JAGINAL

Palm Terrace

Docket No. 060368-WS

Application to Increase Rates and Charges For a "Class A" Utility	CMP
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Florida	CTR
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	RCA
Set 33 of 57	SCR
Containing	SGA
Additional Engineering Requirements	SEC
	OTH
Monthly Operating Reports	

Aqua Utilities Florida, Inc.

Aqua Utilities Florida, Inc. Monthly Operating Reports

Palm Terrace

	Tab	Page
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Year: 2004		
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February	2	6
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Year: 2005	4	25
January	1	35 36
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April	4	38 39
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November	11	45 46
December	12	46



West Strice	See Pages 4 for Instr	uctions.					
WN Name	General Information	for the Month/Y	ear of: January, 2004				
WN Name	Public Water System	(PWS) Informat	ion	_			
WAS Tope	PWS Name:	 				PWS Identification Number:	6511330
sumber of Service Connections at End of Month 276 Total Population Served at End of Month 522 Total Population Served at End of Month 524 Total Populatio			Non-Transient Non-Community	Transient Non-Com	munity	<u></u>	
Part		- 					622
Ontact Person's Multing Address P.O. Box 609520 City Orlando State Florida Zap Code 32860-9320	PWS Owner:	Florida Water Service		· /m · · · · · · · · · · · · · · · · · ·	1.0441		
Contact Person's Mulling Address P.O. Box 609520 Series City Orlando State: Florida City S98-4199 Series Contact Person's Fax Number (407) 598-4217	Contact Person:	Craig Anderson			Conta	et Person's Title: VP Envir	ronmental Services
Carried Carr	Ontact Person's Mailing A	ddress: P	P.O. Box 609520				Zip Code: 32860-9520
C1 Smith	Contact Person's Telephone	Number: (407) 598-4199		Conta	ct Person's Fax Number: (407) 59	8-4217
Plant Nature: CL Smith Plant Telephone Number: (352) 302-9713	Contact Person's E-Mail Ac	ldress: Q	craiga@florida-water.com		***************************************		
Part Address 10928 Premier Avenue Plant	Water Treatment Pla	ant Information					
Spee of Water Treatment by Plant: Paw Ground Water Purchased Finished Water Purchased Maximum Day Operating Capacity of Plant, gallons per day: 90,000 Plant Classor (per subsection 62-699-310(4), F.A.C.): D Plant Class (per subsetion 62-69-310(4), F.A.C.): D Plant Class (per subsetion 62-69-310(4), F.A.C.): D Plant Class (per subsetion 62-69-310(4), F.A.C.): D	lant Name:	CL Smith				Plant Telephone Number:	(352) 302-9713
remitted Maximum Day Operating Capacity of Plant, gallons per day: Jam Category (per subsection 62-699 310(4), F.A.C.) V Plant Class (per subsection 62-699.310(4), F.A.C.) Licensed Operators License Class License Number Day(s) / Shift(s) Worked Day 1st Shift Steve Fuller Day 1st Shift Steve Fuller B 7519 Days 1st Shift Days 1st Shift Days 1st Shift Steve Fuller B 7519 Days 1st Shift Days 1st Shift Days 1st Shift License Class Days 1st Shift Days 1st Shift Steve Fuller B 7519 Days 1st Shift Days 1st Shift License Class Days 1st Shift Days 1st Shift Days 1st Shift License Class Days 1st Shift Days 1st Shift Days 1st Shift Days 1st Shift License Class Days 1st Shift	lant Address:	10928 Premier Avenu			City: Port Richey	State: Florida	Zip Code: 34668
Sertification by Lead/Chief Operator Certification by				chased Finished Water			
Licensed Operators Lead/Chief Operator: Dennis Muldoon C S982 Days 1st Shift Day(s) / Shift(s) Worked C S982 Days 1st Shift Day(s) / Shift(s) Worked Day(s) / Shift(s)	ermitted Maximum Day C	perating Capacity of P	lant, gallons per day:	90,000			
Deniis Muldoon C 5982 Days 1st Shift Days Lest Shift Days Lest Shift Days 1st Sh		ion 62-699.310(4), F.A					
David Rodriguez Steve Fuller B 7519 Days 1st Shift Days 1			Name	License Class	License Number		nift(s) Worked
Steve Fuller B 7519 Days 1st Shift Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to N international Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; a 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can etain them, together with copies of this report, at a convenient location for at least ten years. Dennis Muldoon C-5982		Dennis Muldoon		C	5982	Days 1st Shift	
Certification by Lead/Chief Operator the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to N international Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operations records for this plant vere prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; a 2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can etain them, together with copies of this report, at a convenient location for at least ten years. Dennis Muldoon C-5982	Other Operators:	David Rodriguez		A	7880	Days 1st Shift	
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	etain them, together v	vith copies of this r	report, at a convenient location for	at least ten years.			
			D	ennis Muldoon			C-5982
	Signature and Date						

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Operation		System, mg/L	zmɔ/ɔəs	mW-sec/cm ²	Jana	eldsoilqqA li	Water, OC	J\nim	sənnum	Peak Flow, mg/L	Rate, gpd.	leg	ŀ	(Place "X")	
System Components Out of	* 1	nonudinzid	-Wm		Required, mg		To qmaT	-gm, wold	Peak Flow,	Customer During	Peak Flow	Producted,	ni	Operator	54J
Work that Involves Taking Water	1 1 1 1 1 1 2 th	Remote Point in	Required,		TO muminiM			During Peak	gaimG taio9	Before or at First		Water	Insiq stuoff		Day of
Conditions; Repair or Maintenance		Concentration at	UV Dose	Lowest		(A)		Customer	Measurement	Concentration (C)		bodsini3 lo		Staffed or	
Emergency or Abnormal Operating		Disinfectant	muminiM					tariH	O is	Disinfectant		Net Quantity		Days Plant	
	711711700117	Lowest Residual	1.79		ľ			Before or at	Contact Time (T)	Lowest Residual					1
	PHOSPHATE	1.5	1.0		1			Provided	Disinfectant				l		
	POLY	A Company of the Company	ing Selection in the contract of the contract	24 M H (1			LOWest CT					1		
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								CL Smith	Plant Name:	· ·	0551139		: Mumber	entification	PL SW4]

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



I. Genera Consecuti Number o Consecuti Contact P Contact P Contact P Contact P	of Service Connections at End of Month: ive System Owner: erson: erson's Mailing Address: erson's Telephone Number: erson's E-Mail Address:	Community	Γ1	Contact Person's Tit	PWS Identification Number: 6511331 ved at End of Month: le: Vice President Environmental Services State: FL Zip Code: 32860-9520 k Number: (407) 598-4108
II. Daily Type of D	Distribution System Disinfectant Residua Disinfectant Residual Maintained in Distri	Data for the Month Year of : Jabution System: F Free Chlorine	nuary, 2 □	2004 Combined Chlorine (Chloramines)	Chloring 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	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
I	iii Distribution System, mg/L	Operation	Month 17	in Distribution System, mg/L	Operation
$\frac{2}{3}$	0.8		18 19 20	1.0	
5 6 7	1.0		21 22	1.1	
8 9	1.0		23 24 25	1.2	
10 11 12			26 27 28	1.2	
13 14 15	1.0		29 30 31	1.2	
16	1.1	·	31		
III. Certif	ication by Authorized Representative				
	authorized to sign this report on behalf of e and belief.	the consecutive system identified in Part I on this report. I c	ertify that t	he information provided in this report is tr	rue and accurate to the best of my
Signature	and Date	Dennis Muldoon Printed or Typed 1	Name		Chief Plant Operator License Number or Title

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



See Pages 4 for Instr	uctions.								
I. General Information		'ear of: February, 2	004		***********				
A. Public Water System		tion						· · · · · · · · · · · · · · · · · · ·	
PWS Name:	CL Smith						PWS Identification Number:	651133	0
PWS Type:	✓ Community	Non-Transient Non-Commun	nity 📙 Tr	ransient Non-Comr			Consecutive		
Number of Service Connec					Įn	Total I	Population Served at End of Mon	nth: 622	
PWS Owner:	Florida Water Servic	es							
Contact Person:	Craig Anderson					Contac	· · · · · · · · · · · · · · · · · · ·	Environmental Serv	
Contact Person's Mailing A		P.O. Box 609520			City: Orlando		State: Florida	Zip Coo	de: 32860-9520
Contact Person's Telephone		(407) 598-4199				Contac	et Person's Fax Number: (407	7) 598-4217	
Contact Person's E-Mail Ac		craiga@florida-water.com							
B. Water Treatment Pla						_		 	
Plant Name:	CL Smith	NEW JUL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Plant Telephone Number:		02-9713
Plant Address:	10928 Premier Aven				City: Port Ricl	hey	State: Florida	Zip Co	de: 34668
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finish						
Permitted Maximum Day C				90,000					
Plant Category (per subsect	ion 62-699.310(4), F.						ass (per subsection 62-699.310(
Licensed Operators		Name		License Class	License Nun			/ Shift(s) Worke	ed
Lead/Chief Operator:				С	5982		Days 1st Shift		
Other Operators:	David Rodriguez			Α	7880		Days 1st Shift		
	Steve Fuller			В	7519		Days 1st Shift		
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I. Certification by Lead	1/Chief Operator								
		operator licensed in Florida, a	m the lead/chie	f operator of the	water treatme	ont n	lant identified in part Loft	this report I cer	tify that the
		ne and accurate to the best of n							
		cable standards referenced in s							
		operator staffed or visited this							
		process performance records.		-	these addition	nal o	perations records to the PV	WS owner so the	e PWS owner can
retain them, together v	vith copies of this	report, at a convenient locatio	n for at least ter	ı years.					
			Dennis Muldo	on				C-5982	<u>!</u>
Signature and Date			Printed or Typ					License	2 Number

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												41,500	0.4.0		ε
	9.6	0.1			<u> </u>					£.!		005,20	0.42	X	7
							l					005,20	24.0		I
Operation		System, mg/L	sec/cm ²	mW-sec/cm ²	1\nim	af Applicable	Water, ^O C	J\nim	səmuim	Peak Flow, mg/L	Rate, gpd.	Lisg	Орегаціон	(Place "X")	Month
System Components Out of	Ž.	noitudinaid	-Wm	UV Dose,	Required, mg	pH of Water,	Temp of	Flow, mg-	Peak Flow,	Customer During	Peak Flow	Producted,	uı	Operator	аф
Work that involves Taking Water		ni mio Point in	Required,	Орегания	D muminiM			During Peak	Point During	Before or at First		Water	Hours plant	Visited by	Day of
Conditions, Repair or Maintenance	40 개발 기계	Concentration at	IM Dose	Lowest				Customer	Measurement	Concentration (C)		of Finished		Staffed or	
Emergency or Abnormal Operating		Disinfectant	muminiM					Fust	O 16 (T)	Disinfectant		Net Quantity		Days Plant	
[1] 하다고 됐습니다. 그 그 사람	~	Lowest Residual			1 Y 1 %			Before or at	Contact Time	Lowest Residual		l	ŀ	İ	
	TTAHGSOH	1						Provided	Disinfectant		e e			ŀ	l
	POLY	ļ	İ			1 1 44		TO teswool			1				l
									<u> </u>						<u> </u>
			.980(-ME		4 4 4 4 4			CI Calcu		<u> </u>]	İ		
		1	<u> </u>	*phicable*	A Ti , noits yi	Virus Inact	go.I-mo	7 state F	UV Dose, to I	T Calculations, or)	L	L	<u> </u>	L
		əpixoi	Chlorine D	1 (Chlorammes	ed Chlorine (Combine	i oui	► Free Chlor	oution System:	ed in Distri	nistnisM Isu	tant Resid	Disinfec	Type o
				<u> </u>							. (Descripe):			raviolet Ra	_
		nics)	e (C moram	шед сиюни	ташо т	20070	apty	വെ ബാസ്	Погіпе [IA 1200					
		(saui	143/6	(A) P34			opin,	-: G onisold				vitaent auriV			
									February, 2004		:10	onth/Year o	M satt rot	aily Data	III. Di
								CL Smith	Plant Name:		0551139		: гупшрет:	roiteaftima	PLSMA
								1. 5 15			000.137				

 $[\]star$ Refer to the instructions for this report to determine which plants must provide this information.



Contact Person's Mailing Address: P.O. Both Contact Person's Telephone Number: (407) 5 Contact Person's E-Mail Address: Craiga	unity	Transient Non-Community Total Population Serv Contact Person's Title City: Orlando Contact Person's Fax	: Vice President Environmental Services State: FL Zip Code: 32860-9520
Lowest Residual Disinfectant Re	ergency or Abnormal Operating Conditions; epair or Maintenance Work that Involves Caking Water System Components Out of	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1 2 2 3 4 5 6 7 8 9 2 10 11 12 13 1 4 15 16 2	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 3 3 3 3	17	
III. Certification by Authorized Representative	nsecutive system identified in Part I on this report. I certify t Dennis Muldoon Printed or Typed Name	that the information provided in this report is tru	Chief Plant Operator License Number or Title

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



See Pages 4 for Instr	uctions.								
I. General Information	for the Month/Y	Year of: March, 200)4						
A. Public Water System	(PWS) Informa	tion		_					
PWS Name:	CL Smith					PWS Identification Number:	6	511330	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity Ti	ransient Non-Com	munity	Consecutive			
Number of Service Connect	tions at End of Month					Population Served at End of M	ionth: 6	16	
PWS Owner:	Florida Water Servic	es							_
Contact Person:	Craig Anderson				Conta	ct Person's Title: V	P Environmenta	al Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	2	Cip Code: 32860-952	20
Contact Person's Telephone	Number:	(407) 598-4199			Conta	ct Person's Fax Number: (4	407) 598-4217		
Contact Person's E-Mail Ac	ddress:	craiga@florida-water.com							
B. Water Treatment Pla	ant Information								
Plant Name:	CL Smith					Plant Telephone Number:	(:	352) 302-9713	
Plant Address:	10928 Premier Aven	uc			City: Port Richey	State: Florida	Z	Cip Code: 34668	
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fini	shed Water					
Permitted Maximum Day C	Pperating Capacity of	Plant, gallons per day:		90,000					
Plant Category (per subsect	ion 62-699.310(4), F	A.C.): V			Plant C	lass (per subsection 62-699.31		D	
Licensed Operators		Name	ere da la jela tir t	License Class	License Number	Day(s) / Shift(s) V	Vorked	
Lead/Chief Operator:	Dennis Muldoon	-		C	5982	Days 1st Shift			
Other Operators:	David Rodriguez			Α	7880	Days 1st Shift			
	Steve Fuller			В	7519	Days 1st Shift			
					_				
								· · · · · · · · · · · · · · · · · · ·	
I C. A'C. A'C. I	1/GL								
I Certification by Lead							6.1		L
		operator licensed in Florida,							
		ue and accurate to the best of i							
		cable standards referenced in							
		operator staffed or visited this							
(2) if applicable, appro	opriate treatment p	process performance records.	Furthermore, I	agree to provide	these additional of	perations records to the	PWS owner:	so the PWS owner	can
		report, at a convenient location							
			Dennis Muldo	γΩΠ			(C-5982	
Signature and Date			Printed or Typ					icense Number	
menature and Date			rimed of 1y	JCG NAME				Sicondo (antoci	

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												224,53		.:	Avgerage
												1,967,000			[bato]
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	00							 				000,48	24.0		87
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		9.1								0.2		002,22	24.0	X	97
		91						 		V C		005,22	24.0	^	57
		G.1			}					2.2		005'65	24.0	X	-
		5'1												 	57
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	3.0	8.1			ļ					8.1		£££,47	24.0	X	77
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					<u> </u>							EEE,47	24.0	<u> </u>	07
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												002,42	24.0		18
		7.1								L'I		000,28	24.0	X	LI
												62,000	24.0		91
	0.4	0.1								5.1		000,28	24.0	Х	SI
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	<u> </u>	7.1								L'I		000,76	24.0	Х	
		7.1								LI				· ^ -	10
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	0.2	L'0					<u> </u>			L'I		L99°L5	24.0	X	8
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												L99, T2	24.0	ļ	9
		0.2				l				5.5		005,12	24.0	X	5
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		€.1								2.1		000,74	24.0	X	ε
												000,74	24.0		7
	0.£	5.1		ł						J.6		000,151	24.0	X	I
Operation		System, mg/L	zec/cm ²	mW-sec/cm ²	. Naim	oldsoilqqA li	Water, ^O C	J/nim	səinnim	Peak Flow, mg/L	Rate, gpd.	દિશુ	Operation	(Place "X")	Month
System Components Out of		Distribution	-Wm	UV Dose,	Required, mg	pH of Water,	to qma t	-gm,woFi	Peak Flow,	Customer During	Peak Flow	Producted,	uı	Operator	эц
Work that Involves Taking Water		Remote Point in	Required,	Operating			l	During Peak	Point During	Before or at First		Water	Hours plant	Visited by	Day of
Conditions, Repair or Maintenance		Concentration at	UV Dose	Lowest				Customer	Measurement	Concentration (C)		bədziniT to		Staffed or	•
Emergency or Abnormal Operating	Ť ·	Disinfectant	muminiM					First	One	Disinfectant		Net Quantity		Days Plant	ļ
	1	Lowest Residual	14.0				ŀ	Before or at	Contact Time (T)						
en e faction e e	PHOSPHATE		1.00				ŀ	Provided	Disinfectant					ŀ	1
	POLY	1 449						Lowest CT							
	1			100				1.5							
			9SO(1.40	2025 The 18 Teles			suonen	CT Calcu	NAMES OF STREET		1			l
	4.14.1				TT STOTMAT	10DIII CD II A	907-ma			T Calculations, or				[l
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<u>l</u>											l	L	ł	L
)		obixoi	Chlorine D	(:	Chloramines	ed Chlorine (Combine	_l əmi	▶ Free Chlor	bution System:	inteid ni bə	nistnisM lsu	tant Resid	oelnisid l	Type o
			****								(Descripe):	t Other	nonstion	raviolet Ra	an i
		(səur	е (Сијотат	иеа Сиюти	[_ Сошрі	auozo 1	əpixe	ord annoina	hlorine 🦵	n: N Lites C		Virus Inactiv			
									March, 2004		:30	onth/Year o	A shi rol	staU vlir	30 JU
	··-							CL Smith	Plant Name:		0211330		Number	noiteafting	PLSMc
								~							

 $[\]star$ Refer to the instructions for this report to determine which plants must provide this information



	2 for Instructions.				
	I Water System Information for the Mont ive System Name: Palm Terrace	h/Year of: March, 2004			PWS Identification Number: 6511331
		Community Non-Transient Non-Community		Transient Non-Community	1 W3 Igentification (vanisher, 031133)
	of Service Connections at End of Month:	923		Total Population Ser	ved at End of Month: 2,031
	ive System Owner:	Florida Water Services			
Contact P	erson:	Craig Anderson		Contact Person's Titl	e: Vice President Environmental Services
Contact P	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 Fax	Number: (407) 598-4108
Contact P	erson's E-Mail Address:	craiga@florida-water.com			
II. Daily	Distribution System Disinfectant Residua	al Data for the Month Year of	larch, 2	004	
	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	1	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
D . C.1	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	7	Operation	17	1	
2	· · · · · · · · · · · · · · · · · · ·		18		
3		 	19	1	
4	• • • • • • • • • • • • • • • • • • • •		20		
5	2		21		
6			22	2	
7			23		
8	1	· · · · · · · · · · · · · · · · · · ·	24	2	
9			26	2	
10	1		27		
12	1		28		
13	·		29	l	
14			30		
15	1		31	1	
16					
III. Costi	Section by Authorized Population				
in. Cerni	fication by Authorized Representative				
	authorized to sign this report on behalf of e and belief.	of the consecutive system identified in Part I on this report. 1 c	ertify that	the information provided in this report is tr	ue and accurate to the best of my
Signature	and Date	Dennis Muldoon Printed or Typed N	lame		Chief Plant Operator License Number or Title



See Pages 4 for Instru	uctions.							
I. General Information	for the Month/	Year of: April, 2004						
A. Public Water System	(PWS) Informa	ation						
	CL Smith					PWS Identification Number	651133	0
PWS Type:	✓ Community	Non-Transient Non-Commu	nity Tr	ransient Non-Comr		Consecutive		
Number of Service Connect				dissert from com		Population Served at End of 1	Month: 646	
	Florida Water Service			····	1.0	opulation out to at all all		
	Craig Anderson	7212.002.11			Contac	et Person's Title:	VP Environmental Serv	vices
Contact Person's Mailing Ac	<u></u>	P.O. Box 609520				State: Florida	Zip Coo	de: 32860-9520
Contact Person's Telephone	Number:	(407) 598-4199			<u> </u>	t Person's Fax Number:	(407) 598-4217	
Contact Person's E-Mail Ad	dress:	craiga@florida-water.com	,	. ,				1 1
B. Water Treatment Pla	nt Information							
	CL Smith			***		Plant Telephone Number:	(352) 3	02-9713
Plant Address:	10928 Premier Aver	nue			City: Port Richey	State: Florida	Zip Co	de: 34668
Type of Water Treatment by	Plant:	✓ Raw Ground Water	Purchased Fini	shed Water	•			
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		90,000				
Plant Category (per subsecti	on 62-699.310(4), F	.A.C.): V			Plant Cl	ass (per subsection 62-699.3		
Licensed Operators		Name		License Class	License Number	Day	(s) / Shift(s) Work	ed
Lead/Chief Operator:	Dennis Muldoon			С	5982	Days 1st Shift		
Other Operators:	David Rodriguez			A	7880	Days 1st Shift		
	Steve Fuller			В	7519	Days 1st Shift		
1								
			·····					
II C - 4'C - 4' - 1 - 1	VCI: CO							
II Certification by Lead			.1 1 1/1:	C . C.1		Land I demand I	of this remort I so	rtify that the
I, the undersigned water	er treatment plan	t operator licensed in Florida, a	am the lead/chie	operator of the	water treatment p	iant identified in part i	or uns report. The	conform to NCE
information provided i	n this report is tr	rue and accurate to the best of n	ny knowledge a	nd belief. I cert	ity that all drinking	water treatment chem	icais used at this pi	ant conform to NSF
International Standard	60 or other appli	icable standards referenced in s	subsection 62-53	55.320(3), F.A.G	C. I also certify that	at the following addition	nal operations reco	rds for this plant
were prepared each day	y that a licensed	operator staffed or visited this	plant during the	month indicated	d above: (1) recore	ds of amounts of chemi	icals used and chen	nical feed rates; and
(2) if applicable, appro	priate treatment	process performance records.	Furthermore, I	agree to provide	these additional o	perations records to the	e PWS owner so the	e PWS owner can
retain them, together w	ith copies of this	s report, at a convenient location	on for at least ter	n years.				
			Dennis Muldo	oon			C-5982	2
Signature and Date			Printed or Tyr					e Number
and Date			Timed of Typ	AG Name			i, solis	

PWS Id	WS Identification Number: 6511330 Plant Name: CL Smith														
III. D	I. Daily Data for the Month/Year of: April, 2004														
			Virus Inactiv				Chlorine Die	ovide	Ozone	Comb	ined Chloric	ne (Chloran	nines)		
	raviolet Ra		•	(Describe):	•	•	emorate Di	onde	, Ozone	, come	nned Cinora	ic (Cinorair	idics		
L.					bution System:	▼ Free Chlo	rine [Combin	ed Chlorine	(Chloramine	s) [Chlorine D	Dioxide	<u>-</u>	
Type o	Distilled	rant Neste	luai iviailitaili		-								Toxide		
					CT Calculations, or			our-Log	virus mac	avation, 11 7					Part of the second of the seco
		,			<u> </u>	CT Calc	ulations				UVI	Jose			
	* .	٠.					Lowest CT			-				POLY	
		. 1				Disinfectant	Provided					*		PHOSPHATE	
			·		Lowest Residual	Contact Time (T)	Contract of the Contract of th						Lowest Residual		
}	Days Plant	4.	Net Quantity		Disinfectant	at C	First		i ž į	i	T	Minimum	Disinfectant		Emergency or Abnormal Operating
	Staffed or	Hours plant	of Finished Water		Concentration (C)	Measurement	Customer			Minimum CT	Lowest Operating	UV Dose Required,	Concentration at Remote Point in		Conditions; Repair or Maintenance Work that Involves Taking Water
Day of	Operator	in	Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	nH of Water	Required, mg		mW-	Distribution		System Components Out of
Month	(Place "X")		gai.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water, OC	if Applicable	min/L	mW-sec/cm ²		System, mg/L		Operation
1	`	24.0	70,000	, 01	, ,										
2	X	24.0	70,000		1.5								1.2		
3		24.0	69,667												
4		24.0	69,667												
5	X	24.0	69,667		1.7		ļ						1.5	2.0	
6 7	- ;;	24.0	77,500					ļ		···	ļ		0.8		
8	X	24.0 24.0	77,500 73,000		1.5						<u> </u>		0.8		
9	Х	24.0	73,000		1.4				 -		 		0.8		
10	- ^-	24.0	68,667									 	0.0		
11		24.0	68,667			·									
12	X	24.0	68,667		1.2								0.6	2.0	
13		24.0	50,000												
14	X	24.0	50,000		1.5								0.7		
15		24.0	58,500								ļ				
16	X	24 0	58,500		1.1			ļ				ļ	0.7		
17 18		24.0	67,667 67,667							· · · · · · · · · · · · · · · · · · ·					
19	X	24.0	67,667		1.5		-	ļ			 		0.8	2,0	
20		24.0	79,000		1.5		 				 	 	3.0		
21	Х	24.0	79,000		1.4						1		0.7		
22		24.0	61,000	· · · · · · · · · · · · · · · · · · ·											
23	X	24.0	61,000		1.5								0.7		
24		24.0	70,667												
25		24.0	70,667				ļ				ļ				
26	Х	24.0	70,667		1.8			ļ				ļ	1.1	4.0	
27	- v	24.0 24.0	73,500		1.7		 				<u> </u>	ļ	1.0		
28	X	24.0	73,500 63,000		 		 	 	 			 	1.0		
30	x	24.0	63,000		1.6	ļ			 -		 	 	1.1		
		2,1.0	55,000		1.0						 	t			_
Total			2,041,000		· · · · · · · · · · · · · · · · · · ·		<u> </u>				•				

79,000

Maximum

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



See Page	2 for Instructions.									
Consecutive Number of Consecutive Consecutive Contact Per Contact	f Service Connections at End of Month: ve System Owner:	Community Non-Transient Non-Community 923 Florida Water Services Craig Anderson P.O. Box 609520 (407) 598-4100 craiga@florida-water.com	y Fl	PWS Identification Number: 6511331 Transient Non-Community Total Population Served at End of Month: 2,031 Contact Person's Title: Vice President Environmental Services City: Orlando State: FL Zip Code: 32860-9520 Contact Person's Fax Number: (407) 598-4108						
	Distribution System Disinfectant Residual isinfectant Residual Maintained in Distri		April, 20	04 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 Cond Repair or Maintenance Work that Invo Taking Water System Components Ou Operation	olves	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation					
1 2 3	1.6		17 18 19	1.4						
5 6 7	1.5		20 21 22 23	1.4						
8 9 10	1.6		24 25 26 27	1.4						
12 13 14	1.6		28 29 30	1.5						
15 16	1.2	: :	31							
I am duly	ication by Authorized Representative authorized to sign this report on behalf o e and belief.	f the consecutive system identified in Part I on this rep	port. I certify that t	the information provided in this report is tr	ue and accurate to the best of my					
Signature	and Date	Dennis Mu Printed or	uldoon Typed Name	<u></u>	Chief Plant Operator License Number or Title					



DEP Form 62-555 900(3)Alternate

See Pages 4 for Instru	uctions.							
. General Information	for the Month/Y	'ear of: May, 2004						
A. Public Water System	(PWS) Information	tion						
	CL Smith					PWS Identification Number:	6511330	
PWS Type:	✓ Community	Non-Transient Non-Commu	nity Tr	ansient Non-Com	munity	Consecutive		
Number of Service Connect		- 				tal Population Served at End of Month	n: 622	
	Florida Water Service		· · · · · · · · · · · · · · · · · · ·					
Contact Person:	Craig Anderson				Co	ontact Person's Title: VP Er	nvironmental Services	
Contact Person's Mailing A	ddress:	P.O. Box 609520			City: Orlando	State: Florida	Zip Code: 328	860-9520
Contact Person's Telephone	Number:	(407) 598-4199		- 11 - 11	Co	ontact Person's Fax Number: (407)	598-4217	
Contact Person's E-Mail Ad		craiga@florida-water.com						
3. Water Treatment Pla	int Information							
Plant Name:	CL Smith					Plant Telephone Number:	(352) 302-9713	
Plant Address:	10928 Premier Aven	ue			City: Port Riche	y State: Florida	Zip Code: 340	668
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day O	perating Capacity of I	Plant, gallons per day:		90,000				
Plant Category (per subsecti	ion 62-699.310(4), F.	A.C.): V			Plai	nt Class (per subsection 62-699.310(4)		
Licensed Operators		Name		License Class	License Numl	per Day(s)/	Shift(s) Worked	
Lead/Chief Operator:	Dennis Muldoon			C	5982	Days 1st Shift		
Other Operators:	David Rodriguez			A	7880	Days 1st Shift		
	Steve Fuller			В	7519	Days 1st Shift		
	·			<u></u>				
							<u></u>	

					<u> </u>			
I Certification by Lead	/Chief Onewater							
			41 1 1 1/-1 :-	C C4b-		t alout identified in most I of th	is report. Lagrify the	t the
i, the undersigned water	er treatment plant	operator licensed in Florida, a	im the lead/chie	operator of the	water treatmen	nt plant identified in part I of th	us report. Techniz ma	form to NCE
						cing water treatment chemicals		
						that the following additional o		
						cords of amounts of chemicals		
(2) if applicable, appro	priate treatment	process performance records.	Furthermore, I	agree to provide	these addition:	al operations records to the PW	S owner so the PWS	owner can
retain them, together w	with copies of this	report, at a convenient locatio	on for at least ter	ı years.				
			Dennis Muldo	on			C-5982	
Cianatura and Duta			Printed or Typ				License Number	r
Signature and Date			rimed of Typ	CU NAME			License (Vanioe)	

Page 1

15

PWS Id	entification	n Number:		6511330		Plant Name:	CL Smith								
III. D	aily Data	for the M	onth/Year	of:		May, 2004									
	Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)														
	Ultraviolet Radiation Other (Describe):														
L'					ibution System:	▼ Free Chlo	i.a F	Combin	ed Chlorine	(Chloramine	e) [Chlorine I	Dioxide		
Type o	Distince	riant Resid	iuai Maintair		<u>-</u>								loade		
					CT Calculations, or			Four-Log	Virus Inac	livation, if A					
	,]				CT Calc	ulations	,			UVI	Jose			A COMPANIE
							Lowest CT							POLY	시 : 시 : 1 : 1 : 1 : 1 : 1
						Disinfectant	Provided							PHOSPHATE	
					Lowest Residual	Contact Time (T)	Before or at						Lowest Residual	1110511211-	
1	Days Plant		Net Quantity		Disinfectant	at C	First	-				Minimum	Disinfectant		Emergency or Abnormal Operating
	Staffed or		of Finished		Concentration (C)	Measurement	Customer	1			Lowest Operating	UV Dose Required,	Concentration at		Conditions; Repair or Maintenance Work that Involves Taking Water
Day of	Operator	Hours plant in		Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-		nH of Water	Minimum CT Required, mg	1. Take 1	mW-	Remote Point in Distribution		System Components Out of
Month	(Place "X")		Producted, gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L		if Applicable		mW-sec/cm ²		System, mg/L		Operation Operation
1	(, m.c. //)	24.0		тано, ври.	Tour How, mg/L	, immuco	, miles	1				a secondaria	. 5,5.5,	· · · · · · · · · · · · · · · · · · ·	
2		24.0		 			· · · · · · · · · · · · · · · · · · ·								
3	Х	24.0	68,000		1.4								0.8	3.0	
4		24.0	57,500												
5	Х	24.0			1.5								0.9		
6		24.0					ļ						,,		
7	X	24.0			1.6		<u> </u>						1.1		
8		24.0 24.0				ļ		 	 			 			
10	Х	24.0		 	1.7	-		1					1.1	3.0	
11		24,0													
12	Х	24.0			1.5	 		1					0.9		
13		24.0	67,500												
14	X	24.0			1.6		ļ		<u> </u>				1.0		
15		24.0						1					,	<u> </u>	
16		24.0	<u> </u>		20			ļ	 		ļ		1.0		
17	X	24.0 24.0			2.0	<u> </u>	<u> </u>	 				 	1.0		
19	x	24.0		 	1.4		 	 			<u> </u>		1.1	3.0	
20	 ^- -	24.0			1.,	 		1	 						
21	Х	24.0	1		1.0		 		1				0.5		
22		24.0	70,667												
23		24.0							<u> </u>		ļ	ļ			
24	X	24.0			1.4		<u> </u>	ļ			<u> </u>	 	0.7	4.0	
25		24.0		ļ	1.4					 	 	ļ 	0.8		
26	X	24.0			1.4	 	 	 	 	 		 	0.6	 	
28	X	24.0	<u> </u>	 	1.0	 	 	1	 		 	l	0.6		
29	 ^-	24.0		 	1.0	 	 	 							
30		24.0													
31	Х	24.0			1.1								0.6	<u> </u>	
Total		4	2,033,000												
Avgerag	e	1	65,581]											

88,000

Maximum

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



I. General Consecutive Consecutive Number of Consecutive Contact Pe Contact Pe Contact Pe	F Service Connections at End of Month: ve System Owner: erson: erson's Mailing Address: erson's Telephone Number: erson's E-Mail Address:	Community		Transient Non-Community Total Population Ser Contact Person's Titl City: Orlando Contact Person's Fax	e: Vice President Environmental Services State: FL Zip Code: 32860-9520			
	Distribution System Disinfectant Residua isinfectant Residual Maintained in Distri		Лау, <u>20</u>	Combined Chlorine (Chloramines)	Chlorine Dioxide			
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
1		SP	17	1.2				
$\frac{2}{3}$	1.7		18 19 20	0.9				
5	1.6		21 22	0.8				
7 8	1.7		23 24 25	0.8				
10	1.6		26 27	0.9				
12	1.8		28 29	0.6				
14 15	1.4		30	0.8				
	ication by Authorized Representative		<u> </u>					
	authorized to sign this report on behalf o	f the consecutive system identified in Part I on this report. I ce	rtify that 1	the information provided in this report is tr	ue and accurate to the best of my			
Signature	and Date	Dennis Muldoon Printed or Typed N	ame		Chief Plant Operator License Number or Title			

Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Palm Terrace

June 2004

Aqua Utilities Florida, Inc.



See Pages 4 for Instr	uctions.							
. General Information	for the Month/	Year of: July, 2004						
A. Public Water System	(PWS) Informa	ıtion						
	CL Smith					PWS Identification Numb	er: 6511330	
PWS Type:	✓ Community	Non-Transient Non-Commun	ity T	ransient Non-Com	munity	Consecutive		
Number of Service Connect		1: 276			То	al Population Served at End of	f Month: 622	
PWS Owner:	Aqua Utilities Florid	la			- · · · · · · · · · · · · · · · · · · ·			
Contact Person:	Brian Heath				Co	ntact Person's Title:	Area Manager	
Contact Person's Mailing A	ddress:	2315 Griffin Road			City: Leesburg	State: Florida	Zip Code:	34748-3315
Contact Person's Telephone	Number:	(352) 787-0980			Co	ntact Person's Fax Number:	(352) 787-6333	
Contact Person's E-Mail Ad	ldress:	beheath@aquaamerica.con	1					
B. Water Treatment Pla	ant Information							
Plant Name:	CL Smith					Plant Telephone Number:	(352) 302-	-9713
Plant Address:	10928 Premier Aver	· · · · · · · · · · · · · · · · · · ·			City: Port Riche	State: Florida	Zip Code:	34668
Type of Water Treatment by	<u> </u>	✓ Raw Ground Water	Purchased Fin	ished Water				
Permitted Maximum Day C				90,000	,			
Plant Category (per subsect	ion 62-699.310(4), F					t Class (per subsection 62-699		
Licensed Operators		Name		License Class	License Numb		ay(s) / Shift(s) Worked	
Lead/Chief Operator:				С	6813	Days 1st Shift		
Other Operators:	Dennis Muldoon			C .	5982	Days 1st Shift		
	David Rodriguez			Α	7880	Days 1st Shift	·······	
	Steve Fuller			В	7519	Days 1st Shift		
					ļ			
7.5					ļ			
				ļ				
					<u></u>			
				i	<u> </u>			
I Certification by Lead	I/Chief Operato	r						
		t operator licensed in Florida, a	m the lead/chie	ef operator of the	water treatmer	t plant identified in part	Lof this report. I certi	fy that the
		ue and accurate to the best of m						
International Standard	iii tiiis report is ti 40 aa atbaa aanl	icable standards referenced in s	when the section 62.5	55 220/2) E A /	Ty that an uring	that the following additi	ional operations record	e for this plant
international Standard	oo or other appr	icable standards referenced in s	uosection 02-3	33.320(3), F.A.	. I also certify	unat the following additi	micals used and shamis	ol food rates: and
were prepared each da	iy that a licensed	operator staffed or visited this p	plant during the	month indicate	a above: (1) re	cords of amounts of chen	incais used and chemic	ar recurrates, and
		process performance records.			these additiona	i operations records to ti	ne PWS owner so the F	ws owner can
retain them, together v	vith copies of this	s report, at a convenient location	n for at least te	n years.				
			Will Fontaine	•			C-6813	
Signature and Date			Will I Ontaine	<u> </u>			License N	lumber
orginature and Date								

PWS Id	WS Identification Number: 6511330 Plant Name: CL Smith														
III. D	aily Data	for the M	lonth/Year o	of:		July, 2004									
			y Virus Inactiv		al: ▼ Free C	hlorine [Chlorine Die	oxide	Ozone	Comb	ined Chlorir	ne (Chloran	nines)		
L UI	raviolet Ra	adiation	[Other	(Describe):		•		-		,		(
Type o	f Disinfec	tant Resid	lual Maintain	ed in Distri	bution System:	Free Chlo	rine [Combin	ed Chlorine	(Chloramine	es) Γ	Chlorine E	ioxide		
			l 1		T Calculations, or							7 (13 f.)		ar. 1445	
						CT Calc		au V			UVI				
							Particular .	là 5/1					지난한 말이		
					Na lijas ir i	Disinfectant	Lowest CT Provided	f a						POLY	
-					Lowest Residual	Contact Time (T)							Lowest Residual	PHOSPHATE	
	Days Plant		Net Quantity		Disinfectant	⊊at C	First					Minimum	Disinfectant		Emergency or Abnormal Operating
	Staffed or		of Finished		Concentration (C)	Measurement	Customer		N. C. C. C. C. C. C. C. C. C. C. C. C. C.		Lowest	UV Dose	Concentration at		Conditions, Repair or Maintenance
Day of the	Visited by Operator	Hours plant in		Peak Flow	Before or at First	Point During	During Peak	Temp of	pH of Water,	Minimum CT		Required, mW-	Remote Point in		Work that Involves Taking Water System Components Out of
Month	(Place "X")	4.5	Producted, gal	Rate, gpd.	Customer During Peak Flow, mg/L	Peak Flow, minutes	Flow, mg- min/L	Water OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	Distribution System, mg/L		Operation
1		24.0	41,500	- mic, ppu.	Tour Ton, mg/D	minutes			- т-фрилани			Societies	Cystom, mg L	1 2 2	
2	X	24.0	41,500		1.3								0.5		
3		24.0	66,333												
5		24.0 24.0	66,333										0.7	1.7	
6	X	24.0	66,333 67,000		1.4							<u></u>	0.7	1.7	
7	X	24.0	67,000	-	1.3		<u> </u>	·····			· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.8		
8		24.0	68,500									-			
9	X	24.0	68,500		1.2								0.7		
10		24.0	73,667												
11	х	24.0 24.0	73,667 73,667		1.2								0.8	1.0	
13		24.0	58,500		1.2							<u> </u>		1.0	
14	X	24.0	58,500		1.1			-					0.7		
15		24.0	60,000												
16	X	24.0	60,000		1.3								0.9		
17		24.0	66,667					<u> </u>	<u> </u>		ļ ——	ļ			
18	х	24.0 24.0	66,667 66,667		1.0		ļ		-				0.5	1.2	
20	^	24.0	53,500		1.0	-			-		 		0.5	1.2	
21	X	24.0	53,500		1.4			t					0.9		
22		24.0	55,500												
23	Х	24.0	55,500		1.0						ļ		0.7		
24		24.0 24.0	56,667 56,667				ļ —	-	 				<u> </u>		
26	X	24.0	56,667		1.1			 	 			 	0.6	1.6	
27		24.0	51,500		4.1							ļ .	J.0		
28	X	24.0	51,500		1.2								0.7		
29		24.0	51,500											<u>.</u>	
30	X	24.0	51,500		1.1				 		ļ		0.7		
31 Total		24.0	57,700 1,862,700		_ 	L <u> </u>	<u> </u>	L	l	L	L	l	L		
Avgerage	· · · · · · · · · · · · · · · · · · ·		60,087												

73,667

Maximum

[•] Refer to the instructions for this report to determine which plants must provide this information.



	2 for Instructions.				
	Water System Information for the Montl ve System Name: Palm Terrace	'Year of: July	y, 2004		PWS Identification Number: 6511331
Number o	f Service Connections at End of Month:	Community Non-Transient Non	n-Community [7]	Transient Non-Community Total Population Ser	ved at End of Month:
Contact Po	erson: erson's Mailing Address:	Aqua Utilities Florida Brian Heath 2315 Griffin Rd, Suite 4			State: FL Zip Code: 34748-3315
	erson's Telephone Number: erson's E-Mail Address:	(352) 787-0980 beheath@aquaamerica.com		Contact Person's Fax	Number: (352) 787-6333
	Distribution System Disinfectant Residua isinfectant Residual Maintained in Distri		July, 200 Free Chlorine	Ombined Chlorine (Chloramines)	Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Oper Repair or Maintenance Wor Taking Water System Comp Operation	k that Involves	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
3	1.3	. <u></u>	18 19 20	1.2	
5 6	1.1		$\begin{array}{ c c }\hline 20\\\hline 21\\\hline 22\\\hline \end{array}$	1.0	
7 8 9	1.4		23 24 25	1.2	
10	L.1		26 27	1.4	
12 13 14	1.0		28 29 30	1.2	
15 16	1.4		31		
III. Certif	ication by Authorized Representative				
	authorized to sign this report on behalf of e and belief.	the consecutive system identified in Pa	rt I on this report. I certify that t	he information provided in this report is tr	ue and accurate to the best of my
Signature	and Date		Will Fontaine Printed or Typed Name		C - 6813 License Number or Title



See Page	2 for Instructions.				
	l Water System Information for the Month we System Name: Palm Terrace	Year of: August, 2004			PWS Identification Number: 6511331
		Community Non-Transient Non-Community		Transient Non-Community	1 - F. 4 - 6 M - 4h - 2221
	of Service Connections at End of Month: 9 ive System Owner:	Aqua Utilities Florida		Total Population Ser	ved at End of Month: 3231
Contact P		Dennis Muldoon		Contact Person's Titl	e: Senior Facilities Operator
Contact P	erson's Mailing Address:	116 Arbordale Drive		City: Port Richey	State: FL Zip Code: 34668
	erson's Telephone Number:	352-302-9713		Contact Person's Fax	Number: 727-697-3137
Contact P	erson's E-Mail Address:	dmuldoon@aquaamerica.com	***********		
	Distribution System Disinfectant Residua		ugust, 2		
Type of D	Disinfectant Residual Maintained in Distri	bution System:	<u> []</u>	Combined Chlorine (Chloramines)	Chlorine Dioxide
	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of
Day of the Month	in Distribution System, mg/L	Operation	the Month	in Distribution System, mg/L	Operation
]		- F	17		
2	1.2		18	1.4	
3	and the second of the second o		19		
5	1.4		20	1.3	
6	1.2		22		
7			23	1.2	
8			24		
9 10	1.4		25 26	1.4	-
11	1.2		27	1.2	
12			28		
13	1.4	· · · · · · · · · · · · · · · · · · ·	29	ļ	
14 15	-		30	1.4	
16	1.2	·			
<u> </u>			<u></u>		
III. Certii	lication by Authorized Representative				
	authorized to sign this report on behalf of the and belief.	the consecutive system identified in Part I on this report. 1 of	ertify that	the information provided in this report is to	rue and accurate to the best of my
Signature	and Date	Dennis Muldoon Printed or Typed	Name	<u> </u>	Senior Facilities Operator License Number or Title



See	Pages	4	for	Instr	ictions.
. 700	I ayes	•	1111	1115111	ICTIONS.

See Pages 4 for Instr						_		
I. General Information	for the Month/Y	ear of: August, 20	004					
A. Public Water System	(PWS) Informa	tion						
PWS Name:	CL Smith					PWS Identification Numbe	er: 6511	1330
PWS Type:	✓ Community	Non-Transient Non-Commu	inity 1	Fransient Non-Comr		Consecutive		
Number of Service Connect				Turisierie Turi Corri		Population Served at End of	Month: 1,00	
PWS Owner:	Aqua Utilities Florid				1.0			
Contact Person:	DennisMuldoon				Contac	et Person's Title:	Senior facilities Ope	rator
Contact Person's Mailing A		116 Arbordale Drive			City: Port Richey	State: Florida		Code: 34668
Contact Person's Telephone	Number:	352-302-9713				et Person's Fax Number:	727-697-3137	
Contact Person's E-Mail Ad	dress:	dmuldoon@aquaamerica.c	om					
3. Water Treatment Pla								
Plant Name:	CL Smith					Plant Telephone Number:	(352	2) 302-9713
Plant Address:	10928 Premier Aven	ue			City: Port Richey	State: Florida	Zip	Code: 34668
Type of Water Treatment by	y Plant:	✓ Raw Ground Water	Purchased Fir	nished Water				
Permitted Maximum Day O	perating Capacity of l	Plant, gallons per day:		90,000				
Plant Category (per subsect	ion 62-699.310(4), F.	A.C.): V				ass (per subsection 62-699.		D
Licensed Operators		Name		License Class	License Number	Day	y(s) / Shift(s) Wo	orked
Lead/Chief Operator:	Dennis Muldoon			C	5982	Days 1st Shift		
Other Operators:	Carl Virtuoso			С	4835	Days 1st Shift		
								
				_L		L		
I. Certification by Lead	/Chief Operator	•						
		operator licensed in Florida,	om the lead/chi	of operator of the	water treatment n	lant identified in part I	of this report I	certify that the
		ie and accurate to the best of i						
		cable standards referenced in						
		operator staffed or visited this						
		process performance records.			these additional o	perations records to th	e PWS owner so	the PWS owner can
retain them, together w	vith copies of this	report, at a convenient location	on tor at least te	en years.				
			Dennis Muld	loon			C-5	5982
Signature and Date			Printed or Ty				-	ense Number
Manatare and Date			Timed of Ty	rped ivanie			<u> </u>	

												005,68			umixeM
												857,62		24 - 14 - 3	Avgerag
												1,852,500	0.1-7		Total
												72,500	0.42	V	18
	t.I	0.1								Þ.I		000,76	0.42	X	30
												000,76	0.42		67
												000,76	24.0		87
		1.1								⊅`l		25,500	24.0	X	LZ
												005,520	74.0		97
		1.0								Þ. Í		005,82	24.0	X	57
												005,62	24.0		77
	9.1	1.1								9.1		L99'65	24.0	X	23
												L99'65	24.0		77
												299'65	24.0		71
		8.0								J.4		002,74	24.0	X	50
												002,74	24.0		6I
		6.0								₱ I		000,62	24.0	X	18
										0.1		000,62	0.42	V	LI
	ÞΊ	9.0								1.0		L99'95	0.42	X	91
												760,02	24.0		12
												L99'95	24.0		ÞΙ
		6.0								£.1		000,22	0.47	X	EI
												920,000	74.0	1/	15
		8.0								Þ'l		000,88	74.0	X	11
										C.1		000,88	0.42		10
	£.1	6.0								€1		£££,22	0.42	X	6
									ļ			£££,22	0.4 <u>c</u>		8
										•••		£££,22	24.0	7/	L
		8.0								1.1		005,62	74.0	X	9
										7:1		005,62	74.0		ς
		6.0								1.2		005,09	24.0	X	7
								ļ		0.1		005,08	24.0	X	3
	7.1	9.0					-			0.1		005'98	24.0	_^_	Ι
	resourción o la	er Arra Strong (a	monoc	1110 000-14 111	7.000	oromoniqqy v II	O. Tombe	J/nim	səmuiu	Peak Flow, mg/L	Rate, gpd.	163 002.39		(Place "X")	Month
Operation	¥* 4.	System, mg/L	sectem	rm3/398-Wm	J'aim	if Applicable	Do Jarew	-зт.,wol4	Peak Flow,	Customer During	Peak Flow	Producted,	noitenear	Operator	фиони
To tuO edinoponents Out of		noitudinisid	-Wm		Required, mg		To amsT	During Peak	Saint Daring	Before or at First	I mora stora		mslq smoH		Day of
Work that Involves Taking Water		ni trioq stomsA	Required,		TD muminiM	20034034		Customer	Measurement	Concentration (C)		bodsini To	inola carrell	Staffed or	30 1(1
Conditions, Repair or Maintenance		Disinfectant Concentration at	UV Dose	Lowest				Fust	Ots	Disinfectant		Net Quantity		Days Plant	
Emergency or Abnormal Operating		Lowest Residual	muminiM					Before or at	Contact Time (T)			O A			
	PHOSPHATE	foubise d boure 1						Provided	Disinfectant	1 1. u. 1			1		
	POLY					1	140	Lowest CT							
				1	Note that			14 kg		4 - 4 - 4				· '	1
			980(IAL	27 6 x 1 1 1			lations	CT Calcu		10				
	F 1/2				A II , II A	Virus Inaci	go.1-no	emostate F	OA Dose, to L	T Calculations, or	2			[
		annyou							✓ Free Chlor	oution System:		uai iviaintain	DISƏN 1021	oəluisid i	o ady i
		abixoit	Chlorine D		Chloranines	enizold') be	-cidmo)	<u>ا ا</u>							-
		,							_		(Descripe):			raviolet Ra	
		(sənin	e (Chloran	nitoldO bəni	Combi	əuozO _	əbixo	Chlorine Dio	hlorine	D sort 🔽 Free C	svom9A\noita	Virus Inactiv	g Four-Log	mvəidəA To	Means (
									August, 2004		:10	onth/Year c	for the M	aily Data	III' D
								muno do						entification	
								CL Smith	Plant Name:		0881189		уточити	- cite o ditue	ri 5/Nd

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



Daily Distribution System Disinfectant Residual Data for the Month Year of : De of Disinfectant Residual Maintained in Distribution System: Distribution System Fee Chlorida	ditions;	, 2004 Combined Chlorine (Chloramines)	Chlorine Dioxide
Lowest Residual Disinfectant Repair or Maintenance Work that Invo	olves		
forthe in Distribution System, mg/L Operation Operation	II Day of	Concentration at Remote Point	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1 1.5	17	1.4	
3 1.2 4 5 6	19 20 21 22	1.4	
7 1.8 8 1.6	23 24 25	1.0	
10 1.4 11 12 12	26 27 28	1.2	
13 14 15 16	29 30 31	1.4	
Certification by Authorized Representative			
n duly authorized to sign this report on behalf of the consecutive system identified in Part I on this reportedge and belief	port. I certify that	the information provided in this report is to	rue and accurate to the best of my



Saa	Dagge	4	for	Instruc	tions
Sec	rages	4	1411	111211111	'HAME

See Pages 4 for Instr								
. General Information	for the Month/	Year of: September, 2004						
A. Public Water System	(PWS) Informa	ition						
PWS Name:	CL Smith				PWS Identification Num	ber: 6	5511330	
PWS Type:	✓ Community	Non-Transient Non-Community	Transient Non-Comr	nunity	Consecutive			
Number of Service Connect	tions at End of Month	1: 287		Total I	Population Served at End	of Month: 6	546	
PWS Owner:	Aqua Utilities Florid	la						
Contact Person:	Dennis Muldoon			Contac	ct Person's Title:	VP Environment	al Services	
Contact Person's Mailing A	ddress:	7616 Arbordale Drive		City: Port Richey	State: Florida	2	Zip Code:	34668
Contact Person's Telephone	Number:	352-302-9713		Contac	ct Person's Fax Number:	727-697-3137		
Contact Person's E-Mail Ad	ldress:	dmuldoon@aquaamerica.com						
3. Water Treatment Pla	ant Information							
Plant Name:	CL Smith				Plant Telephone Number		352) 302-97	
Plant Address:	10928 Premier Aven			City: Port Richey	State: Florida		Zip Code:	34668
Type of Water Treatment by			ed Finished Water					
Permitted Maximum Day O			90,000					
Plant Category (per subsect	ion 62-699.310(4), F.				ass (per subsection 62-69		D	
Licensed Operators		Name	License Class	License Number	D	ay(s) / Shift(s) V	Worked	gale.
Lead/Chief Operator:	Dennis Muldoon		C	5982	Days 1st Shift			
Other Operators:								
							<u>.</u>	
1 1 m								
								
				<u></u>				
Contification by Lond	I/Chief Organie							
1 Certification by Lead			1/ 1 ' 6		1	I of this was out	Loantifict	hat the
		operator licensed in Florida, am the lea						
		ue and accurate to the best of my knowle						
		cable standards referenced in subsection						
		operator staffed or visited this plant duri						
(2) if applicable, appro	opriate treatment	process performance records. Furthermo	ore, I agree to provide	these additional o	perations records to	the PWS owner	so the PW	S owner can
retain them, together w	vith copies of this	report, at a convenient location for at le	east ten years.					
		Dennis	Muldoon				C-5982	
Signature and Date		Printed	d or Typed Name			1	License Num	ber

PWS Id	entification	n Number:		6511330		Plant Name:	CL Smith								
III. D	aily Data	for the M	onth/Year	of:		September, 200	4								
			g Virus Inactiv				Chlorine Di	-,	C Ozone			(61.1			
II.	raviolet R			r (Describe):		inorme 1	Chiorine Di	oxide	Ozone	[Comb	ined Chiorii	ne (Chioran	nines)		
-					bution System:	▼ Free Chlo	· -	Combin	ed Chlorine	(Cl-1	-\	Chlorine I			
Type o	Disinted	ctant Resid	luai Maintair										Pioxide	 	
					T Calculations, or			Four-Log	Virus Inac	tivation, if A					
			-			CT Calc	ulations			<u> </u>	UVI	Dose	T. Acceleration		
					4		Lowest CT						P. 1987		그렇다 그 그 그 그 그를 걸
						Disinfectant	Provided	1						POLY PHOSPHATE	
1					Lowest Residual	Contact Time (T)	Before or at			.i			Lowest Residual		
	Days Plant		Net Quantity		Disinfectant	at C	First			₹ :		Minimum	Disinfectant	An An S	Emergency or Abnormal Operating
D6	Staffed or		of Finished		Concentration (C)	Measurement	Customer				Lowest	UV Dose	Concentration at		Conditions, Repair or Maintenance
Day of the	Operator	Hours plant in	Water Producted,	Peak Flow	Before or at First Customer During	Point During Peak Flow,	During Peak Flow, mg-	Temp of	pH of Water,	Minimum CT		Required, mW-	Remote Point in Distribution	NOTE:	Work that Involves Taking Water System Components Out of
Month		Operation	gal.	Rate, gpd.	Peak Flow, mg/L	minutes	min/L	Water OC	if Applicable	min/L	mW-sec/cm ²	sec/cm ²	System, mg/L		Operation
1	X	24.0	145,000	так, Бра.	1.5	innucs	innec	111111111	птирисано	MIND ES	III W - SCO CIII	. Secretar .	1.1	Address of the	Operation
2		24.0	68,500											<u> </u>	
3	Х	24.0	68,500		1.4								1.2		
4			**												
5			**												
7			**		1.0							_		<u> </u>	
8	X	24.0	4,000		1.8			<u> </u>					1.4		
9		24.0	55,500		1.4			 					1.2		
10	Х	24.0	55,500		1.4				-				1.2		
11		24.0	48,000					l						 	
12		24.0	48,000										-		
13	X	24.0	48,000		1.5	,							1.1	1.4	
14		24.0	50,500					ļ		<u></u>					
15 16	Х	24.0	50,500		1.4		<u> </u>	<u> </u>					1.2		
17	X	24.0 24.0	44,000 44,000		0.8			<u> </u>					0.5	-	
18		24.0	63,667		0.8			 			ļ		0.5		
19		24.0	63,667					 							
20	Х	24.0	63,667		1.1								0.7	1.4	
21		24.0	47,500												
22	X	24.0	47,500		1.2								0.8		
23		24.0	44,500		1.0			ļ					0.7		**Plant without power,
24	Х	24.0 24.0	44,500 56,000		1.0							 	0.7		PT interconnect opened. Hurricane
26		24.0	56,000					 				l		 	Humane
27	X	24.0	56,000		1.1		 	 			 	1	0.7	1.4	
28		24.0	47,000				 	†	 			l			
29	Х	24.0	47,000		1.4								0.8		
30		24.0	56,000												
		L				L	<u> </u>	l	1		<u> </u>		<u> </u>	l	L
Total	1 1 1	4	1,423,000												
Avgerag	e		54,731												

145,000

Maximum

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



	2 for Instructions.									
Consecuti Consecuti Number o	Water System Information for the Montove System Name: Palm Terrace ve System Type: F f Service Connections at End of Month: ve System Owner:	Community	<u> </u>	Transient Non-Community Total Population Ser	PWS Identification Number: 6511331 ved at End of Month:					
Contact P Contact P Contact P Contact P		Aqua Utilities Florida Dennis Muldoon 7616 Arbordale Drive 352-302-9713 dmuldoon@aquaamerica.com	Contact Person's Title: Vice President Environmental Services City: Port Richey State: FL Zip Code: 34668 Contact Person's Fax Number: 727-697-3137 October, 2004							
Type of D	isinfectant Residual Maintained in Distri	bution System:		Combined Chlorine (Chloramines)	Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation					
1 2	1.6		17	1.6						
3 4 5	1.5		19 20 21	1.4						
6	1.7		22 23	1.6						
8 9 10	1.4		24 25 26	1.4						
11 12 13	1.6		27 28 29	1.5						
14	1.4		30 31	1.4						
16										
I am duly	eation by Authorized Representative authorized to sign this report on behalf of and belief.	the consecutive system identified in Part I on this report. I co	ertify that t	he information provided in this report is tr	rue and accurate to the best of my					
Signature	and Date	Dennis Muldoon Printed or Typed N	ame		C - 5980 Senior Facilities Operator License Number or Title					



See Pages 4 for Instru								
I. General Information	for the Month/Y	ear of: October, 2	2004					
A. Public Water System	(PWS) Informati	tion						
	CL Smith					PWS Identification Number	6511330	
PWS Type:	✓ Community	Non-Transient Non-Commu	unity Tra	ansient Non-Comr	nunity	Consecutive		
Number of Service Connect	ions at End of Month					Population Served at End of	Month: 622	
PWS Owner:	Aqua Utilities Florida	1			······································			
Contact Person:	DennisMuldoon				Contac	et Person's Title:	Senior facilities Operator	
Contact Person's Mailing Ac	ddress:	7616 Arbordale Drive			City: Port Richey	State: Florida	Zip Code:	34668
Contact Person's Telephone	Number:	352-302-9713			Contac	et Person's Fax Number:	727-697-3137	
Contact Person's E-Mail Ad	dress:	dmuldoon@aquaamerica.c	com					
B. Water Treatment Pla	int Information							
	CL Smith					Plant Telephone Number:	(352) 302-	9713
Plant Address:	10928 Premier Avenu				City: Port Richey	State: Florida	Zip Code:	34668
Type of Water Treatment by		✓ Raw Ground Water	Purchased Finis	shed Water				
Permitted Maximum Day O				90,000				
Plant Category (per subsecti	on 62-699.310(4), F.			:		ass (per subsection 62-699.3		
Licensed Operators		Name		License Class	License Number		y(s) / Shift(s) Worked	Section 1 Landson
Lead/Chief Operator:	Dennis Muldoon			C	5982	Days 1st Shift		
Other Operators:								
								
					L			
II Certification by Lead	/Chief Operator		***					
		operator licensed in Florida,	am the lead/chies	f operator of the	water treatment n	lant identified in part I	of this report. I certif	v that the
		ne and accurate to the best of						
		cable standards referenced in						
Wara meanared each de	that a licensed of	operator staffed or visited this	subsection 02-33	13.320(3), 1 .A.C	d above (1)	de efemounts efebone	icals used and chemics	al feed rates: and
		process performance records.		-	tnese additional o	perations records to the	e PWS Owner so the P	w 5 Owner Can
retain them, together w	vith copies of this	report, at a convenient location	on for at least ten	years.				
			Dennis Muldo	On.			C-5982	
Signature and Date			Printed or Typ				License No	umher
arguature and Date			ranted of Typ	cu Name			License IVI	annoo!

PWS Id	entification	n Number:		6511330		Plant Name:	CL Smith								
III. D	aily Data	for the M	lonth/Year o	of:		October, 2004									
			y Virus Inactiv		al: ▼ Free C	hlorine -	Chlorina Di	avida	C Ogono	┌ Comb	: A Ch1i-	(Ch.I	-:		
1	raviolet R			r (Describe):		morne i	Chorne Di	oxide	1 Ozone	1 Come	inea Chiorii	ie (Cnioran	nines)		
⊢						▼ Free Chlo	· F	Combin	ad Chlarina	(Chloramine	a) F	Chlorine E	Ninuida		
Type o	Disinte	ciani Resid	iuai Maintair		bution System:								Dioxide		<u> </u>
	2.		, i		T Calculations, or			our-Log	Virus Inac	tivation, if A					
						CT Calc	ulations	432			UVI	Ose			
							Lowest CT	1,04		٠,				POLY	
	- "					Disinfectant	Provided							PHOSPHATE	
	i				Lowest Residual	Contact Time (T)	Before or at	Smale No. Space of		* .		4.7	Lowest Residual	HIOSHIAIE	
	Days Plant		Net Quantity		Disinfectant	at C	First	\mathcal{F}^{*}				Minimum	Disinfectant		Emergency or Abnormal Operating
	Staffed or		of Finished		Concentration (C)	Measurement	Customer	2.5			Lowest	UV Dose	Concentration at		Conditions, Repair or Maintenance
Day of	Visited by	1 .	1		Before or at First	Point During	During Peak	Town of	1	Minimum CT		Required, mW-	Remote Point in		Work that Involves Taking Water
the	Operator (Place "X")	in	Producted,	Peak Flow	Customer During	Peak Flow,	Flow, mg-		pH of Water, if Applicable	Required, mg	20 1 2 1 mg	sec/cm ²	Distribution		System Components Out of Operation
Month 1	(Flace X)	Operation 24.0	gal. 112,000	Rate, gpd.	Peak Flow, mg/L 0.9	minutes	min/L	water, C	п Аррисавіе	min/L	mW-sec/cm ²	sec/cm	System, mg/L 0.5	August to the second	Operation
2	^_	24.0	60,000		0.5			 					0.5	 	
3		24.0	60,000					<u> </u>						*	
4	Х	24.0	60,000		1,1			 	†	<u> </u>			0,6	2.0	
5		24.0	58,500									-			
6 .	X	24.0	58,500		1.2								0.5		
7		24.0	50,500												
8	X	24.0	50,500		1.2								0.6		
9		24.0	61,000						<u> </u>						
10	1/	24.0	61,000						<u> </u>				0.0	1.0	
11	Х	24.0 24.0	61,000 52,000		1.0			ļ					0.8	1.8	
13	Х	24.0	52,000		1.2								0.7		
14	^	24.0	50,000		1.2				· · · · · · · · · · · · · · · · · · ·				0.7		
15	Х	24.0	50,000		1.0		,						0.5		
16		24.0	52,000										1		
17		24.0	52,000					1					1	-	
18	Х	24.0	52,000		1.2								0.7	1.8	
19		24.0	55,000												
20	Х	24.0	55,000		1.2								0.7		
21		24.0	45,000												
22	Х	24.0	45,000		1.2								0.7		
- 23		24.0	51,667					-							<u> </u>
24	X	24.0	51,667 51,667		1.2			-				 	0.7	2.0	<u> </u>
26	^	24.0	51,667		1.2				 			ļ	0.7	2.0	
27	X	24.0	53,500		1.0			 				 	0.5	 	
28		24.0	46,500		1.0				<u> </u>		-	<u> </u>	ļ ,,,		
29	X	24.0	46,500		1.1								0.6		
30		24.0													
- 31		24.0													
一生人是	Total	إيوا تُد ونا(عائواتي	1,608,000												
	Avecrage	e 🌼 🖖	51 871												

112,000

Maximum

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



. PI		* MC VINA I IN	IG PRO	IM A SUBPAKT H SYSTEM	
I. General Consecut Consecut Number of Consecut Contact P Contact P	of Service Connections at End of Month: ive System Owner:	Community Non-Transient Non-Community 923 Aqua Utilities Florida Dennis Muldoon 116 Arbordale Drive 352-302-9713			PWS Identification Number: 6511331 rved at End of Month: 2031 le: Vice President Environmental Services State: FL Zip Code: 34668 Number: 727-697-3137
II. Daily	Distribution System Disinfectant Residur Disinfectant Residual Maintained in Distr		vember,	2004 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	7	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
2 3 4 5	1.6		18 19 20 21 22	1.4	
7 8 9 10	1.6		23 24 25 26 27	1.6	
12 13 14 15	1.5		28 29 30 31	1.5	
l am duly		of the consecutive system identified in Part I on this report. I co	ertify that t	he information provided in this report is tr	rue and accurate to the best of my
knowledg	e and belief.	Dennis Muldoon			Chief Plant Operator

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

Signature and Date

Printed or Typed Name

License Number or Title



See Pages 4 for Instru	uctions.							
I. General Information	for the Month/	Year of: Novem	ber, 2004					
A. Public Water System	(PWS) Informa	ntion						
	CL Smith					PWS Identification Number:	6511330	
PWS Type:	✓ Community	Non-Transient Non-Com	nmunity Tr	ransient Non-Comr		Consecutive		
Number of Service Connect				distance (Total Contra		Population Served at End of Month	h: 646	
PWS Owner:	Aqua Utilities Florid							
Contact Person:	Dennis Muldoon				Contac	et Person's Title: VP E	nvironmental Services	
Contact Person's Mailing A	ddress:	7616 Arbordale Drive				State: Florida	Zip Code:	34668
Contact Person's Telephone	Number:	352-302-9713			Contac	et Person's Fax Number: 727-6	597-3137	
Contact Person's E-Mail Ad	dress:	dmuldoon@aquaameric	ca.com	· · · · · · · · · · · · · · · · · · ·	 			
B. Water Treatment Pla	nt Information							
Plant Name:	CL Smith					Plant Telephone Number:	(352) 302-97	/13
Plant Address:	10928 Premier Aver	nue			City: Port Richey	State: Florida	Zip Code:	34668
Type of Water Treatment by	/ Plant:	✓ Raw Ground Water	Purchased Fini	shed Water				
Permitted Maximum Day O	perating Capacity of	Plant, gallons per day:		90,000				
Plant Category (per subsecti	on 62-699.310(4), F.	.A.C.):	V			ass (per subsection 62-699.310(4)		
Licensed Operators		Name		License Class	License Number	Day(s) /	Shift(s) Worked	
Lead/Chief Operator:	Dennis Muldoon			C	5982	Days 1st Shift		
Other Operators:								
		· · · · · · · · · · · · · · · · · · ·						
				<u> </u>				,J
I Certification by Lead	/Chief Operate							
			I the I 3/alsie	f	vvoten tractus ant m	lant identified in part I of th	is report. Leartify	that the
information provided i	n this report is tri	ue and accurate to the best	of my knowledge at	nd belief. I certi	ity that all drinking	water treatment chemicals	used at this plant of	Compania to NSF
						at the following additional of		
						ds of amounts of chemicals		
	-			•	these additional o	perations records to the PW	S owner so the PW	/S owner can
retain them, together w	ith copies of this	report, at a convenient loc	ation for at least ter	ı years.				
			Dennis Muldo	oon			C-5982	
Signature and Date			Printed or Typ				License Nun	nber

Plant Name: CL Smith

												188,000	6 S. F		mmixs/
												££0,03	- 105,000	15 F 24 F	Avgerage A
												000,108,1	4 7 4 4	1.25	[sto7]
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												000,22	24.0		30
	2.1	1.0								Z. I		£££,12	24.0	X	67
												£££,12	24.0		87
												£££,12	24.0		LZ
PT interconnect opened.		0.1								tΊ		005,02	24.0	X	97
**Plant single phased,												005,02	24.0		57
PT interconnect opened.		1.1		T						2.1		000,75	24.0	X	74
**Plant single phased,				-								000,78	0.42		23
	2.0	1.0								t'l		000,49	24.0	Х	- 22
												000,49	24.0		17
												000,49	24.0		50
		8.0					"			£.1		002,52	24.0	X	61
							-					005,52	24.0		81
		8.0				···				£.1		002,07	24.0	X	LI
												002,07	24.0	- ~	91
	0.2	7.0		 						0.1		762.8T	24.0	X	SI
					 		f	<u> </u>				799,87	24.0	1 ~	11
				·					<u> </u>			750,ET	24.0	-	£1
		8.0								2.1		002,72	24.0	X	71
				 								005,72	24.0		11
		8.0		 	 				 	2.1		000,23	24.0	X	01
				 	 	 						000,23	24.0		
	0.2	7.0		 		 				1.1		000,22	24.0	- V	6
	- 00				 									X	8
						l						000,22	24.0		L
		7.0		 	 					0.1		000,52	24.0		9
		20						 		0.1			24.0	X	5
		L'0		 	 			 	_			000,52	24.0		Į į
		20					<u> </u>			1.1		005	24.0	X	3
		£.0				 -	 			C'0		005	24.0		7
Honning		System, mg/L	TII 2 POSE	1112/225-14111	- Augu	oronavddy'r y	o traini.	- Carren	CONNUITE	5.0	'm49 'ann -	000,881	24.0	X	I
Conditions; Repair or Maintenance, Work that Involves Taking Water System Components Out of Operation		Concentration at Remote Point in Distribution	Required, mW- sec/cm ²	Operating	Minimum CT Required, mg Min/L	pH of Water, if Applicable	Temp of Do Jakew	Customer During Peak Flow, mg-	Measurement Point During Peak Flow, minutes	Concentration (C) Before or at First Customer During Peak Flow, mg/L	Peak Flow Rate, gpd.	Water Producted, gal	nusiq emoH ni nonsnəqO		Day of the Month
Emergency or Abnormal Operating	YJOA TTAHQSOHA	Lowest Residual Disinfectant	muminiM Municipal	Lowest				Lowest CT Provided Before or at First	Disinfectant Contact Time (T) at C	Disinfectant		Net Quantity best Sinished		Days Plant Staffed or	-
			5.通马斯,部	A	<u> </u>	100000	January Br		The Manager of			1			
	医	20 AV 154		IAD	L				CT Calcu]			j
				pplicable*	A li , noitsvi	Virus Inaci	god-no	Demostate F	UV Dose, to I	T Calculations, or)				ĺ
		əpixoi	Chlorine D		(Chloramines				▼ Free Chlor	ontion System:		uai Maintain	tant Kesid	i Disiniec	ı ype o
				<u> </u>											-
		(səni	е (Сһюғап	ned Chlorin	L Combi	əuozO 🔟	əbixo	Ohlorine Dio	hlorine 🦵		. (Descripc):	Virus Inactiva Other		nvənəA 10 R Pəloivet	
								t	November, 2002			onth/Year o			

0211330

PWS Identification Number:

^{*} Refet to the instructions for this report to determine which plants must provide this information.



See Page	2 for Instructions.				<u></u>			
Consecuti Consecuti Number o Consecuti Contact P Contact P Contact P	f Service Connections at End of Month: ve System Owner:	Community		Transient Non-Community Total Population Ser Contact Person's Titl City: Port Richey	PWS Identification Number: 6511331 Pulation Served at End of Month: Person's Title: Vice President Environmental Services State: FL Zip Code: 34668 Person's Fax Number: 727-697-3137			
	Distribution System Disinfectant Residua isinfectant Residual Maintained in Distri		December,	2004 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 Condition Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation			
1	1.5	Operation	17	1.3				
2 3 4 5	1.4		18 19 20 21	1.4				
6	1.5		22	1.5				
8 9	1.4		24 25	1.3				
10 11 12	1.5		$\frac{26}{27}$	1.2				
13 14	1.4		29 30	1.4				
15 16	1.5		31	1.2	!			
III. Certil	ication by Authorized Representative							
	authorized to sign this report on behalf o e and belief.	f the consecutive system identified in Part I on this report.	I certify that	the information provided in this report is tr	ue and accurate to the best of my			
Signature	and Date	Dennis Muldoo Printed or Type		· · · · · · · · · · · · · · · · · · ·	Chief Plant Operator License Number or Title			



I. General Consecutive Consecutive Number of Consecutive Contact Pe Contact Pe Contact Pe	f Service Connections at End of Month: ve System Owner:		January, 2005 Fransient Non-Community Therefore a community		Transient Non-Community Total Population Ser Contact Person's Title	le: Senior Facilities Operator State: FL Zip Code: 34668	
	Distribution System Disinfectant Residua isinfectant Residual Maintained in Distri		f: Jar Free Chlorine	uary, 2 ┌	005 Combined Chlorine (Chloramines)	Chlorine Dioxide	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Repair or Mainten Taking Water Sys	rmal Operating Conditions; nance Work that Involves stem Components Out of	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
1 2 3	1.3			17 18	1.5		-
5 6	1.4			20 21 22	1.6		
7 8 9	1.6.			23 24 25	1.6		
10 11 12	1.5			26 27 28	1.6		
13 14 15	1.6			29 30 31	1.5		
III. Certifi	cation by Authorized Representative						
l am duly a knowledge		f the consecutive system ide	ntified in Part I on this report. I cer	tify that t	he information provided in this report is tr	ue and accurate to the best of my	
Signature :	and Date		Dennis Muldoon Printed or Typed Na	ıme		Chief Plant Operator License Number or Title	



See Page	2 for Instructions.				
Consecuti	I Water System Information for the Monive System Name: Palm Terrace ive System Type:	The Year of February, 2005 Community Non-Transient Non-Community		Transient Non-Community	PWS Identification Number: 6511331
	of Service Connections at End of Month: ive System Owner:	923 Aqua Utilities Florida		Total Population Ser	rved at End of Month: 2031
Contact P	erson:	Dennis Muldoon		· · · · · · · · · · · · · · · · · · ·	le: Senior Facilities Operator
Contact P	erson's Mailing Address: erson's Telephone Number:	7616 Arbordale Drive 352-302-9713		City: Port Richey Contact Person's Far	State: FL Zip Code: 34668 x Number: 727-697-3137
	erson's E-Mail Address:	dmuldoon@aquaamerica.com		3007	
II. Daily Type of D	Distribution System Disinfectant Residu Disinfectant Residual Maintained in Distr	ibution System: Free Chlorine	ebruary, ☞	Combined Chlorine (Chloramines)	Chlorine Dioxide
Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	in Distribution System, mg/L	Operation	Month 17	in Distribution System, mg/L	Орегация
3	1.6		18	1.7	
5	1.8	· · · · · · · · · · · · · · · · · · ·	20 21 22	1.5	
7 8	1.6		23	1.6	
9 10	1.6		25 26	1.6	
11 12 13			27 28 29	1.8	
14 15	1.5	Pasco County switched to Chloramination	30		
16	1.6				
I am duly	ication by Authorized Representative authorized to sign this report on behalf of e and belief.	of the consecutive system identified in Part I on this report. I	certify that	the information provided in this report is t	rue and accurate to the best of my
Signature	and Date	Dennis Muldoon Printed or Typed			Senior Facilities Operator License Number or Title



See Page 2 for Instructions. I. General Water System Information for the Month/Year of: Consecutive System Name: Palm Terrace Consecutive System Type:			PWS Identification Number: 6511331 Transient Non-Community			
	Distribution System Disinfectant Residua isinfectant Residual Maintained in Distri		arch, 20	005 Combined Chlorine (Chloramines)	Chlorine Dioxide	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
l	1.5	operation — —	17			
3 4	1.8		18 19 20	2.5		
5	1.6		21 22	2.3		
7	2.0		23	2.3		
8 9 10	1.5		24 25 26	2.0		
11 12 13	2.0		27 28 29	2.2		
$\frac{14}{15}$	1.6		30 31	2.2		
III. Certif	ication by Authorized Representative		2) 			
	authorized to sign this report on behalf o	f the consecutive system identified in Part I on this report. I co	ertify that t	he information provided in this report is tr	ue and accurate to the best of my	
Signature	and Date	Dennis Muldoon Printed or Typed N	ame		Chief Plant Operator License Number or Title	



See Page 2 for Instructions.				
General Water System Information for the Mon- Consecutive System Name: Palm Terrace	th Year of: April, 2005			PWS Identification Number: 6511331
Consecutive System Type:	Community Non-Transient Non-Community	Г	Transient Non-Community	
Number of Service Connections at End of Month:	1183		Total Population Ser	ved at End of Month: 2543
Consecutive System Owner:	Aqua Utilities Florida			
Contact Person:	Dennis Muldoon		Contact Person's Titl	e: Senior Facilities Operator
Contact Person's Mailing Address:	7616 Arbordale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact Person's Telephone Number:	352-302-9713		Contact Person's Fax	Number: 727-697-3137
Contact Person's E-Mail Address:	dmuldoon@aquaamerica.com			
II. Daily Distribution System Disinfectant Residu		April, 20		
Type of Disinfectant Residual Maintained in Distr	ibution System:	া	Combined Chlorine (Chloramines)	Chlorine Dioxide
	Emergency or Abnormal Operating Condition	s;	,	Emergency or Abnormal Operating Conditions;
Lowest Residual Disinfectant	Repair or Maintenance Work that Involves		Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
Day of the Concentration at Remote Point	Taking Water System Components Out of	Day of the	Concentration at Remote Point	Taking Water System Components Out of
Month in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	Operation
1 2.2		17		
2	·	18	1.8	
3	· · · · · · · · · · · · · · · · · · ·	19		
4 3.0		20	2.0	
5	· · · · · · · · · · · · · · · · · · ·	21		
3.5		22	2.2	
7		23		
8 3.4		24		
9		25	3.2	
10		26		
11 3.4	1	27	3.0	
12		28		
13	· · · · · · · · · · · · · · · · · · ·	29	3.2	
3.0	: :	30		
15	· · ·	31		
16	<u> </u>			
III. Certification by Authorized Representative				
m. Certification by Authorized Representative				
I am duly authorized to sign this report on behalf of	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
knowledge and belief.				
	Dennis Muldoon			Senior Facilities Operator
Signature and Date	Printed or Typed			License Number or Title
	. Times or Types			



See Page 2 for Instructions. I. General Water System Information for the Mo Consecutive System Name: Palm Terrace Consecutive System Type: Number of Service Connections at End of Month Consecutive System Owner: Contact Person: Contact Person's Mailing Address: Contact Person's Telephone Number: Contact Person's Telephone Number:	7 Community Non-Transient Non-Community		Transient Non-Community Total Population Ser Contact Person's Titl	PWS Identification Number: 6511331 ved at End of Month: 2543 e: Senior Facilities Operator State: FL Zip Code: 34668 Number: (727) 697-3137
II. Daily Distribution System Disinfectant Resid Type of Disinfectant Residual Maintained in Dis	ial Data for the Month/Year of :	May, 200	05 Combined Chlorine (Chloramines)	Chlorine Dioxide
Lowest Residual Disinfectant Day of the Month in Distribution System, mg/L	•	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
3.0		17 18 19 20	3.2	
5 2.7 6 7		21 22 23 24	2.8	
9 10 11		25 26 27	3.0	
12 13 3.0 14 15		28 29 30 31	3.0	
16 3.0 III. Certification by Authorized Representative				
I am duly authorized to sign this report on behalf knowledge and belief. Signature and Date	of the consecutive system identified in Part I on this report. I continued the consecutive system identified in Part I on this report. I continued the consecutive system identified in Part I on this report. I continue the consecutive system identified in Part I on this report. I continue the consecutive system identified in Part I on this report. I continue the consecutive system identified in Part I on this report. I continue the consecutive system identified in Part I on this report. I continue the consecutive system identified in Part I on this report. I continue the		ne information provided in this report is tr	Senoir Facilities Operator License Number or Title



	2 for Instructions.	2005			
	Water System Information for the Month ve System Name: Palm Terrace	Fyear of: June, 2005			PWS Identification Number: 6511331
Consecuti Number o	ve System Type: [7] If Service Connections at End of Month: 1		ГΙ	Transient Non-Community Total Population Ser	ved at End of Month: 2543
Contact P Contact P Contact P Contact P	erson: erson's Mailing Address: erson's Telephone Number: erson's E-Mail Address:	Aqua Utilities Florida Dennis Muldoon 7616 Arbordale Drive 352-302-9713 dmuldoon@aquaamerica.com		City: Port Richey Contact Person's Fax	State: FL Zip Code: 34668 Number: 727-697-3137
	Distribution System Disinfectant Residua Disinfectant Residual Maintained in Distri		June, 20 [편	05 Combined Chlorine (Chloramines)	Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.8	
2	2.8		18		
3 4 5			19 20 21	3.0	
7 8	0.3		22 23 24	3.2	
9 10	2.4		25 26 27	3.1	
12 13	3.0		28 29 30	2.2	
14 15 16	2.6		31		
III. Certil	ication by Authorized Representative				
	authorized to sign this report on behalf of e and belief.	f the consecutive system identified in Part I on this report. I co	ertify that t	he information provided in this report is tr	ue and accurate to the best of my
Signature	and Date	Dennis Muldoon Printed or Typed N	lame		Chief Plant Operator License Number or Title



I. Genera Consecuti	2 for Instructions. I Water System Information for the Month ve System Name: Palm Terrace ve System Type:		July, 2005			PWS Identification Nu	mber: 6511331
	of Service Connections at End of Month: 1	Community Non-Transien	t Non-Community		Transient Non-Community Total Population Services	ved at End of Month: 2	543
		Aqua Utilities Florida			Total reputation ser	ted at End of Month. 2	· · · · · · · · · · · · · · · · · · ·
Contact P	erson.	Dennis Muldoon			Contact Person's Titl	e: Senior Facilities Ope	rator
		7616 Arbordale Drive					p Code: 34668
		(352) 302-9713			Contact Person's Fax	Number: (7	27) 697-3137
Contact P	erson's E-Mail Address.	dmuldoon@aquaamerica	<u>.com</u>				
	Distribution System Disinfectant Residual Disinfectant Residual Maintained in Distrib		July	, 200년 년 (5 Combined Chlorine (Chloramines)	TI C	hlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal C Repair or Maintenance \ Taking Water System C Operati	Work that Involves omponents Out of	ay of the	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Repair or Main	onormal Operating Conditions; ntenance Work that Involves System Components Out of Operation
1	2.7			17			
2				18	3.0		
3		·		19 20			
5	2.0			20			
6	<i>3.3</i> _.		(6	22	3.1		
7	· · · · · · · · · · · · · · · · · · ·			23			
8				24			
9				25			
10				26			
12	3.0			28	2.8		
13				29			
14	:			30	,		
15	· ·			31			
16							· .
III. Certif	ication by Authorized Representative						
l am duly	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 smowledge and belief.						
			Dennis Muldoon			S	enior Facilities Operator
Signature	and Date		Printed or Typed Name			L	icense Number or Title



See Page	2 for Instructions.				
	Water System Information for the Montleye System Name: Palm Terrace	h'Year of: August, 2005			PWS Identification Number: 6511331
		Community	П	Transient Non-Community	
	Service Connections at End of Month:			Total Population Ser	ved at End of Month: 2543
Consecuti Contact Pe	ve System Owner:	Aqua Utilities Florida Dennis Muldoon		Contact Porgania Titl	e: Senior Facilities Operator
	erson's Mailing Address:	7616 Arbordale Drive			State: FL Zip Code: 34668
	erson's Telephone Number:	(352) 302-9713		Contact Person's Fax	(a.m
Contact Po	erson's E-Mail Address:	dmuldoon@aquaamerica.com			
II. Daily I	Distribution System Disinfectant Residua	al Data for the Month Year of :	ugust, 2	005	
Type of D	isinfectant Residual Maintained in Distri	ibution System:	[ন	Combined Chlorine (Chloramines)	Chlorine Dioxide
Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	Operation
1	3.0	l	17	2.0	
3	3.2		19	2.6	
4	- <u></u>	<u> </u>	20		
5	3.0		21		
6			22	2.6	
7 -		· · · · · · · · · · · · · · · · · · ·	23	25	
8	3.2		25	2.3	<u> </u>
10	3.0	i	26	3.0	
11	•		27		<u> </u>
12	3.1		28		
13		· · · · · · · · · · · · · · · · · · ·	29	3.0	
14	3.0		30	2.3	
16	3.0		 	1 2.3	
10			<u></u>		
III. Certif	cation by Authorized Representative				
	authorized to sign this report on behalf or and belief.	f the consecutive system identified in Part I on this report. I c	ertify that t	he information provided in this report is tr	rue and accurate to the best of my
Signature	and Date	Dennis Muldoon Printed or Typed N	Name		Senior Facilities Operator License Number or Title



-					
	2 for Instructions.				
	d Water System Information for the Mon	h Year of: September, 2005			
	ive System Name: Palm Terrace				PWS Identification Number: 6511331
	ive System Type: of Service Connections at End of Month:	Community Non-Transient Non-Community	1 1	Transient Non-Community	and at End of Month, 2542
	ive System Owner:	Aqua Utilities Florida		Total Population Ser	ved at End of Month: 2543
Contact P		Dennis Muldoon		Contact Person's Titl	e:Senior Facilities Operator
	Person's Mailing Address:	7616 Arbordale Drive		· · · · · · · · · · · · · · · · · · ·	State: FL Zip Code: 34668
Contact P	Person's Telephone Number:	352-302-9713		Contact Person's Fax	Number: 727-697-3137
Contact P	Person's E-Mail Address:	dmuldoon@aquaamerica.com			
II. Daily	Distribution System Disinfectant Residu	al Data for the Month Year of : Ser	otember,	2005	
	Disinfectant Residual Maintained in Distr			Combined Chlorine (Chloramines)	Chlorine Dioxide
Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of	Day of the	Lowest Residual Disinfectant Concentration at Remote Point	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	Operation
2	3.0		17		
3	3.0		19	3,5	and the second of the second o
4			20		
5	2.8		21	3.0	
6			22		
7	3.0	· · · · · · · · · · · · · · · · · · ·	23	3.0	and the second s
8	3.5	•	24		
10	3.3		26	3.5	
11			27		
12	3.0		28	3.0	
13			29		
14	3.5		30	3.5	
15		i	31		
16	3.0				
III. Certif	fication by Authorized Representative				
-	authorized to sign this report on behalf of gand belief.	of the consecutive system identified in Part I on this report. I c	ertify that t	he information provided in this report is tr	
Signature	and Date	Dennis Muldoon Printed or Typed 1			Senior Facilities Operator C-5980 License Number or Title



Consecutiv	Water System Information for the Monte System Name: Palm Terrace ve System Type: [7] Service Connections at End of Month:	Community	~ 1	Transient Non-Community Total Population Ser	PWS Identification Number: 6511331
Contact Pe Contact Pe Contact Pe	ve System Owner: erson. erson's Mailing Address: erson's Telephone Number: erson's E-Mail Address:	Aqua Utilities Florida Dennis Muldoon 7616 Arbordale Drive (352) 302-9713 dmuldoon@aquaamerica.com			e: Senior Facilities Operator State: FL
	Distribution System Disinfectant Residual isinfectant Residual Maintained in Distri		tober, 2	005 Combined Chlorine (Chloramines)	Chlorine Dioxide
Day of the	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	3.4	
$\frac{2}{3}$	3.0	· · · · · · · · · · · · · · · · · · ·	18 19 20	3.2	
5	3.2		21 22	3.4	
8	3.4		23 24 25	3.4	
10	3.4		26 27	3.2	
12	3.4		28 29 30	3.4	
14 15 16	3.4		31	3.3	
II. Certifi	cation by Authorized Representative		= -		
am duly a		f the consecutive system identified in Part I on this report. I co	ertify that t	he information provided in this report is tr	ue and accurate to the best of my
Signature :	and Date	Dennis Muldoon Printed or Typed N	ame		Senior Facilities Operator License Number or Title



	2 for Instructions.				
	Water System Information for the Mont	November, 2005			PWS Identification Number: 6511331
	ive System Name: Palm Terrace	Community	· · - · · · · · · · · · · · · · · · · ·	Transient Non-Community	1 Wy Identification (various, 031733)
	of Service Connections at End of Month:				ved at End of Month:2543
	ive System Owner:	Aqua Utilities Florida			
Contact P		Dennis Muldoon		Contact Person's Titl	e: Vice President Environmental Services
	erson's Mailing Address:	7616 Arbordale Drive		City: Port Richey	State: FL Zip Code: 34668
Contact P	erson's Telephone Number:	352-302-9713		Contact Person's Fax	Number: 727-697-3137
Contact P	erson's E-Mail Address:	dmuldoon@aquaamerica.com			
II. Daile I	Distribution System Disinfectant Residua	A Data for the Month Year of	ember,	2005	
	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	1	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 Month	in Distribution System, mg/L	Operation	the Month	in Distribution System, mg/L	Operation
1	in Distribution System, mg/L	Operation	17		
2	3.5		18	3.4	
3			19		
4	3.3		20		
5			21	3.3	
6			22		·
. 7	3.4		23	3.5	<u> </u>
8		·	24		
9	3.4		25	3.5	And the second s
10	2.4	: . <u>-</u>	26 27		
11	3.4	·	28	3.5	
12		· · · · · · · · · · · · · · · · · · ·	29		
14	3.5	<u> </u>	30	3.5	
15	. EVE	· · · · · · · · · · · · · · · · · · ·	31		
16	3.4	1			
			=) 		
III. Certii	lication by Authorized Representative				
Lam duly	authorized to sign this report on hebalf o	f the consecutive system identified in Part I on this report. I co	ertify that	the information provided in this report is to	rue and accurate to the best of my
	e and belief.	. and compositive system radiitation for the root and report. Tex			-
	,				
		Dennis Muldoon			Senior Facilities Operator
Signature	and Date	Printed or Typed N	lame		License Number or Title



See Page	2 for Instructions.				
l. Genera	Water System Information for the Mont	h/Year of: December, 2005			
Consecuti	ive System Name: Palm Теггасе				PWS Identification Number: 6511331
Consecuti	ive System Type:	Community Non-Transient Non-Community		Transient Non-Community	
	of Service Connections at End of Month:			Total Population Ser	ved at End of Month: 2543
	ive System Owner:	Aqua Utilities Florida	—		
Contact P		Dennis Muldoon		,	e: Senior Facilities Operator
	erson's Mailing Address:	7616 Arbordale Drive		>	State: FL Zip Code: 34668
	erson's Telephone Number:	(352) 302-9713		Contact Person's Fax	Number: (727) 697-3137
Contact P	erson's E-Mail Address:	dmuldoon@aquaamerica.com			
II Daily	Distribution System Disinfectant Residue	al Data for the Month Year of	ember.	2005	
	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	ļļ .	Lowest Residual Disinfectant	Repair or Maintenance Work that Involves
į		-	Day of	Concentration at Remote Point	Taking Water System Components Out of
Day of the	Concentration at Remote Point	Taking Water System Components Out of	the	1	
Month	in Distribution System, mg/L	Operation	Month	in Distribution System, mg/L	Operation
1			17		
2	3.4		18		
3			19	3.4	
4			20		
- 5	3.2	<u>: </u>	$\frac{21}{22}$	3.4	
	2.5	A THE RESIDENCE OF THE PROPERTY OF THE PROPERT	22 23	3.4	
9	3.5		24	3.4	
9	3.5		25		
10	3.3		$\frac{25}{26}$	3.5	
11	and the second		27		<u>i. </u>
12	3.3	The second secon	28	3.4	
13			29		
14	3.4		30	3.5	
15			31		
16	3.2				
			<u> </u>		
III. Certif	ication by Authorized Representative		_		
		en en en en en en en en en en en en en e	.:6 .1	to the contract of the state of	and accurate to the heat of my
		f the consecutive system identified in Part I on this report. I ce	mily that t	ne information provided in this report is ti	ue and accurate to the best of my
Knowledg	e and belief.				
		Dennis Muldoon			Senior Facilities Operator
Signature	and Date	Printed or Typed N	ame		License Number or Title
		Times of Types IV			