,300		1.2								0.8	
30	X	24 hrs	14,600		1.3								1	
31		24 hrs												<u> </u>
Total			494,999											
Average			16,500											

Maximum 21,000

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

DEP Form Form 62-555.900(3)Alternate

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WATER

See page 4 for instructions October-05 I. General Information for the Month Year of: A. Public Water System (PWS) Information PWS Identification Number: 3350481 PWS Name: Hainescreek Transient Non-Community Consecutive PWS Type: **X** Community Non-Transient Non-Community 220 Number of Service Connections at End of Month: 110 Total Population Served at End of Month: PWS Owner: Aqua Utilities Florida Contact Person's Title: Area Manager Contact Person: Brian Heath Zip Code: 34749 City: Leesburg State: FL Contact Person's Mailing Address: PO Box 490310 352/787-6333 Contact Person Person's Fax Number: Contact Person's Telephone Number: 352/787-0980 beheath@aguaamerica.com Contact Person's E-Mail Address: B. Water Treatment Plant Information (352) 787-0980 Plant Telephone Number: Plant Name: Hainescreek Zip Code: 34788 Leesburg State: FL City: Plant Address: Hainescreek Road Type of Water Treated by Plant: X Raw Ground Water Purchased Finished Water 48,000 Permitted Maximum Day Operating Capacity of Plant, gallons per day: С Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699.310(4), F.A.C.) V 50236 Day(s)/Shift(s) Worked License Class License Number Licensed Operators Name С 6813 3 Days per week Lead/Chief Operator: Will Fontaine 3 Days per week John Worrell С 6597 Other Operators: 10027 3 Days per week Marty Neal C a da se sebelar Recordentes de la sebelar

II. Certification by Lead Chief Operator

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

Signature	and	Date
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Will Fontaine

Printed or Typed Name

C6813 License Number

PWS I	lentificat	ion Numbe	r:	3350481		Plant Name:	Hainescree	<u>ek</u>							
III. Daily Data for the Month Year of: October-05															
			.og Virus Inacti	viation/Remo	oval: *		X Free (Chlorin	e [_]	Chlorine I	Dioxide		Dzone	Combined Chlor	ine (Chloramines)
		et Radiation			Other (Describe	:):									
Type o	f Disinfe	ctant Residu	ual Maintained i	in Distributio	n System:			X	Free Chl	orine	Co	mbined Cl	hlorine (Chlora	amines)	Chlorine Dioxide
<u> </u>				and the second second		, or UV Dose, to I	Demonstrate T	our-Log				<u>.</u>			
	Days			1000	<u></u>	CT Calcu					UVI	Dose			
	Plant						Lowest CT						Lowest		
	Staffed				Lowest Residual	Disinfectant	Provided						Residual		
	or				Disinfectant	Contact Time	Before or						Disinfectant		
	Visited				Concentration	(T) at C	at First	5 L.			Lowest	Minimum	Concentration		normal Operating Conditions.
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.	11 - A	Minimum	Operating	UV Dose	at Remote		
Day of	Operator	Hours	of Finished		First Customer	Point During	During		pH of Water,		UV Dose, mW-	Required, mW	Point in	Emergency or Ab	normal Operating Conditions,
the Month	(Place "X")	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, C	if Applicable	Required,	mw- sec/cm2	mw sec/cm2	Distribution System, mg/L		omponents Out of Operation
1	^	24 hrs	17,200	Kate, gpu	- Tiow, ing/L	Inniucs	ing-numrs	1917 C 3921	Applicable	mg-mast.	SCORIZ	SCOULT	System, ing/1	Waler Oystem C	
2		24 hrs	17,200					<u> </u>							
3	X	24 hrs	17,300	<u> </u>	2.5								2		
4	X	24 hrs	14,500		2.5		[f					2.1		
5	X	24 hrs	13,900		1.6								1.5		
6	X	24 hrs	12,300		1.6					_			1.4		
7	X	24 hrs	10,400		1.5								1.2		
8		24 hrs	18,600												
9		24 hrs	18,700											· · · · · · · · · · · · · · · · · · ·	
10	X	24 hrs	18,700		1.5			ļ		L			1.1		
11	X	24 hrs	16,200		1.5			 					1.2		
12 13	X X	24 hrs	17,400 22,000		1.4								1.2		
14	- <u>^</u> X	24 hrs 24 hrs	15,900		1.3					├────			1.2		
15		24 hrs	20,100		1.7	· · · · · · · · · · · · · · · · · · ·		†							
16		24 hrs	20,100					†							
17	x	24 hrs	20,200	1	1.4			ļ					1.3		
18	X	24 hrs	19,900		1.9			1					1.4		
19	X	24 hrs	14,900		1.4								1.3		
20	X	24 hrs	19,800		1.4			L					1.3		
21	x	24 hrs	21,100		1.4		ļ	 					1.2		
22		24 hrs	19,667	<u> </u>				I							······································
23		24 hrs	19,667	<u> </u>			J	}					1.1		
24	<u>X</u>	24 hrs	19,667	<u> </u>	1.3			<u>+</u>	·				<u>1.1</u> 1.1		
25 26	X X	24 hrs 24 hrs	40,000	<u> </u>	1.3								0.9	l	
26	X	24 hrs 24 hrs	15,700	+	1.2			<u> </u>					0.9	<u> </u>	
28	$\frac{\lambda}{X}$	24 hrs 24 hrs	13,000		1.3		+	+					1.0	<u> </u>	
29		24 hrs	18,533	1				1						1	
30		24 hrs	18,533				<u> </u>	1			1				•••
31	Х	24 hrs	18,533		1.2								0.9		
Total	ار في معنوه	a an an an an an an an an an an an an an	560,700					-							
Average			18,087]											

Maximum 40,000

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



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

WATER

see page 4 for instruction:	2												
I. General Information	for the Month/Year of:	November-05											
A. Public Water System	n (PWS) Information		*** · · · · · · · · · · · · · · · · · ·										
PWS Name:	Hainescreek			PWS Identi	fication Number:	3350481							
PWS Type:	X Community	Non-Transient Non-Com	munity	Transient Non-Comm	unity	Consecutive							
Number of Service Con	nnections at End of Month:	110	Total Population Served	at End of Month:	220								
PWS Owner:	Aqua Utilities Florida												
Contact Person:	Brian Heath		Contact Person's Title:	Area Manager									
Contact Person's Maili		0310		City: Leesburg	State: FL	Zip Code: 34749							
Contact Person's Telep		352/787-0980	Contact Person Person's	Fax Number:	352/787-6333								
Contact Person's E-Ma	il Address:	beheath@aquaamerica.com		<u></u>									
B. Water Treatment Pla	ant Information												
Plant Name:	Hainescreek				hone Number:	(352) 787-0980							
Plant Address:	Hainescreek Road			City: Leesburg	State: FL	Zip Code: 34788							
Type of Water Treated			rchased Finished Wa	iter									
	Day Operating Capacity of I		48,000										
	bsection 62-699.310(4), F.A			Plant Class (per subsect									
Licensed Operators		Name	License Class	License Number	이 문서 사람은 물습이었다.	Day(s)/Shift(s) Worked							
Lead/Chief Operator:	W	ill Fontaine	C	6813		3 Days per week							
Other Operators:		hn Worrell	С	6597	3 Days per week								
	Ν	Aarty Neal	С	10027	3 Days per week								
$\sum_{i=1}^{n} \frac{1}{i} \sum_{i=1}^{n} \frac{1}{i} \sum_{i$													
$\sum_{i=1}^{n-1} \frac{1}{i} \sum_{j=1}^{n-1} \frac{1}{i} \sum_{i=1}^{n-1} \frac{1}{i} \sum_{j=1}^{n-1} \frac{1}{i$			<u> </u>										
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le de la constant de la constant			ļ										
			1										

II. Certification by Lead Chief Operator

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

Will Fontaine

Printed or Typed Name

C6813 License Number

											51,000			umixeM
											052'91			Average
											005'205			LetoT
												sıq þr		16
	1								1't		15'600	sid bis	X	90
	1.2								\$`T		14,100	54 Pt2	X	67
	2.1								1.4		00£'61	24 Prs	X	- 82
											005,01	54 PLS		LZ
											007'61	54 pr.s		- 97
	2.1								1`T		50'00	24 hrs	<u>X</u>	SZ 🖓
	7.1								5.1		14,900	54 PL2	X	- 54
	2.1								91		005'ET	24 Pts	X	- 33
	I								1.3		002,51	54 Jus	X	77
	1								£'1		009 <u>'81</u>	54 pts	X	12
											009'81	24 Prs		50
											005'81	24 Prs		61
	1.1	·							£'I		001'81	24 hrs	X	81
	1								1'3		51,000	24 PLS	X	L
	1								1.2		009'\$1	24 hrs	X	91
	t I								L'I		18'400	54 Prs	X	= ST
	2.1								1't		001'61	24 pts	X	14
											16,000	24 Prs		13
											000'61	24 hrs		71
	1.3								5.1		009'11	24 pcz	X	11
	1.1								113		002'07	24 prs	X	01
	I'I								£.1		000'£1	24 hrs	X	6
	7.1								1.4		12,900	54 prs	X	8
	7.1								1 d		007'71	24 Pts	X	L
											007'/1	24 prs		9
······································	1										007'11	24 Prs		S
	7.1								£'1		001'\$1	54 prs	X	4
	ГТ								£.1		000'51	24 prs	X	3
	TT								ET		14,200	54 PLS	X	5
	1								7.1		15,000	24 Prs	X	1. 1 .
Emergency or Amomal Operating Conditions, Emergency or Amomal Operating Conditions, Repair or Municensure Work that Involves Taking	System, mg/L Distribution Distr	Minimum UV Dose Required, MW Sec/cm2	I.owest Derating UV Dose, mW- Sec/cm2	ng-min't Required, Minniuun	pH of Water, if	Temp: of	Lowest CT Provided Before of at First Ouring Peak Flow, Peak Flow, Break Flow,	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest Residual Disinfectant Concentration (C) Before or at First Customer First Customer	Peak Flow Bac, Bpd	Vet Quanity of Finished Water Froduced, gal	Hours Hours Deration	Days Plant Staffed or Visited by Operator (Place	-10 Va Bay of eth
			ាហ		<u> - 198</u>		stions		ananamo to					ri 🕴
	<u>ra an</u>						F Stertznom	01 UV Dose, to L						1
Chlorine Dioxide	norine (Chlora	1) bənidri	IOD COI	orine	Free Chlo	x				oitudirtsiU r	i bənistnisM la			
								:(Other (Describe			noitsibs I t		
Combined Chlorine (Chloramines)	auoz	зΠ	əpixoi	Chlorine D		hlorine) bort X		* :[bv	iation/Remo	vitaanl suriV go.	J-πuo∃ gniv	rsidoA to	, snsoM
	. 	inenni		······································					November-05		h Y car of:	molM sub re	l nn <u>C'</u> il	III. Dai
L														
						٦	Hainescree	Plant Name:		3350481		iəquinN no	teorificat	PLSMd

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

DEP Form Form 62-555-900(3)Afternate

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See page 4 for instructions

I. General Information for	or the Month Year of:	December-05							
A. Public Water System	(PWS) Information		·······						
	Hainescreek	· · ·			PWS Ident	ification Num	iber:	3350481	
PWS Type:	X Community	Non-Transient Non-Com	munity		Transient Non-Comm	unity		Consecutive	
Number of Service Con	nections at End of Month:	110			Total Population Served	l at End of M	onth:	220	
PWS Owner:	Aqua Utilities Florida								
Contact Person:	Brian Heath				Contact Person's Title:	Area Mana	¥		
Contact Person's Mailin					City: Leesburg	State:	FL	Zip Code:	
Contact Person's Teleph					Contact Person Person's	Fax Number	: <u> </u>	352/787-63	33
Contact Person's E-Mail		th@aquaamerica.com							
B. Water Treatment Plan	nt Information								
Plant Name:	Hainescreek				Plant Telep	hone Numbe		(352) 787-0	the second second second second second second second second second second second second second second second se
	Hainescreek Road				City: Leesburg	State:	FL	Zip Code:	34788
Type of Water Treated			irchased Finishe	d Wa	ater				
	ay Operating Capacity of Plant, g		48,000						
	section 62-699.310(4), F.A.C.):	V			Plant Class (per subsect				and another the second second second second second second second second second second second second second seco
Licensed Operators	Nam		License Cla	SS	License Number			s)/Shift(s) Wor	
Lead/Chief Operator:	Will Fon	taine	С		6813			Days per week	
Other Operators:	John Wo		C		6597			Days per week	
	Marty N	leal	C		10027		3	Days per week	
		· · · · · · · · · · · · · · · · · · ·							
								·····	
		·····	<u> </u>						
HERE AT NO. 1			<u> </u>						
			L						<u></u>

II. Certification by Lead Chief Operator

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

Signature and Date

Will Fontaine

Printed or Typed Name

C6813 License Number

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

PWS Id	entificati	ion Number	r:	3350481		Plant Name:	Hainescree	ek									
III. Dai	y Data fo	or the Mont	h Year of:	_	December-05												
Means	of Achiev	ving Four-L	og Virus Inactiv	viation/Remo	oval: *		X Free (Chlorin	e 📋	Chlorine I	Dioxide		Dzone	Combined Chl	orine (Chlora	mines)	
ί 🗌 υ	Itraviole	t Radiation			Other (Describe	:):											
Type of	Disinfe	ctant Residu	al Maintained in	n Distributio	n System:			X	Free Chl	orine	Co	mbined C	hlorine (Chlora	amines)	Chlor	rine Dioxide	
					CT Calculations	, or UV Dose, to	Demonstrate I	our-Log	Virus Inactiva	ation, if Appl	icable*			1980 - C			2 2
	a se la					CT Calcu					UVI	Dose					
	Days Plant					自然文は愛望られたのない	Lowest CT	Rational Co	2012-02				Lowest				
	Staffed	a da series de la compañía de la compañía de la compañía de la compañía de la compañía de la compañía de la com			Lowest Residual	Disinfectant	Provided					1. Store (Residual				$\nabla e^{i \vec{k}}$
	or				Disinfectant	Contact Time	Before or						Disinfectant		신 이 같은 것 같은 것 같은 것 같이 많이		
	Visited	1. S. 1. S. 1.			Concentration	(T) at Ċ	at First				Lowest	Minimum	Concentration				
	by		Net Quanity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote		이 말랐다. 1945년 1월 1일 - 1946년 1947년		
Day of	Operator	Hours	of Finished	100 gala - 0	First Customer	Point During	During	of	pH of Water,		UV Dose,	Required,	Point in	Emergency or A	Abnormal Opera	ting Condition	
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW	Distribution	Repair or Mainte	Components O		
Month	<u>*</u> "X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	C	Applicable	mg-min/L	sec/cm2	sec/cm2	System, mg/L	water System	Components Or	ut of Operation	Sec.
1	X	24 hrs	14,900		1.3		<u>↓</u>		<u> </u>				0.8	<u> </u>			
2	<u> </u>	24 hrs	19,100	i	1.3		<u> </u>						I	<u> </u>			
3		24 hrs	16,000											<u></u>			
4	v	24 hrs	16,000 16,000		1.3		ļ		ł				1.0				
5	X	24 hrs	13,000		1.3		┼────	<u> </u>	<u> </u>				1.0	}			
<u>6</u> 7	X X	24 hrs 24 hrs	15,000		1.3		<u> </u>						1				
8	$-\hat{\mathbf{x}}$	24 hrs	11,600	<u> </u>	1.3	·				·	<u> </u>		1				
9	$\frac{\Lambda}{X}$	24 hrs	11,600		1.3			<u> </u>					0,9	+ ····			
10		24 hrs	14,000					1	1								
11		24 hrs	14,000	<u> </u>			<u> </u>			<u> </u>							
12	x	24 hrs	14,100		1.2			1					0.9				
13	X	24 hrs	13,100		1.3			1					1				··
14	Х	24 hrs	13,000		1.5								1.2				
15	Х	24 hrs	12,400		1.5								1.1				
16	X	24 hrs	15,000		1.5								1.1	ļ			
17		24 hrs	14,200				ļ							<u> </u>			-
18		24 hrs	14,200				L	ļ			<u> </u>		L	<u> </u>			
19	X	24 hrs	14,200	ļ	1.4		ļ	ļ		L	<u> </u>		1.1	<u> </u>			
20	X	24 hrs	13,900	L	1.4	L		I —	 		l		1.1	<u> </u>			
21	X	24 hrs	13,300		1.4				+		<u> </u>	<u> </u>	1.2	╆━━━━━━			
22	X	24 hrs	20,500		1.4				<u> </u>				1.2	<u>+</u>			
23	<u> </u>	24 hrs	13,200	<u> </u>	1.4		<u> </u>		+		<u> </u>		1,1	<u>+</u>			
24		24 hrs	14,500	<u> </u>	1	<u> </u>		 	+	<u>├</u>	<u> </u>			<u>+</u>	, <u></u>		
25 26	x	24 hrs 24 hrs	14,600 14,600	├── ──	1.4			<u> </u>	+			<u> </u>	1.2	t			
20	X	24 hrs 24 hrs	20,400	ł	1.4	}	+	<u> </u>	+	<u> </u>			1.2	t			~
28	X	24 nrs 24 hrs	13,000	<u> </u>	1.3		+		t	<u> </u>	<u> </u>	<u> </u>	1.0	t			
29	$\frac{\hat{x}}{x}$	24 hrs	18,100		1.4		1	<u> </u>				<u> </u>	1.2	1			
30	$\frac{x}{x}$	24 hrs	13,700	1	1.4			1	1	t	1	<u> </u>	1.1	1	,		
31		24 hrs	15,000		ţ		t	1	1		1						
Total	•••		456,200	1	••••	•	· · · · · · · · · · · · · · · · · · ·										
Average	5		14,716	1													

Maximum 20,500

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