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 |
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Aqua Utilities Florida, Inc.

DOCUMENT NUMBER - DATE

00841 JAN 26 5 FPSC-COMMISSION CLERK

1

Aqua Utilities Florida, Inc. Monthly Operating Reports

Haines Creek

| | Tab Number | Page Number |
|------------|---------------|----------------|
| Year: 2004 | | |
| January | 1 | 3 |
| February | 2 | 5 7 |
| March | 3 | 7 |
| April | 4 | 9 |
| Мау | 5 | 11 |
| June | 6 | 13 |
| July | 7 | 15 |
| August | 8 | 17 |
| September | 9 | 19 |
| October | 10 | 21 |
| November | 11 | 23 |
| December | 12 | 25 |
| | | |
| Year: 2005 | | 07 |
| January | 1 | 27 |
| February | 2 | 29 |
| March | 3 | 31 |
| April | 4 | 33 |
| Мау | 5 | 35 |
| June | 6 | 37 |
| July | 7 | 39 |
| August | 8 | 41 |
| September | 9 | 43 |
| October | 10 | 45 |
| November | 11 | 47 |
| December | 12 | 49 |

ABTAW DERRINIA DESAHDAUG ROW DINUORE WAR ENTREED FINISHED WATER OR PURCHASED FINISHED WATER

| | | | | | | | | | | | 58,000 | | | munxelv |
|---|--|--|--|----------------------|---|----------------------------|---|--|--|------------------------|--|--------------------------------|---|---------------------------------|
| | | | | | | | | | | | 012'21 | and and | 2. S. S. | Average |
| r | | T | T | | 1 | 1 | · · · · · · · · · · · · · · · · · · · | ····· | | | 000'6#5 | 1.111 | | IRJO |
| | 0.1 | | | | | + | | | | | 000'81 | 54 pr.s | _ | 16 |
| | 0.1 | | | | <u> </u> | | | | | | 18,000 | 24 Pr.s | X | 30 |
| | 0.1 | | | | | ╂─── | | | | <u> </u> | 18,000 | 24 hrs | | 67 |
| | 0.1 | | | | + | + | | | <u> </u> | | 18'000 | 54 Prs | X | 58 |
| | 2.1 | + | + | | <u> </u> | + | | | | | 19'000 | 24 Prs | | L7 |
| | | + | | | l | + | | | | | 000'91 | 24 hrs | X | 97 |
| | 11 | ·{ | <u> </u> | <u> </u> | | | | l | <u> </u> | | 000'8 | 24 Prs | | 52 |
| ······ | | + | + | | | | | · | | | 000'8 | 24 hrs | X | 54 |
| | | | | | | | + | | | | 000'81 | 54 pts | | - 52 |
| | 0'1 | · | | <u> </u> | ļ | ┥── | | | | | 000'81 | 54 prs | | 53 |
| | | + | | | | | ļ | [| | l | 000'81 | 24 hrs | <u>X</u> | 12 |
| | 0.1 | | | <u> </u> | | | | [| | | 000'81 | 54 pr.s | | 50 |
| | 0.1 | + | | | | | | | | | 000'81 | 54 PLS | X | 61 |
| | | + | 1 | | I | | <u> </u> | | | | 000'91 | 24 Prs | | 81 |
| | 1.2 | | ļ | ļ | | | · | | | | 000'91 | 24 PLS | I | <u></u> |
| | | + | I | | | | | ļ | ļ | | 000'91 | 54 Prs | X | 91 |
| | | <u> </u> | | | | | | L | | | 000'61 | 24 pts | | \$1 |
| | <u> </u> | | | <u> </u> | f | | l | | | <u> </u> | 000'61 | 24 pts | | 14 |
| | | | | | | | | | | | 000'21 | 54 1/2 | X | 13 |
| | 5.0 | | | | | | | | | | 000'21 | 54 prs | | 15 |
| | 50 | ├─── | | | | ļ | ļ | ļ | <u> </u> | | 000'21 | 54 pts | X | <u>н</u> |
| | L'0 | <u> </u> | | | | | | l | | | 000'61 | 54 PLS | | 01 |
| | | <u> </u> | | | <u> </u> | - | | | <u> </u> | | 000'61 | 54 PL2 | X | 6 |
| | 5.0 | | | | | <u> </u> | <u> </u> | <u> </u> | | <u>-</u> | 000'61 | 54 Prz | | 8 |
| | | | · | | | ł | | | | · | 000'61 | 24 Pts | <u>X</u> | - <u>L</u> |
| ····· | 9.0 | ł | | | | | | | ļ | | 000'\$1 | 24 prs | | 9 |
| | | | | L | <u> </u> | | I | | L | | 000'51 | 54 pts | X | \$ |
| | 1 | | <u> </u> | | | | | | | | 000'87 | 24 PLS | | |
| | 9.0 | | | | <u> </u> | f | | | | I | 000'87 | 24 prs | | 3 C |
| | 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> | |
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| 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 | |
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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 | |
| 12 | X | 24 hrs 24 hrs | 17,000 | + | | | <u>+</u> | | | | | | 1.0 | |
| 13 | x | 24 nrs 24 hrs | 16,000 | | | | | 1 | | | | | | |
| 14 15 | | 24 hrs | 16,000 | | | | | | | | | | | |
| 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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II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information 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 | | | |
| 6 | | 24 hrs | 23,000 | | | | | <u> </u> | | | | <u>† </u> | | <u> </u> | | |
| 7 | | 24 hrs | 23,000 | <u> </u> | | | | <u> </u> | | | <u> </u> | <u> </u> | | | | |
| 8 | x | 24 hrs | 19,000 | | | | + | t | | · | <u> </u> | | 1.1 | · · · · · · · · · · · · · · · · · · · | | · ···· ···· |
| 9 | <u> </u> | 24 hrs | 19,000 | | <u> </u> | | | t | | <u> </u> | | + | | | | |
| 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 |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
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| 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 |
|-----------|-----|------|
|-----------|-----|------|

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> | + | | | | | |
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| 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 |
| | | | | | |
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| 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

.

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: | |
| | |
| | |
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| 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 | |
| | | | | | | | | | |
| | | ······································ | | | | | | | |
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| | | | | | | | | | |

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information 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 |
| | | | | | | ······································ |
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| 「「「「」」という人名林 | | | | | | |
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II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information 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 😽 | | | | | | | , |
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| | | | | 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 | |
| | | | | | | | |
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| 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 |
|-----------|-----|------|
|-----------|-----|------|

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 | | | | |
| an an an Arran an Ar An Arran an A | | | | | · | | | | |
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| | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
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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 | | | | | | | | | | | |
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| and the second second second second second second second second second second second second second second second | | | | | | | | | | | |
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| 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 |
| | | | | | |
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II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information 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

| 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

e



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 |
| | | | | | ····· |
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| | | | · | | |
| | 1 | 1 | J | 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. 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

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 | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information 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 |
|-----------|-----|------|
|-----------|-----|------|

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

48





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 | |
| | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
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| 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

• •

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.