

Kingswood

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 23 of 57

Containing	
Additional Engineering Requirements	CMP
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Aqua Utilities Florida, Inc.

DOCUMENT NUMBER DATA

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Aqua Utilities Florida, Inc. Monthly Operating Reports

Kingswood

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	See Page	2 for Instructions.				
Consciutive System Year F Community Non-Transient Non-Community Transient Non-Commun	I. Genera	Water System Information for the Mont	h Year of: January, 2004			
Number of Service Connections at End of Month Conteactive System Connective Syst	Consecuti	ve System Name: Kingswood				PWS Identification Number: 3054101
Contact Person: Contact Person: Contact Person: Contact Person: Contact Person: Stating Address PO Box 699520 City Orlands State: FL Zip Code: 32860-9520 City Orlands State: FL Zip Code: 32860-9520 Contact Person: FROM Address FROM Address Contact Person: FROM Address Contact Person: FROM Address	Consecuti	ve System Type: [편]	Community Non-Transient Non-Community	П	Transient Non-Community	
Contact Person* Contact Change Andress City Orland Contact Person's Title Vice President Environmental Services Contact Person's Builting Address P.O. Box 609502 City Orland Contact Person's Fit. Log Code: 3286-0920 2006-2386-0920 Contact Person's Fit. Lowest Residual Preson's Fit. Lowest Residual Preson's Fit. Lowest Residual Address Image: Contact Person's Fit. Lowest Residual Address Image: Contact Person's Fit. Image: Contact Person's Fi	Number o	of Service Connections at End of Month:			Total Population Ser	ved at End of Month:
Contact Person's Mailing Address: P.O. Box 699520 (477) 598-8100 (271) 598-8100 (Consecuti	ve System Owner:	Florida Water Services			
Contact Person's Telephone Number: (407) 598-4108 Contact Person's Telephone Number: (407) 598-4108 Contact Person's E-Mail Address:	Contact P	erson:	Craig Anderson		Contact Person's Titl	e: Vice President Environmental Services
Contact Person's E-Mail Address: Daily Distribution System Distribution System Distribution System Distribution System, mg/L Doporation D	Contact P	erson's Mailing Address:	P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
Daily Distribution System Disinfectant Residual Maintained in Distribution System: F Free Chlorine Combined Chlorine (Chloramines) F Chlorine Dioxide Chlorine Chlorine (Chloramines) F Chlorine Chlorine (Chloramines) F Chlorine Dioxide Chlorine Chlorine (Chloramines) Chlorine Chlorine (Chlorine Chlorine Chlorine (Chloramines) Chlorine Chlorine (Chloramines) Chlorine Chlorine (Chloramines) Chlorine Chlorine (Chlorine Chlorine Chlorine (Ch	Contact P	erson's Telephone Number:	`` '		Contact Person's Fax	Number: (407) 598-4108
Lowest Residual Maintained in Distribution System: F Free Chlorine F Combined Chlorine (Chloramines) F Chlorine Dioxide	Contact P	erson's E-Mail Address:	craiga@florida-water.com			
Lowest Residual Maintained in Distribution System: F Free Chlorine F Combined Chlorine (Chloramines) F Chlorine Dioxide	II. Daily	Distribution System Disinfectant Residua	d Data for the Month Year of: Ja	nuary, 2	0004	
Lowest Residual Disinfectant Concentration at Remote Point In Day of Month In Distribution System, mg/L						Chlorine Dioxide
Lowest Residual Disinfectant Concentration at Remote Point Month in Distribution System, mg/L Operation			Emergency or Abnormal Operating Conditions;			Emergency or Abnormal Operating Conditions;
Day of the Month In Distribution System, mg/L Operation Taking Water System Components Out of Month In Distribution System, mg/L Operation Operation Operation In Distribution System, mg/L Operation Operation Operation Operation Operation In Distribution System, mg/L Operation		Lowest Residual Disinfectant		1	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
Distribution System, mg/L Operation Month In Distribution System, mg/L Operation			•			Taking Water System Components Out of
1 3.5 17	H '			11		1
1	Monun		Operation	·	in Distribution System, mg/L	Орогалон
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S 3,2 21 3.5 3.5 3.5 7 3.5 7 3.5 7 3.5 3				M	1	
Charles A. Richmond C-12429						
7 3.5 23 2.9				- 13		
8				()		
10	H		<u></u>	. 11	2.5	
10 26 4.8		3.3				
11		5.0		1]	4.8	
12 3.6 28 3.5	1			27	3.5	
13 3.6 29 3.5 14 3.5 30 3.5 15 3.5 31 16 4.5 III. Certification by Authorized Representative I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. Charles A. Richmond C-12429 Linear Number or Title		3.6	·	28	3.5	
15 3.5 16 4.5 III. Certification by Authorized Representative I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. Charles A. Richmond C-12429 Linguise Number or Title	3 1			29	3.5	
15 3.5 16 4.5 III. Certification by Authorized Representative I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. Charles A. Richmond C-12429 Linear Number of Title	I			30	3.5	
III. Certification by Authorized Representative I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. Charles A. Richmond C-12429 Ligange Number of Title	15			31		
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. Charles A. Richmond C-12429 Linguis Number or Title	16	4.5				
I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. Charles A. Richmond C-12429 Linguis Number or Title						
knowledge and belief. Charles A. Richmond C-12429 Linguis Number or Title	m. Certii	reation by Authorized Representative				
Licence Number or Title			of the consecutive system identified in Part I on this report. 1 c	ertify that t	he information provided in this report is tr	rue and accurate to the best of my
Licence Number or Title			Charles A Richm	and		C-12429
	Signature	and Date				

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

Florida

Report Missing:

Monthly Operating Report

Kingswood

January 2004 Page 2



See Page	2 for Instructions.					
1. Genera	Water System Information for the Mont	h Year of: February, 2004				
	ve System Name: Kingswood				PWS Identification	on Number: 3054101
Consecuti	ve System Type:	Community Non-Transient Non-Community	Г	Transient Non-Community		
Number o	f Service Connections at End of Month:			Total Population Se	rved at End of Mo	nth:
Consecuti	ve System Owner:	Florida Water Services				
Contact P	erson:	Craig Anderson		Contact Person's Ti	tle: Vice President	Environmental Services
Contact P	erson's Mailing Address:	P.O. Box 609520		City: Orlando	State: FL	Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4100 Contact Person's Fax Number: (407) 598-4108						
Contact P	erson's E-Mail Address:	craiga@florida-water.com			-	
II. Daily I	Distribution System Disinfectant Residua	Data for the Month Year of : Feb	ruary,	2004		
Type of D	isinfectant Residual Maintained in Distri	bution System:		Combined Chlorine (Chloramines)	1	Chlorine Dioxide
		Emergency or Abnormal Operating Conditions;			Emergency	or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves	1	Lowest Residual Disinfectant	, ,	Maintenance Work that Involves
	Concentration at Remote Point		Day of	Concentration at Remote Point		Vater System Components Out of
Day of the		Taking Water System Components Out of	the		Taking w	
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L		Operation
1			17	4	Flushed Dogwoo	d
2	4	Flushed Main	18	4		
3	4	<u> </u>	19	4		
4	4		20	3	<u> </u>	
5	4		21		.]	
6	3		22			
7	· · · · · · · · · · · · · · · · · · ·		23	4		
8			24	4		
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10	4		26	4		
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14	<u></u>		30			
15	· · · · · · · · · · · · · · · · · · ·		31	<u> </u>		
16	4		ال			
III. Certif	cation by Authorized Representative					
I am duly		f the consecutive system identified in Part I on this report. I ce	rtify that	the information provided in this report is	true and accurate to	o the best of my
		Charles A. Richmo	nđ			C-12429
Signature	and Date	Printed or Typed N				License Number or Title
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Application to Increase Rates and Charges
For a "Class A" Utility
In

Florida

Report Missing:

Monthly Operating Report

Kingswood

February 2004 Page 2



See Page	2 for Instructions.					
l. General	Water System Information for the Mont	h/Year of:	March, 2004			
Consecuti	ve System Name: Kingswood					PWS Identification Number: 3054101
en		Community [Non-Transient Non-Community	П	Transient Non-Community	A CONTRACTOR OF THE CONTRACTOR
Number o	f Service Connections at End of Month:				Total Population Ser	rved at End of Month:
Consecuti	ve System Owner:	Florida Water Ser	vices			
Contact Po	erson:	Craig Anderson			Contact Person's Tit	le: Vice President Environmental Services
	erson's Mailing Address:	P.O. Box 609520			City: Orlando	State: FL Zip Code: 32860-9520
Contact Pe	erson's Telephone Number:	(407) 598-4100			Contact Person's Fav	x Number: (407) 598-4108
Contact Po	erson's E-Mail Address:	craiga@florid	a-water.com			
II. Daily I	Distribution System Disinfectant Residua	il Data for the Mon	th/Year of:	arch, 20	004	
Type of D	isinfectant Residual Maintained in Distri	ibution System:	[▼] Free Chlorine	Г	Combined Chlorine (Chloramines)	Chlorine Dioxide
		Emergency o	r Abnormal Operating Conditions;			Emergency or Abnormal Operating Conditions;
	Lowest Residual Disinfectant		Maintenance Work that Involves		Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
D 64	Concentration at Remote Point		ater System Components Out of	Day of	Concentration at Remote Point	Taking Water System Components Out of
Day of the Month	in Distribution System, mg/L	Tuking W	Operation	the Month	in Distribution System, mg/L	Operation
1	in Distribution System, mg/E	 	Орегалоп	 	in Distribution System, ing L	Operation
$-\frac{1}{2}$	3	ļ		17 18	4	
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4	Δ · · · · · · · · · · · · · · · · · · ·			20		
5	3	÷		21		
6				22	4	· · · · · · · · · · · · · · · · · · ·
7		<u> </u>		23	4	
8	3	<u> </u>		24	4	
9	3			25	4	
10	3	1		26	4	Flushed 4880 Dogwood
11	4			27		
12	3			28		
13				29	4	
14				30	4	
15	3			31	4	
16	4	1 				
III Comit	ication by Authorized Representative			_		
m. Certin	cation by Authorized Representative	<u></u>				
I am duly a	authorized to sign this report on behalf of	f the consecutive sy	stem identified in Part I on this report. I cer	rtify that t	he information provided in this report is to	rue and accurate to the best of my
_	and belief.	,	•	-	•	
						C 12420
6:	1 D-4-		Charles A. Richmor			C-12429
Signature a	and Date		Printed or Typed Na	ame		License Number or Title

DEP Form 62-555.900(4) Effective August 28, 2003

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

Florida

Report Missing:

Monthly Operating Report

Kingswood

March 2004 Page 2



See Page	2 for Instructions.			_	
I. Genera	d Water System Information for the Montl	Year of: April, 2004			
Consecut	ive System Name: Kingswood				PWS Identification Number: 3054101
Consecut	ive System Type:	Community Non-Transient Non-Community	П	Transient Non-Community	
Number of	of Service Connections at End of Month:	59		Total Population Ser	ved at End of Month: 139
Consecut	ive System Owner:	Florida Water Services			
Contact F		Craig Anderson			le: Vice President Environmental Services
	Person's Mailing Address:	P.O. Box 609520			State: FL Zip Code: 32860-9520
Contact F	Person's Telephone Number	(407) 598-4100		Contact Person's Fax	Number: (407) 598-4108
Contact P	Person's E-Mail Address:	craiga@florida-water.com			
II. Daily	Distribution System Disinfectant Residua	Data for the Month Year of :	pril, 20	04	
	Disinfectant Residual Maintained in Distri			Combined Chlorine (Chloramines)	Chlorine Dioxide
		Emergency or Abnormal Operating Conditions;			Emergency or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
	Concentration at Remote Point	Taking Water System Components Out of	Day of	Concentration at Remote Point	Taking Water System Components Out of
Day of the		Operation	the	in Distribution System, mg/L	Operation
Month	in Distribution System, mg/L	Operation	Month	III Distribution System, mg/L	Operation
1 1	3.2		17		
2	3.1	!	18 19	3.5	
4			20	3.5	
5	3.1		21	3.5	
$\frac{3}{6}$	3.6		22	3.5	
7	3.1		23	3.5	
8	1.0		24		
9	3.0		25		
10			26	3.5	
11			27	3.5	Flushed 4880 Dogwood Ave.
12	3.5		28	3.8	Flushed 4880 Dogwood Ave.
13	3.5		29	3.5	
14	3.5	Flushed 4880 Dogwood Ave.	30	3.0	
15	3.5		31		i
16	3.5	1	_		
III. Corti	fication by Authorized Representative				_
mi Com	neation by Authorized Representative				
	authorized to sign this report on behalf of ge and belief.	f the consecutive system identified in Part I on this report. I ce	ertify that t	he information provided in this report is to	rue and accurate to the best of my
		Charles A. Richmo	nd		C-12429
Signature	and Date	Printed or Typed N			License Number or Title

DEP Form 62-555.900(4) Effective August 28, 2003

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

Florida

Report Missing:

Monthly Operating Report

Kingswood

April 2004 Page 2



******	*************	44			-	
l. Genera	2 for Instructions. Il Water System Information for the Mor	th Year of May, 2004				
	ive System Name: Kingswood				PWS Identificat	on Number: 3054101
		Community Non-Transient Non-Community		Transient Non-Community		
	of Service Connections at End of Month			Total Population Se	rved at End of Me	onth:141
Contact F	ive System Owner:	Florida Water Services Craig Anderson		Contact Bounds Ti	0- Vi- Did	Environmental Services
	Person's Mailing Address:	P.O. Box 609520		City: Orlando	State: FL	Zip Code: 32860-9520
	Person's Telephone Number:	(407) 598-4100	ļ	Contact Person's Fa		(407) 598-4108
	Person's E-Mail Address:	craiga@florida-water.com		Contact 1 cison 5 1 c	- Tulinoci.	(107) 550 1100
II. Daily	Distribution System Disinfectant Residu		May, 200			
Type of L	Disinfectant Residual Maintained in Dist	ribution System: Free Chlorine		Combined Chlorine (Chloramines)	· · · · · · · · · · · · · · · · · · ·	Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Repair or	or Abnormal Operating Conditions; Maintenance Work that Involves Vater System Components Out of Operation
1			17	1.5		
2			18	1.5		-1
3	3.5		19	1.0	<u>:</u>	
4	3.1		20	1.0	· 	
5	3.5		21	1.0	Flushed Dogwoo	od for 15 min.
6	3.4		22		 	
7	3.5		23	10	+	
9			24	1.0	· · · · · · · · · · · · · · · · · · ·	
10	3.5		$\frac{23}{26}$	1.0		
11	2.5		27	1.0	+	
12	1.3		28	2.0	-	
13	1.0	Flushed Dogwood 10 min.	29			
14	0.8		30			
15			31	3.5		
16						
	Teation by Authorized Representative	of the consecutive system identified in Part I on this report. I co	ertify that t	be information provided in this report is i	rue and accurate t	o the best of my
	e and belief.	of the consecutive system mentalica in Fact for this report. The	any mat t	no information provided in and report is	and according	-
		Charles A. Richmo	ond		_	C-12429
Signature	and Date	Printed or Typed N	lame			License Number or Title

DEP Form 62-555 900(4) Effective August 28, 2003

Signature and Date

Printed or Typed Name

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

Florida

Report Missing:

Monthly Operating Report

Kingswood

May 2004 Page 2



	2 for Instructions.				
	l Water System Information for the Mont	th Year of: June, 2004			
to comment on the	ve System Name: Kingswood				PWS Identification Number: 3054101
		Community Non-Transient Non-Community		Transient Non-Community	
	f Service Connections at End of Month:	58		Total Population Ser	ved at End of Month: 136
i	ve System Owner:	Florida Water Services			
Contact P		Craig Anderson		Contact Person's Tit	le: Vice President Environmental Services
i i i i i i i i i i i i i i i i i i i	erson's Mailing Address:	P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
Contact P	erson's Telephone Number:	(407) 598-4100		Contact Person's Far	Number: (407) 598-4108
Contact P	erson's E-Mail Address:	craiga@florida-water.com			
	Distribution System Disinfectant Residua		June, 20		
Type of D	isinfectant Residual Maintained in Distri	ibution System: Free Chlorine	<u></u>	Combined Chlorine (Chloramines)	Chlorine Dioxide
		Emergency or Abnormal Operating Condition	ons;		Emergency or Abnormal Operating Conditions;
	Lowest Residual Disinfectant	Repair or Maintenance Work that Involve	s	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
Day of the	Concentration at Remote Point	Taking Water System Components Out of	£ Day of	Concentration at Remote Point	Taking Water System Components Out of
Day of the Month	in Distribution System, mg/L	Operation	the Month	in Distribution System, mg/L	Operation
1	3.0	i	17	3.5	
2	2.0		18	3.5	
3	3.0		19		
4	3.5		20		
5			21	3.5	
6			22	3.5	
7	3.5		23	3.5	
8	3.5		24	3.0	
9	3.0		25	3.5	
10	3.5	Ţ	26		
11	2.2		27		
12			28	3.5	
13			29	3.5	
14	3.5		30	3.5	
15	3.5		31		
16	3.5				
111 (2					
III. Certit	ication by Authorized Representative				
	authorized to sign this report on behalf of and belief.	of the consecutive system identified in Part I on this report.	. I certify that t	he information provided in this report is tr	ue and accurate to the best of my
		Charles A. Ric	chmond		C-12429
Signature	and Date	Printed or Typ			License Number or Title

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

Florida

Report Missing:

Monthly Operating Report

Kingswood

June 2004 Page 2



See Page	2 for Instructions.						
	Water System Information for the Mont	h'Year of:	July, 2004				
	ve System Name: Kingswood					PWS Identification Nu	mber: 3054101
			n-Transient Non-Community		Transient Non-Community		
	f Service Connections at End of Month:	58			Total Population Ser	ved at End of Month:	136
	ve System Owner:	Aqua Utilities Florida		- +			
Contact P		Brian Heath			Contact Person's Titl		
	erson's Mailing Address:	P.O. Box 490310		!		h	ip Code: 34749-08310
	erson's Telephone Number:	(352) 787-0980			Contact Person's Fax	Number:	(352) 787-6333
Contact P	erson's E-Mail Address:	beheath@aquaan	nerica.com				
II Daily	Distribution System Disinfectant Residua	Data for the Month Vea	r of · J	uly, 200)4		
	isinfectant Residual Maintained in Distri		Free Chlorine		Combined Chlorine (Chloramines)	r c	hlorine Dioxide
		Emanage or Ab	and Operating Conditions:			Emergency or A	bnormal Operating Conditions;
	T (B :1 1B:: C		normal Operating Conditions;		Lowest Residual Disinfectant	Panair or Mai	ntenance Work that Involves
}	Lowest Residual Disinfectant		tenance Work that Involves	Day of			System Components Out of
Day of the	Concentration at Remote Point	Taking Water S	System Components Out of	the	Concentration at Remote Point	Taking water	•
Month	in Distribution System, mg/L		Operation	Month	in Distribution System, mg/L		Operation
ľ		:		17			
2	3.5			18			
3				19	3.0		
4				20	2.5		
5				21		ļ	
6	2.0			22	0.8	ļ	
7	1.0			23	1.2	 	
8				24			
9				25 26	0.7		
10				27	0.7	 	
11		4		28	1.7		
12				29	1.5		
- 13	27			30	1.5		
15	L.1			31			
16	2.5	·			·		
10	2.3	<u> </u>		<u> </u>			
III. Certit	ication by Authorized Representative						
						1	1 and a 6 arm
		f the consecutive system	identified in Part I on this report. I cer	rtify that t	he information provided in this report is to	rue and accurate to the	Dest of my
knowledg	e and belief.						
			WGH Falanin				C-6831
			Will Fontaine			_	License Number or Title
Signature	and Date		Printed or Typed Na	ame		•	Sicolog . anioci or . in-

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

Florida

Report Missing:

Monthly Operating Report

Kingswood

July 2004 Page 2

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

August - December 2004

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

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Report Missing:

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Kingswood

January - December 2005