

Village Water

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 54 of 57

Containing Additional Engineering Requirements

Monthly Operating Reports

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Aqua Utilities Florida, Inc.

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Aqua Utilities Florida, Inc. Monthly Operating Reports

Village Water

	Tab Number	Page Number
Year: 2004 January February March April May June July Augitat September October November December	1 2 3 4 5 6 7 8 9 10 11 12	3 4 5 6 7 8 9 10 11 12 13 14
Year: 2005 January February March April May June July August September October November December	1 2 3 4 5 6 7 8 9 10 11 12	15 16 17 18 19 20 21 22 23 24 25 26



See page 2 for instructions

I. Gene	ral Information for the	Month 'Year of:	January-04				
Consecu	tive System Name:	Village Water			PWS I	dentification Number:	6532779
Consecu	tive System Type:	X Community	Non-Transien	t Non-Co		Transient Non-Commu	inity
Number	of Service Connections at	End of Month: 170			Total Population Se	erved at End of Month:	493
	tive System Owner:	AquaSource Utility, Inc.					
Contact		Michael Fitzgerald			Contact Person's Ti	tle: Arca Manager - Florida	a
	Person's Mailing Address:		bad		City: Ocala	State: FL	Zip Code: 34470
	Person's Telephone Numb				Contact Person Per	son's Fax Number:	(352) 732-3213
Contact	Person's E-Mail Address:	mvfitzgerald@subu	urbanwater.com				
II Daily	v Data for the Month Ye	ear of: Januar	rv_04				······································
		Maintained in Distribution Syste		orine	Comb	ined Chlorine (Chloramin	es) Chlorine Dioxide
- 71							
	Lowest Residual				Lowest Residual		
Day	Disinfectant Concentration			Day	Disinfectant Concentr	ation	
of the	at Remote Point in	Emergency or Abnormal Operating C			at Remote Point i	1000	1 Operating Conditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water Sys	tem Componets Out of Operation	Month	Distribution System,	mg/I. Work that Involves Taki	ing Water System Componets Out of Operation
1	1.2			. 17			
2				- 18			
3				-19			
4				20	1.0		
5	2			21			
6	1.4			22	1.0		
7				23	1.9		1
8	2.16			24	1.7		
9				25			
10	1.58			26	1.3		
11				27	1.1		
12	1.9			28	1.4		
13	2.0+			29	1.2		
14				` ''30	1.4		
15	0.9			-31	c		
16							

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

Mark March Printed or Typed Name C8287 License Number or Title

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



See page 2 for instructions

I. Gene	. General Information for the Month Year of: February-04									
Consecu	tive System Name:	Village Water			PWS Ident	fication Number:	6532779			
Consecu	tive System Type:	X Community	Non-Trans	ent Non-Con	ımunity	Transient Non-Communi	ty			
Number	of Service Connections at	End of Month: 170			Total Population Served	at End of Month:	493			
Consecu	tive System Owner:	AquaSource Utility, Inc.								
Contact	Person:	Michael Fitzgerald			Contact Person's Title:	Area Manager - Florida				
Contact	Person's Mailing Address:	1343 NE 17th Road			City: Ocala	State: FL	Zip Code: 34470			
	Person's Telephone Numb				Contact Person Person's	Fax Number:	(352) 732-3213			
Contact	Person's E-Mail Address:	mvfitzgerald@suburban	nwater.com							
11 Deil	I. Daily Data for the Month 'Year of: February-04									
						<u></u>				
1 ype of	Disinfectant Residual N	Maintained in Distribution System:	X Free C	hlorine		Chlorine (Chloramines)) Chlorine Dioxide			
	Lowest Residual				Lowest Residual					
Day	Disinfectant Concentration			Dave	Disinfectant Concentration		tra fait fait			
of the	at Remote Point in	Emergency or Abnormal Operating Condit	tione: Renair or Maintena		at Remote Point in		perating Conditions; Repair or Maintenance			
Month		Work that Involves Taking Water System (Distribution System, mg/L		Water System Componets Out of Operation			
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8				24	1.3					
9	1.1			25	1.0					
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12	1.4				1.3					
13	1.0			29	1.0					
14	1.1			30						
-15				31	······					
16	0.8									

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Signature and Date

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License Number or Title

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See page 1 for instructions

Consecutive System Name: Village Water PWS Identification Number: 6532779 Consecutive System Type: X Community Transient Non-Community Transient Non-Community Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493 Consecutive System Owner: AquaSource Utility, Inc. Total Population Served at End of Month: 493 Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470 Contact Person's Telephone Number: (352) 730-4881 Contact Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com Contact Person's Fax Number: (352) 732-3213 I. Daily Data for the Month Year of: March-04 March-04 Convest Residual Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Day Lowest Residual Disinfectant Concentration at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the Disinfectant Concentr										
Number of Service Connections at End of Month: 170 Total Population Served at End of Month: 493 Consecutive System Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Mailing Address: 1343 NE 17th Road Contact Person's Telephone Number: (352) 369-4881 Contact Person's Fax Number: (352) 732-3213 Contact Person's F-Mail Address: mvfitzgerald@suburbanwater.com II. Daily Data for the Month 'Year of: March-04 Type of Disinfectant Residual Maintained in Distribution System: X Lowest Residual Disinfectant Concentration at Remote Point in Disinfectant Concentration at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance										
Consecutive System Owner: AquaSource Utility, Inc. Contact Person: Michael Fitzgerald Contact Person's Mailing Address: 1343 NE 17th Road Contact Person's Mailing Address: 1343 NE 17th Road Contact Person's Telephone Number: (352) 369-4881 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com II. Daily Data for the Month Year of: March-04 Type of Disinfectant Residual Maintained in Distribution System: X Josinfectant Concentration of the longer of the mergency or Abnormal Operating Conditions; Repair or Maintenance Day Disinfectant Concentration at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance										
Contact Person: Michael Fitzgerald Contact Person's Title: Area Manager - Florida Contact Person's Mailing Address: 1343 NE 17th Road City: Ocala State: FL Zip Code: 34470 Contact Person's Telephone Number: (352) 369-4881 Contact Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com Contact Person's Fax Number: (352) 732-3213 Il. Daily Data for the Month Year of: March-04 Type of Disinfectant Residual Maintained in Distribution System: X] Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Day Disinfectant Concentration at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance										
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Contact Person's Telephone Number: (352) 369-4881 Contact Person's Fax Number: (352) 732-3213 Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com Imvfitzgerald@suburbanwater.com Imvfitzgerald@suburbanwater.com II. Daily Data for the Month Year of: March-04 Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Day Disinfectant Concentration at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance										
Contact Person's E-Mail Address: mvfitzgerald@suburbanwater.com II. Daily Data for the Month Year of: March-04 Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Lowest Residual Disinfectant Concentration Day Disinfectant Concentration of the Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance										
II. Daily Data for the Month Year of: March-04 Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Lowest Residual Disinfectant Concentration Conditions; Repair or Maintenance Day Disinfectant Concentration Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance										
Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Lowest Residual Lowest Residual Disinfectant Concentration Disinfectant Concentration Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance										
Type of Disinfectant Residual Maintained in Distribution System: X Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide Lowest Residual Lowest Residual Disinfectant Concentration Disinfectant Concentration Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance Of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance	1 Daily Data for the Month Year of March-04									
Lowest Residual Day Disinfectant Concentration of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance of the at Remote Point in										
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Day Disinfectant Concentration Disinfectant Concentration defined at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance of the second seco										
of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance of the at Remote Point in Emergency or Abnormal Operating Conditions; Repair or Maintenance										
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<u>11</u> <u>1.5</u> <u>1.2</u>										
<u>13</u> <u>1.3</u> <u>29</u> <u>1.5</u>										
14 30 1.3 15 1.9 31 1.4										
15 1.9 31 1.4 16 1.7										

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

Mark March Printed or Typed Name C8287 License Number or Title

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



See page 2 for instructions

I. Gene	. General Information for the Month Year of: April-04									
Consecu	tive System Name:	Village Water			PWS Iden	tification Number:	6532779			
Consecu	tive System Type:	X Community	Non-Transier	it Non-Cor	nmunity	Transient Non-Comn	nunity			
Number	of Service Connections at	End of Month: 170			Total Population Serv	ed at End of Month:	493			
Consecu	tive System Owner:	AquaSource Utility, Inc.								
Contact	Person:	Michael Fitzgerald			Contact Person's Title	Area Manager - Flori	ida			
Contact	Person's Mailing Address:	1343 NE 17th Road			City: Ocala	State: FL	Zip Code:	34470		
Contact	Person's Telephone Numb	er: (352) 369-4881			Contact Person Person	i's Fax Number:	(352) 732-3	3213		
Contact	Person's E-Mail Address:	mvfitzgerald@aquaa	merica.com							
	I. Daily Data for the Month Year of: April-04									
Type of	Disinfectant Residual N	Maintained in Distribution System:	X Free Ch	lorine		d Chlorine (Chloram	ines) 🛄	Chlorine Dioxide		
	Lowest Residual			Day			6 - 6 - A - H	这个时间 ,在1995年,		
					Lowest Residual		1997 1898			
Day	Disinfectant Concentration	이렇게 많은 것 같은 것 같은 것 같은 것 같은 것 같이 있는 것 같이 있다.		e of the	Disinfectant Concentrati at Remote Point in		10 may 10	nditions; Repair or Maintenance		
of the Month	at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Condit Work that Involves Taking Water System			Distribution System, mg	/ Work that Involves Ta	tai Opcialing Coi king Water Syste	an Componets Out of Operation		
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5	1.1			21*	1.4		······			
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8	1.5			24	1.4		······			
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12	1.4			28	1.4					
13	1.6		·····	29	1.2					
14	1.5			30	1.3					
15	1.3			31						
16	1.4	······································		1	· · · · · · · · · · · · · · · · · · ·					

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Signature and Date

Mark March Printed or Typed Name C8287 License Number or Title

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



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See page 2 for instructions

I. Gene	ral Information for the	Month Year of:	May-04							
Consecu	tive System Name:	Village Water					PWS Identi	fication Number:	6532779	
Consecu	tive System Type:	X Community		on-Transient	t Non-Cor			Transient Non-Commu	·····	
	of Service Connections at	End of Month: 170				Total Popu	ulation Served	l at End of Month:	493	
Consecu	tive System Owner:	AquaSource Utility, Inc.								
Contact		Michael Fitzgerald				Contact Pe		Area Manager - Florid		
Contact	Person's Mailing Address:	1343 NE 17th Road				City:	Ocala	State: FL	Zip Code	
	Person's Telephone Numb					Contact Pe	erson Person's	Fax Number:	(352) 732	2-3213
Contact	Person's E-Mail Address:	mvfitzgerald@aquaar	nerica.com						<u></u>	
II. Daily	Data for the Month Ye	ear of: May-04		<u> </u>		·····				
		Maintained in Distribution System:	X	Free Chlo	orine		Combined	Chlorine (Chloramin	es)	Chlorine Dioxide
					6.7412					an Malantar and the second
D	Lowest Residual		en e sett		J. J.	District Lowes	t Residual I Concentration		an arrival the Note of	and the second se
Day of the	Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operating Condit					ole Point in			onditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System (and the second states and	n System, mg/I			stem Componets Out of Operation
1	Disa loudon System, mg/L	Work that myoryes raking water System	somponees Out	or operation	17.2	and the second second	1.4			
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3	1.6				19		1.2	<u> </u>		
4	1.0	·····			20		1.3	······································	· · · · · · · · · · · · · · · · · · ·	
5	1.1	······			21		1.5			
6	1.3				22		1.3			<u> </u>
7	1.4				*23					
8	1.2				24		1.6			
9					25		1.5			
10	1.3				-26		1.2			
11	1.5	<u> </u>			27		1.3			
12	1.6		F		28		1.1			
13	1.4		•		29		1.0			
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15	1.6		24.4 - 1	t	31	1	1.3	T		
16			·····		1 <u></u>			**************************************		

Tam duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

Mark March Printed or Typed Name C8287

License Number or Title

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



• ,*

See page 2 for instructions

I. Gene	ral Information for the	Month/Year of:	June-04							
Consecu	tive System Name:	Village Water					PWS	Identif	fication Number:	6532779
Consecu	tive System Type:	X Community		n-Transient	Non-Cor	nmunity			Transient Non-Commun	nity
Number	of Service Connections at	End of Month: 170				Total Popu	lation S	Served	at End of Month:	493
Consecu	tive System Owner:	AquaSource Utility, Inc.								
Contact		Michael Fitzgerald				Contact Pe	rson's T	itle:	Area Manager - Florida	
	Person's Mailing Address:					City:	Ocala	1	State: FL	Zip Code: 34470
Contact	Person's Telephone Numb	er: (352) 369-4881				Contact Per	rson Pe	rson's	Fax Number:	(352) 732-3213
Contact	Person's E-Mail Address:	mvfitzgerald@aquaar	nerica.com							
II Dails	Data for the Month Ye	ear of: June-04								
				E CUL			0 1	<u> </u>		s) Chlorine Dioxide
Type of	Disinfectant Residual r	Maintained in Distribution System:		Free Chlo	orine		Com	oinea	Chlorine (Chloramine	
	Lowest Residual					Lowest	Residua	1 2	Contraction of the	
Day	Disinfectant Concentration		a second a s		Day	Disinfectant	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	a	生 增 法法法法	
of the	at Remote Point in	Emergency or Abnormal Operating Condit				at Remo	and the second secon		and the state of the	Operating Conditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System (Distribution	11 - 1 - 1 - 9 Sala	- 1 A C -		g Water System Componets Out of Operation
1	1.3				17		1.1			
2	0.8	······································			18		.2			
3	1.1				19 <	1	1.4			
4	1.4				20					
5	1.2					1	1.6			
6					22,	1	1.5			
72	1.6				-23	1	.4			
8	1.4				- 24	1	.0			
9	1.4				25	1	1.2			
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11	1.3				27					
12	1.2				28	1	.5			
13					29	1	1.2			
14	0.6				30	1	.3			
15	1.3				31					
16	1.4									

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See page 2 for instructions

1. Gene	ral Information for the	Month 'Year of:	July-04						
Consecu	tive System Name:	Village Water				PWS Ide	ntification Number:	653277	9
	tive System Type:	X Commun	iity 🗌	Non-Transient	Non-Co	nmunity	Transient Non-Com	munity	
Number	of Service Connections at	End of Month: 170				Total Population Serv	ed at End of Month:	493	
Consecu	tive System Owner:	Aqua Utilities Florida							
Contact		Brian Heath				Contact Person's Title	: Area Manager - Flor	ida	
	Person's Mailing Address:		ffin Road, Suite 4			City: Leesburg	State: FL	Zip Coc	ie: 34748
	Person's Telephone Numb	er: 352/787-	0980			Contact Person Perso	n's Fax Number:	352/787	7-6333
Contact	Person's E-Mail Address:	<u>beheath</u>	@aquaamerica.com						
II. Daily	Data for the Month Ye	ear of:	July-04						······································
_	Disinfectant Residual I		· · · · · · · · · · · · · · · · · · ·	X Free Chlo	rine	Combin	ed Chlorine (Chloram	ines)	Chlorine Dioxide
Day of the	Lowest Residual Disinfectant Concentration at Remote Point in	Emergency or Abnormal C	Operating Conditions; Repa		of the	Lowest Residual Disinfectant Concentrat at Remote Point in	on Emergency or Abnor	nal Operating	oren Mantenance Conditions; Repair or Mantenance
Month	Distribution System, mg/L	Work that Involves Taking	Water System Componets	Out of Operation	Month	Distribution System, m	/L Work that Involves T	aking Water S	ystem Componets Out of Operation
1	1.1	· · · · · · · · · · · · · · · · · · ·			17	1.0			
2	1.4				18				
3					19	1.0			
4			······	·····		1.0			
5	1.3				<u> </u>	0.9			
6	1.5				- 22	1.0			
7	1.2		<u> </u>		23	1.0			
8	1.4				24	1.4			
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10					26*	1.1			
11					27	1.2			·····
12	0.8				28	1.4			
13	0.8		· · · · · · · · · · · · · · · · · · ·		29	1.2			· · · · · · · · · · · · · · · · · · ·
14	0.9				30	1.2			
15	0.9				<u>31</u>	1.3			
16	0.8			1					

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Signature and Date

Will Fontaine Printed or Typed Name C6813 License Number or Title

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



See page 2 for instructions

I. Gene	I. General Information for the Month Year of: August-04									
		Village Water			PWS Identi	fication Number: 65	32779			
Consecu	tive System Type:	X Community	Non-Transient	Non-Con	imunity	Transient Non-Community				
Number	of Service Connections at	End of Month: 170			Total Population Served	at End of Month: 49	3			
Consecu	tive System Owner:	Aqua Utilities Florida		_						
Contact i	Person:	Carolyn McFalls			Contact Person's Title:	Area Manager - Florida				
Contact	Person's Mailing Address:	6960 Professional Park	way East		City: Sarasota	State: FL Zip	o Code: 34240			
Contact	Person's Telephone Numb	per: 941/907-7400			Contact Person Person's	Fax Number: 94	1/907-7401			
Contact	Person's E-Mail Address:	cfmcfalls@aquaamer	rica.com							
[1] [2]										
	Data for the Month Ye									
	Disinfectant Residual N	Maintained in Distribution System:	X Free Chlo	orine		Chlorine (Chloramines)	Chlorine Dioxide			
1. S.	Lowest Residual Disinfectant Concentration				Lowest Residual Disinfectant Concentration					
Day of the	at Remote Point in	Emergency or Abnormal Operating Condit		of the	at Remote Point in		ating Conditions; Repair or Maintenance			
Month	Distribution System, mg/L.	Work that involves Taking Water System (Componets Out of Operation				ater System Componets Out of Operation			
1	Diation official, high	TOR unit more stars, the systems		17.0	1.0					
2	1.2			18.0	1.0					
3	1.0			19.0	1.0					
4	0.9	······································		20:04	1.0					
5	0.8			21.0	1.0					
6	1.1			22.0						
7.	1.0			23,0	1.0					
8				24.0 ×	1.0					
9	1.0			25.0	1.0					
10	1.0			26.0	1.0		·			
11	1.2			27.0+	0.7					
12	1.2			28.0	0.9					
13	1.0			29.0						
14	1.0		·	30.0	1.0					
15				31.0	1.0					
16	1.0									

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A7880 License Number or Title

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



See page 2 for instructions

I. Gene	General Information for the Month Year of: September-04										
Consecu	tive System Name:	Village Water						PWS Identi	fication Number:	6532779	
Consecu	tive System Type:	X Commu	nity	Non	-Transient	Non-Cor	nmunity		Transient Non-Comr	nunity	
Number	of Service Connections at	End of Month: 170					Total Popu	lation Served	at End of Month:	493	
	tive System Owner:	Aqua Utilities Florida									
Contact	Person:	Carolyn McFalls					Contact Pe	rson's Title:	Area Manager - Flor	ida	
Contact	Person's Mailing Address:	6960 Pr	ofessional Parkway	East			City:	Sarasota	State: FL	Zip Code:	34240
Contact	Person's Telephone Numb	er: 941/901	-7400				Contact Pe	rson Person's	Fax Number:	941/907-7	/401
Contact	Person's E-Mail Address:	<u>cfmcfa</u>	ls@aquaamerica.	com							
U D-11	Data for the Month N	C					·····			· · · · · · · · · · · · · · · · · · ·	
	. Daily Data for the Month Year of: September-04										
Type of	Disinfectant Residual	Maintained in Distrib			Free Chlo	rine		Combined	Chlorine (Chloram		Chlorine Dioxide
	Lowest Residual				200			t Residual		sing hi is gybina ≧ (Vit≩ransi	
Day	Disinfectant Concentration			Alter in	1	Day	A CONTRACT OF A CONTRACT OF	Concentration		₹ 440 8 448	
of the	at Remote Point in	Emergency or Abnormal	Contraction of the second	Solt & Beschill		of the	2.7.1 17 0.1 1 10 10 10 10 10	te Point in	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The second state of the second state	onditions; Repair or Maintenance
Month	Distribution System, mg/L					 March 100 and 100 	1 A 1997 1997 1997	and the second second			tem Componets Out of Operation
1	0.7		<u>g 0,0000</u> com	politic out of		<u>-17</u>		0.7			
2	0.8					-18					······································
3	0.7					19.0					
4			· · · · ·			20.0	·	0.9			
5						21.0		1.0			
6	1.0					22.0		1.0			
7 *	0.9					23.0		1.0			
8	0.7					24.0		0.7			
9	0.8					25.0					
10 -1	0.7					26.0					
11						27:0		0.7			
12						28.0		0.7			
13	0.8					29.0		1.6			
14	0.6					30.0		1.0			
15	0.7					31.0					
16	0.8										

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A7880 License Number or Title

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

Docket No. 060368-WS

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

Florida

Report Missing:

Monthly Operating Report

Village Water

October 2004

Aqua Utilities Florida, Inc.



See page 2 for instructions

I. Gene	ral Information for the	Month 'Year of:	November-04						
		Village Water				WS Identif	ication Number:	65327	79
	ive System Type:	X Community	Non-Transient	Non-Cor	nmunity		Transient Non-C	ommunity	
	of Service Connections at				Total Popula	tion Served	at End of Month:	493	
Consecut	tive System Owner:	Aqua Utilities Florida	······································		• • • • • • • • • • • • • • • • • • •				
Contact I		Carolyn McFalls			Contact Pers	on's Title:	Area Manager - I	Florida	
	Person's Mailing Address:		kway East		City:	Sarasota	State: FL	Zip Co	ode: 34240
	Person's Telephone Numb			<u> </u>	Contact Pers	on Person's	Fax Number:	941/90	07-7401
	Person's E-Mail Address:	cfmcfalls@aguaame	erica.com						
L									
	Data for the Month/Ye								<u> </u>
Type of	Disinfectant Residual I	Maintained in Distribution System:	X Free Chlo	orine		Combined	Chlorine (Chlor	ramines)	Chlorine Dioxide
							Emergency or Ab		
1.2	Lowest Residual				Lowest R				
Day	Disinfectant Concentration		수는 것은 것이 같은 것은 것이다.	Day 2. of the	at Remote	Doint in	Cmergence or Ah	normal Operatio	g Conditions; Repair or Maintenance
of the	at Remote Point in	Emergency or Abnormal Operating Conc Work that Involves Taking Water System	Compared Out of Operation						System Componets Out of Operation
Month	1.2	WORK that hivorves raking water System	reomponets Out or operation	17.0	0.9		in one distriction	0	
2	1.0			18.0	0.9		,,		
3	1.0	<u> </u>		19.0	1.0				
4	1.0			20.0					
5	1.0			21.0				- -	
6				22.0	1.	1			
7				23.0	1.0)			
8	1.0			24.0	1.0)			
9	0.9			-25:0	1.0)			
10	0.9			26.0+	1.)			
11	1.2			27.0					
12	1.0			28.0					
13				.29.0	1.0)(
14				30.05	1.0)			
15	0.7			31.0	[
16	0.9					-			

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A7880 License Number or Title

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



See page 2 for instructions

I. Gene	General Information for the Month Year of: December-04									
	tive System Name:	Village Water					PWS Ident	ification Number:	6532779	
	tive System Type:	X Community		Non-Transient	t Non-Cor	nmunity		Transient Non-Comm	unity	
	of Service Connections at					Total Popul	lation Serve	d at End of Month;	493	
Consecu	tive System Owner:	Aqua Utilities Florida								
Contact	Person:	Carolyn McFalls				Contact Per	son's Title:	Area Manager - South		
Contact	Person's Mailing Address:	6960 Profession	nal Parkway East	Suite 400		City:	Sarasota	State: FL	Zip Code:	34240
Contact	Person's Telephone Numb	er: (941) 907-7400				Contact Per	son Person's	s Fax Number:	(941) 907	-7401
Contact	Person's E-Mail Address:	cfmcfalls@ag	uaamerica.com							
11 12 11		C	1 04							
	Data for the Month Ye		ember-04							
Type of	Disinfectant Residual N	Maintained in Distribution Sy	/stem:	X Free Chlo	orine		Combined	Chlorine (Chloramir	ies)	Chlorine Dioxide
		에 가슴 가지 않는 것 같은 것 같은 것을 했다. 같은 것 같은 것					Residual			
	Lowest Residual				Day	1 Widel	Concentration		The second	
Day of the	Disinfectant Concentration at Remote Point in	Emergency or Abnormal Operatin		and the second for	of the	and the Part of the same party and	te Point in		OnemtineC	onditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water				- Andrew Street Street, 1	System, mg/I	Work that involves Tak	ing Water Svs	tem Componets Out of Operation
1	1.0	Work that involves Taking water	System Componed	Outoroperation	170		.0	TOTA LINE MILLION CO TAN		
2	1.0				-18					
3	1.0									
4	1.0				. 20		.0			
5							.0			
6	0.7						.0			
7	0.8				.23.		.0			
8	1.0				. 24 .	1	.0			
9	1.0				- 25					
10	1.0				•26					
11					27	1	.0			
12					28	().9			
13	1.0				. 29		.0			
14	1.0				30		.0			
15	1.0				- 31 - (.0	1		
16	0.9									

T am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A-7880 License Number or Title

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



I. Gene	ral Information for the M	Aonth Year o	of:	Januar	y-05						
		Village Water						PWS Identi	fication Number:	6532779)
_	tive System Type:	X	Community		Non-Transient	Non-Cor			Transient Non-Com		
	of Service Connections at		: 170				Total Pop	ulation Served	at End of Month:	493	
		Aqua Utilities									
Contact		Carolyn McFa					Contact P	erson's Title:	South Regional Mar		
	Person's Mailing Address:	F + + + + +	6960 Professional Pa	rkway East,	Suite 400		City:	Sarasota	State: FL		le: 34240
	Person's Telephone Numb	er:	(941) 907-7400				Contact P	erson Person's	Fax Number:	(941) 90	07-7401
	Person's E-Mail Address:		cfmcfalls@aquaan	nerica.com							
II. Daily	Data for the Month Ye	ar of:	January	-05	<u></u>				8		
	Disinfectant Residual N				X Free Chlo	orine		Combined	Chlorine (Chloram		Chlorine Dioxide
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or <i>1</i>		ditions, Repai	ir or Maintenance	of the Month	Disinfectar at Rem		Emergency or Abnor	mal Operating	Conditions, Repair or Maintenance, sstem Componets Out of Operation
4						° 17		1.0			
2						 18,		1.0	ļ		
3	1.0					- 19		0.8			
-4	1.0					20.,.		0.8			
5	1.0					21		0.8	<u> </u>		
6-	1.0					22					
7	1.0					23		<u></u>	<u> </u>		······
8						24		0.7		· · <u> </u>	
-9					·····	25		0.9			
10	1.0					26		1.0			
11	1.0					.27		1.0			
12	1.0		····			28		1.0	<u> </u>		
13	0.8					29	 		<u> </u>		
-14	1.0					.:30			<u> </u>		
15						e,31-	1	1.1	<u> </u>		
-16											

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A-7880

License Number or Title

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



I. Gene	ral Information for the	Month 'Year of:	February-05						
Consecu	tive System Name:	Village Water				PWS Identi	fication Number:	65327	79
Consecu	tive System Type:	X Community	Non-Transient	Non-Co			Transient Non-Comr	nunity	
Number	of Service Connections at	t End of Month: 170			Total Popu	lation Served	at End of Month:	493	
Consecu	tive System Owner:	Aqua Utilities Florida			· · · · · ·		<u></u>		
Contact	Person:	Carolyn McFalls	<u></u>		Contact Pe	rson's Title:	South Region Manag	zer	
Contact	Person's Mailing Address:	: 6960 Professional Parl	way East, Suite 400		City:	Sarasota	State: FL	Zip C	ode: 34240
	Person's Telephone Numb	per: (941) 907-7400			Contact Pe	rson Person's	Fax Number:	(941)	907-7401
Contact	Person's E-Mail Address:	cfmcfalls@aquaame	rica.com						
11 D 'I									
	Data for the Month/Ye					· ·			
Type of	Disinfectant Residual I	Maintained in Distribution System:		orine		Combined	Chlorine (Chloram	ines)	Chlorine Dioxide
	Lowest Residual					Residual		· L. Jerry	
Day	Disinfectant Concentration				and the second	Concentration			FRI I FI
of the	at Remote Point in	Emergency or Abnormal Operating Cond	itione: Denair or Maintenance		 A state of the second state of the second state 	te Point in		10 P. S. 1. 5	ig Conditions; Repair or Maintenance
Month	Distribution System, mg/L			1. 1. 197.	「「「「「「「「「「「」」」」 しょうしょう	System, mg/L			System Componets Out of Operation
1	1.0	*Leak repair at 4315 Mustang drive, (- 17		0.6			
2	1.2		····/	18		1.0			
3	1.0			19.					
4	1.0			20-					
5				21		1.0			
6				22***		1.1			
7	1.0			23		0.9			
.8	1.0			24		0.7			
9	0.7			25		0.8			
10	1.2			26					
11	0.7			27					
12				28 🖟		0.6			
. 13 -									
14	0.8								
15	1.0								
16	0.8								

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A-7880 License Number or Title

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



I. General Information for the	Month'Year of:	March-05			
Consecutive System Name:	Village Water		PWS Identi	fication Number: 6	6532779
Consecutive System Type:	Community	Non-Transient Non-C	ommunity	Transient Non-Communit	
Number of Service Connections a	at End of Month: 170		Total Population Served	at End of Month:	493
Consecutive System Owner:	Aqua Utilities Florida				
Contact Person:	Carolyn McFalls		Contact Person's Title:	South Region Manager	
Contact Person's Mailing Addres	s: 6960 Professional Park	way East, suite 400	City: Sarasota	State: FL	Zip Code: 34240
Contact Person's Telephone Num			Contact Person Person's	Fax Number:	(941) 907-7401
Contact Person's E-Mail Address	cfmcfalls@aquaamer	rica.com			
II. Daily Data for the Month Y	Year of: March-05				
	Maintained in Distribution System:	X Free Chlorine		Chlorine (Chloramines)) Chlorine Dioxide
Lowest Residual Day Disinfectant Concentratio of the at Remote Point in	n Emergency or Abnormal Operating Condit		Lowest Residual Disinfectant Concentration at Remote Point in		perating Conditions; Repair or Maintenance
Month Distribution System, mg/l	U Work that Involves Taking Water System	Componets Out of Operation Mont	Distribution System, mg/L		Water System Componets Out of Operation
0.7		17			
2 1.3		-18			
3 0.9		19			
4 0.9		20			
5		× 21			
6		122.	0.6		
7 1.0		-23	0.8		
8 0.9		- 24	1.2		
9 0.8		25	1.0		
10 0.8		26.			
0.9		- 27			
12		28.	0.8		
13			1.0		
1.2		30.			
1.2		31.	1.1		
16 1.2					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A-7880 License Number or Title

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



See page 2 for instructions

I. Gener	ral Information for the I	Month Year of:	April, 2	2005						
		Village Water					PWS Identi	fication Number:	6532779	9
Consecut	ive System Type:	X Community		Non-Transient				Transient Non-Comn	nunity	
Number	of Service Connections at	End of Month: 170				Total Popul	ation Served	at End of Month:	493	
Consecut	ive System Owner:	Aqua Utilities Florida								
Contact I	Person:	Carolyn McFalls				Contact Per	son's Title:	Area Manager - Flori		
Contact I	Person's Mailing Address:	6960 Profession	nal Parkway East			City:	Sarasota	State: FL		le: 34240
Contact I	Person's Telephone Numb	er: 941/907-7400				Contact Per	son Person's	Fax Number:	941/907	7-7401
Contact I	Person's E-Mail Address:	cfmcfalls@aq	uaamerica.com							
II. Daile	Data fautha Manth We		-il, 2005			·				
	Data for the Month Yo			X Free Chlo			Combined	Chlorine (Chloram	ines) [Chlorine Dioxide
Type of	Disinfectant Residual M	Maintained in Distribution S	ystem:							
	Lowest Residual		新建行到 主义			Invest	Residual		an Service	
Day	Disinfectant Concentration				Day	Disinfectant	Concentration			
of the	at Remote Point in	Emergency or Abnormal Operation	Conditions: Rena	r or Maintenance	of the	at Remo	te Point in	Emergency or Abnorn	nal Operating	Conditions, Repair or Maintenanc
Month	Distribution System, mg/L				Month	Distribution	System, mg/L	Work that Involves Ta	king Water S	ystem Componets Out of Operation
1	1				17					
2					-18	().8			
3	· ····································				19	().6			
4	0.6				. 20	().8			
. 5	0.6				*21	().9			
6	0.6				. 22	1	.0			
7	0.8				- 23					
8	0.8				· • 24 •					
9					- 25).8			
10					±26	().8			
11	0.8						.0			
12	0.7				28	().9			·····
13	0.7		······································		. 29, 4	1	1.0			
14	0.8	1			-30.5					
15	0.7				ં કા 🗧					
16										

I am duly authorized to sign this report on behalf of the consecutive system 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.

Page 1

Signature and Date

David Rodriguez Printed or Typed Name A7880

License Number or Title

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

18



See page 2 for instructions

I. Gene	ral Information for the l	Month Year of:	May, 2005				
		Village Water			PWS Iden	ification Number:	6532779
	tive System Type:	X Community	Non-Tra	nsient Non-Com	munity	Transient Non-Commu	nity
	of Service Connections at			1	Total Population Serve	d at End of Month:	493
Consecu	tive System Owner:	Aqua Utilities Florida					
Contact		Carolyn McFalls			Contact Person's Title:	Area Manager - Florida	1
Contact	Person's Mailing Address:	6960 Professional Par	kway East	(City: Sarasota	State: FL	Zip Code: 34240
Contact	Person's Telephone Numb	er: 941/907-7400		(Contact Person Person	s Fax Number:	941/907-7401
Contact	Person's E-Mail Address:	cfmcfalls@aquaame	erica.com				
	Data for the Month/Ye						
Type of	Disinfectant Residual N	Maintained in Distribution System:	: IXI Free	Chlorine		d Chlorine (Chloramine	
	Lowest Residual				Lowest Residual		
Day	Disinfectant Concentration			Day	Disinfectant Concentration		
of the	at Remote Point in	Emergency or Abnormal Operating Cond			at Remote Point in		Operating Conditions, Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System	n Componets Out of Open		Distribution System, mg/	Work that Involves Takin	ng Water System Componets Out of Operation
1			he he he	17	0.8		
2	1			18	1.0	*Repairs made to 2" & 4" ma	ains on Longhorn & Mustang Dr
3	0.8			19	0.7		
4	1.2			20	1.0		
5	1			21 .			
6	1.2			. 22			
7				23 🔍	0.9		
8				24	1.1		
9	1.0			25	1.0		
10	1.0			26	0.8		
11	0.9			27	0.7		
12	1.0			28			
13	1.0			29			
14				:: 30	11		
15				31	1		
16	0.9						

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A7880 License Number or Title

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



See page 2 for instructions

I. Gene	ral Information for the l	Month/Year of:	June-05	5							
	· · · · · · · · · · · · · · · · · · ·	Village Water					PWS Id	entification Nu	mber:	6532779	
	tive System Type:	X Community		Non-Transient	Non-Cor	nmunity		Transient 1	Non-Commun	ity	
Number	of Service Connections at	End of Month: 170				Total Popu	lation Ser	ved at End of N	Month:	493	
Consecu	tive System Owner:	Aqua Utilities Florida									
Contact	Person:	Carolyn McFalls				Contact Pe	rson's Tit	le: Area Mana	nger - Florida		
Contact	Person's Mailing Address:	6960 Profession	al Parkway East			City:	Sarasota	a State:	FL	Zip Code: 34240	
Contact	Person's Telephone Numb	er: 941/907-7400				Contact Pe	rson Pers	on's Fax Numb	er:	941/907-7401	
Contact	Person's E-Mail Address:	cfmcfalls@aqu	aamerica.com								
II Dell	Data Canalas Marsh 3/	ear of: June	05	Nor							
	Data for the Month Ye						0.1.				na Diavida
Type of	Disinfectant Residual M	Maintained in Distribution Sy		X Free Chlo	orine		Combi	ned Chlorine	(Chloramines	s) 🔟 Chlori	ne Dioxide
	Lowest Residual		本学教 4			and the second	Paridita		5 /76 V		19 11 19 16 16 16 16 16 16 16 16 16 16 16 16 16
Day	Disinfectant Concentration		TRANSFER		Day	Disinfectent	Concepto	all in the second se		编队 的第三人称	
of the	at Remote Point in	Emergency or Abnormal Operatin	Conditions Renai	ir or Maintenance	of the	at Remo	te Point in	Emergenc	v or Abnormal (Operating Conditions:	Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water	System Componets	Out of Operation	Month	Distribution	System n	work that	Involves Taking	g Water System Comp	onets Out of Operation
1	1.3				17.		1.2				
2	1.0				18						
. 3	1.0				19						
4					20		1.1				
5					21		1.0				
6	1.2				22		1.4				
7	1.0				23, -7		1.2				
8	1.3				24		1.3				
9	1.3				25						
10	1.1				26 🖏						
11					27		1.5				
12					28		1.1				
13	1.0				29		1.3				
14	1.5				30∳		1.0				
15	1.2				31						
16	1.3										

I am duly authorized to sign this report on behalf of the consecutive system 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.

Page 1

Signature and Date

David Rodriguez Printed or Typed Name A7880 License Number or Title

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



See page 2 for instructions

I. Gene	ral Information for the	Month 'Year of:	Ju	ly-05								
	tive System Name:	Village Water						PWS I	denti	fication Number:	6532779	
	tive System Type:	X Commu	nity	1	Non-Transient	t Non-Co	mmunity			Transient Non-Commu	nity	
	of Service Connections at	End of Month: 170					Total Pop	ulation Se	erved	at End of Month:	493	
	tive System Owner:	Aqua Utilities Florida										
Contact		Carolyn McFalls					Contact P	erson's Ti	tle:	Area Manager - Florid	a	
	Person's Mailing Address:		ofessional Parkway	East			City:	Sarasot		State: FL	Zip Code	e: 34240
	Person's Telephone Numb						Contact P	erson Pers	son's	Fax Number:	941/907-	-7401
Contact	Person's E-Mail Address:	<u>cfmcfal</u>	ls@aquaamerica	.com								
IL Daily	Data for the Month Yo	aar of:	July-05									
								<u> </u>				
i ype of	Disinfectant Residual N	viaintained in Distribu	ition System:	L	Free Chlo	orine		Comb	ined	Chlorine (Chloramin	No	Chlorine Dioxide
S. Start	Lowest Residual	Caller Strategie Call			新教室 (1			
Day	Disinfectant Concentration					Day	Lowe	a Residual		A CARLES AND A	· 4 19.	The second second
of the		Emergency or Abnormal	Sector de la companya			of the	atRem	ote Point i	all the	Emergency or Abnormal		Conditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Takin	g Water System Com	nonets Ou	it of Operation	Month .	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	and the second states of the s	1003 -			stem Componets Out of Operation
4	1.1					17						
2						. 18		1.3				
3						19		1.0				
4	1					207		1.0				
5	0.9					.21,**		1.2				
6	1.1					. 22.		1.3				
7	1.4					23						
8	1.3					24						
9						25		1.2				
10						26		1.0				
11	1.0					27		0.9				
12	1.3					28		0.8				
13	1.1					29		0.9				
14	1.1											
15 -	1					31						
16												

I am duly authorized to sign this report on behalf of the consecutive system 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.

Page 1

Signature and Date

David Rodriguez Printed or Typed Name

A7880 License Number or Title

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



See page 2 for instructions

L Gener	ral Information for the N	Aonth Year of:	August-05				
		Village Water		<u></u>	PWS Identi	ficulton realiser:	5532779
	tive System Type:	X Community	Non-Transient	t Non-Con	nmunity	Transient Non-Community	
	of Service Connections at 1				Total Population Served	at End of Month: 4	193
		Aqua Utilities Florida					
		Carolyn McFalls		l	Contact Person's Title:	Area Manager - Florida	
Contact I			way East		City: Sarasota	State: FL Z	Zip Code: 34240
	Person's Mailing Address:		ning clust)	Contact Person Person's		941/907-7401
Contact I	Person's Telephone Numbe	cfmcfalls@aguaame	rica.com		L		
Contact 1	Person's E-Mail Address:	<u>unicialis@aquaallie</u>					
II. Daily	Data for the Month Ye	ear of: August-05					······································
Tune of	Disinfectant Residual M	Maintained in Distribution System:		orine	Combined	l Chlorine (Chloramines)	
rype of	L'Ishneetant Residual I		The second s	a tanta tar	Barrie Curiza		
	Lowest Residual			Day	Lowest Residual		
Day	Disinfectant Concentration		医上腺上的 医马克氏 医马克氏 网络马克马马勒马克马勒马勒马勒马勒马勒马勒马勒马勒马勒马勒马勒马勒马勒马勒马勒马勒		Disinfectant Concentration		
of the	at Remote Point in	Emergency or Abnormal Operating Condi	itions; Repair or Maintenance	e of the .	at Remote Point in		perating Conditions, Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System	Componets Out of Operation	n Month	Distribution System, mg/L	Work that Involves Taking	Water System Componets Out of Operation
1	1.1					<u> </u>	
2	1.3			18.	0.9	<u> </u>	
3	0.9			19	. 1.0	<u></u>	
4	1.1	1					
5	t			21 -		ļ	
6	+	+		22 -			
7	<u> </u>	1		23	1.3		
8	1.2		<u> </u>	24	1.2		
8	1.2		<u> </u>	* 25 😒			
10	1.3	+	······································	26	1.0		
	0.9			27\$			
11	1.1			28			
12	1.1	+		-29	1.2		
13	<u> </u>	<u></u>		30	1		
14	1		······································	-31	0.9		
15	1.2						
16	1.2						

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A7880 License Number or Title

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



See page 2 for instructions

I. Gene	eral Information for the I	Month 'Year of:	September-05					
		Village Water			PWS Identi	fication Number:	6532779	
	itive System Type:	X Community	Non-Transient			Transient Non-Comm	nunity	
	of Service Connections at				Total Population Served	at End of Month:	493	
	itive System Owner:	Aqua Utilities Florida						
Contact		Carolyn McFalls			Contact Person's Title:	Area Manager - Flori	ida	
	Person's Mailing Address:		arkway East		City: Sarasota	State: FL	Zip Code:	
	Person's Telephone Numb				Contact Person Person's	Fax Number:	941/907-7	401
	Person's E-Mail Address:	cfmcfalls@aquaa	nerica.com					
	y Data for the Month Ye						·	Chloring Digwidg
Type of	f Disinfectant Residual N	Maintained in Distribution Syste				Chlorine (Chloram		Chlorine Dioxide
					Lowest Residual Disinfectant Concentration			
	Lowest Residual				Lowest Residual	这个里在 一个小点		
Day	Disinfectant Concentration	- コントレート・システムのためのないなどのないないであるではない。	- 「「「「「「「「」」」、「「」」、「「」」、「」、「」、「」、「」、「」、「」、	of the	of Remote Point in	Emergency or Abnor	nal Operating Co	nditions; Repair or Maintenance
of the	at Remote Point in	Emergency or Abnormal Operating Co Work that Involves Taking Water Syst	em Componets Out of Operation	Month	Distribution System mol	Work that Involves Ta	aking Water Syst	em Componets Out of Operation
Month	Distribution System, mg/L	work that involves Taking water Syst	can componers Out of Operation	17	Distrotter of Swith Inge			
<u>1</u>	1.2			18				
2	1.3			.19	0.9			
3				20:	1.1			
- 4	1			21:	1.5	<u> </u>		
6	1.2			-22-2	1.3			
7	1.2			23	1.1			
8	1.1			-24				
9	1.3		······································	25:		1		
10	1.5			26	1.0			
10	-			27	1.3			
11	1.1			28	1.0			
12	1.0			- 29.	1.1			
14	1.2				1.2			
14	1.1			31				
16	1.4			1				

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A7880 License Number or Title

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



See page 2 for instructions

	eral Information for the	Month Year of:	October-05					
	tive System Name:	Village Water			PWS Iden	tification Number:	6532779)
	tive System Type:	X Community	Non-Transien	t Non-Co	mmunity	Transient Non-Com	munity	
	of Service Connections at	End of Month: 170			Total Population Serve	d at End of Month:	493	
	tive System Owner:	Aqua Utilities Florida						
Contact		Carolyn McFalls			Contact Person's Title:	Area Manager - Flor	ida	
	Person's Mailing Address:		kway East		City: Sarasota	State: FL	Zip Code	e: 34240
	Person's Telephone Numb				Contact Person Person	s Fax Number:	941/907-	-7401
Contact	Person's E-Mail Address:	<u>cfmcfalls@aquaame</u>	rica.com					
II Dail	y Data for the Month Y	ear of: October-)5					
Type of	Disinfectant Residual	Maintained in Distribution System:	X Free Chie	orine		d Chlorine (Chloram	ines)	Chlorine Dioxide
and the state	Lowest Residual			e ste	Lowest Residual			《新闻》中国19月1日4日
Day	Disinfectant Concentration			Day	Disinfectant Concentratio			
of the	at Remote Point in	Emergency or Abnormal Operating Cond	itions: Renair or Maintenance	of the	at Remote Point in	정 않는 것을 봐서 같은 것은 것을 받는 것		Conditions; Repair or Maintenance
Month	Distribution System, mg/L	Work that Involves Taking Water System	Componets Out of Operation			Work that Involves Ta	aking Water Sv	stem Componets Out of Operation
1				17	1.2	a troncing and autorites it	ing trace by	
2				- 18.	0.9			
3	1.5		······	19.*	1.1			
4	1.3			20,	1.5			
5	0.9			.21	1.4			
6	1.2					T		
7	1.1			28				
8				24	1.2			
9				- 25	1.1			
10	1.2			.26	1.3			
11	1.4			27	1.0			
12	1.2			*28	1.1			
13	1.5			29				
14	1.1			30,				
15					1.2			
16								

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

David Rodriguez Printed or Typed Name A7880 License Number or Title

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



See page 2 for instructions

I. Gene	ral Information for the	Month Year o	of:	Novembe	er-05						
Consecu	tive System Name:	Village Water						PWS Iden	ntification Number:	6532779	
Consecu	tive System Type:		Community		Non-Transient	I Non-Con	nmunity		Transient Non-Comm	nunity	
Number	of Service Connections at	End of Month	: 170				Total Popu	lation Serv	ed at End of Month:	493	
Consecu	tive System Owner:	Aqua Utilities	Florida	_							
Contact		Carolyn McFa	alls				Contact Pe	rson's Title	: Area Manager - Florid	da	
	Person's Mailing Address:		6960 Professional Pa	ırkway East			City:	Sarasota	State: FL	Zip Code	: 34240
	Person's Telephone Numb	er:	941/907-7400				Contact Pe	rson Persor	n's Fax Number:	941/907-	7401
Contact 1	Person's E-Mail Address:		cfmcfalls@aquaan	nerica.com							
U. Daib	Data for the Month Ye	ar of	Novemb	or 05							
					X Free Chlo			Cambin	d Chloring (Chloromi		Chlorine Dioxide
Type of	Disinfectant Residual	viaintained in	the subscription of the second second		AJ Free Chi	orme		Combine	ed Chlorine (Chlorami	nes)	
	Lowest Residual						Louiec	Residual			
Day	Disinfectant Concentration					1 1 1 1 1 1	Disinfectant	Concentrati	on		
of the	at Remote Point in	Emergency or A	Abnormal Operating Cor	Sector and the sector of the s	or Maintenance	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		te Point in	Emergency or Abnorm	al Operating C	onditions; Repair or Maintenance
Month	Distribution System, mg/L		lves Taking Water Syste								tem Componets Out of Operation
1	1.2					17		1.1			
2	1.4					18		1.2			
3	0.9			· · · · · · · · · · · · · · · · · · ·		12-		1.3			
4	1.2					20,.					
5						21-		1.2			
6						22		1.1			
7	1.0					23		1.2			
8	1.6					24		1.2			
9	1.4					25 🤹		1.3			
10	2.0					26 💬	L	<u>I.I</u>			
11	1.4					27					
12	0.9					28		1.0			
13			······································			29 , +		1.3			
14	1.3					.30		0.9			
15	1.1					-31					
16	12	1				1					

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

Steve Fuller Printed or Typed Name B-7519 License Number or Title

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



See page 2 for instructions

I. Gene	ral Information for the l	Month/Year of:	December, 2005				
Consecu	tive System Name:	Village Water			PWS Ide	ntification Number:	6532779
Consecu	tive System Type:	X Community	Non-Transien			Transient Non-Commun	nity
Number	of Service Connections at	End of Month: 170			Total Population Serv	ed at End of Month:	493
Consecu	tive System Owner:	Aqua Utilities Florida					
Contact	Person:	Carolyn McFalls			Contact Person's Title	: Area Manager - Florida	
Contact	Person's Mailing Address:	6960 Professional Park	way East		City: Sarasota	State: FL	Zip Code: 34240
Contact	Person's Telephone Numb	er: 941/907-7400			Contact Person Perso	n's Fax Number:	941/907-7401
Contact	Person's E-Mail Address:	cfmcfalls@aquaamer	ica.com				
II Dell	D-4- C-41-36-41-(37		2005		· · · · · · · · · · · · · · · · · · ·		
	Data for the Month Ye						
Type of	Disinfectant Residual N	Aaintained in Distribution System:	X Free Chl	orine		ed Chlorine (Chloramine	
	Lowest Residual				Lowest Residual		
Day	Disinfectant Concentration				Disinfectant Concentral	A	
of the		Emergency or Abnormal Operating Condit	ions: Renair or Maintenance	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	at Remote Point in	Emergency or Abnormal	Operating Conditions; Repair or Maintenance
Month		Work that Involves Taking Water System (Contract of the second second second	Distribution System, mg	A Work that Involves Takin	ig Water System Componets Out of Operation
1 -	1.1			176	1.3		
2	1.3			18.54	0.0		
3	1.4			- 19	1.1		
4	0			20	1.2		
5	1.4		······	3215*	1.2		
6	1.3		· · · · · · · · · · · · · · · · · · ·	22	1.2		
7	1.2			23	1.3		
8	1.4			24	1.3		
9	1.0		, , , , , , , , , , , , , , , , , , , ,	25.~	0.0		
10	1.2			26	1.2		
-11	0.0			27	1.1		
12	1.1			28	1.2		
13	1.2			29*	1.3		
_14	1.3			30 ≮	1.2		
15	1.3			31	1.1		
16	1.2						

I am duly authorized to sign this report on behalf of the consecutive system 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.

Signature and Date

Steve Fuller Printed or Typed Name B-7519 License Number or Title

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