

MARION COUNTY

**Ocala Oaks (Ocala Oaks)
49th Street (Ocala Oaks)**

Docket No. 080121-WS

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

Florida

**Volume 5
Book 2
Set 7 of 16**

Part 1 of 3

Containing:
Monthly Operating Reports
Sample Results
Permits
Correspondence

DOCUMENT NUMBER - DATE

04317 MAY 22 88

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc.

OCALA OAKS (OCALA
OAKS)



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

See page 4 for instructions

I. General Information for the Month/Year of: January-07

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Other Operators	Mark March	C	8287
	Gary Kissick	C	7846

II. Certification by Lead/Chief Operator

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

04/21/07
Paul Thompson
 Signature and Date NUMBER DATE Printed or Typed Name

A7251
 License Number

04317 MAY 22 8

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **January-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)

Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer, During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer, During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	150,000		1.4									1.2	
2	X	24 hrs	89,000		1.2									1.2	
3	X	24 hrs	71,000		1.4									1.2	
4	X	24 hrs	112,000		1.2									1	
5	X	24 hrs	111,000		1.4									1.2	
6	X	24 hrs	132,000		1.2									1	
7		24 hrs	133,000												
8	X	24 hrs	10,000		1.4									1	
9	X	24 hrs	112,000		1									1	
10	X	24 hrs	54,000		1.4									1.2	
11	X	24 hrs	115,000		1.4									1	
12	X	24 hrs	134,000		1.2									1	
13	X	24 hrs	139,000		1.4									1.2	
14		24 hrs	140,000												
15	X	24 hrs	106,000		1.4									1.2	
16	X	24 hrs	87,000		1.4									1	
17	X	24 hrs	125,000		1.6									1.2	
18	X	24 hrs	110,000		1.4									1.2	
19	X	24 hrs	107,000		1.6									1.2	
20	X	24 hrs	80,000		1.4									1.2	
21		24 hrs	81,000												
22	X	24 hrs	77,000		1.4									1.2	
23	X	24 hrs	75,000		1.4									1	
24	X	24 hrs	109,000		1.2									1.2	
25	X	24 hrs	113,000		1.4									1.2	
26	X	24 hrs	91,000		1.4									1	
27		24 hrs	91,000												
28	X	24 hrs	77,000		1.2									1.2	
29	X	24 hrs	84,000		1.4									1	
30	X	24 hrs	103,000		1									0.8	
31	X	24 hrs	80,000		1.2									1	
Total			3,098,000												
Average			99,935												
Maximum			150,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **January-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	3/14/08 Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **January-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24 hrs	41,000		1.4									1.2		
2	X	24 hrs	48,000		1.2									1		
3	X	24 hrs	65,000		1.2									1		
4		24 hrs	65,000													
5	X	24 hrs	43,000		1.2									1.2		
6		24 hrs	43,000													
7		24 hrs	43,000													
8	X	24 hrs	191,000		1.2									1		
9	X	24 hrs	44,000		1.4									1		
10		24 hrs	44,000													
11		24 hrs	44,000													
12	X	24 hrs	47,000		1.4									1.2		
13		24 hrs	48,000													
14		24 hrs	48,000													
15	X	24 hrs	79,000		1.2									1.2		
16	X	24 hrs	60,000		1.4									1.1		
17	X	24 hrs	37,000		1.2									1		
18		24 hrs	38,000													
19	X	24 hrs	39,000		1.4									1		
20		24 hrs	39,000													
21		24 hrs	38,000													
22	X	24 hrs	39,000		1.4									1.2		
23		24 hrs	40,000													
24	X	24 hrs	50,000		1.2									1		
25		24 hrs	50,000													
26	X	24 hrs	45,000		1.4									1		
27		24 hrs	45,000													
28		24 hrs	46,000													
29	X	24 hrs	54,000		1.2									1		
30		24 hrs	54,000													
31	X	24 hrs	138,000		1									1.2		
Total			1,705,000													
Average			55,000													
Maximum			191,000													

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : January 2007											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Ocala Oaks Well 1	Ocala Oaks Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	3,565,000	3,565,000									7,130,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	150,000	41,000									191,000
2	89,000	48,000									137,000
3	71,000	65,000									136,000
4	112,000	65,000									177,000
5	111,000	43,000									154,000
6	132,000	43,000									175,000
7	133,000	43,000									176,000
8	10,000	191,000									201,000
9	112,000	44,000									156,000
10	54,000	44,000									98,000
11	115,000	44,000									159,000
12	134,000	47,000									181,000
13	139,000	48,000									187,000
14	140,000	48,000									188,000
15	106,000	79,000									185,000
16	87,000	60,000									147,000
17	129,000	37,000									162,000
18	110,000	38,000									148,000
19	107,000	39,000									146,000
20	80,000	39,000									119,000
21	81,000	38,000									119,000
22	77,000	39,000									116,000
23	75,000	40,000									115,000
24	109,000	50,000									159,000
25	113,000	50,000									163,000
26	91,000	45,000									136,000
27	91,000	45,000									136,000
28	77,000	46,000									123,000
29	84,000	54,000									138,000
30	103,000	54,000									157,000
31	80,000	138,000									218,000
Total											4,803,000
Avg.											154,935
Max.											218,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **January-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Operator	Mark March	C	8287	6 Days per week
Operator	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date  2/7/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **January-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair/Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	Temp. of Water, if Applicable	Minimum CT Required, mg-min/C	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24 hrs	150,000		1.4									1.2		
2	X	24 hrs	89,000		1.2									1.2		
3	X	24 hrs	71,000		1.4									1.2		
4	X	24 hrs	112,000		1.2									1		
5	X	24 hrs	111,000		1.4									1.2		
6	X	24 hrs	132,000		1.2									1		
7		24 hrs	133,000													
8	X	24 hrs	10,000		1.4									1		
9	X	24 hrs	112,000		1									1		
10	X	24 hrs	54,000		1.4									1.2		
11	X	24 hrs	115,000		1.4									1		
12	X	24 hrs	134,000		1.2									1		
13	X	24 hrs	139,000		1.4									1.2		
14		24 hrs	140,000													
15	X	24 hrs	106,000		1.4									1.2		
16	X	24 hrs	877,000		1.4									1		
17	X	24 hrs	125,000		1.6									1.2		
18	X	24 hrs	110,000		1.4									1.2		
19	X	24 hrs	107,000		1.6									1.2		
20	X	24 hrs	80,000		1.4									1.2		
21		24 hrs	81,000													
22	X	24 hrs	77,000		1.4									1.2		
23	X	24 hrs	75,000		1.4									1		
24	X	24 hrs	109,000		1.2									1.2		
25	X	24 hrs	113,000		1.4									1.2		
26	X	24 hrs	91,000		1.4									1		
27		24 hrs	91,000													
28	X	24 hrs	77,000		1.2									1.2		
29	X	24 hrs	84,000		1.4									1		
30	X	24 hrs	103,000		1									0.8		
31	X	24 hrs	80,000		1.2									1		
Total			3,888,000													
Average			125,419													
Maximum			877,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **January-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators:	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

2/7/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: January-07

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant: Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) in Minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	41,000		1.4									1.2	
2	X	24 hrs	48,000		1.2									1	
3	X	24 hrs	65,000		1.2									1	
4		24 hrs	65,000												
5	X	24 hrs	43,000		1.2									1.2	
6		24 hrs	43,000												
7		24 hrs	43,000												
8	X	24 hrs	191,000		1.2									1	
9	X	24 hrs	44,000		1.4									1	
10		24 hrs	44,000												
11		24 hrs	44,000												
12	X	24 hrs	47,000		1.4									1.2	
13		24 hrs	48,000												
14		24 hrs	48,000												
15	X	24 hrs	79,000		1.2									1.2	
16	X	24 hrs	60,000		1.4									1.1	
17	X	24 hrs	37,000		1.2									1	
18		24 hrs	38,000												
19	X	24 hrs	39,000		1.4									1	
20		24 hrs	39,000												
21		24 hrs	38,000												
22	X	24 hrs	39,000		1.4									1.2	
23		24 hrs	40,000												
24	X	24 hrs	50,000		1.2									1	
25		24 hrs	50,000												
26	X	24 hrs	45,000		1.4									1	
27		24 hrs	45,000												
28		24 hrs	46,000												
29	X	24 hrs	54,000		1.2									1	
30		24 hrs	54,000												
31	X	24 hrs	138,000		1									1.2	
Total			1,705,000												
Average			55,000												
Maximum			191,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : January 2007										
Community Water System (CWS) Name: Ocala Oaks										
Public Water System (PWS) Identification Number: 3421560										
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
Ocala Oaks Well 1	Ocala Oaks Well 2									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
3,565,000	3,565,000									7,130,000
Net Quantity of Finished Water Produced by Each Plant, gallons										Total
150,000	41,000									191,000
89,000	48,000									137,000
71,000	65,000									136,000
112,000	65,000									177,000
111,000	43,000									154,000
132,000	43,000									175,000
133,000	43,000									176,000
10,000	191,000									201,000
112,000	44,000									156,000
54,000	44,000									98,000
115,000	44,000									159,000
134,000	47,000									181,000
139,000	48,000									187,000
140,000	48,000									188,000
106,000	79,000									185,000
877,000	60,000									937,000
125,000	37,000									162,000
110,000	38,000									148,000
107,000	39,000									146,000
80,000	39,000									119,000
81,000	38,000									119,000
77,000	39,000									116,000
75,000	40,000									115,000
109,000	50,000									159,000
113,000	50,000									163,000
91,000	45,000									136,000
91,000	45,000									136,000
77,000	46,000									123,000
84,000	54,000									138,000
103,000	54,000									157,000
80,000	138,000									218,000
Total										5,593,000
Avg										180,419
Max										937,000



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

See page 4 for instructions

I. General Information for the Month/Year of: February-07

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aguaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator	Paul Thompson	A	7251
Other Operators	Mark March	C	8287
	Gary Kissick	C	7846

II. Certification by Lead/Chief Operator

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

3/7/07 Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **February-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1	X	24 hrs	80,000		1.4									1		
2	X	24 hrs	88,000		1.2									1		
3		24 hrs	89,000													
4	X	24 hrs	74,000		1.4									1		
5	X	24 hrs	79,000		1.4									1.2		
6	X	24 hrs	83,000		1.2									1		
7	X	24 hrs	116,000		1.4									1.2		
8	X	24 hrs	92,000		1.6									1.4		
9	X	24 hrs	108,000		1.4									1.2		
10		24 hrs	108,000													
11	X	24 hrs	103,000		1.6									1.2		
12	X	24 hrs	129,000		1.4									1.2		
13	X	24 hrs	93,000		1									1.2		
14	X	24 hrs	154,000		1.2									1		
15	X	24 hrs	103,000		1.4									1.2		
16	X	24 hrs	101,000		1.4									1.2		
17		24 hrs	101,000													
18	X	24 hrs	136,000		1.2									1		
19	X	24 hrs	158,000		1.4									1.2		
20	X	24 hrs	78,000		1.4									1.2		
21	X	24 hrs	148,000		1.4									1		
22	X	24 hrs	107,000		1.6									1.4		
23	X	24 hrs	110,000		1.4									1.2		
24		24 hrs	110,000													
25	X	24 hrs	151,000		1.2									1		
26	X	24 hrs	124,000		1.4									1		
27	X	24 hrs	91,000		1.4									1.2		
28	X	24 hrs	77,000		1.4									1		
29		24 hrs														
30		24 hrs														
31		24 hrs														
Total			2,991,000													
Average			106,821													
Maximum			158,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-07

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aguaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

3/7/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **February-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	7,500		0.8									1.2	
2		24 hrs	7,500												
3		24 hrs	7,500												
4		24 hrs	7,600												
5	X	24 hrs	3,800		1.4									1.2	
6		24 hrs	3,800												
7	X	24 hrs	40,000		1.4									1	
8		24 hrs	40,000												
9	X	24 hrs	56,000		1.6									1.4	
10		24 hrs	55,000												
11		24 hrs	55,000												
12	X	24 hrs	28,000		1.6									1.2	
13	X	24 hrs	63,000		1.4									1.2	
14	X	24 hrs	40,000		1.4									1.7	
15	X	24 hrs	40,000		1.2									1	
16	X	24 hrs	37,000		1.4									1.2	
17		24 hrs	37,000												
18		24 hrs	37,000												
19	X	24 hrs	44,000		1.2									1	
20		24 hrs	44,000												
21	X	24 hrs	59,000		1.4									1.2	
22		24 hrs	60,000												
23	X	24 hrs	37,000		1.4									1	
24		24 hrs	37,000												
25		24 hrs	38,000												
26	X	24 hrs	76,000		1.2									1	
27		24 hrs	77,000												
28	X	24 hrs	93,000		1.4									1.2	
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			1,130,700												
Average			40,382												
Maximum			93,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of:											February 2007
Community Water System (CWS) Name:											Ocala Oaks
Public Water System (PWS) Identification Number:											3421560
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Ocala Oaks Well 1	Ocala Oaks Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
Day of Month	3,565,000	3,565,000									7,130,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	80,000	7,500									87,500
2	88,000	7,500									95,500
3	89,000	7,500									96,500
4	74,000	7,600									81,600
5	79,000	3,800									82,800
6	83,000	3,800									86,800
7	116,000	40,000									156,000
8	92,000	40,000									132,000
9	108,000	56,000									164,000
10	108,000	55,000									163,000
11	103,000	55,000									158,000
12	129,000	28,000									157,000
13	93,000	63,000									156,000
14	154,000	40,000									194,000
15	103,000	40,000									143,000
16	101,000	37,000									138,000
17	101,000	37,000									138,000
18	136,000	37,000									173,000
19	158,000	44,000									202,000
20	78,000	44,000									122,000
21	148,000	59,000									207,000
22	107,000	60,000									167,000
23	110,000	37,000									147,000
24	110,000	37,000									147,000
25	151,000	38,000									189,000
26	124,000	78,000									200,000
27	91,000	77,000									168,000
28	77,000	93,000									170,000
29	0	0									0
30	0	0									0
31	0	0									0
Total											4,121,700
Avg.											132,958
Max.											207,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date 4/5/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **March-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24 hrs	112,000		1.2									1		
2	X	24 hrs	91,000		1.4									1.2		
3		24 hrs	91,000													
4	X	24 hrs	84,000		1.2									1		
5	X	24 hrs	110,000		1.4									1.2		
6	X	24 hrs	77,000		1.2									1.2		
7	X	24 hrs	174,000		1.2									1		
8	X	24 hrs	99,000		1.4									1.2		
9	X	24 hrs	135,000		1.2									1		
10	X	24 hrs	169,000		1.4									1.2		
11		24 hrs	169,000													
12	X	24 hrs	137,000		1.2									1		
13	X	24 hrs	123,000		1.4									1.2		
14	X	24 hrs	127,000		1.2									1		
15	X	24 hrs	110,000		1.4									1.2		
16	X	24 hrs	83,000		1.2									1		
17	X	24 hrs	120,000		1.4									1.2		
18		24 hrs	119,000													
19	X	24 hrs	86,000		1.2									1		
20	X	24 hrs	124,000		1.2									1		
21	X	24 hrs	101,000		1.4									1.2		
22	X	24 hrs	82,000		1.2									1		
23	X	24 hrs	153,000		1.4									1.2		
24	X	24 hrs	164,000		1									1.2		
25		24 hrs	165,000													
26	X	24 hrs	102,000		1.4									1.2		
27	X	24 hrs	109,000		1.2									1.2		
28	X	24 hrs	181,000		1.4									1.2		
29	X	24 hrs	106,000		1.4									1		
30	X	24 hrs	109,000		1.6									1.2		
31	X	24 hrs	145,000		1.4									1.2		
Total:			3,757,000													
Average:			121,194													
Maximum:			181,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-07**

A. Public Water System (PWS) Information

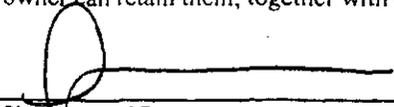
PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

 4/5/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: **3421560** Plant Name: **Ocala Oaks, well #2**

III. Daily Data for the Month/Year of: **March-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	34,000		1.2									1	
2	X	24 hrs	48,000		1.4									1.2	
3		24 hrs	49,000												
4		24 hrs	49,000												
5	X	24 hrs	42,000		1.2									1	
6	X	24 hrs	48,000		1.4									1.2	
7	X	24 hrs	35,000		1.2									1	
8		24 hrs	36,000												
9	X	24 hrs	61,000		1.2									1.2	
10		24 hrs	61,000												
11		24 hrs	62,000												
12	X	24 hrs	71,000		1.4									1.2	
13		24 hrs	72,000												
14	X	24 hrs	47,000		1.4									1.2	
15		24 hrs	47,000												
16		24 hrs	47,000												
17	X	24 hrs	58,000		1.2									1	
18		24 hrs	58,000												
19	X	24 hrs	73,000		1.4									1	
20	X	24 hrs	111,000		1.2									1	
21		24 hrs	112,000												
22	X	24 hrs	13,000		1.4									1.2	
23	X	24 hrs	49,000		1.2									1.2	
24		24 hrs	49,000												
25		24 hrs	50,000												
26	X	24 hrs	135,000		1									1.2	
27	X	24 hrs	118,000		0.8									1	
28	X	24 hrs	131,000		0.6									1.2	
29		24 hrs	131,000												
30	X	24 hrs	108,000		1.4									1.2	
31		24 hrs	109,000												
Total			2,114,000												
Average			68,194												
Maximum			135,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : March 2007											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	3,565,000	3,565,000									7,130,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	112,000	34,000									146,000
2	91,000	48,000									139,000
3	91,000	49,000									140,000
4	84,000	49,000									133,000
5	110,000	42,000									152,000
6	77,000	48,000									125,000
7	174,000	35,000									209,000
8	99,000	36,000									135,000
9	135,000	61,000									196,000
10	169,000	61,000									230,000
11	169,000	62,000									231,000
12	137,000	71,000									208,000
13	123,000	72,000									195,000
14	127,000	47,000									174,000
15	110,000	47,000									157,000
16	83,000	47,000									130,000
17	120,000	58,000									178,000
18	119,000	58,000									177,000
19	86,000	73,000									159,000
20	124,000	111,000									235,000
21	101,000	112,000									213,000
22	82,000	13,000									95,000
23	153,000	49,000									202,000
24	164,000	49,000									213,000
25	165,000	50,000									215,000
26	102,000	135,000									237,000
27	109,000	118,000									227,000
28	181,000	131,000									312,000
29	106,000	131,000									237,000
30	109,000	108,000									217,000
31	145,000	109,000									254,000
Total											5,871,000
Avg.											189,387
Max.											312,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.) C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

5/3/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **April-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
1		24 hrs	145,000													
2	X	24 hrs	142,000		1.4										1	
3	X	24 hrs	105,000		1.2										1	
4	X	24 hrs	88,000		1.4										1.2	
5	X	24 hrs	128,000		1.2										1	
6	X	24 hrs	151,000		1.4										1.2	
7		24 hrs	150,000													
8	X	24 hrs	133,000		1.2										1.2	
9	X	24 hrs	86,000		1.4										1.2	
10	X	24 hrs	77,000		1.2										1.2	
11	X	24 hrs	116,000		1.4										1.1	
12	X	24 hrs	118,000		1.4										1	
13	X	24 hrs	114,000		1.6										1.4	
14		24 hrs	114,000													
15	X	24 hrs	107,000		1.6										1.2	
16	X	24 hrs	113,000		1.4										1.2	
17	X	24 hrs	176,000		1										1.2	
18	X	24 hrs	97,000		1.4										1.2	
19	X	24 hrs	87,000		1.2										1.2	
20	X	24 hrs	160,000		1.2										1	
21		24 hrs	160,000													
22	X	24 hrs	139,000		1.2										1	
23	X	24 hrs	149,000		1.4										1.2	
24	X	24 hrs	156,000		1.2										1.2	
25	X	24 hrs	115,000		1.2										1.2	
26	X	24 hrs	56,000		1.2										1	
27	X	24 hrs	151,000		1.2										1	
28		24 hrs	151,000													
29	X	24 hrs	121,000		1.4										1.2	
30	X	24 hrs	81,000		1.2										1	
31		24 hrs														
Total			3,686,000													
Average			122,867													
Maximum			176,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: April-07

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

5/3/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **April-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24 hrs	109,000												
2	X	24 hrs	130,000		1.4									1.2	
3	X	24 hrs	125,000		1.4									1	
4	X	24 hrs	105,000		1.2									1.2	
5		24 hrs	105,000												
6	X	24 hrs	66,000		1.2									1.2	
7		24 hrs	66,000												
8		24 hrs	67,000												
9	X	24 hrs	38,000		1.4									1.2	
10		24 hrs	38,000												
11	X	24 hrs	29,000		1.4									1	
12		24 hrs	29,000												
13	X	24 hrs	35,000		1.2									1	
14		24 hrs	35,000												
15		24 hrs	35,000												
16	X	24 hrs	43,000		1.4									1.2	
17		24 hrs	42,000												
18	X	24 hrs	26,000		1.2									1.2	
19		24 hrs	33,000												
20	X	24 hrs	45,000		1.2									1	
21		24 hrs	45,000												
22		24 hrs	45,000												
23	X	24 hrs	39,000		1.2									1.2	
24		24 hrs	40,000												
25	X	24 hrs	160,000		1									1.2	
26	X	24 hrs	138,000		1									1.2	
27	X	24 hrs	109,000		1.2									1.2	
28		24 hrs	110,000												
29		24 hrs	110,000												
30	X	24 hrs	161,000		1.2									1	
31		24 hrs													
Total			2,158,000												
Average			71,933												
Maximum			161,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : April 2007											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day:										Total	
	3,565,000	3,565,000									7,130,000
Net Quantity of Finished Water Produced by Each Plant, gallons:										Total	
1	145,000	109,000									254,000
2	142,000	130,000									272,000
3	105,000	125,000									230,000
4	88,000	105,000									193,000
5	128,000	105,000									233,000
6	151,000	66,000									217,000
7	150,000	66,000									216,000
8	133,000	67,000									200,000
9	86,000	38,000									124,000
10	77,000	38,000									115,000
11	116,000	29,000									145,000
12	118,000	29,000									147,000
13	114,000	35,000									149,000
14	114,000	35,000									149,000
15	107,000	35,000									142,000
16	113,000	43,000									156,000
17	176,000	42,000									218,000
18	97,000	26,000									123,000
19	87,000	33,000									120,000
20	160,000	45,000									205,000
21	160,000	45,000									205,000
22	139,000	45,000									184,000
23	149,000	39,000									188,000
24	156,000	40,000									196,000
25	115,000	160,000									275,000
26	56,000	138,000									194,000
27	151,000	109,000									260,000
28	151,000	110,000									261,000
29	121,000	110,000									231,000
30	81,000	161,000									242,000
31	0	0									0
Total											5,844,000
Avg.											188,516
Max.											275,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **May-07**

A. Public Water System (PWS) Information

PWS Name: <u>Ocala Oaks, well #1</u>		PWS Identification Number: <u>3421560</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>629</u>		Total Population Served at End of Month: <u>2202</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Ocala Oaks, well #1</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>3900 N.E. 20th Ave</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34479</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>712,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

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

6/5/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **May-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT Calculations						UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24 hrs	257,000		1.4									1.2		
2	X	24 hrs	158,000		1.2									1.2		
3	X	24 hrs	70,000		1									1.2		
4	X	24 hrs	132,000		1.4									1.2		
5		24 hrs	132,000													
6	X	24 hrs	124,000		1.6									1.4		
7	X	24 hrs	108,000		1.2									1.2		
8	X	24 hrs	176,000		1.4									1.2		
9	X	24 hrs	151,000		1.6									1.2		
10	X	24 hrs	102,000		1.4									1.2		
11	X	24 hrs	95,000		1.4									1.2		
12		24 hrs	95,000													
13	X	24 hrs	124,000		1.4									1		
14	X	24 hrs	111,000		1.2									1.2		
15	X	24 hrs	127,000		1.2									1.2		
16	X	24 hrs	183,000		1.4									1.2		
17	X	24 hrs	127,000		1.4									1.2		
18	X	24 hrs	102,000		1.4									1.2		
19		24 hrs	102,000													
20	X	24 hrs	85,000		1.2									1.2		
21	X	24 hrs	93,000		1.4									1		
22	X	24 hrs	202,000		1.2									1		
23	X	24 hrs	200,000		1.4									1.2		
24	X	24 hrs	119,000		1.4									1		
25	X	24 hrs	133,000		1.2									1.2		
26	X	24 hrs	92,000		1.4									1.2		
27		24 hrs	93,000													
28	X	24 hrs	111,000		1.2									1.2		
29	X	24 hrs	77,000		1.4									1.2		
30	X	24 hrs	137,000		1.4									1.2		
31	X	24 hrs	127,000		1									1		
Total			3,945,000													
Average			127,258													
Maximum			257,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **May-07**

A. Public Water System (PWS) Information	
PWS Name: Ocala Oaks, well #2	PWS Identification Number: 3421560
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 629	Total Population Served at End of Month: 2202
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaamerica.com	

B. Water Treatment Plant Information	
Plant Name: Ocala Oaks, well #2	Plant Telephone Number: (352) 787-0980
Plant Address: 3900 N.E. 20th Ave	City: Ocala State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	
Name	License Class
License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator: Paul Thompson	A 7251 6 Days per week
Other Operators: Mark March	C 8287 6 Days per week
Gary Kissick	C 7846 6 Days per week

II. Certification by Lead/Chief Operator

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

6/5/07

 Signature and Date

Paul Thompson

 Printed or Typed Name

A7251

 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **May-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions, Repair, or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	31,000		1									1.2	
2	X	24 hrs	166,000		1									1.2	
3		24 hrs	167,000												
4	X	24 hrs	127,000		1									1.2	
5		24 hrs	127,000												
6		24 hrs	128,000												
7	X	24 hrs	137,000		1.4									1.2	
8	X	24 hrs	128,000		1.2									1	
9		24 hrs	128,000												
10	X	24 hrs	112,000		1									1.1	
11	X	24 hrs	114,000		1									1.2	
12		24 hrs	114,000												
13		24 hrs	115,000												
14	X	24 hrs	35,000		1									1.2	
15	X	24 hrs	35,000		0.8									1.2	
16	X	24 hrs	57,000		1.2									1.2	
17		24 hrs	58,000												
18	X	24 hrs	129,000		1									1.2	
19		24 hrs	129,000												
20		24 hrs	129,000												
21	X	24 hrs	173,000		1									1	
22	X	24 hrs	21,000		1									1	
23	X	24 hrs	67,000		1									1.2	
24		24 hrs	67,000												
25	X	24 hrs	141,000		1.2									1	
26		24 hrs	141,000												
27		24 hrs	142,000												
28	X	24 hrs	172,000		1.2									1.2	
29		24 hrs	173,000												
30	X	24 hrs	139,000		1.4									1.2	
31	X	24 hrs	140,000		1.2									1.2	
Total			3,542,000												
Average			114,258												
Maximum			173,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : May 2007											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421580											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	3,565,000	3,565,000									7,130,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	257,000	31,000									288,000
2	158,000	166,000									324,000
3	70,000	167,000									237,000
4	132,000	127,000									259,000
5	132,000	127,000									259,000
6	124,000	128,000									252,000
7	108,000	137,000									245,000
8	176,000	128,000									304,000
9	151,000	128,000									279,000
10	102,000	112,000									214,000
11	95,000	114,000									209,000
12	95,000	114,000									209,000
13	124,000	115,000									239,000
14	111,000	35,000									146,000
15	127,000	35,000									162,000
16	183,000	57,000									240,000
17	127,000	58,000									185,000
18	102,000	129,000									231,000
19	102,000	129,000									231,000
20	85,000	129,000									214,000
21	93,000	173,000									266,000
22	202,000	21,000									223,000
23	200,000	67,000									267,000
24	119,000	67,000									186,000
25	133,000	141,000									274,000
26	92,000	141,000									233,000
27	93,000	142,000									235,000
28	111,000	172,000									283,000
29	77,000	173,000									250,000
30	137,000	139,000									276,000
31	127,000	140,000									267,000
Total											7,487,000
Avg.											241,516
Max.											324,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **June-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

7/6/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: **3421560** Plant Name: **Ocala Oaks, well #1**

III. Daily Data for the Month/Year of: **June-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	74,000		1.4									1.2	
2	X	24 hrs	99,000		1.4									1	
3		24 hrs	100,000												
4	X	24 hrs	105,000		1.4									1.2	
5	X	24 hrs	118,000		1.2									1	
6	X	24 hrs	119,000		1.4									1.2	
7	X	24 hrs	74,000		1.4									1.2	
8	X	24 hrs	98,000		1.4									1	
9	X	24 hrs	194,000		1.3									1	
10		24 hrs	194,000												
11	X	24 hrs	171,000		1.4									1.4	
12	X	24 hrs	96,000		1.4									1.2	
13	X	24 hrs	80,000		1.4									1	
14	X	24 hrs	114,000		1.2									1.2	
15	X	24 hrs	138,000		1.4									1.2	
16	X	24 hrs	131,000		1.2									1.2	
17		24 hrs	131,000												
18	X	24 hrs	66,000		1.4									1.2	
19	X	24 hrs	104,000		1.2									1.2	
20	X	24 hrs	98,000		1.4									1	
21	X	24 hrs	70,000		1.2									1	
22	X	24 hrs	133,000		1.4									1.2	
23	X	24 hrs	102,000		1.2									1	
24		24 hrs	102,000												
25	X	24 hrs	60,000		1									1	
26	X	24 hrs	84,000		0.8									1	
27	X	24 hrs	127,000		1.2									1	
28	X	24 hrs	2,000		1									1.2	
29	X	24 hrs	91,000		1.2									1	
30	X	24 hrs	3,000		1.2									1.2	
31		24 hrs													
Total:			3,078,000												
Average:			102,600												
Maximum:			194,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: June-07

A. Public Water System (PWS) Information

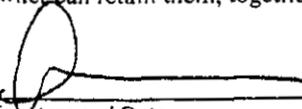
PWS Name: <u>Ocala Oaks, well #2</u>		PWS Identification Number: <u>3421560</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>629</u>	Total Population Served at End of Month: <u>2202</u>		
PWS Owner: <u>Aqua Utilities Florida</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person: <u>Brian Heath</u>	Contact Person's Mailing Address: <u>PO Box 490310</u>		
Contact Person's Telephone Number: <u>(352) 787-0980</u>	City: <u>Leesburg</u>	State: <u>FL</u>	Zip Code: <u>34749</u>
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>	Contact Person's Fax Number: <u>(352) 787-6333</u>		

B. Water Treatment Plant Information

Plant Name: <u>Ocala Oaks, well #2</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>3900 N.E. 20th Ave</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34479</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>712,000</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>		
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

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

 7/6/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **June-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	96,000		1.2									1.2	
2		24 hrs	47,000												
3		24 hrs	47,000												
4	X	24 hrs	55,000		1									1.2	
5	X	24 hrs	50,000		0.8									1.2	
6	X	24 hrs	115,000		1.4									1	
7	X	24 hrs	64,000		1.4									1	
8	X	24 hrs	40,000		1.4									1	
9		24 hrs	40,000												
10		24 hrs	41,000												
11	X	24 hrs	65,000		1.2									1.2	
12		24 hrs	65,000												
13	X	24 hrs	85,000		1.2									1	
14		24 hrs	86,000												
15	X	24 hrs	110,000		1.4									1.2	
16		24 hrs	109,000												
17		24 hrs	109,000												
18	X	24 hrs	73,000		1.2									1	
19		24 hrs	73,000												
20	X	24 hrs	46,000		1.4									1	
21	X	24 hrs	37,000		1.2									1	
22		24 hrs	37,000												
23		24 hrs	37,000												
24		24 hrs	37,000												
25	X	24 hrs	26,000		1									1	
26	X	24 hrs	34,000		1									1	
27		24 hrs	35,000												
28	X	24 hrs	160,000		1.2									1.2	
29		24 hrs	160,000												
30	X	24 hrs	195,000		1.4									1.2	
31		24 hrs													
Total:			2,174,000												
Average:			72,467												
Maximum:			195,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : June 2007											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	3,565,000	3,565,000									7,130,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	74,000	96,000									170,000
2	99,000	47,000									146,000
3	100,000	47,000									147,000
4	105,000	55,000									160,000
5	118,000	50,000									168,000
6	119,000	115,000									234,000
7	74,000	64,000									138,000
8	98,000	40,000									138,000
9	194,000	40,000									234,000
10	194,000	41,000									235,000
11	171,000	65,000									236,000
12	96,000	65,000									161,000
13	80,000	85,000									165,000
14	114,000	86,000									200,000
15	138,000	110,000									248,000
16	131,000	109,000									240,000
17	131,000	109,000									240,000
18	66,000	73,000									139,000
19	104,000	73,000									177,000
20	98,000	46,000									144,000
21	70,000	37,000									107,000
22	133,000	37,000									170,000
23	102,000	37,000									139,000
24	102,000	37,000									139,000
25	60,000	26,000									86,000
26	84,000	34,000									118,000
27	127,000	35,000									162,000
28	2,000	160,000									162,000
29	91,000	160,000									251,000
30	3,000	195,000									198,000
31	0	0									0
Total											5,252,000
Avg.											169,419
Max.											251,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **July-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

8/8/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **July-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24 hrs	40,000												
2	X	24 hrs	60,000		1.4									1	
3	X	24 hrs	72,000		1.2									1	
4	X	24 hrs	67,000		1									1	
5	X	24 hrs	59,000		1.2									1	
6	X	24 hrs	80,000		0.9									1	
7		24 hrs	80,000												
8	X	24 hrs	89,000		1.2									1.2	
9	X	24 hrs	100,000		1.4									1.2	
10	X	24 hrs	90,000		1.2									1	
11	X	24 hrs	90,000		1.4									1.2	
12	X	24 hrs	80,000		1.2									1	
13	X	24 hrs	100,000		1.2									1	
14	X	24 hrs	100,000		1.4									1.2	
15		24 hrs	100,000												
16	X	24 hrs	120,000		2									0.8	
17	X	24 hrs	90,000		2									0.8	
18	X	24 hrs	100,000		2									0.8	
19	X	24 hrs	90,000		2.4									0.8	
20	X	24 hrs	100,000		2									0.8	
21		24 hrs	100,000												
22	X	24 hrs	80,000		1.5									1	
23	X	24 hrs	20,000		1.6									1.4	
24	X	24 hrs	10,000		1.2									1	
25	X	24 hrs	10,000		1									1.2	
26	X	24 hrs	10,000		1.2									1.2	
27	X	24 hrs	10,000		1.6									1.2	
28	X	24 hrs	5,000		1.4									1	
29		24 hrs	5,000												
30	X	24 hrs	15,000		1.2									1	
31		24 hrs	10,000												
Total			1,982,000												
Average			63,935												
Maximum			120,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **July-07**

A. Public Water System (PWS) Information			
PWS Name:	Ocala Oaks, well #2	PWS Identification Number:	3421560
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	629	Total Population Served at End of Month:	2202
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aguaamerica.com		

B. Water Treatment Plant Information				
Plant Name:	Ocala Oaks, well #2	Plant Telephone Number:	(352) 787-0980	
Plant Address:	3900 N.E. 20th Ave	City:	Ocala FL Zip Code: 34479	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

 8/8/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **July-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose			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	
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²			Minimum UV Dose Required, mW-sec/cm ²
1		24 hrs	195,000											
2	X	24 hrs	33,000		1.2							1.2		
3	X	24 hrs	51,000		1.4							1		
4	X	24 hrs	41,000		1.2							1.2		
5	X	24 hrs	57,000		1.2							1		
6		24 hrs	57,000											
7		24 hrs	57,000											
8		24 hrs	57,000											
9	X	24 hrs	75,000		1.2							1		
10		24 hrs	75,000											
11	X	24 hrs	93,000		1.2							1.2		
12		24 hrs	94,000											
13	X	24 hrs	50,000		1.4							1		
14		24 hrs	50,000											
15		24 hrs	50,000											
16	X	24 hrs	28,000		1							0.8		
17	X	24 hrs	55,000		1.3							0.8		
18	X	24 hrs	38,000		1.3							0.8		
19	X	24 hrs	42,000		1.2							0.8		
20	X	24 hrs	35,000		1.2							0.8		
21		24 hrs	35,000											
22	X	24 hrs	77,000		1							1		
23	X	24 hrs	144,000		1.2							1		
24	X	24 hrs	147,000		1.4							1.2		
25		24 hrs	148,000											
26	X	24 hrs	176,000		1							1.2		
27	X	24 hrs	174,000		1.4							1.2		
28	X	24 hrs	180,000		1.4							1		
29		24 hrs	180,000											
30	X	24 hrs	159,000		1.4							1.2		
31	X	24 hrs	140,000		1.4							1		
Total			2,793,000											
Average			90,097											
Maximum			195,000											

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : July 2007											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Ocala Oaks Well 1	Ocala Oaks Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	3,565,000	3,565,000									
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
	40,000	195,000									
2	60,000	33,000									93,000
3	72,000	51,000									123,000
4	67,000	41,000									108,000
5	59,000	57,000									116,000
6	80,000	57,000									137,000
7	80,000	57,000									137,000
8	89,000	57,000									146,000
9	100,000	75,000									175,000
10	90,000	75,000									165,000
11	90,000	93,000									183,000
12	80,000	94,000									174,000
13	100,000	50,000									150,000
14	100,000	50,000									150,000
15	100,000	50,000									150,000
16	120,000	28,000									148,000
17	90,000	55,000									145,000
18	100,000	38,000									138,000
19	90,000	42,000									132,000
20	100,000	35,000									135,000
21	100,000	35,000									135,000
22	80,000	77,000									157,000
23	20,000	144,000									164,000
24	10,000	147,000									157,000
25	10,000	148,000									158,000
26	10,000	176,000									186,000
27	10,000	174,000									184,000
28	5,000	180,000									185,000
29	5,000	180,000									185,000
30	15,000	159,000									174,000
31	10,000	140,000									150,000
Total											4,775,000
Avg.											154,032
Max.											235,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

9/6/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **August-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Point During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer Point During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	132,000		1.4									1.2	
2	X	24 hrs	91,000		1.2									1	
3	X	24 hrs	90,000		1.4									1	
4	X	24 hrs	139,000		1.2									1	
5		24 hrs	186,000												
6	X	24 hrs	187,000		1.2									1	
7	X	24 hrs	138,000		1.4									1.2	
8	X	24 hrs	156,000		1.4									1	
9	X	24 hrs	139,000		1.4									1.2	
10	X	24 hrs	40,000		1.2									1.2	
11		24 hrs	86,000												
12	X	24 hrs	86,000		1.4									1	
13	X	24 hrs	144,000		1.2									1	
14	X	24 hrs	112,000		1.2									1	
15	X	24 hrs	103,000		1									0.8	
16	X	24 hrs	33,000		1.4									1	
17	X	24 hrs	123,000		1.2									1	
18	X	24 hrs	109,000		1.4									1.2	
19		24 hrs	110,000												
20	X	24 hrs	111,000		1.2									1	
21	X	24 hrs	97,000		1									1	
22	X	24 hrs	164,000		1.2									1	
23	X	24 hrs	141,000		0.8									1.2	
24	X	24 hrs	106,000		1.4									1	
25		24 hrs	107,000												
26	X	24 hrs	120,000		1.2									1	
27	X	24 hrs	128,000		1.4									1	
28	X	24 hrs	126,000		1.2									1.2	
29	X	24 hrs	134,000		1.4									1.2	
30	X	24 hrs	95,000		1.2									1	
31	X	24 hrs	153,000		1.4									1	
Total			3,686,000												
Average			118,903												
Maximum			187,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: August-07

A. Public Water System (PWS) Information

PWS Name: <u>Ocala Oaks, well #2</u>		PWS Identification Number: <u>3421560</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>629</u>		Total Population Served at End of Month: <u>2202</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

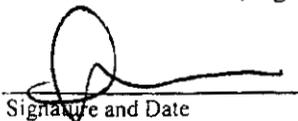
B. Water Treatment Plant Information

Plant Name: <u>Ocala Oaks, well #2</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>3900 N.E. 20th Ave</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34479</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>712,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

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

Signature and Date  8/6/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

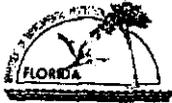
III. Daily Data for the Month/Year of: **August-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	123,000		1.6									1	
2	X	24 hrs	91,000		1.4									1	
3	X	24 hrs	153,000		1.2									1	
4	X	24 hrs	188,000		1.4									1.2	
5		24 hrs	188,000												
6	X	24 hrs	206,000		1.2									1	
7	X	24 hrs	195,000		1.2									1.2	
8	X	24 hrs	151,000		1.2									1	
9	X	24 hrs	139,000		1.2									1.2	
10	X	24 hrs	178,000		1.4									1.2	
11		24 hrs	178,000												
12		24 hrs	179,000												
13	X	24 hrs	155,000		1.2									1	
14	X	24 hrs	156,000		1									1	
15	X	24 hrs	190,000		0.9									0.8	
16	X	24 hrs	69,000		1.4									1	
17		24 hrs	69,000												
18	X	24 hrs	83,000		1.2									1	
19		24 hrs	83,000												
20	X	24 hrs	168,000		1.2									1.2	
21		24 hrs	169,000												
22	X	24 hrs	244,000		1									1	
23	X	24 hrs	313,000		1.4									1	
24	X	24 hrs	63,000		1.4									1.2	
25		24 hrs	63,000												
26		24 hrs	63,000												
27	X	24 hrs	31,000		1.4									1	
28		24 hrs	31,000												
29	X	24 hrs	89,000		1.2									1.2	
30	X	24 hrs	70,000		1.4									1.2	
31	X	24 hrs	28,000		1.2									1	
Total			4,106,000												
Average			132,452												
Maximum			313,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : August 2007											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	3,565,000	3,565,000									7,130,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	132,000	123,000									255,000
2	91,000	91,000									182,000
3	90,000	153,000									243,000
4	139,000	188,000									327,000
5	188,000	188,000									374,000
6	187,000	206,000									393,000
7	138,000	195,000									333,000
8	156,000	151,000									307,000
9	139,000	139,000									278,000
10	40,000	178,000									218,000
11	86,000	178,000									264,000
12	86,000	179,000									265,000
13	144,000	155,000									299,000
14	112,000	156,000									268,000
15	103,000	190,000									293,000
16	33,000	69,000									102,000
17	123,000	69,000									192,000
18	109,000	83,000									192,000
19	110,000	83,000									193,000
20	111,000	168,000									279,000
21	97,000	169,000									266,000
22	164,000	244,000									408,000
23	141,000	313,000									454,000
24	106,000	63,000									169,000
25	107,000	63,000									170,000
26	120,000	63,000									183,000
27	128,000	31,000									159,000
28	126,000	31,000									157,000
29	134,000	89,000									223,000
30	95,000	70,000									165,000
31	153,000	28,000									181,000
Total											7,792,000
Avg.											251,355
Max.											454,000

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **September-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	66,000		1.2									1	
2		24 hrs	66,000												
3	X	24 hrs	90,000		1.4									1	
4	X	24 hrs	90,000		1.2									1	
5	X	24 hrs	116,000		1.4									1.2	
6	X	24 hrs	86,000		1.2									1.2	
7	X	24 hrs	117,000		1.4									1.2	
8	X	24 hrs	121,000		1									1.2	
9		24 hrs	120,000												
10	X	24 hrs	99,000		1.4									1.2	
11	X	24 hrs	103,000		1.4									1.2	
12	X	24 hrs	112,000		1.5									1.2	
13	X	24 hrs	124,000		1.4									1.2	
14	X	24 hrs	108,000		1.4									1.2	
15	X	24 hrs	101,000		1.4									1.2	
16		24 hrs	102,000												
17	X	24 hrs	119,000		1.2									1	
18	X	24 hrs	134,000		1.4									1.2	
19	X	24 hrs	10,000		1.2									1.2	
20	X	24 hrs	44,000		1.2									1.2	
21	X	24 hrs	59,000		1.2									1	
22	X	24 hrs	66,000		1.4									1.2	
23		24 hrs	67,000												
24	X	24 hrs	79,000		1.2									1.2	
25	X	24 hrs	92,000		0.8									0.6	
26	X	24 hrs	54,000		1.6									1.2	
27	X	24 hrs	96,000		1.4									1.2	
28	X	24 hrs	92,000		1.4									1	
29	X	24 hrs	89,000		1.2									1.2	
30		24 hrs	89,000												
31		24 hrs													
Total			2,711,000												
Average			90,367												
Maximum			134,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **September-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.) C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

10/09/07
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **September-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation.	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24 hrs	28,000												
2		24 hrs	28,000												
3	X	24 hrs	42,000		1.2									1	
4		24 hrs	42,000												
5	X	24 hrs	44,000		1.6									1.2	
6	X	24 hrs	49,000		1.6									1	
7	X	24 hrs	46,000		1.4									1.2	
8		24 hrs	46,000												
9		24 hrs	46,000												
10	X	24 hrs	58,000		1.6									1.2	
11	X	24 hrs	44,000		1.6									1.2	
12	X	24 hrs	50,000		1.7									1.2	
13	X	24 hrs	51,000		1.7									1.2	
14	X	24 hrs	53,000		1.6									1.2	
15	X	24 hrs	46,000		1.5									1.2	
16		24 hrs	47,000												
17	X	24 hrs	58,000		1.4									1	
18	X	24 hrs	40,000		1.2									1	
19		24 hrs	40,000												
20	X	24 hrs	37,000		1.2									1.2	
21	X	24 hrs	35,000		1.2									1	
22		24 hrs	36,000												
23		24 hrs	36,000												
24	X	24 hrs	40,000		1.2									1	
25	X	24 hrs	40,000		0.6									0.6	
26		24 hrs	41,000												
27	X	24 hrs	37,000		1.4									1	
28	X	24 hrs	47,000		1.4									1.2	
29		24 hrs	47,000												
30		24 hrs	47,000												
31		24 hrs													
Total			1,301,000												
Average			43,367												
Maximum			58,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : September 2007										
Community Water System (CWS) Name: Ocala Oaks										
Public Water System (PWS) Identification Number: 3421560										
Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
Ocala Oaks Well 1	Ocala Oaks Well 2									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
3,565,000	3,565,000									7,130,000
Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	66,000	28,000								94,000
2	66,000	28,000								94,000
3	90,000	42,000								132,000
4	90,000	42,000								132,000
5	116,000	44,000								160,000
6	86,000	49,000								135,000
7	117,000	46,000								163,000
8	121,000	46,000								167,000
9	120,000	46,000								166,000
10	99,000	58,000								157,000
11	103,000	44,000								147,000
12	112,000	50,000								162,000
13	124,000	51,000								175,000
14	108,000	53,000								161,000
15	101,000	46,000								147,000
16	102,000	47,000								149,000
17	119,000	58,000								177,000
18	134,000	40,000								174,000
19	10,000	40,000								50,000
20	44,000	37,000								81,000
21	59,000	35,000								94,000
22	66,000	36,000								102,000
23	67,000	36,000								103,000
24	79,000	40,000								119,000
25	92,000	40,000								132,000
26	54,000	41,000								95,000
27	96,000	37,000								133,000
28	92,000	47,000								139,000
29	89,000	47,000								136,000
30	89,000	47,000								136,000
31	0	0								0
Total										4,012,000
Avg.										129,419
Max.										177,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **October, 2007**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operator	Name	License Class	License Number	Day(s) Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Operator	Mark March	C	8287	6 Days per week
Operator	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date 11/08/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **October, 2007**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Notes
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Point of Distribution System, mg/L	
1	X	24 hrs	41,000		1.2								1.2	
2	X	24 hrs	55,000		1.6								1.2	
3	X	24 hrs	75,000		1.4								1	
4	X	24 hrs	64,000		1.4								1.2	
5	X	24 hrs	40,000		1.2								1.2	
6	X	24 hrs	76,000		1.4								1	
7		24 hrs	78,000											
8	X	24 hrs	84,000		0.8								1	
9	X	24 hrs	77,000		1.2								1	
10	X	24 hrs	75,000		1.2								1.2	
11	X	24 hrs	71,000		0.8								1	
12	X	24 hrs	86,000		1.4								1.2	
13	X	24 hrs	133,000		1.4								1.2	
14		24 hrs	132,000											
15	X	24 hrs	76,000		1.2								1	
16	X	24 hrs	107,000		1.2								1	
17	X	24 hrs	79,000		1.5								1	
18	X	24 hrs	102,000		1								1	
19	X	24 hrs	139,000		1.5								0.9	
20	X	24 hrs	93,000		1.4								1.2	
21		24 hrs	93,000											
22	X	24 hrs	94,000		1.2								1	
23	X	24 hrs	97,000		1.2								1	
24	X	24 hrs	120,000		1.4								1	
25	X	24 hrs	79,000		1.2								1	
26	X	24 hrs	91,000		1.4								1	
27	X	24 hrs	97,000		1.2								1	
28		24 hrs	97,000											
29	X	24 hrs	92,000		1.4								1.2	
30	X	24 hrs	92,000		1.4								1	
31	X	24 hrs	119,000		1.2								1	
TOTAL			2,754,000											
Average			88,839											
Minimum			139,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **October ,2007**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date: 10/08/07

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III Daily Data for the Month/Year of **October, 2007**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations for UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable										Notes		
				Peak Flow Rate, gpd	Disinfectant Contact Time (D) (hrs)		Lowest CT Provided Before or During Customer Peak Flow, mg-min/L		Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L		UV Dose, mW-sec/cm ²		Lowest Residual Disinfectant Concentration, mg/L	
					Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow, mg/L	Disinfectant Contact Time (D) Measurement Point, minutes	Lowest CT Provided Before or During Customer Peak Flow, mg-min/L	Temp. of Water, C			Minimum CT Required, mg-min/L	Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			Lowest Residual Disinfectant Concentration, mg/L
1	X	24 hrs	32,000			1.4								1		
2		24 hrs	32,000													
3	X	24 hrs	41,000			1.2								1		
4		24 hrs	41,000													
5	X	24 hrs	36,000			1.4								1.2		
6		24 hrs	36,000													
7		24 hrs	36,000													
8	X	24 hrs	44,000			1.2								1		
9		24 hrs	45,000													
10	X	24 hrs	44,000			1.2								1		
11	X	24 hrs	52,000			1								1		
12	X	24 hrs	45,000			1.2								1		
13	X	24 hrs	45,000			1.2								1.1		
14		24 hrs	46,000													
15	X	24 hrs	36,000			1.1								1		
16	X	24 hrs	45,000			1.1								1		
17	X	24 hrs	45,000			1.5								1		
18	X	24 hrs	46,000			1.5								1		
19	X	24 hrs	59,000			0.8								0.9		
20	X	24 hrs	39,000			1.2								1.2		
21		24 hrs	39,000													
22	X	24 hrs	37,000			1.5								1		
23	X	24 hrs	41,000			1.3								1		
24		24 hrs	41,000													
25	X	24 hrs	40,000			1.4								1.2		
26	X	24 hrs	50,000			1.4								1		
27		24 hrs	51,000													
28		24 hrs	51,000													
29	X	24 hrs	37,000			0.8								1		
30	X	24 hrs	46,000			1.2								1		
31		24 hrs	46,000													
Total			1,324,000													
Average			42,710													
Maximum			59,000													

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : October ,2007										
Community Water System (CWS) Name: Ocala Oaks										
Public Water System (PWS) Identification Number: 3421560										
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
Ocala Oaks Well 1	Ocala Oaks Well 2									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
3,565,000	3,565,000									7,130,000
Net Quantity of Finished Water Produced by Each Plant, gallons										Total
41,000	32,000									73,000
55,000	32,000									87,000
75,000	41,000									116,000
64,000	41,000									105,000
4,000	36,000									40,000
76,000	36,000									112,000
78,000	36,000									114,000
84,000	44,000									128,000
77,000	450,000									527,000
75,000	44,000									119,000
71,000	52,000									123,000
86,000	45,000									131,000
133,000	45,000									178,000
132,000	46,000									178,000
76,000	36,000									112,000
107,000	45,000									152,000
79,000	45,000									124,000
102,000	46,000									148,000
139,000	59,000									198,000
93,000	39,000									132,000
93,000	39,000									132,000
94,000	37,000									131,000
97,000	41,000									138,000
120,000	41,000									161,000
79,000	40,000									119,000
91,000	50,000									141,000
97,000	51,000									148,000
97,000	51,000									148,000
92,000	37,000									129,000
92,000	46,000									138,000
119,000	46,000									165,000
Total										4,447,000
Avg										143,452
Max										527,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **November-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

12/7/07 Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **November-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Calculations for UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable										Notes for Abnormal Operating Conditions: Maintenance Work that Involves Taking System Components Out of Operation		
				Peak Flow Rate, gpd	Disinfectant Concentration (mg/L)	Disinfectant Contact Time (min)	Flow Rate (gpm)	Temperature (°C)	pH of Water, if Applicable	Minimum Required (mg-min/L)	Operating UV Dose (mJ/cm ²)	Minimum Required (mJ/cm ²)	Operating System (mJ/cm ²)			
1	X	24 hrs	80,000		1.2										1	
2	X	24 hrs	122,000		1.2										1	
3		24 hrs	123,000													
4	X	24 hrs	108,000		1										1	
5	X	24 hrs	127,000		1.2										0.9	
6	X	24 hrs	153,000		1.2										1	
7	X	24 hrs	155,000		1.2										1.2	
8	X	24 hrs	137,000		1.2										1	
9	X	24 hrs	152,000		1.2										0.8	
10		24 hrs	152,000													
11	X	24 hrs	104,000		1.2										1.2	
12	X	24 hrs	138,000		1.2										1	
13	X	24 hrs	121,000		1										1	
14	X	24 hrs	136,000		1										1	
15	X	24 hrs	131,000		0.8										1	
16	X	24 hrs	155,000		1.4										1.2	
17		24 hrs	155,000													
18	X	24 hrs	130,000		1										1	
19	X	24 hrs	122,000		1.2										1.2	
20	X	24 hrs	137,000		1										1	
21	X	24 hrs	156,000		1.4										1.2	
22	X	24 hrs	101,000		1.4										1	
23	X	24 hrs	124,000		1.2										1	
24	X	24 hrs	116,000		1.4										1.2	
25		24 hrs	117,000													
26	X	24 hrs	122,000		1.2										1.2	
27	X	24 hrs	117,000		1.4										1	
28	X	24 hrs	185,000		1.4										1	
29	X	24 hrs	78,000		1.2										1	
30	X	24 hrs	122,000		1.4										1	
31		24 hrs														
Total			3,876,000													
Average			129,200													
Maximum			185,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **November-07**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
	Paul Thompson	A	7251
	Mark March	C	8287
	Gary Kissick	C	7846

II. Certification by Lead/Chief Operator

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

	Paul Thompson	A7251
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **November-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced gal	Type of Disinfectant Residual Maintained in Distribution System														
				Peak Flow Rate, gpd	Concentration of Disinfectant, mg/L	Minimum Concentration of Disinfectant, mg/L	Maximum Concentration of Disinfectant, mg/L	Minimum UV Dose, sec/cm ²	Maximum UV Dose, sec/cm ²	Minimum Chlorine Dioxide Concentration, mg/L	Maximum Chlorine Dioxide Concentration, mg/L	Minimum Ozone Concentration, mg/L	Maximum Ozone Concentration, mg/L	Minimum Combined Chlorine Concentration, mg/L	Maximum Combined Chlorine Concentration, mg/L			
11/1	X	24 hrs	34,000		1.4													
11/2	X	24 hrs	44,000		1.4													
11/3		24 hrs	44,000															
11/4		24 hrs	44,000															
11/5	X	24 hrs	36,000		1.2													
11/6	X	24 hrs	43,000		1.2													
11/7	X	24 hrs	33,000		1.4													
11/8		24 hrs	33,000															
11/9	X	24 hrs	48,000		1.2													
11/10		24 hrs	48,000															
11/11		24 hrs	48,000															
11/12	X	24 hrs	39,000		1.4													
11/13		24 hrs	38,000															
11/14	X	24 hrs	36,000		0.8													
11/15		24 hrs	36,000															
11/16	X	24 hrs	48,000		1													
11/17		24 hrs	48,000															
11/18		24 hrs	49,000															
11/19	X	24 hrs	56,000		1.2													
11/20	X	24 hrs	33,000		1.2													
11/21		24 hrs	33,000															
11/22	X	24 hrs	49,000		1.4													
11/23	X	24 hrs	46,000		1.2													
11/24		24 hrs	46,000															
11/25		24 hrs	47,000															
11/26	X	24 hrs	30,000		1.2													
11/27	X	24 hrs	41,000		1.4													
11/28		24 hrs	41,000															
11/29	X	24 hrs	28,000		1.2													
11/30	X	24 hrs	48,000		1.4													
11/31		24 hrs																
Total			1,247,000															
Average			41,567															
Maximum			56,000															

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											November 2007
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	3,565,000	3,565,000									7,130,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
1	80,000	34,000									114,000
2	122,000	44,000									166,000
3	123,000	44,000									167,000
4	108,000	44,000									152,000
5	127,000	36,000									163,000
6	153,000	43,000									196,000
7	155,000	33,000									188,000
8	137,000	33,000									170,000
9	152,000	48,000									200,000
10	152,000	48,000									200,000
11	104,000	48,000									152,000
12	138,000	39,000									177,000
13	121,000	38,000									159,000
14	136,000	36,000									172,000
15	131,000	36,000									167,000
16	155,000	48,000									203,000
17	155,000	48,000									203,000
18	130,000	49,000									179,000
19	122,000	56,000									178,000
20	137,000	33,000									170,000
21	156,000	33,000									189,000
22	101,000	49,000									150,000
23	124,000	46,000									170,000
24	116,000	46,000									162,000
25	117,000	47,000									164,000
26	122,000	30,000									152,000
27	117,000	41,000									158,000
28	185,000	41,000									226,000
29	78,000	28,000									106,000
30	122,000	48,000									170,000
31	0	0									0
Total											5,123,000
Avg											165,258
Max											226,000



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

See page 4 for instructions

I. General Information for the Month/Year of: December-07

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V			
Plant Class (per subsection 62-699.310(4), F.A.C.)		C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

01/09/08
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **December-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place 'X')	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergencies, Abnormal Operating Conditions, Repair or Maintenance Work that Involves Staking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point(s) in Distribution System, mg/L		
1		24 hrs	122,000												
2	X	24 hrs	103,000		1.2								1.2		
3	X	24 hrs	103,000		1.4								1.2		
4	X	24 hrs	98,000		1.4								1		
5	X	24 hrs	109,000		1.4								1		
6	X	24 hrs	128,000		1.4								1.2		
7	X	24 hrs	133,000		1.2								1		
8		24 hrs	133,000												
9	X	24 hrs	114,000		1.2								1.2		
10	X	24 hrs	133,000		1.4								1.2		
11	X	24 hrs	106,000		1.2								1		
12	X	24 hrs	128,000		1.2								1		
13	X	24 hrs	110,000		1.4								1.2		
14	X	24 hrs	110,000		1.2								1		
15	X	24 hrs	102,000		1.4								1.2		
16		24 hrs	102,000												
17	X	24 hrs	86,000		1.2								1		
18	X	24 hrs	83,000		1.2								1		
19	X	24 hrs	135,000		1.4								1.2		
20	X	24 hrs	107,000		1.4								1.2		
21	X	24 hrs	106,000		1.2								1		
22	X	24 hrs	181,000		1.2								1.2		
23		24 hrs	182,000												
24	X	24 hrs	111,000		1.4								1.2		
25	X	24 hrs	139,000		1.4								1		
26	X	24 hrs	126,000		1.4								0.8		
27	X	24 hrs	155,000		1.2								1.2		
28	X	24 hrs	121,000		1.4								1.2		
29		24 hrs	120,000												
30	X	24 hrs	112,000		1.2								1		
31	X	24 hrs	106,000		1.4								1.2		
Total			3,704,000												
Average			119,484												
Maximum			182,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **December-07**

A. Public Water System (PWS) Information

PWS Name: <u>Ocala Oaks, well #2</u>		PWS Identification Number: <u>3421560</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>629</u>		Total Population Served at End of Month: <u>2202</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u>			

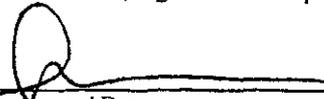
B. Water Treatment Plant Information

Plant Name: <u>Ocala Oaks, well #2</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>3900 N.E. 20th Ave</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34479</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>712,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>			
Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>			

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

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

 01/09/08
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **December-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repairs, Maintenance Work that Involves Taking Water System Components Out of Operation	
				Free Chlorine					Combined Chlorine (Chloramines)						Chlorine Dioxide
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
		24 hrs	49,000												
	X	24 hrs	37,000		1.2									1	
	X	24 hrs	41,000		1.2									1	
		24 hrs	41,000												
	X	24 hrs	40,000		1									1	
		24 hrs	41,000												
	X	24 hrs	40,000		1									1	
	X	24 hrs	36,000		1									1.2	
	X	24 hrs	40,000		1									1	
	X	24 hrs	37,000		0.9									1	
		24 hrs	37,000												
	X	24 hrs	59,000		1.6									1.2	
	X	24 hrs	46,000		1.2									1	
		24 hrs	47,000												
	X	24 hrs	34,000		1.4									1	
	X	24 hrs	43,000		1									1	
		24 hrs	44,000												
	X	24 hrs	3,000		1									1	
		24 hrs	3,000												
		24 hrs	30,000												
	X	24 hrs	13,000		1.2									1	
		24 hrs	14,000												
	X	24 hrs	20,000		1.2									1	
	X	24 hrs	1,000		1.4									1.2	
		24 hrs	1,000												
	X	24 hrs	42,000		1									1.2	
		24 hrs	42,000												
		24 hrs	41,000												
	X	24 hrs	55,000		1									1.2	
Total			1,067,000												
Average			34,419												
Maximum			59,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : December 2007											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day.											
	3,565,000	3,565,000									7,130,000
Net Quantity of Finished Water Produced by Each Plant, gallons											
											Total
1	122,000	49,000									171,000
2	103,000	49,000									152,000
3	103,000	37,000									140,000
4	98,000	41,000									139,000
5	109,000	41,000									150,000
6	128,000	40,000									168,000
7	133,000	41,000									174,000
8	133,000	41,000									174,000
9	114,000	40,000									154,000
10	133,000	36,000									169,000
11	106,000	40,000									146,000
12	128,000	37,000									165,000
13	110,000	37,000									147,000
14	110,000	59,000									169,000
15	102,000	46,000									148,000
16	102,000	47,000									149,000
17	86,000	34,000									120,000
18	83,000	43,000									126,000
19	135,000	44,000									179,000
20	107,000	3,000									110,000
21	106,000	3,000									109,000
22	181,000	30,000									211,000
23	182,000	13,000									195,000
24	111,000	14,000									125,000
25	139,000	20,000									159,000
26	126,000	1,000									127,000
27	155,000	1,000									156,000
28	121,000	42,000									163,000
29	120,000	42,000									162,000
30	112,000	41,000									153,000
31	106,000	55,000									161,000
Total											4,771,000
Avg.											153,903
Max.											211,000

PWS ID: 3421560 Plant Name: Ocala Oaks

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2005

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No

follows:

Polymer Dose ppm =	Acrylamide Level, % ¹ =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant? No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **January-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Time	Flow (gpm)	Volume (MG)	Disinfection Residuals (mg/L)										Total Residual (mg/L)	Remarks	
				Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Chloramines	Chlorine Dioxide	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine			Chloramines
	X	24 hrs	149,000													
	X	24 hrs	180,000												1.2	
	X	24 hrs	168,000												1.4	
	X	24 hrs	122,000												1.4	
	X	24 hrs	145,000												1.6	
	X	24 hrs	175,000												1.4	
	X	24 hrs	168,000												1.5	
		24 hrs	169,000													
	X	24 hrs	140,000												1.4	
	X	24 hrs	197,000												1.2	
	X	24 hrs	107,000												1.2	
	X	24 hrs	185,000												1.4	
	X	24 hrs	111,000												1.6	
	X	24 hrs	167,000												1.2	
		24 hrs	167,000													
	X	24 hrs	100,000												1.4	
	X	24 hrs	225,000												1.6	
	X	24 hrs	116,000												1.6	
	X	24 hrs	152,000												1.4	
	X	24 hrs	184,000												1.2	
		24 hrs	184,000													
	X	24 hrs	177,000												1.4	
	X	24 hrs	159,000												1.2	
	X	24 hrs	165,000												1.2	
	X	24 hrs	162,000												1	
	X	24 hrs	162,000												0.8	
	X	24 hrs	121,000												1.4	
	X	24 hrs	192,000												1.4	
		24 hrs	192,000													
	X	24 hrs	157,000												1.4	
	X	24 hrs	129,000												1.6	
	X	24 hrs	159,000												1.4	
Total			4,924,000													
Average			158,839													
Maximum			225,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **January-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensee's Operators	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operator	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

2/7/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **January-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Month	Day	Time of Day	Flow (gpm)	Residual (mg/L)	Disinfection Data										Notes		
					Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine	Chloramines	Chlorine Dioxide	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine		Chloramines	
		24 hrs	0														
	X	24 hrs	0		1											1.2	
		24 hrs	0														
	X	24 hrs	9,000		1											1.1	
		24 hrs	9,000														
	X	24 hrs	0		1											1	
		24 hrs	0														
		24 hrs	10,000														
	X	24 hrs	0		1											1.2	
	X	24 hrs	4,000		1											1	
		24 hrs	4,000														
		24 hrs	5,000														
	X	24 hrs	0		1											1.2	
		24 hrs	0														
		24 hrs	2,000														
	X	24 hrs	6,600		1											1.2	
		24 hrs	6,000														
	X	24 hrs	12,000		1											1.2	
		24 hrs	13,000														
	X	24 hrs	8,000		1											1	
		24 hrs	8,000														
		24 hrs	8,000														
	X	24 hrs	0		1											1	
		24 hrs	5,000														
	X	24 hrs	15,000		1											1.2	
		24 hrs	15,000														
	X	24 hrs	6,000		1.2											1.2	
		24 hrs	6,000														
		24 hrs	7,000														
	X	24 hrs	0		1											1.2	
		24 hrs	0														
Total			158,600														
Average			5,116														
Maximum			15,000														

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: January 2006											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
Plant 1's Maximum Day Operating Capacity of Each Plant (gallons per day)											
	137,250	45,750									183,000
Net Quantity of Finished Water Produced by Each Plant (gallon)											
	149,000	0									149,000
	180,000	0									180,000
	168,000	0									168,000
	122,000	9,000									131,000
	145,000	9,000									154,000
	175,000	0									175,000
	168,000	0									168,000
	169,000	10,000									179,000
	140,000	0									140,000
	197,000	4,000									201,000
	107,000	4,000									111,000
	185,000	5,000									190,000
	111,000	0									111,000
	167,000	0									167,000
	167,000	2,000									169,000
	100,000	6,600									106,600
	225,000	6,000									231,000
	116,000	12,000									128,000
	152,000	13,000									165,000
	184,000	8,000									192,000
	184,000	8,000									192,000
	177,000	8,000									185,000
	159,000	0									159,000
	165,000	5,000									170,000
	162,000	15,000									177,000
	121,000	15,000									136,000
	192,000	6,000									198,000
	192,000	6,000									198,000
	157,000	7,000									164,000
	129,000	0									129,000
	159,000	0									159,000
Sum											5,082,600
Avg											163,955
Max											231,000



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

See page 4 for instructions

I. General Information for the Month/Year of: February-06

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.) C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

3/6/06
 Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **February-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	191,000		1.4									1.2	
2	X	24 hrs	144,000		1.4									1.2	
3	X	24 hrs	107,000		1.2									1	
4	X	24 hrs	161,000		1.2									1	
5		24 hrs	161,000												
6	X	24 hrs	151,000		1.4									1.2	
7	X	24 hrs	142,000		1.4									1	
8	X	24 hrs	119,000		1.2									1	
9	X	24 hrs	160,000		1.2									1.2	
10	X	24 hrs	13,800		1.4									1	
11	X	24 hrs	150,000		1.2									1	
12		24 hrs	150,000												
13	X	24 hrs	112,000		1									1	
14	X	24 hrs	181,000		1.2									1	
15	X	24 hrs	173,000		1.4									1.2	
16	X	24 hrs	122,000		1.2									1	
17	X	24 hrs	180,000		1.4									1.2	
18		24 hrs	180,000												
19	X	24 hrs	155,000		1.4									1.2	
20	X	24 hrs	202,000		1.4									1	
21	X	24 hrs	145,000		1.6									1.2	
22	X	24 hrs	167,000		1.6									0.4	
23	X	24 hrs	147,000		1.4									1.2	
24	X	24 hrs	194,000		1.4									1	
25		24 hrs	195,000												
26	X	24 hrs	110,000		1.4									1.2	
27	X	24 hrs	117,000		1.2									1	
28	X	24 hrs	193,000		1.4									1.2	
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			4,222,800												
Average			150,814												
Maximum			202,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-06

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980		
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

3/6/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

1 MC... HLY ... ER... JN R.L. BRT. JR PWS TREATING RAW GROUND WATER JR PURCHASED FINISHED WATER 1

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

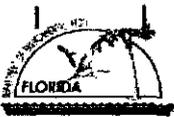
III. Daily Data for the Month/Year of: February-06

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	4,000		1.2									1.2	
2		24 hrs	4,000												
3	X	24 hrs	0		1									1.2	
4		24 hrs	0												
5		24 hrs	0												
6	X	24 hrs	4,000		1									1	
7		24 hrs	4,000												
8	X	24 hrs	4,000		1.2									1.2	
9		24 hrs	1,000												
10	X	24 hrs	2,000		1.2									1	
11		24 hrs	3,000												
12		24 hrs	3,000												
13	X	24 hrs	0		1.2									1.2	
14		24 hrs	0												
15	X	24 hrs	1,000		1									1.2	
16		24 hrs	2,000												
17	X	24 hrs	8,000		1									1	
18		24 hrs	9,000												
19		24 hrs	9,000												
20	X	24 hrs	16,000		1.2									1.2	
21		24 hrs	16,000												
22	X	24 hrs	7,000		1									1.2	
23		24 hrs	8,000												
24	X	24 hrs	3,000		1									1	
25		24 hrs	3,000												
26		24 hrs	4,000												
27	X	24 hrs	17,000		1									1.2	
28		24 hrs	17,000												
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			149,000												
Average			5,321												
Maximum			17,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : February 2006											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total	
	137,250	45,750									183,000
Net Quantity of Finished Water Produced by Each Plant, gallons										Total	
1	191,000	4,000									195,000
2	144,000	4,000									148,000
3	107,000	0									107,000
4	161,000	0									161,000
5	161,000	0									161,000
6	151,000	4,000									155,000
7	142,000	4,000									146,000
8	119,000	4,000									123,000
9	160,000	1,000									161,000
10	13,800	2,000									15,800
11	150,000	3,000									153,000
12	150,000	3,000									153,000
13	112,000	0									112,000
14	181,000	0									181,000
15	173,000	1,000									174,000
16	122,000	2,000									124,000
17	180,000	8,000									188,000
18	180,000	9,000									189,000
19	155,000	9,000									164,000
20	202,000	16,000									218,000
21	145,000	16,000									161,000
22	167,000	7,000									174,000
23	147,000	8,000									155,000
24	194,000	3,000									197,000
25	195,000	3,000									198,000
26	110,000	4,000									114,000
27	117,000	17,000									134,000
28	193,000	17,000									210,000
29	0	0									0
30	0	0									0
31	0	0									0
Total											4,371,800
Avg.											141,026
Max.											218,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Days/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Paul Thompson

 A7251

Signature and Date

 Printed or Typed Name

 License Number

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

PWS Identification Number: **3421560** Plant Name: **Ocala Oaks, well #1**

III. Daily Data for the Month/Year of: **March-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of Month	Day of Week	Hours of Operation	Quantity of Disinfectant Applied	Disinfectant Residual (mg/L)										Minimum Residual Required	Maximum Residual Allowed	Concentration of Disinfectant at Point of Distribution	Remarks on Availability of Disinfectant and Operating Conditions of Water System Components
				At Plant	At Entry to Distribution System	At Farthest Point of Distribution System	At Other Points										
1	X	24 hrs	163,000		1.2										1		
2	X	24 hrs	116,000		1.3										1		
3	X	24 hrs	206,000		1.4										1.2		
4	X	24 hrs	153,000		1.2										1		
5		24 hrs	153,000														
6	X	24 hrs	127,000		1.4										1		
7	X	24 hrs	131,000		1.2										1		
8	X	24 hrs	146,000		1.2										1.2		
9	X	24 hrs	176,000		1.4										1.2		
10	X	24 hrs	134,000		1.2										1		
11	X	24 hrs	163,000		1.2										1		
12		24 hrs	164,000														
13	X	24 hrs	118,000		1.4										1		
14	X	24 hrs	129,000		1.2										1		
15	X	24 hrs	187,000		1										0.8		
16	X	24 hrs	161,000		1										0.6		
17	X	24 hrs	134,000		1.2										1		
18	X	24 hrs	134,000		1.2										1.2		
19		24 hrs	134,000														
20	X	24 hrs	146,000		1.2										1		
21	X	24 hrs	155,000		1.4										1		
22	X	24 hrs	143,000		1.2										1		
23	X	24 hrs	122,000		1.2										1.2		
24	X	24 hrs	167,000		1.2										1		
25		24 hrs	167,000														
26	X	24 hrs	168,000		1.2										1		
27	X	24 hrs	126,000		1.4										1.2		
28	X	24 hrs	97,000		1.2										1		
29	X	24 hrs	180,000		1.2										1		
30	X	24 hrs	88,000		1.4										1.2		
31	X	24 hrs	142,000		1.4										1		
Total			4,530,000														
Average			146,129														
Maximum			206,000														

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **March-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

ce 6/06
 Signature and Date

 Paul Thompson
 Printed or Typed Name

 A7251
 License Number

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **March-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Plant Status or Other	Hours of Operation	Quantity of Water Produced (gallons)	On calculation of flow, use to demonstrate compliance with virus inactivation if applicable										Notes on Virus Inactivation, Condition of Maintenance Work, or Other		
				Free Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Free Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)	Ozone Residual (mg/L)	Combined Chlorine Residual (mg/L)	Chlorine Dioxide Residual (mg/L)			
1	X	24 hrs	31,000	0.8											1	
2		24 hrs	31,000													
3	X	24 hrs	19,000	1.1											1.2	
4		24 hrs	19,000													
5		24 hrs	20,000													
6	X	24 hrs	36,000	1											1	
7		24 hrs	36,000													
8	X	24 hrs	51,000	1											1.2	
9	X	24 hrs	47,000	1											1	
10	X	24 hrs	74,000	1.2											1	
11		24 hrs	74,000													
12		24 hrs	74,000													
13	X	24 hrs	61,000	1											1.2	
14		24 hrs	61,000													
15	X	24 hrs	72,000	1.2											1	
16		24 hrs	72,000													
17	X	24 hrs	192,000	1											1.1	
18		24 hrs	192,000													
19		24 hrs	193,000													
20	X	24 hrs	5,000	1.2											1	
21		24 hrs	5,000													
22	X	24 hrs	72,000	1											1	
23		24 hrs	72,000													
24	X	24 hrs	128,000	1.2											1	
25		24 hrs	128,000													
26		24 hrs	128,000													
27	X	24 hrs	78,000	1.2											1	
28	X	24 hrs	186,000	1											1	
29		24 hrs	187,000													
30		24 hrs	187,000													
31	X	24 hrs	215,000	1.2											1	
Total			2,746,000													
Average			88,581													
Maximum			215,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Operator	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operator	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date: 5/4/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: **3421560** Plant Name: **Ocala Oaks, well #1**

III. Daily Data for the Month/Year of: **April-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Month	Days of the Month	Hours of Operation	New Volume of Finished Water Produced	Disinfection Residuals										Residual Concentration in Distribution System, mg/L	Remarks or Special Operating Conditions
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)		
	X	24 hrs	135,000		1.4									1.1	
		24 hrs	136,000												
	X	24 hrs	111,000		1.2									1	
	X	24 hrs	151,000		1.4									1.2	
	X	24 hrs	186,000		1									0.8	
	X	24 hrs	145,000		1.2									1	
	X	24 hrs	252,000		1.2									1	
	X	24 hrs	228,000		0.8									0.4	
		24 hrs	228,000												
	X	24 hrs	196,000		1.2									1	
	X	24 hrs	194,000		1.4									1.2	
	X	24 hrs	165,000		1.2									1	
	X	24 hrs	189,000		0.9									0.4	
	X	24 hrs	219,000		1.4									1.7	
	X	24 hrs	234,000		1.6									1.4	
		24 hrs	234,000												
	X	24 hrs	149,000		1.4									1.2	
	X	24 hrs	235,000		1.4									1.2	
	X	24 hrs	148,000		1.6									1.4	
	X	24 hrs	256,000		1.6									1.2	
	X	24 hrs	186,000		1.8									1.4	
	X	24 hrs	235,000		1.6									1.2	
		24 hrs	235,000												
	X	24 hrs	222,000		1.4									1	
	X	24 hrs	197,000		1.4									1.2	
	X	24 hrs	209,000		1.6									1.2	
	X	24 hrs	179,000		1.6									1.4	
	X	24 hrs	241,000		1.6									1.2	
		24 hrs	241,000												
	X	24 hrs	203,000		1.4									1.1	
		24 hrs													
Total			5,939,000												
Average			197,967												
Maximum			256,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-06**

A. Public Water System (PWS) Information

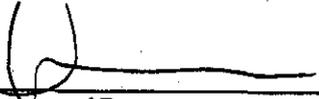
PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 183,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Operator Name	License Class	License Number	Day(s)/Shift(s) Worked
Paul Thompson	A	7251	6 Days per week
Mark March	C	8287	6 Days per week
Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date:  5/4/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **April-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of Month	Days of Operation	Flow (MGD)	Chlorine Applied (lb/day)	Calculations										Frequency of Automatic Operating Conditions Report or Maintenance Work that Involves a Change in Water System Components or its Operation		
				Residual (mg/L)	Flow (MGD)	Chlorine Applied (lb/day)	Flow (MGD)		Chlorine Applied (lb/day)							
		24 hrs	215,000													
		24 hrs	215,000													
	X	24 hrs	260,000		1.2									1		
		24 hrs	263,000													
	X	24 hrs	14,000		1									1		
	X	24 hrs	104,000		1.2									0.8		
		24 hrs	104,000													
		24 hrs	105,000													
	X	24 hrs	20,000		1.2									1		
	X	24 hrs	51,000		1.2									0.9		
		24 hrs	51,000													
	X	24 hrs	23,000		1									0.8		
	X	24 hrs	37,000		0.8									0.6		
		24 hrs	37,000													
	X	24 hrs	152,000		1.2									1.2		
		24 hrs	152,000													
	X	24 hrs	42,000		1.6									1.4		
	X	24 hrs	102,000		1.6									1.2		
		24 hrs	102,000													
		24 hrs	103,000													
	X	24 hrs	116,000		1.6									1.4		
		24 hrs	116,000													
		24 hrs	116,000													
	X	24 hrs	99,000		1.8									1.4		
	X	24 hrs	36,000		1.6									1.2		
		24 hrs	36,000													
		24 hrs	37,000													
	X	24 hrs	223,000		1.6									1.1		
		24 hrs	223,000													
		24 hrs	223,000													
		24 hrs														
Total			3,377,000													
Average			112,567													
Maximum			263,000													

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : April 2006											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
Sanitized Maximum Day Operating Capacity of Each Plant (gallons per day)											
	137,250	45,750									183,000
Net Quantity of Finished Water Produced by Each Plant (gallons)											
	135,000	215,000									350,000
2	136,000	215,000									351,000
3	111,000	260,000									371,000
4	151,000	263,000									414,000
5	188,000	14,000									200,000
6	145,000	104,000									249,000
7	252,000	104,000									356,000
8	228,000	105,000									333,000
9	228,000	20,000									248,000
10	196,000	51,000									247,000
11	194,000	51,000									245,000
12	165,000	23,000									188,000
13	189,000	37,000									226,000
14	219,000	37,000									256,000
15	234,000	152,000									386,000
16	234,000	152,000									386,000
17	149,000	42,000									191,000
18	235,000	102,000									337,000
19	148,000	102,000									250,000
20	256,000	103,000									359,000
21	186,000	116,000									302,000
22	235,000	116,000									351,000
23	235,000	116,000									351,000
24	222,000	89,000									321,000
25	197,000	36,000									233,000
26	209,000	36,000									245,000
27	179,000	37,000									216,000
28	241,000	223,000									464,000
29	241,000	223,000									464,000
30	203,000	223,000									426,000
31	0	0									0
31st											9,316,000
AVG											300,516
Max											464,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **May-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 7.13 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

	Paul Thompson	A	7251	6 Days per week
	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead Chief Operator

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

Signature and Date 6/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **May-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day	Time	Flow (gpd)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24 hrs	201,000	1.4							1.2	
X	24 hrs	192,000	1.4							1.2	
X	24 hrs	223,000	1.6							1.2	
X	24 hrs	205,000	1.4							1	
X	24 hrs	202,000	1.4							1.2	
X	24 hrs	245,000	1.4							1.2	
	24 hrs	245,000									
X	24 hrs	138,000	1							1.2	
X	24 hrs	160,000	1							1.2	
X	24 hrs	125,000	1.4							1.2	
X	24 hrs	113,000	1.2							1.2	
X	24 hrs	137,000	1.2							1	
X	24 hrs	165,000	1.4							1.2	
	24 hrs	166,000									
X	24 hrs	134,000	1.4							1.2	
X	24 hrs	138,000	1.2							1	
X	24 hrs	96,000	1.4							1.2	
X	24 hrs	185,000	1.2							1	
X	24 hrs	292,000	1.2							1.2	
X	24 hrs	28,000	1.4							1.2	
	24 hrs	29,000									
X	24 hrs	114,000	1.2							1	
X	24 hrs	34,000	0.8							1	
X	24 hrs	146,000	1.4							1.2	
X	24 hrs	127,000	1.4							1.2	
X	24 hrs	117,000	1.2							1.2	
	24 hrs	117,000									
X	24 hrs	77,000	1.3							1.1	
X	24 hrs	110,000	1.4							1.2	
X	24 hrs	256,000	1.4							1	
X	24 hrs	183,000	1.2							1	
		4,700,000									
		151,613									
		292,000									

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **May-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	
		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 7.13 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

	Paul Thompson	A	7251	6 Days per week
	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date 6/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

III. Daily Data for the Month/Year of: **May-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Time	Flow (gpm)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)
X	24 hrs	124,000	1.4			1.2	
	24 hrs	125,000					
X	24 hrs	145,000	1.4			1.2	
X	24 hrs	149,000	1.4			1	
	24 hrs	149,000					
	24 hrs	150,000					
	24 hrs	150,000					
X	24 hrs	153,000	1.4			1.2	
	24 hrs	154,000					
X	24 hrs	150,000	1.2			1.2	
	24 hrs	150,000					
X	24 hrs	148,000	1.4			1	
	24 hrs	148,000					
	24 hrs	147,000					
X	24 hrs	140,000	1.6			1.4	
	24 hrs	140,000					
	24 hrs	140,000					
X	24 hrs	225,000	1			1.2	
X	24 hrs	275,000	1.6			1.2	
	24 hrs	275,000					
	24 hrs	276,000					
X	24 hrs	199,000	1.4			1	
X	24 hrs	415,000	1.2			1	
X	24 hrs	231,000	1.2			1.2	
	24 hrs	233,000					
X	24 hrs	208,000	1.4			1.2	
	24 hrs	208,000					
	24 hrs	208,000					
X	24 hrs	273,000	1.2			1.2	
X	24 hrs	158,000	1.4			1.2	
X	24 hrs	78,000	1.2			1	
		5,724,000					
		184,645					
		415,000					

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : May 2006											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Total
Ocala Oaks Well 1	Ocala Oaks Well 2										
3,565,000	3,565,000										7,130,000
201,000	124,000										325,000
192,000	125,000										317,000
223,000	145,000										368,000
205,000	149,000										354,000
202,000	149,000										351,000
245,000	150,000										395,000
245,000	150,000										395,000
138,000	153,000										291,000
160,000	154,000										314,000
125,000	150,000										275,000
113,000	150,000										263,000
137,000	148,000										285,000
165,000	148,000										313,000
166,000	147,000										313,000
134,000	140,000										274,000
138,000	140,000										278,000
96,000	140,000										236,000
185,000	225,000										410,000
292,000	275,000										567,000
28,000	275,000										303,000
29,000	276,000										305,000
114,000	199,000										313,000
34,000	415,000										449,000
146,000	231,000										377,000
127,000	233,000										360,000
117,000	208,000										325,000
117,000	208,000										325,000
77,000	208,000										285,000
110,000	273,000										383,000
256,000	158,000										414,000
183,000	78,000										261,000
										10,424,000	
										336,258	
										567,000	



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

See page 4 for instructions

I. General Information for the Month/Year of: **June-06**

A. Public Water System (PWS) Information			
PWS Name:	Ocala Oaks, well #1	PWS Identification Number:	3421560
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month:	629	Total Population Served at End of Month:	2202
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information				
Plant Name:	Ocala Oaks, well #1	Plant Telephone Number:	(352) 787-0980	
Plant Address:	3900 N.E. 20th Ave	City:	Ocala	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	State:	FL	
	<input type="checkbox"/> Purchased Finished Water	Zip Code:	34479	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

7/6/06 Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **June-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT-Calculations, or UV-Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV-Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV-Dose, mW-sec/cm2	Minimum UV-Dose Required, mW-sec/cm2			
1	X	24 hrs	166,000		1.2									1	
2	X	24 hrs	215,000		1.2									1	
3	X	24 hrs	184,000		1.2									1	
4		24 hrs	185,000												
5	X	24 hrs	149,000		1.2									1.2	
6	X	24 hrs	201,000		1.4									1.2	
7	X	24 hrs	249,000		1.6									1.4	
8	X	24 hrs	215,000		1.4									1.2	
9	X	24 hrs	151,000		1.2									1	
10		24 hrs	151,000												
11	X	24 hrs	142,000		1.2									1	
12	X	24 hrs	119,000		1.4									1.2	
13	X	24 hrs	144,000		1.4									1	
14	X	24 hrs	131,000		1									0.8	
15	X	24 hrs	165,000		1.2									1	
16	X	24 hrs	97,000		1.4									1.2	
17	X	24 hrs	152,000		1.2									1	
18		24 hrs	153,000												
19	X	24 hrs	125,000		1.4									1.2	
20	X	24 hrs	119,000		1.2									1	
21	X	24 hrs	193,000		1.2									1.2	
22	X	24 hrs	108,000		1.2									1	
23	X	24 hrs	140,000		0.8									1	
24	X	24 hrs	164,000		0.8									0.8	
25		24 hrs	164,000												
26	X	24 hrs	109,000		0.8									0.8	
27	X	24 hrs	68,000		2.2									1	
28	X	24 hrs	142,000		1.4									1	
29	X	24 hrs	136,000		1.8									1.2	
30	X	24 hrs	172,000		1.4									1.2	
31		24 hrs													
Total			4,609,000												
Average			153,633												
Maximum			249,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: June-06

A. Public Water System (PWS) Information	
PWS Name: Ocala Oaks, well #2	PWS Identification Number: 3421560
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 629	Total Population Served at End of Month: 2202
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

B. Water Treatment Plant Information	
Plant Name: Ocala Oaks, well #2	Plant Telephone Number: (352) 787-0980
Plant Address: 3900 N.E. 20th Ave	City: Ocala State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Licensed Operators	
Name	License Class
License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator: Paul Thompson	A 7251 6 Days per week
Other Operators: Mark March	C 8287 6 Days per week
Gary Kissick	C 7846 6 Days per week

II. Certification by Lead/Chief Operator

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

7/6/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **June-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24 hrs	78,000												
2	X	24 hrs	30,000		1.4									1	
3		24 hrs	31,000												
4		24 hrs	31,000												
5	X	24 hrs	62,000		1.2									1	
6		24 hrs	63,000												
7	X	24 hrs	144,000		1.2									1.2	
8		24 hrs	145,000												
9	X	24 hrs	139,000		1.4									1.2	
10		24 hrs	140,000												
11		24 hrs	140,000												
12	X	24 hrs	0		1.2									1	
13	X	24 hrs	28,000		1.2									1.2	
14		24 hrs	28,000												
15	X	24 hrs	139,000		1.2									1	
16		24 hrs	139,000												
17		24 hrs	139,000												
18		24 hrs	139,000												
19	X	24 hrs	61,000		1									1.2	
20		24 hrs	61,000												
21	X	24 hrs	69,000		1.2									1.2	
22		24 hrs	69,000												
23	X	24 hrs	45,000												
24		24 hrs	45,000		1.4									1.2	
25		24 hrs	46,000												
26	X	24 hrs	22,000		2.2									1.2	
27	X	24 hrs	85,000		2.2									1	
28	X	24 hrs	19,000		2.3									1.2	
29	X	24 hrs	22,000		2.3									1.2	
30	X	24 hrs	37,000		2.2									1.2	
31		24 hrs													
Total			2,196,000												
Average			73,200												
Maximum			145,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of: June 2006											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
	Plant 1 Name:	Plant 2 Name:	Plant 3 Name:	Plant 4 Name:	Plant 5 Name:	Plant 6 Name:	Plant 7 Name:	Plant 8 Name:	Plant 9 Name:	Plant 10 Name:	
	Ocala Oaks Well 1	Ocala Oaks Well 2									
Day of Month	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total
	3,565,000	3,565,000									7,130,000
Day of Month	Net Quantity of Finished Water Produced by Each Plant, gallons										Total
	166,000	78,000									244,000
2	215,000	30,000									245,000
3	184,000	31,000									215,000
4	185,000	31,000									216,000
5	149,000	62,000									211,000
6	201,000	63,000									264,000
7	249,000	144,000									393,000
8	215,000	145,000									360,000
9	151,000	139,000									290,000
10	151,000	140,000									291,000
11	142,000	140,000									282,000
12	119,000	0									119,000
13	144,000	28,000									172,000
14	131,000	28,000									159,000
15	165,000	139,000									304,000
16	97,000	139,000									236,000
17	152,000	139,000									291,000
18	153,000	139,000									292,000
19	125,000	61,000									186,000
20	119,000	61,000									180,000
21	193,000	69,000									262,000
22	108,000	69,000									177,000
23	140,000	45,000									185,000
24	164,000	45,000									209,000
25	164,000	46,000									210,000
26	109,000	22,000									131,000
27	68,000	85,000									153,000
28	142,000	19,000									161,000
29	136,000	22,000									158,000
30	172,000	37,000									209,000
31	0	0									0
Total											6,805,000
Avg.											219,516
Max.											393,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **July-06**

A. Public Water System (PWS) Information			
PWS Name:	Ocala Oaks, well #1	PWS Identification Number:	3421560
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	629	Total Population Served at End of Month:	2202
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquamerica.com		

B. Water Treatment Plant Information				
Plant Name:	Ocala Oaks, well #1	Plant Telephone Number:	(352) 787-0980	
Plant Address:	3900 N.E. 20th Ave	City:	Ocala State: FL Zip Code: 34479	
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	6 Days per week
Other Operators:	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	8/8/06 Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **July-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer's During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer's During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	173,000		0.9									0.7	
2		24 hrs	173,000												
3	X	24 hrs	184,000		1.4									1.4	
4	X	24 hrs	114,000		1.2									1.2	
5	X	24 hrs	160,000		1									0.8	
6	X	24 hrs	146,000		1.2									1	
7	X	24 hrs	124,000		0.6									1	
8	X	24 hrs	210,000		0.8									1	
9		24 hrs	210,000												
10	X	24 hrs	129,000		1.2									1	
11	X	24 hrs	166,000		0.8									0.6	
12	X	24 hrs	148,000		1.2									1	
13	X	24 hrs	130,000		1.2									1	
14	X	24 hrs	147,000		1.2									1	
15	X	24 hrs	99,000		1.4									1.2	
16		24 hrs	99,000												
17	X	24 hrs	75,000		1.1									1	
18	X	24 hrs	109,000		1.2									1	
19	X	24 hrs	117,000		1.3									1.2	
20	X	24 hrs	172,000		1.2									1.2	
21	X	24 hrs	116,000		1.2									1	
22	X	24 hrs	101,000		1.2									1	
23		24 hrs	101,000												
24	X	24 hrs	102,000		1									1	
25	X	24 hrs	23,000		1									0.8	
26	X	24 hrs	164,000		0.8									1	
27	X	24 hrs	150,000		1.6									1.2	
28	X	24 hrs	95,000		1.4									1.2	
29	X	24 hrs	199,000		1.2									1	
30		24 hrs	199,000												
31	X	24 hrs	151,000		1.4									1.2	
Total			4,286,000												
Average			138,258												
Maximum			210,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: July-06

A. Public Water System (PWS) Information

PWS Name: <u>Ocala Oaks, well #2</u>		PWS Identification Number: <u>3421560</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>629</u>		Total Population Served at End of Month: <u>2202</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>Ocala Oaks, well #2</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>3900 N.E. 20th Ave</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34479</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>712,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>C</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>6 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>6 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>6 Days per week</u>

II. Certification by Lead/Chief Operator

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

 8/8/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **July-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, G	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24 hrs	38,000												
2		24 hrs	38,000												
3	X	24 hrs	47,000		1.4								1.2		
4		24 hrs	48,000												
5	X	24 hrs	32,000		1.2								0.8		
6		24 hrs	32,000												
7	X	24 hrs	1,000		1.2								1		
8		24 hrs	1,000												
9		24 hrs	0												
10	X	24 hrs	4,000		1								1		
11	X	24 hrs	18,000		1.2								1		
12	X	24 hrs	29,000		1.2								1		
13	X	24 hrs	78,000		1.4								1		
14	X	24 hrs	109,000		1.2								1		
15		24 hrs	107,000												
16		24 hrs	107,000												
17	X	24 hrs	66,000		2								1		
18	X	24 hrs	124,000		1.8								1		
19		24 hrs	125,000												
20	X	24 hrs	110,000		1.6								1.1		
21		24 hrs	110,000												
22		24 hrs	110,000												
23		24 hrs	110,000												
24	X	24 hrs	100,000		1.4								1.2		
25		24 hrs	100,000												
26	X	24 hrs	66,000		1.2								1		
27		24 hrs	66,000												
28	X	24 hrs	46,000		1.4								1.2		
29		24 hrs	47,000												
30		24 hrs	47,000												
31	X	24 hrs	88,000		1.4								1		
Total			2,004,000												
Average			64,645												
Maximum			125,000												

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : July 2006											
Community Water System (CWS) Name: Ocala Oaks											
Public Water System (PWS) Identification Number: 3421560											
Day of Month	Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name	Total
	Ocala Oaks Well 1	Ocala Oaks Well 2									
	Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										
	3,565,000	3,565,000									7,130,000
	Net Quantity of Finished Water Produced by Each Plant, gallons										
											Total
1	173,000	38,000									211,000
2	173,000	38,000									211,000
3	184,000	47,000									231,000
4	114,000	48,000									162,000
5	160,000	32,000									192,000
6	146,000	32,000									178,000
7	124,000	1,000									125,000
8	210,000	1,000									211,000
9	210,000	0									210,000
10	129,000	4,000									133,000
11	166,000	18,000									184,000
12	148,000	29,000									177,000
13	130,000	78,000									208,000
14	147,000	109,000									256,000
15	99,000	107,000									206,000
16	99,000	107,000									206,000
17	75,000	66,000									141,000
18	109,000	124,000									233,000
19	117,000	125,000									242,000
20	172,000	110,000									282,000
21	116,000	110,000									226,000
22	101,000	110,000									211,000
23	101,000	110,000									211,000
24	102,000	100,000									202,000
25	23,000	100,000									123,000
26	164,000	66,000									230,000
27	150,000	66,000									216,000
28	95,000	46,000									141,000
29	199,000	47,000									246,000
30	199,000	47,000									246,000
31	151,000	88,000									239,000
Total											6,290,000
Avg											202,903
Max											282,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Name	License Class	License Number	Day(s) / Shift(s) Worked
Paul Thompson	A	7251	6 Days per week
Mark March	C	8287	6 Days per week
Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

9/6/06	Paul Thompson	A7251
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **August-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Time	Flow (MGD)	Chlorine (mg/L)	pH	Temperature (°F)	Free Chlorine Residual (mg/L)		Combined Chlorine Residual (mg/L)		Chlorine Dioxide Residual (mg/L)	Total Residual (mg/L)	Notes
						At Plant	At Distribution System	At Plant	At Distribution System			
X	24 hrs	132,000	1.4								1	
X	24 hrs	91,000	1.4								1.2	
X	24 hrs	90,000	1.2								1	
X	24 hrs	139,000	0.8								1	
X	24 hrs	186,000	1.2								1	
	24 hrs	187,000										
X	24 hrs	138,000	1.4								1.2	
X	24 hrs	156,000	0.8								1.2	
X	24 hrs	139,000	0.7								0.6	
X	24 hrs	40,000	0.6								1	
X	24 hrs	86,000	1								1.2	
	24 hrs	86,000										
X	24 hrs	144,000	1								0.9	
X	24 hrs	112,000	1								1	
X	24 hrs	103,000	1								0.8	
X	24 hrs	33,000	1								1	
X	24 hrs	123,000	1.2								1	
X	24 hrs	103,000	0.8								1	
X	24 hrs	161,000	0.9								0.9	
	24 hrs	161,000										
X	24 hrs	97,000	1								0.8	
X	24 hrs	164,000	1								1	
X	24 hrs	125,000	1								0.9	
X	24 hrs	112,000	1.2								1	
X	24 hrs	102,000	1.4								1.2	
X	24 hrs	120,000	1.8								1.4	
	24 hrs	121,000										
X	24 hrs	100,000	1.4								1.2	
X	24 hrs	130,000	1.2								1	
X	24 hrs	95,000	1.4								1.2	
X	24 hrs	153,000	1.2								1	
		3,729,000										
		120,290										
		187,000										

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aguaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

	Name	License Class	License Number	Day(s) Shift(s) Worked
	Paul Thompson	A	7251	6 Days per week
	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

	<div style="text-align: center;">9/1/06</div>	Paul Thompson Printed or Typed Name	A7251 License Number
Signature and Date			

PWS Identification Number:

3421560

Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **August-06**

Means of Achieving Four-Log Virus Inactivation/Removal: *

Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

Ultraviolet Radiation

Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Plant	Station	Sampling Location	Volume (gallons)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Notes
		24 hrs	88,000				
	X	24 hrs	130,000	1.4			
		24 hrs	131,000				
	X	24 hrs	102,000	1.4			
		24 hrs	102,000				
		24 hrs	102,000				
	X	24 hrs	164,000	1.2			
		24 hrs	164,000				
	X	24 hrs	252,000	1.2			
		24 hrs	252,000				
		24 hrs	252,000				
		24 hrs	253,000				
	X	24 hrs	129,000	1			
	X	24 hrs	199,000	1.2			
		24 hrs	200,000				
	X	24 hrs	98,000	1.4			
		24 hrs	98,000				
		24 hrs	98,000				
		24 hrs	98,000				
	X	24 hrs	120,000	1.2			
		24 hrs	121,000				
	X	24 hrs	32,000	1.4			
	X	24 hrs	55,000	1.2			
		24 hrs	55,000				
	X	24 hrs	62,000	1.2			
		24 hrs	63,000				
	X	24 hrs	36,000	1			
	X	24 hrs	38,000	0.8			
		24 hrs	38,000				
	X	24 hrs	40,000	1			
			3,674,000				
			118,516				
			253,000				

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :										August 2006
Community Water System (CWS) Name: Ocala Oaks										
Public Water System (PWS) Identification Number: 3421560										
Plant #	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant #
	Ocala Oaks Well 1	Ocala Oaks Well 2								
	Permitted Maximum Day Capacity of Each Plant, gallons per day									Total
	3,565,000	3,565,000								7,130,000
	Net quantity of finished water produced by each plant, gallons									Total
	132,000	88,000								220,000
	91,000	130,000								221,000
	90,000	131,000								221,000
	139,000	102,000								241,000
	186,000	102,000								288,000
	187,000	102,000								289,000
	138,000	102,000								240,000
	156,000	164,000								320,000
	139,000	164,000								303,000
	40,000	252,000								292,000
	86,000	252,000								338,000
	86,000	252,000								338,000
	144,000	253,000								397,000
	112,000	129,000								241,000
	103,000	199,000								302,000
	33,000	200,000								233,000
	123,000	98,000								221,000
	103,000	98,000								201,000
	161,000	98,000								259,000
	161,000	98,000								259,000
	97,000	120,000								217,000
	164,000	121,000								285,000
	125,000	32,000								157,000
	112,000	55,000								167,000
	102,000	55,000								157,000
	120,000	62,000								182,000
	121,000	63,000								184,000
	100,000	36,000								136,000
	130,000	38,000								168,000
	95,000	38,000								133,000
	153,000	40,000								193,000
										7,403,000
										238,806
										397,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **September-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

	Name	License Class	License Number	Days Shift(s) Worked
	Paul Thompson	A	7251	6 Days per week
	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

10/4/06

 Signature and Date

Paul Thompson

 Printed or Typed Name

A7251

 License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **September-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Month	Day	Time	Flow (gpm)	Free Chlorine (mg/L)				Combined Chlorine (mg/L)				Chlorine Dioxide (mg/L)	pH	Temperature (°F)	Total Hardness (mg/L)	Total Solids (mg/L)	Total Suspended Solids (mg/L)	Total Dissolved Solids (mg/L)	Total Chlorine (mg/L)	Residual Chlorine (mg/L)	Notes		
				Minimum	Maximum	Average	Standard Deviation	Minimum	Maximum	Average	Standard Deviation												
X	24 hrs	138,000																					
X	24 hrs	124,000																					
	24 hrs	125,000																					
X	24 hrs	186,000																					
X	24 hrs	178,000																					
X	24 hrs	21,000																					
X	24 hrs	123,000																					
X	24 hrs	131,000																					
X	24 hrs	130,000																					
	24 hrs	131,000																					
X	24 hrs	143,000																					
X	24 hrs	106,000																					
X	24 hrs	95,000																					
X	24 hrs	96,000																					
X	24 hrs	156,000																					
X	24 hrs	154,000																					
	24 hrs	155,000																					
X	24 hrs	117,000																					
X	24 hrs	84,000																					
X	24 hrs	84,000																					
X	24 hrs	127,000																					
X	24 hrs	208,000																					
	24 hrs	208,000																					
X	24 hrs	207,000																					
X	24 hrs	154,000																					
X	24 hrs	88,000																					
X	24 hrs	135,000																					
X	24 hrs	154,000																					
X	24 hrs	96,000																					
X	24 hrs	176,000																					
	24 hrs	4,030,000																					
		134,333																					
		208,000																					

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **September-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

	Name	License Class	License Num.	Days/Shifts Worked
	Paul Thompson	A	7251	6 Days per week
	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date  10/4/06

Paul Thompson
Printed or Typed Name

A7251
License Number



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of : September 2006										
Community Water System (CWS) Name: Ocala Oaks										
Public Water System (PWS) Identification Number: 3421560										
Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Total
Ocala Oaks Well 1	Ocala Oaks Well 2									
3,565,000	3,565,000									7,130,000
Net quantity of finished water reported by treatment plants										
138,000	59,000									197,000
124,000	59,000									183,000
125,000	59,000									184,000
186,000	52,000									238,000
178,000	52,000									230,000
21,000	110,000									131,000
123,000	110,000									233,000
131,000	38,000									169,000
130,000	39,000									169,000
131,000	39,000									170,000
143,000	36,000									179,000
106,000	37,000									143,000
95,000	44,000									139,000
96,000	45,000									141,000
156,000	68,000									224,000
154,000	69,000									223,000
155,000	69,000									224,000
117,000	42,000									159,000
84,000	33,000									117,000
84,000	104,000									188,000
127,000	41,000									168,000
208,000	27,000									235,000
208,000	27,000									235,000
207,000	27,000									234,000
154,000	74,000									228,000
88,000	74,000									162,000
135,000	80,000									215,000
154,000	80,000									234,000
96,000	113,000									209,000
176,000	113,000									289,000
0	0									0
										5,850,000
										188,710
										289,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **October-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Name	License Class	License No.	Days per Week
Paul Thompson	A	7251	6 Days per week
Mark March	C	8287	6 Days per week
Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date 10/3/06	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: October-06

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL Zip Code: 34479
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): C	

Operator Name	License Class	License Number	Days per Week
Paul Thompson	A	7251	6 Days per week
Mark March	C	8287	6 Days per week
Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

<div style="display: inline-block; vertical-align: middle; margin-left: 10px;"> <p style="font-size: 1.5em; margin: 0;">11/3/06</p> </div>	<p style="margin: 0;">Paul Thompson</p> <p style="margin: 0;">Printed or Typed Name</p>	<p style="margin: 0;">A7251</p> <p style="margin: 0;">License Number</p>
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III. Daily Data for the Month/Year of: **October-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Week	Time of Day	Flow (gpm)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Notes
		24 hrs	113,000					
X		24 hrs	115,000	1				
		24 hrs	115,000					
X		24 hrs	110,000	1.4				
		24 hrs	111,000					
X		24 hrs	123,000	1.2				
		24 hrs	123,000					
		24 hrs	123,000					
X		24 hrs	56,000	1				
X		24 hrs	110,000	1.6				
		24 hrs	111,000					
X		24 hrs	99,000	1.2				
X		24 hrs	169,000	1				
		24 hrs	169,000					
		24 hrs	170,000					
X		24 hrs	99,000	1				
		24 hrs	99,000					
X		24 hrs	108,000	1.4				
		24 hrs	108,000					
X		24 hrs	146,000	1.4				
		24 hrs	146,000					
		24 hrs	147,000					
X		24 hrs	98,000	2				
X		24 hrs	154,000	2.4				
X		24 hrs	101,000	2.3				
X		24 hrs	114,000	2.4				
X		24 hrs	91,000	2.2				
X		24 hrs	63,000	2.4				
		24 hrs	63,000					
X		24 hrs	110,000	2.4				
X		24 hrs	117,000	2				
			3,581,000					
			115,516					
			170,000					

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											October 2006
Community Water System (CWS) Name:											Ocala Oaks
Public Water System (PWS) Identification Number:											3421560
Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Plant Name	Total
Ocala Oaks Well 1	Ocala Oaks Well 2										
3,565,000	3,565,000										7,130,000
177,000	113,000										290,000
114,000	115,000										229,000
172,000	115,000										287,000
101,000	110,000										211,000
100,000	111,000										211,000
110,000	123,000										233,000
110,000	123,000										233,000
165,000	123,000										288,000
210,000	56,000										266,000
81,000	110,000										191,000
135,000	111,000										246,000
133,000	99,000										232,000
131,000	169,000										300,000
131,000	169,000										300,000
162,000	170,000										332,000
206,000	99,000										305,000
123,000	99,000										222,000
145,000	108,000										253,000
119,000	108,000										227,000
146,000	146,000										292,000
138,000	146,000										284,000
139,000	147,000										286,000
106,000	98,000										204,000
123,000	154,000										277,000
214,000	101,000										315,000
92,000	114,000										206,000
158,000	91,000										249,000
118,000	63,000										181,000
117,000	63,000										180,000
141,000	110,000										251,000
120,000	117,000										237,000
											7,818,000
											252,194
											332,000



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

See page 4 for instructions

I. General Information for the Month/Year of: **November-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		712,000	
Plant Category (per subsection 62-699.310(4), F.A.C.):		V	
Plant Class (per subsection 62-699.310(4), F.A.C.):		C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

12/6/06
Signature and Date

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **November-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Started or Inactivated	Operator	Hours Plant in Operation	Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable										Reference on Abnormal Operating Conditions, Repair or Maintenance Work, or Quantity of Water System Components Out of Operation	
					Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before First Customer During Peak Flow, mg/L	Disinfectant Contact Time (t) in Minutes	APC (A) Provided Before Customer Pumping, mg-qt/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum Ct Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X		24 hrs	121,000		1									1	
2	X		24 hrs	79,000		1									1	
3	X		24 hrs	83,000		1.8									1	
4	X		24 hrs	212,000		1.4									1	
5			24 hrs	211,000												
6	X		24 hrs	20,000		1.2									1	
7	X		24 hrs	103,000		1									1	
8	X		24 hrs	168,000		1.2									1	
9	X		24 hrs	126,000		1									0.6	
10	X		24 hrs	151,000		1.8									1.2	
11	X		24 hrs	141,000		1.6									1.4	
12			24 hrs	141,000												
13	X		24 hrs	121,000		1.4									1.2	
14	X		24 hrs	115,000		1.2									1	
15	X		24 hrs	148,000		1.2									1	
16	X		24 hrs	91,000		1.4									1.2	
17	X		24 hrs	150,000		1.4									1.2	
18			24 hrs	150,000												
19	X		24 hrs	117,000		1.2									1	
20	X		24 hrs	119,000		1.4									1	
21	X		24 hrs	120,000		1.4									1.2	
22	X		24 hrs	141,000		1.4									1.2	
23	X		24 hrs	171,000		1.2									1	
24	X		24 hrs	102,000		1.2									1.2	
25	X		24 hrs	40,000		1.2									0.9	
26			24 hrs	39,000												
27	X		24 hrs	125,000		1.2									1	
28	X		24 hrs	121,000		1.2									1	
29	X		24 hrs	108,000		1									1.2	
30	X		24 hrs	115,000		1.6									1.4	
31			24 hrs													
Total				3,649,000												
Average				121,633												
Maximum				212,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **November-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	6 Days per week
Other Operators	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

12/6/06 Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
-------------------------------	--	-------------------------

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #2

III. Daily Data for the Month/Year of: **November-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Started or Visited by Operator (X)	Hours of Plant in Operation	Net Quantity of Finished Water Produced (gal)	Calculations for UV Dose or Demonstrate Four-Log Virus Inactivation, if Applicable										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	
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow (mg/L)	Disinfectant Contact Time (t) (minutes)	Lowest Ct Provided Before or During Peak Flow (mg-min/L)	Temp. of Water (C)	pH of Water (if Applicable)	Minimum Ct Required (mg-min/L)	Lowest Operating UV Dose (mW-sec/cm ²)	Minimum UV Dose Required (mW-sec/cm ²)				
1	X	24 hrs	112,000		1.6									1		
2	X	24 hrs	95,000		0.8									1		
3	X	24 hrs	28,000		0.8									1		
4		24 hrs	28,000													
5		24 hrs	28,000													
6	X	24 hrs	129,000		1									1		
7		24 hrs	129,000													
8	X	24 hrs	36,000		0.6									1		
9		24 hrs	35,000													
10	X	24 hrs	65,000		2.2									1.2		
11		24 hrs	65,000													
12		24 hrs	66,000													
13	X	24 hrs	40,000		1.8									1.4		
14		24 hrs	40,000													
15	X	24 hrs	48,000		1.6									1.2		
16		24 hrs	48,000													
17	X	24 hrs	56,000		1.4									1.2		
18		24 hrs	56,000													
19		24 hrs	57,000													
20	X	24 hrs	20,000		1.6									1.2		
21	X	24 hrs	41,000		1.4									1		
22		24 hrs	41,000													
23	X	24 hrs	46,000		1.4									1.2		
24		24 hrs	47,000													
25	X	24 hrs	156,000		1.6									1.2		
26		24 hrs	156,000													
27		24 hrs	156,000													
28	X	24 hrs	33,000		1.4									1.2		
29		24 hrs	33,000													
30	X	24 hrs	30,000		1.4									1		
31		24 hrs														
Total			1,920,000													
Average			64,000													
Maximum			156,000													

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



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of:											November 2006
Community Water System (CWS) Name:											Ocala Oaks
Public Water System (PWS) Identification Number:											3421560
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name		
Ocala Oaks Well 1	Ocala Oaks Well 2										
Permitted Maximum Day Operating Capacity of Each Plant, gallons per day										Total	
3,565,000	3,565,000									7,130,000	
Net Quantity of Finished Water Produced by Each Plant, gallons										Total	
121,000	112,000									233,000	
79,000	95,000									174,000	
83,000	28,000									111,000	
212,000	28,000									240,000	
211,000	28,000									239,000	
20,000	129,000									149,000	
103,000	129,000									232,000	
168,000	36,000									204,000	
126,000	35,000									161,000	
151,000	65,000									216,000	
141,000	65,000									206,000	
141,000	66,000									207,000	
121,000	40,000									161,000	
115,000	40,000									155,000	
148,000	48,000									196,000	
91,000	48,000									139,000	
150,000	56,000									206,000	
150,000	56,000									206,000	
117,000	57,000									174,000	
119,000	20,000									139,000	
120,000	41,000									161,000	
141,000	41,000									182,000	
171,000	46,000									217,000	
102,000	47,000									149,000	
40,000	156,000									196,000	
39,000	156,000									195,000	
125,000	156,000									281,000	
121,000	33,000									154,000	
108,000	33,000									141,000	
115,000	30,000									145,000	
0	0									0	
Total										5,569,000	
AVG										179,645	
Max										281,000	



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

See page 4 for instructions

I. General Information for the Month/Year of: **December-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #1		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #1		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		712,000	
Plant Category (per subsection 62-699.310(4), F.A.C.):		V	
Plant Class (per subsection 62-699.310(4), F.A.C.):		C	

License Operator	Name	License Class	License Number	Day(s) Staffed/Worked
	Paul Thompson	A	7251	6 Days per week
	Mark March	C	8287	6 Days per week
	Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

D
1/8/07
Paul Thompson
A7251

Signature and Date
Printed or Typed Name
License Number

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

PWS Identification Number: 3421560 Plant Name: Ocala Oaks, well #1

III. Daily Data for the Month/Year of: **December-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Time	Flow (MGD)	Residual (mg/L)	Calculations for Free Chlorine Residual (mg/L) to Demonstrate Four-Log Virus Inactivation (if Applicable)										Residual (mg/L)	Notes
				Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Free Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Ozone (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)		
X	24 hrs	84,000	1.4											1.2	
X	24 hrs	126,000	1.4											1.2	
	24 hrs	126,000													
X	24 hrs	104,000	1.2											1	
X	24 hrs	111,000	1.4											1.2	
X	24 hrs	64,000	1.4											1.2	
X	24 hrs	94,000	1.4											1	
X	24 hrs	134,000	1.2											1	
X	24 hrs	130,000	1.2											1.2	
	24 hrs	130,000													
X	24 hrs	92,000	1.4											1	
X	24 hrs	96,000	1.2											1.2	
X	24 hrs	94,000	1.4											1.2	
X	24 hrs	100,000	1.8											1.4	
X	24 hrs	101,000	1.2											1	
X	24 hrs	124,000	1.2											1	
	24 hrs	125,000													
X	24 hrs	100,000	1.4											1.2	
X	24 hrs	156,000	1.2											1	
X	24 hrs	86,000	1.4											1	
X	24 hrs	6,000	1.2											1.2	
X	24 hrs	84,000	1.4											1.2	
X	24 hrs	104,000	1.2											1	
X	24 hrs	101,000	1.2											1	
	24 hrs	101,000													
X	24 hrs	99,000	1.2											1.2	
X	24 hrs	105,000	1.6											1.2	
X	24 hrs	107,000	1.4											1.2	
X	24 hrs	91,000	1.2											1	
X	24 hrs	73,000	1.2											1	
	24 hrs	73,000													
Total			3,121,000												
Average			100,677												
Minimum			156,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **December-06**

A. Public Water System (PWS) Information

PWS Name: Ocala Oaks, well #2		PWS Identification Number: 3421560	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 629		Total Population Served at End of Month: 2202	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Ocala Oaks, well #2		Plant Telephone Number: (352) 787-0980	
Plant Address: 3900 N.E. 20th Ave		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 712,000		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Operator Name	License Class	License Number	Days/Shifts Worked
Paul Thompson	A	7251	6 Days per week
Mark March	C	8287	6 Days per week
Gary Kissick	C	7846	6 Days per week

II. Certification by Lead/Chief Operator

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

1/8/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number



MONTHLY OPERATION REPORT FOR SUMMATION OF FINISHED-WATER PRODUCTION BY CWSs THAT HAVE MULTIPLE TREATMENT PLANTS

See page 2 for instructions.

Daily Finished-Water Production for the Month/Year of :											December 2006
Community Water System (CWS) Name:											Ocala Oaks
Public Water System (PWS) Identification Number:											3421560
Plant 1 Name	Plant 2 Name	Plant 3 Name	Plant 4 Name	Plant 5 Name	Plant 6 Name	Plant 7 Name	Plant 8 Name	Plant 9 Name	Plant 10 Name		
Ocala Oaks Well 1	Ocala Oaks Well 2										
Permitted Maximum Day Operating Capacity of Each Plant (gallons per day)										Total	
3,565,000	3,565,000									7,130,000	
Net Quantity of Finished Water Produced by Each Plant (gallons)										Total	
1	84,000	54,000								138,000	
2	126,000	54,000								180,000	
3	126,000	55,000								181,000	
4	104,000	81,000								185,000	
5	111,000	81,000								192,000	
6	64,000	16,000								80,000	
7	94,000	38,000								132,000	
8	134,000	55,000								189,000	
9	130,000	55,000								185,000	
10	130,000	56,000								186,000	
11	92,000	56,000								148,000	
12	96,000	72,000								168,000	
13	94,000	72,000								166,000	
14	100,000	51,000								151,000	
15	101,000	54,000								155,000	
16	124,000	55,000								179,000	
17	125,000	55,000								180,000	
18	100,000	53,000								153,000	
19	156,000	53,000								209,000	
20	86,000	133,000								219,000	
21	6,000	130,000								136,000	
22	84,000	59,000								143,000	
23	104,000	59,000								163,000	
24	101,000	59,000								160,000	
25	101,000	41,000								142,000	
26	99,000	76,000								175,000	
27	105,000	76,000								181,000	
28	107,000	56,000								163,000	
29	91,000	58,000								149,000	
30	73,000	58,000								131,000	
31	73,000	58,000								131,000	
Total										5,050,000	
Avg										162,903	
Max										219,000	

PWS ID: 3421560 Plant Name: Ocala Oaks

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No

follows:

Polymer Dose ppm =	Acrylamide Level, % ¹ =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant? No

Type of Sequestrant (polyphosphate or sodium silicate):
Sequestrant Dose, mg/L of phosphate as PO ₄ or mg/L of silicate as SiO ₂ =
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO ₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

CONSUMPTIVE USE TECHNICAL STAFF REPORT

April 16, 2002

3095

(formerly 2-083-0258)

OWNER: Ocala Oaks Utilities Inc
Glen Labrecque
8374 Market St #419
Bradenton, FL
34202
(352) 694-7474

APPLICANT: Ocala Oaks / Aqua Source
Edward Wickham
1343 NE 17th Rd
Ocala, FL
34470
(352) 732-6027

AGENT: RHPA
Corey M Kramer EI
PO Box 701323
Saint Cloud, FL
34770-01323
(407) 957-3308

PROJECT NAME: Hawks Point
ACRES CONTROLLED: 1.000
PROJECT ACREAGE: 60.000

LOCATION: Marion County
Section(s): 26 **Township(s):** 16S **Range(s):** 22E

AUTHORIZATION STATEMENT:

The District authorizes, as limited by the attached permit conditions, the use of 15.3 million gallons per year of ground water from the Floridan aquifer for the household use of 328 people.

WATER USE:

Requested Allocation:

15.3 million gallons per year (mgy) of ground water from the Floridan aquifer for household use of 328 people.

Recommended Allocation: same as requested.

Allocation Based On: Staff

DOCUMENT NUMBER - DATE

04317 MAY 22 08

FPSC-COMMISSION CLERK

Recommended Permit Duration:

20 year permit with no compliance report required pursuant to section 373.236(3), Florida Statutes. Permittee is required to comply with, and submit all information and data required by, the limiting conditions set forth in this technical staff report.

PREVIOUSLY PERMITTED USE:

CUP No. 2-083-0258

Expiration Date: November 9, 2001

Allocation: 12.8 mgy ground water from the Floridan aquifer for the household use of 325 people.

USE STATUS:

This is a renewal of a previously issued permit with a modification to increase allocation and population.

PROJECT DESCRIPTION:

TIMEFRAMES

Date application received:	11/7/01
Date of 1st RAI:	12/4/01
Date of receipt of response to 1st RAI:	1/22/02
Date of 2nd RAI:	2/13/02
Date of receipt of response to 2nd RAI:	3/4/02
Date application complete:	3/4/02
90 th day:	6/2/02

Project Location

The project is located on S. E. 110th Street just west of Belleview in Marion County.

Background

This is an application for the renewal of an existing public supply operation with a modification to increase population and allocation.

	PRESENT	20 YEARS
Population Served:	323	328
Average Daily Use - Household (MGALS):	0.04	0.04
GPCD (average) - Household:	1 28.0	128.0
Yearly Use - Household (MGALS):	15.1	15.3
Yearly Use - Total (MGALS):	15.1	15.3

Effluent Disposal:

All wastewater is presently disposed through individual septic tanks.

Water Supply System Description

Two existing 6-inch diameter wells will be used to supply the household needs of 328 people.

Water Use information

Water use for public supply has been consistent throughout the duration of the previous permit and is not expected to increase over the next 20 years after the modification.

Permit Application Review

Section 373.223, Florida Statutes, and section 40C-2.301, Florida Administrative Code (F.A.C.), require an applicant to establish that the proposed use of water:

- (a) is a reasonable-beneficial use;
 - (b) will not interfere with any presently existing legal use of water;
- and,
- (c) is consistent with the public interest.

In addition, the above requirements are further interpreted in chapter 40C-2, F.A.C., and in the District's Applicant's Handbook: Consumptive Uses of Water, February 8, 1999. District staff have reviewed the consumptive use permit application pursuant to the above described requirements and have determined that the application meets the conditions for issuance of this permit. Highlights of the staff's review are discussed below.

I. Existing Legal Uses: Section 9.4.4, A.H. provides that the issuance of a permit will be denied as inconsistent with the public interest if the permit would allow withdrawals of water that would cause an interference with a legal use of water which existed at the time of permit application. This is a renewal for an existing use and there is an increase in allocation over previously permitted amounts. An analytical model indicated no drawdown in the Floridan aquifer at the property boundary associated with this use. With this small drawdown, staff believes this project will not interfere with existing legal uses.

WATER CONSERVATION:

Staff has evaluated whether this withdrawal meets the District's water conservation requirements set forth in section 10.3 and 12.2.5, of the Applicant's Handbook (A.H.). Subsection 10.3(e), A.H., provides that all available water conservation measures must be implemented unless the applicant demonstrates that implementation is not economically, environmentally or technologically feasible. 12.2.5.2 provides that the applicants who cannot implement all of the items listed in 12.2.5.1 must submit documentation demonstrating that the proposed use will otherwise meet the criterion in section 10.3(e). Staff has concluded that, due to the size of the community, conservation education and low per capita usage, the applicant has demonstrated that implementation of the factors listed in section 12.2.5.1 is not economically, environmentally or technologically feasible and that the requirements of section 12.2.5.2; A.H. will be met by implementation of the measures listed below:

1. Water conservation plumbing retrofitting devices supplied to customers.
2. Low volume fixtures are required by county codes for new construction.

3. All service connections are metered.
4. Visual leak detection program in use at this time.
5. Customers are educated as to restrictions and offered advice on locating leaks indoor and outdoors.
6. Brochures on water conservation are available to all customers.

USE OF REUSE/LOWER QUALITY SOURCE:

The staff evaluated whether the proposed withdrawal of water by this project meets the District's lowest quality water source requirements set forth in section 10.3 of the Applicant's Handbook (A.H.). Subsection 10.3 (f), A.H., states that when reclaimed water is readily available, it must be used in place of higher quality water sources unless the applicant demonstrates that its use is either not economically, environmentally, or technologically feasible. Subsection 10.3 (g), A.H., states that the lowest acceptable quality water source, including reclaimed water or surface water (which includes storm water), must be utilized for each consumptive use. To use a higher quality water source an applicant must demonstrate that the use of all lower quality water sources will not be economically, environmentally, or technologically feasible.

There is no source of reclaimed water or other lower quality source available for use at this project at this time. The staff is requiring the applicant to use a lower quality source when it becomes available and is feasible (Other Condition No. 9).

PERMIT DURATION:

The applicant has requested a 20-year duration permit. Section 6.5.1, A.H., states that when requested by an applicant, a consumptive use permit shall have a duration of 20 years provided that the applicant provides reasonable assurance that the proposed use meets the conditions for issuance in section 40C-2.301, F.A.C. and the criteria in Part II, A.H., for the requested 20-year permit duration. Staff has concluded that the applicant has met the above requirements and is therefore recommending issuance of a 20-year permit.

INTERESTED PARTIES: No
OBJECTORS: No

STATION INFORMATION:

SITE NAME: Hawks Point

Well Information:

Well No.	GRS Station No.	Casing Diameter (inches)	Well Depth (feet)	Status	Source
11185	11185	6	160	Active	Floridan Aquifer
11184	11184	6	160	Active	Floridan Aquifer

RECOMMENDATION: Approval

GENERAL CONDITIONS BY STAFF (FEBRUARY 12, 1999):

1, 2, 3, 4, 5, 6, 7, 8

OTHER CONDITIONS:

1. Total withdrawals from wells number 11184 (GRS ID 11184) and 11185 (GRS ID 11185) (as listed on the application) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31.

2. This permit will expire 20 years from the date of issuance.
3. Maximum annual withdrawal from the Floridan Aquifer for household type uses must not exceed 15.3 million gallons.
4. Wells number 11184 (GRS ID 11184) and 11185 (GRS ID 11185) (as listed on the application) are equipped with totalizing flow meters. These meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
5. All submittals made to demonstrate compliance with this permit must include the CUP number 3095 plainly labeled thereon.
6. Permittee must have all flow meters checked for accuracy at least once every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
7. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
8. The permittee must implement the Water Conservation Plan submitted to the District, and maintain these practices for the duration of the permit.
9. The lowest quality water source, such as reclaimed water and surface/storm water, must be used as irrigation water when deemed feasible pursuant to District rules and applicable state law.

REVIEWER:

Randall Motes
Cecil Slaughter

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 255 Enterprise Rd, Suite 1 Deltona, FL 32725 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 2514 Osowaw Blvd. Spring Hill, FL 34807 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 U.S. 1 North, Fort Pierce FL 3494
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

HBEL Report Number: 2130124 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

Standard Coliform Test Other: _____ PWS I.D. 3421560

System Name: Ocala Oaks

System Address: NE 20th AV

City: Ocala, Fla. System or Owner's Phone # 3523030718 Fax #: 7323213

Collector: Mark Mayhew Collector's Phone #: 3030718

Relinquished By: M. Mayhew Received By: [Signature] Relinquished By: [Signature]

Date/Time: 12/6/07 1000 Date/Time: 12/6/07 Date/Time: 12/6/07 1215

Type of Supply: (check only one)
 Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System
 Private Well Swimming Pool Bottled Water Other

Reason for Sampling: (check only one)
 Routine Compliance Repeat Replacement Main Clearance Well Survey Other

Sample Collection Date(s) 12.5.07

LABORATORY CERTIFICATE OF ANALYSIS

TO BE COMPLETED BY COLLECTOR OF SAMPLE				
Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L
1	Well-1	1040	R	0
2	Well-2	1041	R	0
3	Well-3	1045	R	0
4	2478 NE 18 th ST	1055	D	1.0
5	4401 NE 46 th LA	1105	D	1.2

LABORATORY CERTIFICATE OF ANALYSIS				
Total Coliform Analysis Method: (MF) SM9222B (Coliform) SM9223B				
Fecal or E. coli Analysis Method (MF) SM9222B (Coliform) SM9223B				
N ^o Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130124001
	A			002
	A			003
	A			004
	A			2130124005

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.1

Disinfectant Residual Analysis Method: DPD Colorimetric Other _____
 Person performing analysis is:
 A certified operator (# C8257) Employed by a certified lab
 Supervised by a certified operator (# _____) Employed by DEP or DOH

Key: P - Present A - Absent C - Confluent Growth
 TNTC - Too Numerous to Count TA - Turbid
 L.C.A. - Absence of gas or acid
 Analyst: [Signature]

Report authorized by: [Signature] Technical Director or Designee
 Date: 12/6/07

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAC guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Name and Mailing Address of Person/Firm to Receive Report

[Signature]
 Aqua Utilities
 PO Box 490310
 Leesburg, Fla. 34749



Page 1 of 1

Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

NUMBER DATE
 04317 MAY 22 08

FPSC-COMMISSION CLERK

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Ocala Oaks PWS I.D. #: 3421560
 System Type (check one) Community Nontransient Noncommunity Transient Noncommunity
 Address: 3900 ne 20th ave

City: Ocala State: FL ZIP Code: 34479
 Phone #: 352-787-0980 Fax #: 352-787-6333
 E-Mail Address: n/a

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
 Sample Date: 03/21/07 Sample Time: 6:45 AM
 Sample Location (be specific): Ocala Oaks I POE grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Quarterly (Which Qtr? _____)
<input type="checkbox"/> Plant Tap not for compliance with 62-550	<input type="checkbox"/> Confirmation of MCL Exceedence*
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Composite of Multiple Sites**
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Ave Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Near First Customer	<input type="checkbox"/> Replacement (of Invalidated Sample)
	Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
 Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Mont March
 Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
 Sampler's E-Mail Address: n/a

CERTIFICATION (to be completed by sampler)

I, PM ThomPsu for MARK MARCH, FIELD COORDINATOR
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: _____ Date: 4/5/07

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 3/21/07

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2128206001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 28-Mar-07

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks
 Sample Location: Ocala Oaks I POE grab Sample Number: 2128208001
 Sampling Date: 3/21/07 8:45 PWS ID (From Page 1): _____
 Date Received: 3/21/07 12:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	4.0		EPA 300.0	0.0030	3/22/07 12:13	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	3/22/07 12:13	E96080

Reporting Format 62-550.730
 Effective January 1995, Revised January 2007

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

600 US 1 North
 Fort Pierce, FL 34946
 DOH # E96080
 Printed: 3/28/07

4155 St. Johns Pkwy Suite 1300
 Sanford, FL 32771
 FDOH # E83509



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: OCALA OAKS PWS I.D. #:

3	4	2	1	5	6	0
---	---	---	---	---	---	---

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 3900 NE 20th Ave

City: OCALA State: FL ZIP Code: 34479

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 03/21/07 Sample Time: 6:50 AM

Sample Location (be specific): Ocala Oaks II POE grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

<u>Sample Type (Check Only One)</u>	<u>Reason(s) for Sample (Check all that apply)</u>
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedence*
<input type="checkbox"/> Plant Tap not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites**
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ave Residence Time	<input type="checkbox"/> Quarterly (Which Qtr? _____)
<input type="checkbox"/> Near First Customer	<input type="checkbox"/> Special (not for compliance with 62-550)
	<input type="checkbox"/> Violation Resolution
	<input type="checkbox"/> Replacement (of Invalidated Sample)
	Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: MARK MARCET

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON FOR MARK MARCET FIELD COORDINATOR
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 4/5/07

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 3/21/07

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2128206002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 28-Mar-07

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks
Sample Location: Ocala Oaks II POE grab Sample Number: 2128206002
Sampling Date: 3/21/07 6:50 PWS ID (From Page 1): _____
Date Received: 3/21/07 12:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	3.1		EPA 300.0	0.0030	3/22/07 12:29	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	3/22/07 12:29	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2007

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

600 US 1 North
Fort Pierce, FL 34946
DOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/28/07





AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

SYSTEM NAME: Ocala Oaks #2

SYSTEM PWS ID #: 3421560

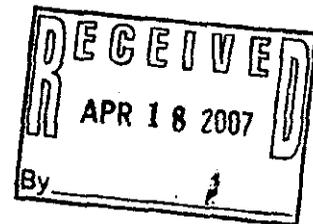
REPORT DATE: 3/29/07

SUBMISSION #: 072756

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP Central District**.
- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP Southwest District**.
- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP Northeast District**.
- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **Marion County DOH: (or other _____)**.
- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP: _____**.
- We have also reported the results of these analyses to: _____.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
- All results satisfactory.**
- Consult your governing agency or project engineer for interpretation.



This page does not constitute a portion of the NELAC report.
If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you !

We appreciate your business !



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

Page 1 of 3; including Chain of Custody

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007
Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 3421560 System Name: Ocala Oaks #2 Sample Number: Not Provided
Sample Date: 3/5/07 Sample Time: 10:45 AM Sample Location: Point of Entry
Laboratory Assigned Submission Number: 072756 Date Sample(s) Received: 3/5/07

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
Synthetic Organics, Partial

Subcontracted Laboratory DOH Certification Number(s): E83079 EL

Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: *Lisa K. Saupp*

Date: March 29, 2007

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No

Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above)

Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded

Detection(s)

Incomplete Report

Missing Analyte Sheet(s)

Location Unsatisfactory

Analysis Unsatisfactory

Other: _____

Person Notified: _____

Date Notified: _____

Comments: _____

Date Reviewed: _____

DEP / DOH Reviewing Official: _____



AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

System Name: Ocala Oaks #2
PWS ID: 3421560
Submission Number: 072756

**SYNTHETIC ORGANICS
62-550.310(4)(b)**

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2039	Di(2-ethylhexyl)phthalate	8	µg/L	0.50	U	E525.2	0.50	0.6	3/15/07	3/21/07		E83079

U - The parameter was analyzed but not detected.



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488
(352) 625-2822 • FAX (352) 625-6638

#072756

POTABLE: CHAIN OF CUSTODY

THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: AQUA UTILITIES
Mailing Address: 930 SOUTH S.R 19 SW 153
PALATKA FL 32177
Telephone: 386 937-1143

PUBLIC WATER SYSTEM INFORMATION:

System Name: OCALA OAKS #2 PWS ID No. 3421560
Physical Address: NE 19th NE Phone No. 386-937-1143
OCALA FL

Type (check box): Community Nontransient Noncommunity Private
 Noncommunity HRS 10 D-4

SAMPLE INFORMATION:

Date and Hour Sampled: 3/5/07 10:45 AM
Sample Location (be specific): POINT OF ENTRY
Sampler Name and Phone (please print): PAUL THOMAS 386-937-1143
Signature: [Signature] Title: FIELD COORDINATOR

Type (check box): Distribution THM Max Res. Time
 Recheck of MCL Composite of Multiple Sites
 Resample -- Lab Invalidated Distribution Entry Point
 Clearance Raw Plant Tap

SAMPLE CUSTODY: Signature [Signature] Date 3/5/07 Time 12:15 PM Condition _____
Sampler Relinquished: _____
Transporter Relinquished: _____

PARAMETERS REQUESTED (check box):

Radiochemicals:
 Gross Alpha Others: _____
 Group I Unregulateds:
 All 13 Partial: _____
 Group II Unregulateds:
 All 23 Partial: _____
 Group III Unregulateds:
 All 11 Partial: _____
 Inorganics:
 All 17 Partial: _____
 Pesticides and PCBs: Di(2-ETHYLHEXYL) PHTHALATE
 All 30 Partial: _____
 Secondaries:
 All 14 Partial: _____
 Trihalomethanes:
 All 4 Partial: _____
 t-THM Potential
 Volatile Organics:
 All 21 Partial: _____
 Miscellaneous: _____

FIELD TEST RESULTS (if applicable):

Chlorine Residual: _____ pH: _____
Dissolved Oxygen: _____ Temperature: _____
Performed By: _____ Date: _____

FOR LABORATORY USE ONLY

Received By: [Signature] Date 3-5-07 Time 12:06 PM Condition iced
Lab Number: 072756

Subcontracted To: _____
Date Out: _____
Parameters: _____
Preservative: _____

Comments: _____
Temp: 13C



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488
(352) 625-2822 • FAX (352) 625-6638

POTABLE: CHAIN OF CUSTODY

THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: AQUA UTILITIES
Mailing Address: 930 SOUTH S.R 19 SUITE 3
PALATKA, FL 32177
Telephone: 386 937-1143

PUBLIC WATER SYSTEM INFORMATION:

System Name: OCALA OAS #2 PWS ID No. 3421560
Physical Address: 28 19th Ave Phone No. 386-937-1143
OCALA, FL

Type (check box): Community Nontransient Noncommunity Private
 Noncommunity HRS 10 D-4

SAMPLE INFORMATION:

Date and Hour Sampled: 3/5/07 10:45 AM
Sample Location (be specific): POINT OF ENTRY
Sampler Name and Phone (please print): PAUL THOMAS 386-937-1143
Signature: [Signature] Title: FIELD COORDINATOR

Type (check box): Distribution THM Max Res. Time
 Recheck of MCL Composite of Multiple Sites
 Resample - Lab Invalidated Distribution Entry Point
 Clearance Raw Plant Tap

SAMPLE CUSTODY: Signature [Signature] Date 3/5/07 Time 12:05 PM Condition _____
Sampler Relinquished: _____
Transporter Relinquished: _____

PARAMETERS REQUESTED (check box):

Radiochemicals:
 Gross Alpha Others: _____
 Group I Unregulated:
 All 13 Partial: _____
 Group II Unregulated:
 All 23 Partial: _____
 Group III Unregulated:
 All 11 Partial: _____
 Inorganics:
 All 17 Partial: _____
 Pesticides and PCBs:
 All 30 Partial: D: (2-2-2004) PHENOL
 Secondaries:
 All 14 Partial: _____
 Trihalomethanes:
 All 4 Partial: _____
 T-THM Potential
 Volatile Organics:
 All 21 Partial: _____
 Miscellaneous: _____

FIELD TEST RESULTS (if applicable):

Chlorine Residual: _____ pH: _____
Dissolved Oxygen: _____ Temperature: _____
Performed By: _____ Date: _____

FOR LABORATORY USE ONLY

Received By: [Signature] Date 3-5-07 Time 12:06 PM Condition iced
Lab Number: _____
Comments: _____

Subcontracted To: _____
Date Out: _____
Parameters: _____
Preservative: _____

Temp: 13C



AQUA PURE WATER & SEWAGE SERVICE, INC.
10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

SYSTEM NAME: Ocala Oaks #1

SYSTEM PWS ID #: 3421560

REPORT DATE: 1/9/07

SUBMISSION #: 0615629

Dear Customer,

Please read the instructions following the checked box(es).

- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP Central District**.
- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP Southwest District**.
- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP Northeast District**.
- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **Marion County DOH: (or other _____)**.
- Enclosed is the report for your recent laboratory analyses.
We have reported the results of these analyses for you to the **DEP: _____**.
- We have also reported the results of these analyses to: _____.
- Complete the enclosed DEP Public Water System Sampler Information page and forward with a copy of the analytical report to your governing DEP agency.
- All results satisfactory.**
- Consult your governing agency or project engineer for interpretation.**

This page does not constitute a portion of the NELAC report.
If you have any questions please call Lisa Saupp at the telephone number indicated above.

Thank you !

We appreciate your business !



AQUA PURE WATER & SEWAGE SERVICE, INC.
 10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
 FAX (352) 625-6638

**Florida Department of Environmental Protection
 Safe Drinking Water Program Laboratory Reporting Format**

Page 1 of 3; including Chain of Custody

LABORATORY CERTIFICATION INFORMATION

Laboratory Name: Aqua Pure Water & Sewage Service, Inc. Florida Certification #: E83265 Certification Expiration Date: 6/30/2007
 Address: 10865 E. State Road 40 Silver Springs FL 34488-2349 Phone #: (352) 625-2822

ANALYSIS INFORMATION

PWS ID: 3421560 System Name: Ocala Oaks #1 Sample Number: Not Provided
 Laboratory Assigned Submission Number: 0615629 Date Sample(s) Received: 12/26/06

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C.:
 Synthetic Organics, Partial

Subcontracted Laboratory DOH Certification Number(s): E83079 EL Analyte Sheet(s) Attached

CERTIFICATION

I, Lisa K. Saupp, Charles B. Saupp, or Michael Morse, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Certainty & validity of the reported data are based upon method specific calibration and QA / QC acceptance criteria (available upon request).
 The results presented herein relate only to the samples submitted. If you have questions regarding this report please call Lisa Saupp at (352) 625-2822.

Signature: Lisa K Saupp Date: January 9, 2007

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
- Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP / DOH Reviewing Official: _____



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40 • Silver Springs, Florida 34488-2349

(352) 625-2822
FAX (352) 625-6638

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

System Name: Ocala Oaks #1

PWS ID: 3421560

Submission Number: 0615629

**SYNTHETIC ORGANICS
62-550.310(4)(b)**

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2035	Di(2-ethylhexyl)adipate	400	µg/L	0.23	U	E525.2	0.23	0.6	1/2/07	1/5/07		E83079
2306	Benzo(a)pyrene	0.2	µg/L	0.035	U	E525.2	0.035	0.02	1/2/07	1/5/07		E83079

U - The parameter was analyzed but not detected.



AQUA PURE WATER & SEWAGE SERVICE, INC.

10865 East State Road 40
Silver Springs, Florida 34488
(352) 625-2822 • FAX (352) 625-6638

0615629

POTABLE: CHAIN OF CUSTODY.

THIS SECTION TO BE COMPLETED BY THE CUSTOMER

Information from this Chain of Custody will be used to generate the final report on your sample and will become a permanent part of our files. It is essential that you complete ALL applicable blanks in order for us to generate an accurate report.

Client Name: AQUA UTILITIES
Mailing Address: 930 SOUTH S.R. 19 SUITE 3
PALATKA, FL 32177
Telephone: 386-937-1143

PUBLIC WATER SYSTEM INFORMATION:
System Name: Ocala Oaks #1 PWS ID No. 3421560
Physical Address: _____ Phone No. _____

Type (check box): Community Nontransient Noncommunity Private
 Noncommunity HRS 10 D-4

SAMPLE INFORMATION:
Date and Hour Sampled: 12/26/06 11:30 AM
Sample Location (be specific): POINT OF ENTRY
Sampler Name and Phone (please print): PAUL THOMAS 386-937-1143
Signature: _____ Title: FIELD COORDINATOR
Type (check box): Distribution THM Max Res. Time
 Recheck of MCL Composite of Multiple Sites
 Resample - Lab Invalidated Distribution Entry Point
 Clearance Raw Plant Tap

SAMPLE CUSTODY:
Signature: _____ Date: 12/26/06 Time: 11:58 Condition: Good
Sampler Relinquished: _____
Transporter Relinquished: _____

PARAMETERS REQUESTED (check box):
 Radiochemicals:
 Gross Alpha Others: _____
 Group I Unregulateds:
 All 13 Partial: _____
 Group II Unregulateds:
 All 23 Partial: _____
 Group III Unregulateds:
 All 11 Partial: _____
 Inorganics:
 All 17 Partial: _____
 Pesticides and PCBs:
 All 30 Partial: D-(2-ethylhexyl) adipate, Benzo(a)pyrene
 Secondaries:
 All 14 Partial: 7
 Trihalomethanes:
 All 4 Partial: _____
 t-THM Potential
 Volatile Organics:
 All 21 Partial: _____
 Miscellaneous: _____

FIELD TEST RESULTS (if applicable):
Chlorine Residual: _____ pH: _____
Dissolved Oxygen: _____ Temperature: _____
Performed By: _____ Date: _____

FOR LABORATORY USE ONLY

Received By: M. Mo Date: 12-26-06 Time: 12:00 pm Condition: Good
Lab Number: 0615629
Comments: Temp = 21 C

Subcontracted To: _____
Date Out: _____
Parameters: _____
Preservative: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

0615629

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: AQUA UTILITIES OCALA WWS#1 PWS I.D. #:

3	4	2	1	5	6	0
---	---	---	---	---	---	---

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: NE 20th AVE

City: OCALA State: FL ZIP Code: _____

Phone #: 386-937-1143 Fax #: 386-329-1122

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 12/26/06 Sample Time: 11:30 AM PM (Circle One)

Sample Location (be specific): P.O.E.

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap (not for compliance with 62-550)
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550) Quarterly (Which Quarter? _____)
- Confirmation of MCL Exceedance* Special (not for compliance with 62-550)
- Composite of Multiple Sites** Violation Resolution
- Clearance (permitting) Replacement (of Invalidated Sample)
- Other: _____

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

**See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: PAM THOMPSON

Sampler's Phone #: 386-937-1143 Sampler's Fax #: 386-329-9977

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, PAM THOMPSON (Print Name), FIELD COORDINATOR (Print Title)

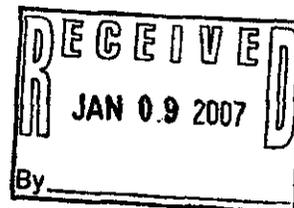
do HEREBY CERTIFY that the above public water system and sample collection information is complete and correct.

Signature: [Signature] Date: 12/26/06

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**
5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 285 Fax (772) 467-584

Date issued: January 3, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749



Client: Aqua Utilities Florida, Inc.
Workorder ID: Ocala Oaks / Adipate/Benzo [2127452]
Received: 12/07/06 13:30

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,

Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 1/3/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Ocala Oaks I Adipate/Benzo
Received: 12/07/06 13:30

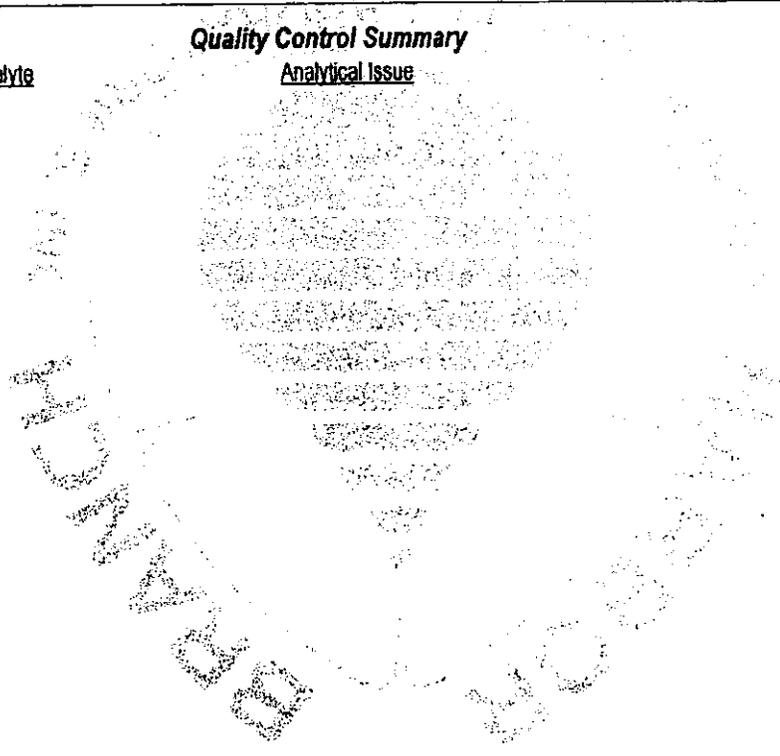
[2127452]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

<u>HBEL Sample</u>	<u>Method Narratives (if Applicable)</u>		<u>Description</u>
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
---------------	-------------------	----------------	-------------------------



5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080
Printed: 1/3/07

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127452]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ocala Oaks I Adipate/Benzo

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127452001						Sampled: 12/06/06 16:00 Received: 12/07/06 13:30				
Sample ID: POE Grab						Matrix: Water Results reported on Wet Weight Basis				
Benzo(a)pyrene	0.069 U	ug/L	0.069	EPA 525.2	SVOC2473	12/12/06 12:04	01/20/07 21:57	WR	E96080	
Di(2-ethylhexyl)adipate	0.67 U	ug/L	0.67	EPA 525.2	SVOC2473	12/12/06 12:04	01/20/07 21:57	WR	E96080	

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.



5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Chain-of-Custody

and
Agreement to Perform Services

Company: Agua Utilities

Address: PO Box 490 310

Leesburg Fla. Zip: 34749

Phone: 3030718 Fax: 352

Client Contact: Mark

Project Name: Ocala Oaks I

Sampled By: Mark March

Method(s) of Shipment: Truck

e-mail: AM

Standard Laboratory Turn Around Time

Or

Rush in Business Days
Requires Laboratory Approval

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY



Laboratory not responsible for omitted information
FDOH # E96080 5600 U.S. 1 North Fort Pierce, FL 34948
FDOH # E85370 307 Coolidge Avenue Lehigh Acres, FL 33936
FDOH # E83509 255 Enterprise Rd., Suite 1 Deltona, FL 32725
FDOH # E84418 2514 Osawaw Blvd. Spring Hill, FL 34607

70°C Temperature Checked <input type="checkbox"/> N		For Lab Use Only Custody Seals Intact <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		pH Checked <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		LAB # <u>2127452</u>																																									
PRESERVATIVE																																															
ANALYSES REQUESTED																																															
<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																																															
<table border="1"> <tr> <td colspan="4">Preservation Key</td> <td colspan="4"></td> </tr> <tr> <td>H=Hydrochloric Acid</td><td colspan="3"></td><td>P=Phosphoric Acid</td><td colspan="3"></td> </tr> <tr> <td>N=Nitric Acid</td><td colspan="3"></td><td>ST=Sodium Thiosulfate</td><td colspan="3"></td> </tr> <tr> <td>S=Sulfuric Acid</td><td colspan="3"></td><td>U=Unpreserved</td><td colspan="3"></td> </tr> <tr> <td>SH=Sodium Hydroxide</td><td colspan="3"></td><td colspan="4"></td> </tr> </table>								Preservation Key								H=Hydrochloric Acid				P=Phosphoric Acid				N=Nitric Acid				ST=Sodium Thiosulfate				S=Sulfuric Acid				U=Unpreserved				SH=Sodium Hydroxide							
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S=Sulfuric Acid				U=Unpreserved																																											
SH=Sodium Hydroxide																																															
COMMENTS																																															

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
001	12-6-06	1600	G	W	1	Ocala Oaks I, P.O.E.

* Sample Type: G=Grab C=Composite ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

4 of 4 Report Page	RELINQUISHED BY <u>M. March</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>12-7-06 11:00</u>	DATE/TIME <u>12/7/06 1:30</u>	DATE/TIME <u>12-7-06 10:00</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>12/7/06</u>	DATE/TIME <u>12-7-06 1330</u>	DATE/TIME <u>12-8-06 1015</u>

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Ocala Oaks PWS I.D. #: 3421560

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 3900 ne 20th ave

City: Ocala State: FL ZIP Code: 34479

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: na

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 12/06/06 Sample Time: 4:00 PM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One): _____ Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550 | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

Paul Thompson for Mark March field coordinator
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 1/24/07

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 12/7/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2127452001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|---|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input checked="" type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 03-Jan-07

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

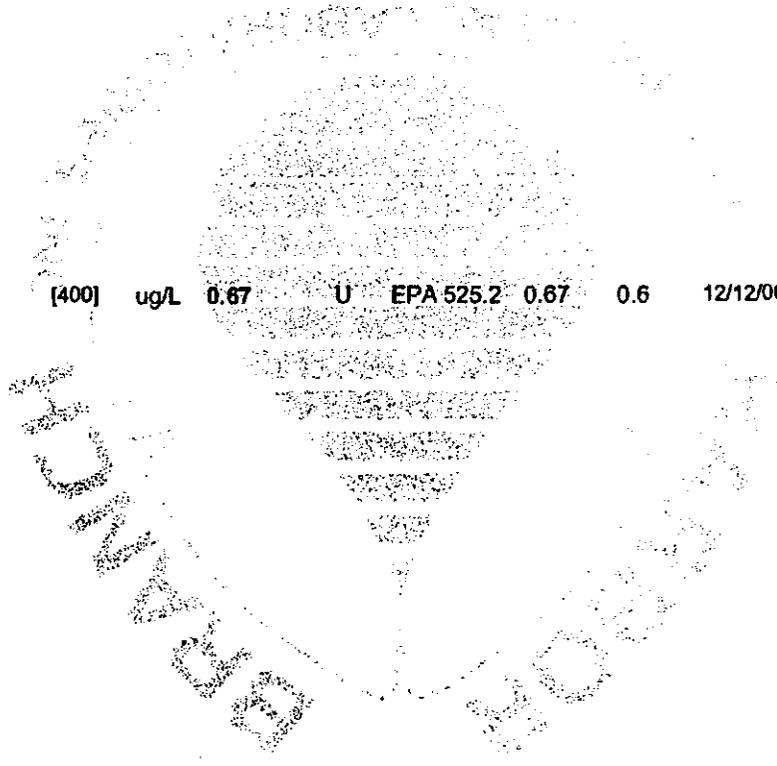
HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks I Adipate/Benzo
 Sample Location: POE Grab Sample Number: 2127452001
 Sampling Date: 12/06/08 16:00 PWS ID (From Page 1): _____
 Date Received: 12/07/08 13:30

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date/Time	DOH Lab Cert #
2305	Di(2-ethylhexyl)adipate	[400]	ug/L	0.67	U	EPA 525.2	0.67	0.6	12/12/06	1/02/07 21:57	E96080
2306	Benzo(a)pyrene	[2]	ug/L	0.069	U	EPA 525.2	0.069	0.02	12/12/06	1/02/07 21:57	E96080



Reporting Format 62-550.730
 Effective January 1995, Revised January 2007

NOTE: Results indicating non-detection with a reported lab MDL >50% of the MCL will not be accepted for compliance with 62-550.310(4)(b).

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
 Fort Pierce, FL 34946
 DOH # E96080

4155 St. Johns Pkwy, Suite 1300
 Sanford, FL 32771
 FDOH # E83509

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cartez Blvd.
 Brooksville, FL 34601
 FDOH # E84418

Printed: 1/3/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: November 14, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Ocala Oaks DW NO2/NO3
Received: 11/09/06 13:00

[2127282]

Dear Brian Heath;

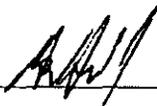
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/14/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Ocala Oaks DW NO2/NO3
Received: 11/09/06 13:00

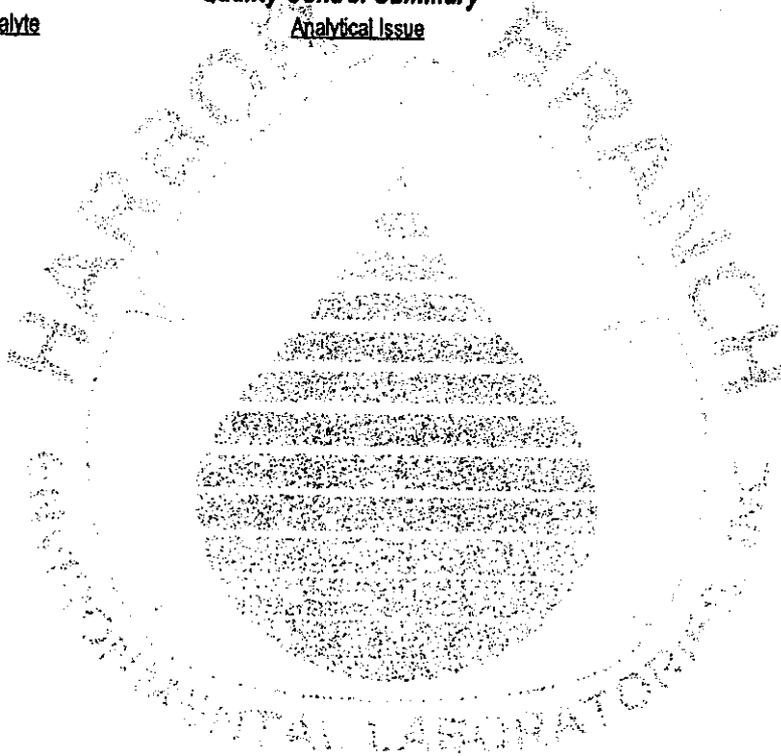
[2127282]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample Number	Sample ID	Analytical Method	Description
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Quality Control Summary
Analytical Issue

Method HBEL Batch Analyte



5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/14/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127282]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ocala Oaks DW NO2/NO3

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2127282001					Sampled: 11/08/06 13:20		Received: 11/09/06 13:00			
Sample ID: Ocala Oaks I Grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		2.0	mg/L	0.0030	EPA 300.0	IC7015		11/10/06 12:49	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7015		11/10/06 12:49	JL	E96080
Laboratory ID: 2127282002					Sampled: 11/08/06 13:20		Received: 11/09/06 13:00			
Sample ID: Ocala Oaks II Grab					Matrix: Water		Results reported on Wet Weight Basis			
Nitrate as N		2.0	mg/L	0.0030	EPA 300.0	IC7015		11/10/06 13:07	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7015		11/10/06 13:07	JL	E96080

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
 Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.



5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300
 Sanford, FL 32771
 FDOH # E83509

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418

Printed: 11/14/06





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 285 Fax (772) 467-584

Chain-of-Custody
and
Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information
FDOH # E96080 FDOH # E85370
5600 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34946 Lehigh Acres, FL 33936
FDOH # E83509 FDOH # E84418
255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
Deltona, FL 32725 Spring Hill, FL 34607



Company: Aqua Utilities
Address: PO Box 490310
Seesburg Fl Zip: 34749
Phone: 3523030218 Fax: _____
Client Contact: Mark
Project Name: Ocala Oaks, Chappell Hills
Sampled By: Mark March

Method(s) of chem.
Shipment: Truck (marked)
e-mail: Same
 Standard Laboratory Turn Around Time
Or
Rush in _____ Business Days
Requires Laboratory Approval

Temperature 6.3°C For Lab Use Only
Checked N Custody Seals Intact Y N pH Checked Y N
LAB # 2127
PRESERVATIVE

ANALYSES REQUESTED

--	--	--	--	--	--	--	--	--	--

Preservation Key
H=Hydrochloric Acid P=Phosphoric Acid
N=Nitric Acid ST=Sodium
S=Sulfuric Acid Thioulfate
SH=Sodium Hydroxide U=Unpreserved

COMMENTS

001 - Ocala Oaks
002 - " " II
transferred to C/C 2127
11-9-06

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
<u>001</u>	<u>11-8-06</u>	<u>1320</u>	<u>G</u>	<u>W</u>	<u>2</u>	<u>P.O.E. Ocala Oaks</u>
<u>002</u>	<u>11-8-06</u>	<u>1500</u>	<u>G</u>	<u>W</u>	<u>1</u>	<u>P.O.E. at Chappell Hills</u>

* Sample Type: G=Grab C=Composite ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 4 of 4	RELINQUISHED BY <u>M. March</u>	RELINQUISHED BY <u>[Signature]</u>	RELINQUISHED BY <u>[Signature]</u>
	DATE/TIME <u>11-9-06 1100</u>	DATE/TIME <u>11-9-06 1:00</u>	DATE/TIME <u>11-9-06 16:00</u>
	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED FOR HBEL CUSTODY BY <u>[Signature]</u>
	DATE/TIME <u>11/9/06</u>	DATE/TIME <u>11-9-06 PM</u>	DATE/TIME <u>1000 11-10-06</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Ocala Oaks I PWS I.D. #: 3421560

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 3900 NE 20th Ave

City: Ocala State: FL ZIP Code: 34479

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: na

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 11/08/06 Sample Time: 1:20 PM

Sample Location (be specific): Ocala Oaks I Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap not for compliance with 62-550
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence*
- Composite of Multiple Sites*
- Clearance (permitting)
- Other: _____
- Quarterly (Which Qtr? _____)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences. ** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

Paul Thompson for Mark March field coordinator
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: _____ Date: 11/21/06

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/9/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2127282001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | |
| | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB:

CERTIFICATION

I, Cindy Cromer Laboratory Director:
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature *Cindy Cromer* Date: 14-Nov-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

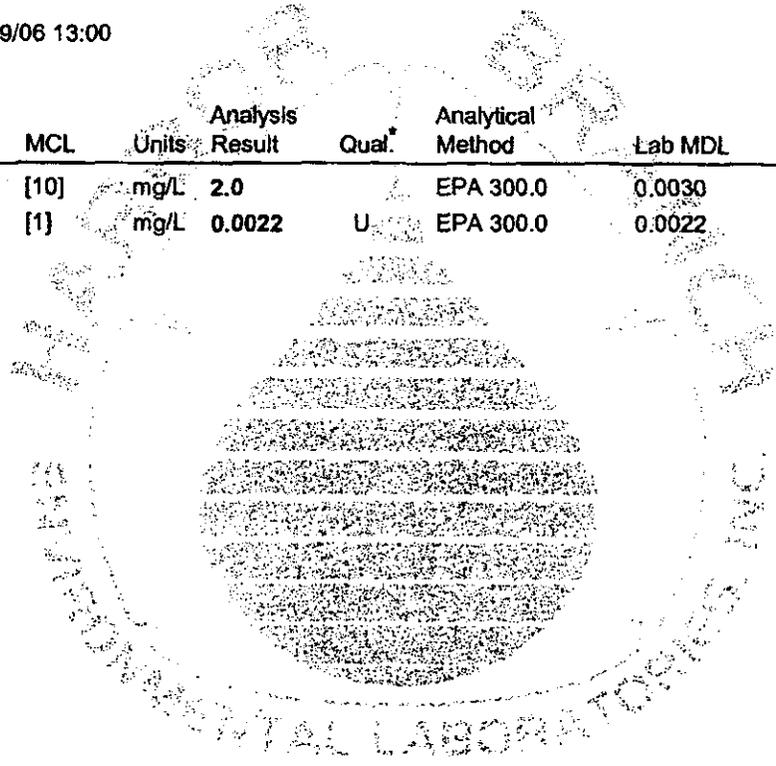
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-684

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks DW NO2/NO3
Sample Location: Ocala Oaks I Grab
Sample Number: 2127282001
Sampling Date: 11/08/06 13:20
Date Received: 11/09/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual*	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	2.0		EPA 300.0	0.0030	11/10/06 12:49	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	11/10/06 12:49	E96080



Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, * are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/14/06



**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Ocala Oaks II PWS I.D. #: 3421560

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 3900 NE 20th Ave

City: Ocala State: FL ZIP Code: 34479

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 11/08/06 Sample Time: 1:20 PM

Sample Location (be specific): Ocala Oaks II Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)	Reason(s) for Sample (Check all that apply)
<input type="checkbox"/> Distribution	<input checked="" type="checkbox"/> Routine Compliance (with 62-550)
<input checked="" type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Quarterly (Which Qtr? _____)
<input type="checkbox"/> Plant Tap not for compliance with 62-550	<input type="checkbox"/> Confirmation of MCL Exceedence*
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Max Residence Time	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Ave Residence Time	<input type="checkbox"/> Replacement (of Invalidated Sample)
<input type="checkbox"/> Near First Customer	<input type="checkbox"/> Other: _____
	Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

Paul Thompson for Mark field coordinator
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 12/6/06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 11/9/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2127282002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|---|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input checked="" type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input checked="" type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 14-Nov-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
 ** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

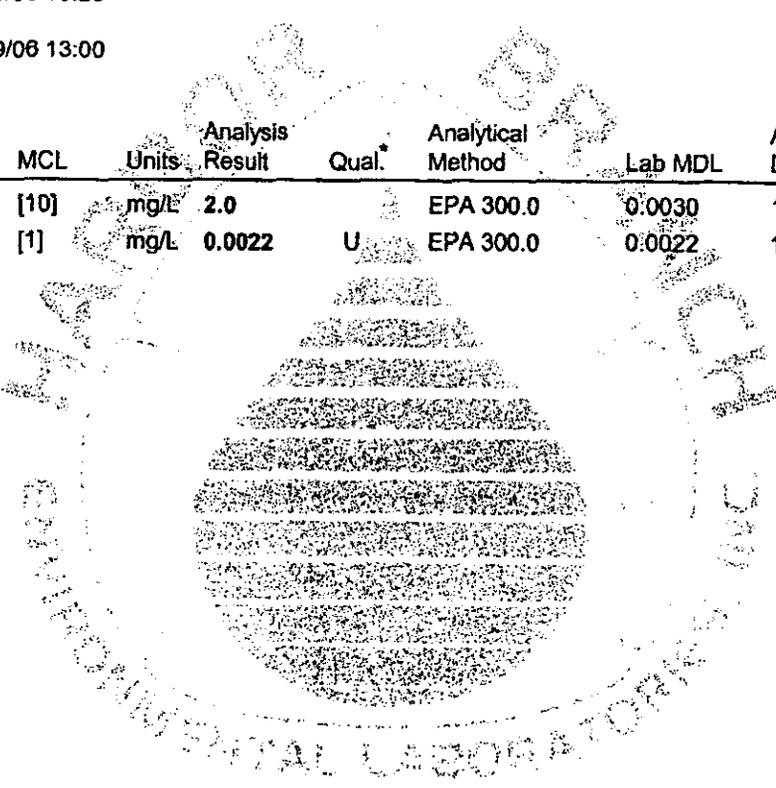
5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 255 Fax: (772) 467-5884

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks DW NO2/NO3
Sample Location: Ocala Oaks II Grab
Sample Number: 2127282002
Sampling Date: 11/08/06 13:20
Date Received: 11/09/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qual.	Analytical Method	Lab MDL	Analysis Date/Time	DOH Lab Cert #
1040	Nitrate as N	[10]	mg/L	2.0		EPA 300.0	0.0030	11/10/06 13:07	E96080
1041	Nitrite as N	[1]	mg/L	0.0022	U	EPA 300.0	0.0022	11/10/06 13:07	E96080



Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 11/14/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: September 13, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion County HAA5/TTHM Grab [2126679]
Received: 8/31/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 9/13/06



Page 1 of 6

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 205 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
 Workorder ID: Marion County HAA5/TTHM Grab
 Received: 8/31/06 13:00

[2126679]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample Number	Sample ID	Analytical Method	Description
2126679001	2170 NE 45 St Ocala Oaks	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679002	4401 NE 46 La Ocala Oaks	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679003	764 NW 58 Ct Ridge Meadows	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679004	5132 SE 27 St Bellairs	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679005	4235 NW 26 Terr West View	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679006	2351 NE 55 Pl Chappell Hills	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679007	4745 NE 26 Terr 49th St Vill	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 552.1	PEST4784		
2126679001	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679002	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679003	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679004	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679005	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679006	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679007	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	

Samples not spiked w/ surrogates during extraction for 552.1. The IS demonstrated extraction performance. Precision/Accuracy demonstrated with the LCS.

5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300
 Sanford, FL 32771
 FDOH # E83509

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 34601
 FDOH # E84418

Printed: 9/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2126679]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126679001					Sampled: 08/30/06 11:00		Received: 08/31/06 13:00			
Sample ID: 2170 NE 45 St Ocala Oaks					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.41	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Dibromoacetic Acid		3.0	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Total HAAs		4.4	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Laboratory ID: 2126679002					Sampled: 08/30/06 11:20		Received: 08/31/06 13:00			
Sample ID: 4401 NE 48 La Ocala Oaks					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.47	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Chloroform		2.4	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Total THMs		3.0	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Dibromoacetic Acid		0.20	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Laboratory ID: 2126679003					Sampled: 08/30/06 15:00		Received: 08/31/06 13:00			
Sample ID: 764 NW 58 Ct Ridge Meadows					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.43	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Dibromoacetic Acid		0.19	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080

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Printed: 9/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2126679]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126679004					Sampled: 08/30/06 16:10		Received: 08/31/06 13:00			
Sample ID: 5132 SE 27 St Bellaire					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.41	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Dibromoacetic Acid		3.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Total HAAs		4.7	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Laboratory ID: 2126679005					Sampled: 08/30/06 16:45		Received: 08/31/06 13:00			
Sample ID: 4235 NW 26 Terr West View					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.42	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Dibromoacetic Acid	U	0.18	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Total HAAs		1.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Laboratory ID: 2126679006					Sampled: 08/30/06 17:30		Received: 08/31/06 13:00			
Sample ID: 2351 NE 55 Pl Chappell Hills					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.53	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Chloroform		2.4	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Total THMs		3.1	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Dibromoacetic Acid		3.6	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Total HAAs		5.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Trichloroacetic acid		0.28	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080

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FDOH # E84418



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2126679]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126679007					Sampled: 08/30/06 18:10		Received: 08/31/06 13:00			
Sample ID: 4745 NE 26 Terr 49th St VIII					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.49	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Chloroform		2.3	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Total THMs		3.0	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Dibromoacetic Acid		3.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Total HAAs		5.1	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Trichloroacetic acid		0.22	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080

Laboratory ID: 2126679008					Sampled:		Received: 08/31/06 13:00			
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane	U	0.25	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Chloroform	U	0.25	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Total THMs	U	0.50	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080

Result Qualifiers: U = Not Detected; I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Company: Aqua Utilities

Address: PO Box 49030

Leesburg Fla Zip: 34749

Phone: 352 303 0718 Fax: _____

Client Contact: Mark March

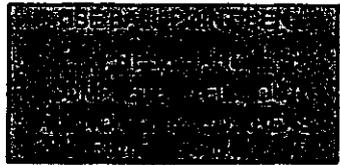
Project Name: _____

Sampled By: Mark March

Method(s) of Shipment: Truck

e-mail: same

Standard Laboratory Turn Around Time
Or
 Rush in _____ Business Days Requires Laboratory Approval



Laboratory not responsible for omitted information
____ FDOH # E96080 ____ FDOH # E85370
5600 U.S. 1 North 307 Coolidge Avenue
Fort Pierce, FL 34948 Lehigh Acres, FL 33938
 FDOH # E83509 ____ FDOH # E84418
4155 St. Johns Pkwy. 18331 Cortez Blvd.
Suite 1300 Brooksville, FL 34801
Sanford, FL 32771

PRESERVATIVE						Preservation Key	
<u>NH</u>	<u>1:1</u>					N-Hydrochloric Acid	P-Phosphoric Acid
<u>HCL</u>	<u>HCL</u>					N-Nitric Acid	ST-Sodium
ANALYSES REQUESTED						S-Sulfuric Acid	Thioualate
						BH-Sodium Hydroxide	U-Unpreserved

LAB #	COLLECTION		Sample Type	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	HAAS	TTAM										COMMENTS
	DATE	TIME																
<u>001</u>	<u>8.30.06</u>	<u>1100</u>	<u>G</u>	<u>W</u>	<u>4</u>	<u>Ocala Oaks #1 cl.1.4</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										<u>site address</u>
<u>002</u>	<u>8.30</u>	<u>1120</u>	<u>G</u>	<u>W</u>	<u>4</u>	<u>Ocala Oaks #2 cl.1.2</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										<u>2170 NE 45 ST</u>
003	8.30	1120	G	W	4	Ocala Oaks #3 cl.1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										4470 Ave
004	8.30	1250	G	W	4	Ocala Oaks #4 cl.1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										6524 Ave
005	8.50	1300	G	W	4	Ocala Oaks #5 cl.1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										1602 SW 61th
006	8.30	1245	G	W	4	Ocala Oaks #6 cl.1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										1602 SW 61th
007	8.30	1500	G	W	4	Ridge Meadows cl.1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										764 NW 58 ct
008	8.30	1610	G	W	4	Bellaire cl.1.2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										5732 SE 27 ST
009	8.30	1645	G	W	4	West View cl.1.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										4235 NW 26 Ter
<u>0010</u>	<u>8.30</u>	<u>1730</u>	<u>G</u>	<u>W</u>	<u>4</u>	<u>Chapnell Hills cl.1.4</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>										<u>2351 NE 55 PL</u>

6	RELINQUISHED BY <u>M. March</u>	RELINQUISHED BY <u>Dray</u>	RELINQUISHED BY <u>Hande to Fadel</u>
5	DATE/TIME <u>8.31.06 1100</u>	DATE/TIME <u>8/31/06 1100</u>	DATE/TIME <u>8/31/06 1600</u>
4	RECEIVED BY <u>Dray</u>	RECEIVED BY <u>Hande</u>	
3	DATE/TIME <u>8/2/06 11:00</u>	DATE/TIME <u>8/2/06 1200</u>	

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Ocala Oaks PWS I.D. #: 3421560

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 3900 ne 70th ave

City: Ocala State: FL ZIP Code: 34479

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: na

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 08/30/06 Sample Time: 11:00 AM

Sample Location (be specific): 2170 NE 45 St Ocala Oaks

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions. ** See 62-550.550(4) for requirements and attach a results page for each site.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON FOR MARK MARCH [Signature] FIELD COORDINATOR
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 9/19/06

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/31/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2126679001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13 Sep 06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Marion County HAA5/TTHM Grab
 Sample Location: 2170 NE 45 St Ocala Oaks Disinfectant Residual (mg/L) _____
 Sample Number: 2126679001 PWS ID _____
 Sampling Date: 8/30/06 11:00
 Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[NA]	ug/L	0.88 U		EPA 552.1	0.88	9/08/06	6:35 PM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	1.4		EPA 552.1	0.66	9/08/06	6:35 PM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.20 U		EPA 552.1	0.20	9/08/06	6:35 PM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.28 U		EPA 552.1	0.28	9/08/06	6:35 PM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	3.0		EPA 552.1	0.18	9/08/06	6:35 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[80]	ug/L							
2941	Chloroform	[NA]	ug/L	2.2		EPA 524.2	0.25	9/05/06	4:58 AM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	9/05/06	4:58 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.41		EPA 524.2	0.25	9/05/06	4:58 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	9/05/06	4:58 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Form 62-550.730
 Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300
 Sanford, FL 32771
 FDOH # E83509

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 3460
 FDOH # E84418

Printed: 8/13/06



**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Ocala Oaks PWS I.D. #: 3421560
 System Type (check one) Community Nontransient Noncommunity Transient Noncommunity
 Address: 3900 ne 20th ave

City: Ocala State: FL ZIP Code: 34479
 Phone #: 352-787-0980 Fax #: 352-787-6333
 E-Mail Address: n/a

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
 Sample Date: 08/30/06 Sample Time: 11:20 AM
 Sample Location (be specific): 4401-NE 46 La Ocala Oaks

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input checked="" type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Ave Residence Time | Sampling Procedure Used or Other Comments: _____ | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions.
 Note: See 62-550.512(3) for additional requirements
 for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
 attach a results page for each site.

Sampler's Name: Mark March
 Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
 Sampler's E-Mail Address: n/a

CERTIFICATION (to be completed by sampler)

I, Paul Thompson for Mark March FIELD COORDINATOR
 Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is
 completed and correct.

Signature: _____ Date: 9/19/06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/31/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2126679002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|---|--|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial
<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite
<p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial |
|--|--|---|--|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH Lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates/locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Marion County HAA5/TTHM Grab
 Sample Location: 4401 NE 46 La Ocala Oaks Disinfectant Residual (mg/L) _____
 Sample Number: 2126679002 PWS ID _____
 Sampling Date: 8/30/06 11:20
 Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[NA]	ug/L	0.88	U	EPA 552.1	0.88	9/08/06	7:12 PM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	1.3		EPA 552.1	0.66	9/08/06	7:12 PM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.20	U	EPA 552.1	0.20	9/08/06	7:12 PM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.28	U	EPA 552.1	0.28	9/08/06	7:12 PM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	0.20		EPA 552.1	0.18	9/08/06	7:12 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[NA]	ug/L	0.25		EPA 524.2	0.25	9/05/06	5:31 AM	E96080
2942	Bromoform	[NA]	ug/L	0.41	U	EPA 524.2	0.41	9/05/06	5:31 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.47		EPA 524.2	0.25	9/05/06	5:31 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30	U	EPA 524.2	0.30	9/05/06	5:31 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418

Printed: 9/13/06



**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Ridge Meadows PWS I.D. #: 0424591
 System Type (check one) Community Nontransient Noncommunity Transient Noncommunity
 Address: 957 NW 58th St

City: Ocala State: FL ZIP Code: 34482
 Phone #: 352-787-0980 Fax #: 352-787-6333
 E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____
 Sample Date: 08/30/06 Sample Time: 3:00 PM
 Sample Location (be specific): 764 NW 58 Ct Ridge Meadows
 Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): LO mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

<input checked="" type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (Which Qtr? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedence*	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites**	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input type="checkbox"/> Clearance (permitting)	<input type="checkbox"/> Replacement (of Invalidated Sample)
<input checked="" type="checkbox"/> Max Residence Time	<input checked="" type="checkbox"/> Other _____	
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Near First Customer		

*See 62-550.500(6) for requirements and restrictions.
 Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.
 ** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Mark March
 Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333
 Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON FOR MARK MARCH FIELD COORDINATOR
 Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 09/19/06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/31/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2126679003

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|---|---|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial
<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite
<p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|--|--|---|---|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Marion County HAAS/TTHM Grab
Sample Location: 764 NW 58 Ct Ridge Meadows Disinfectant Residual (mg/L) _____
Sample Number: 2126679003 PWS ID _____
Sampling Date: 8/30/06 15:00
Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[VA]	ug/L	0.88 U		EPA 552.1	0.88	9/08/06	7:48 PM	E96080
2451	Dichloroacetic Acid	[VA]	ug/L	1.3		EPA 552.1	0.66	9/08/06	7:48 PM	E96080
2452	Trichloroacetic acid	[VA]	ug/L	0.20 U		EPA 552.1	0.20	9/08/06	7:48 PM	E96080
2453	Monobromoacetic Acid	[VA]	ug/L	0.28 U		EPA 552.1	0.28	9/08/06	7:48 PM	E96080
2454	Dibromoacetic Acid	[VA]	ug/L	0.19		EPA 552.1	0.18	9/08/06	7:48 PM	E96080
2456	Total Haloacetic Acids (HAAS)	[B]	ug/L							
2941	Chloroform	[VA]	ug/L	2.2		EPA 524.2	0.25	9/05/06	6:05 AM	E96080
2942	Bromoform	[VA]	ug/L	0.41 U		EPA 524.2	0.41	9/05/06	6:05 AM	E96080
2943	Bromodichloromethane	[VA]	ug/L	0.43		EPA 524.2	0.25	9/05/06	6:05 AM	E96080
2944	Dibromochloromethane	[VA]	ug/L	0.30 U		EPA 524.2	0.30	9/05/06	6:05 AM	E96080
2950	Total Trihalomethanes	[B]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418

Printed: 9/13/06

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Belleair PWS I.D. #: 3424000

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 2400 SE 52nd Ave

City: Orlando State: FL ZIP Code: 32821

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: na

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 08/30/06 Sample Time: 4:10 PM

Sample Location (be specific): 5132 SE 27 St Bellaire

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: _____

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap not for compliance with 62-550
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence*
- Composite of Multiple Sites*
- Clearance (permitting)
- Other: _____
- Quarterly (Which Qtr? _____)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, Paul Thompson for Mark March Field Coordinator
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 09/19/06

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/31/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2126679004

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
 ** Please provide radiological sample dates/locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 205 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Marion County HAA5/TTHM Grab
Sample Location: 5132 SE 27 St Bellaire Disinfectant Residual (mg/L) _____
Sample Number: 2126679004 PWS ID _____
Sampling Date: 8/30/06 16:10
Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[NA]	ug/L	0.88 U		EPA 552.1	0.88	9/08/06	8:24 PM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	1.4		EPA 552.1	0.66	9/08/06	8:24 PM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.20 U		EPA 552.1	0.20	9/08/06	8:24 PM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.28 U		EPA 552.1	0.28	9/08/06	8:24 PM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	3.3		EPA 552.1	0.18	9/08/06	8:24 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[NA]	ug/L	2.2		EPA 524.2	0.25	9/05/06	6:39 AM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	9/05/06	6:39 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.41		EPA 524.2	0.25	9/05/06	6:39 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	9/05/06	6:39 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418

Printed: 9/13/06



**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Westview PWS I.D. #: 3424036

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 2475 NW 45th Rd.

City: Ocala State: FL ZIP Code: 34475

Phone #: 352-187-0980 Fax #: 352-787-6333

E-Mail Address: na

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 08/30/06 Sample Time: 4:45 PM

Sample Location (be specific): A235 NW 26 Terr West View

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.0 mg/L Field pH: _____

Sample Type (Check Only One) Reason(s) for Sample (Check all that apply)

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites** | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input checked="" type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(8) for requirements and restrictions. Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.
** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON FOR MARK MARCH FIELD COORDINATOR
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 09/19/06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/31/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2126679005

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC)

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates/locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**DISINFECTION BYPRODUCTS ANALYSES
62-550.310(3)**

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Marion County HAA5/TTHM Grab
Sample Location: 4235 NW 26 Terr West View Disinfectant Residual (mg/L) _____
Sample Number: 2126679005 PWS ID _____
Sampling Date: 8/30/06 16:45
Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88 U		EPA 552.1	0.88	9/08/06	9:01 PM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	1.3		EPA 552.1	0.66	9/08/06	9:01 PM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	0.20 U		EPA 552.1	0.20	9/08/06	9:01 PM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.28 U		EPA 552.1	0.28	9/08/06	9:01 PM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	0.18 U		EPA 552.1	0.18	9/08/06	9:01 PM	E96080
2456	Total Haloacetic Acids (HAAs)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	2.2		EPA 524.2	0.25	9/05/06	7:13 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	9/05/06	7:13 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.42		EPA 524.2	0.25	9/05/06	7:13 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30 U		EPA 524.2	0.30	9/05/06	7:13 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
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FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418

Printed: 9/13/06



Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/31/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2126679006

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|--|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input checked="" type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input checked="" type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Marion County HAA5/TTHM Grab
 Sample Location: 2351 NE 55 Pl Chappell Hills Disinfectant Residual (mg/L) _____
 Sample Number: 2126679006 PWS ID _____
 Sampling Date: 8/30/06 17:30
 Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[N/A]	ug/L	0.88 U		EPA 552.1	0.88	9/08/06	10:49 PM	E96080
2451	Dichloroacetic Acid	[N/A]	ug/L	1.4		EPA 552.1	0.66	9/08/06	10:49 PM	E96080
2452	Trichloroacetic acid	[N/A]	ug/L	0.28		EPA 552.1	0.20	9/08/06	10:49 PM	E96080
2453	Monobromoacetic Acid	[N/A]	ug/L	0.28 U		EPA 552.1	0.28	9/08/06	10:49 PM	E96080
2454	Dibromoacetic Acid	[N/A]	ug/L	3.6		EPA 552.1	0.18	9/08/06	10:49 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[60]	ug/L							
2941	Chloroform	[N/A]	ug/L	2.4		EPA 524.2	0.25	9/06/06	4:00 AM	E96080
2942	Bromoform	[N/A]	ug/L	0.41 U		EPA 524.2	0.41	9/06/06	4:00 AM	E96080
2943	Bromodichloromethane	[N/A]	ug/L	0.53		EPA 524.2	0.25	9/06/06	4:00 AM	E96080
2944	Dibromochloromethane	[N/A]	ug/L	0.30 U		EPA 524.2	0.30	9/06/06	4:00 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.
 Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
 Effective January 1985, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
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 FDOH # E96080

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 FDOH # E83509

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 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 3460
 FDOH # E84418

Printed: 9/13/06



**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Water Village PWS I.D. #: 3424631

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: NE 28th Terrace

City: Ocala State: FL ZIP Code: 34470

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: n/a

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 08/30/06 Sample Time: 6:10 PM

Sample Location (be specific): 4745 NE 26 Terr 49th St Vill

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.2 mg/L Field pH: _____

Sample Type (Check Only One): _____ Reason(s) for Sample (Check all that apply)

<input checked="" type="checkbox"/> Distribution	<input type="checkbox"/> Routine Compliance (with 62-550)	<input type="checkbox"/> Quarterly (Which Qtr? _____)
<input type="checkbox"/> Entry Point (to Distribution)	<input type="checkbox"/> Confirmation of MCL Exceedence*	<input type="checkbox"/> Special (not for compliance with 62-550)
<input type="checkbox"/> Plant Tap not for compliance with 62-550)	<input type="checkbox"/> Composite of Multiple Sites**	<input type="checkbox"/> Violation Resolution
<input type="checkbox"/> Raw (at well or intake)	<input checked="" type="checkbox"/> Clearance (permitting)	<input type="checkbox"/> Replacement (of Invalidated Sample)
<input checked="" type="checkbox"/> Max Residence Time	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Ave Residence Time	Sampling Procedure Used or Other Comments: _____	
<input type="checkbox"/> Near First Customer		

*See 62-550.500(6) for requirements and restrictions. ** See 62-550.550(4) for requirements and attach a results page for each site.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: n/a

CERTIFICATION (to be completed by sampler)

I, PAUL THOMPSON FOR MARK MARCH FIELD COORDINATOR
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: [Signature] Date: 09/19/06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/31/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2126679007

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|---|--|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input type="checkbox"/> All 21
<input type="checkbox"/> Partial

<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input checked="" type="checkbox"/> Trihalomethanes
<input checked="" type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite

<p><u>Secondaries</u></p> <input type="checkbox"/> All 14
<input checked="" type="checkbox"/> Partial |
|--|--|---|--|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 13 Sep-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates/locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES 62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID: Marion County HAA5/TTHM Grab
 Sample Location: 4745 NE 26 Terr 49th St Vill Disinfectant Residual (mg/L) _____
 Sample Number: 2126679007 PWS ID _____
 Sampling Date: 8/30/06 18:10
 Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2450	Monochloroacetic Acid	[NA]	ug/L	0.88	U	EPA 552.1	0.88	9/08/06	11:45 PM	E96080
2451	Dichloroacetic Acid	[NA]	ug/L	1.4		EPA 552.1	0.66	9/08/06	11:45 PM	E96080
2452	Trichloroacetic acid	[NA]	ug/L	0.22		EPA 552.1	0.20	9/08/06	11:45 PM	E96080
2453	Monobromoacetic Acid	[NA]	ug/L	0.28	U	EPA 552.1	0.28	9/08/06	11:45 PM	E96080
2454	Dibromoacetic Acid	[NA]	ug/L	3.5		EPA 552.1	0.18	9/08/06	11:45 PM	E96080
2456	Total Haloacetic Acids (HAA5)	[80]	ug/L							
2941	Chloroform	[NA]	ug/L	2.5		EPA 524.2	0.25	9/06/06	4:34 AM	E96080
2942	Bromoform	[NA]	ug/L	0.41	U	EPA 524.2	0.41	9/06/06	4:34 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.49		EPA 524.2	0.25	9/06/06	4:34 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30	U	EPA 524.2	0.30	9/06/06	4:34 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
 Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080
 Printed: 9/13/06

4155 St. Johns Pkwy Suite 1300
 Sanford, FL 32771
 FDOH # E83509



307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

16331 Cortez Blvd
 Brooksville, FL 3460
 FDOH # E84418

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: _____ PWS I.D. #:

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: _____ Sample Time: _____

Sample Location (be specific): Trp Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

- Distribution
- Entry Point (to Distribution)
- Plant Tap not for compliance with 62-550
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

Reason(s) for Sample (Check all that apply)

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence*
- Composite of Multiple Sites**
- Clearance (permitting)
- Other _____
- Quarterly (Which Qtr? _____)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____, _____
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: _____ Date: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2007
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 8/31/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2126679008

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input checked="" type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | <u>Radionuclides</u> | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite** | <u>Secondaries</u> |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers:

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC)

Signature Cindy Cromer Date: 13-Sep-06

* Failure to provide a valid and current Florida DOH Lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates/locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

DISINFECTION BYPRODUCTS ANALYSES

62-550.310(3)

Client: Aqua Utilities Florida, Inc. Report Number/ Job ID Marion County HAA5/TTHM Grab
 Sample Location: Trip Blank Disinfectant Residual (mg/L) _____
 Sample Number: 2126679008 PWS ID _____
 Sampling Date: _____
 Date Received: 8/31/06 13:00

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	Lab ID
2941	Chloroform	[NA]	ug/L	0.25 U		EPA 524.2	0.25	9/06/06	5:08 AM	E96080
2942	Bromoform	[NA]	ug/L	0.41 U		EPA 524.2	0.41	9/06/06	5:08 AM	E96080
2943	Bromodichloromethane	[NA]	ug/L	0.25 U		EPA 524.2	0.25	9/06/06	5:08 AM	E96080
2944	Dibromochloromethane	[NA]	ug/L	0.30 U		EPA 524.2	0.30	9/06/06	5:08 AM	E96080
2950	Total Trihalomethanes	[80]	ug/L							

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used. Totals for haloacetic acids and total trihalomethanes will be calculated by DEP or DOH.

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 3460
FDOH # E84418

Printed: 9/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

Date issued: April 12, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Ocala Oaks DW Scan [2125225]
Received: 3/29/06 11:45

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories, Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

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FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/12/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Ocala Oaks DW Scan
Received: 3/29/06 11:45

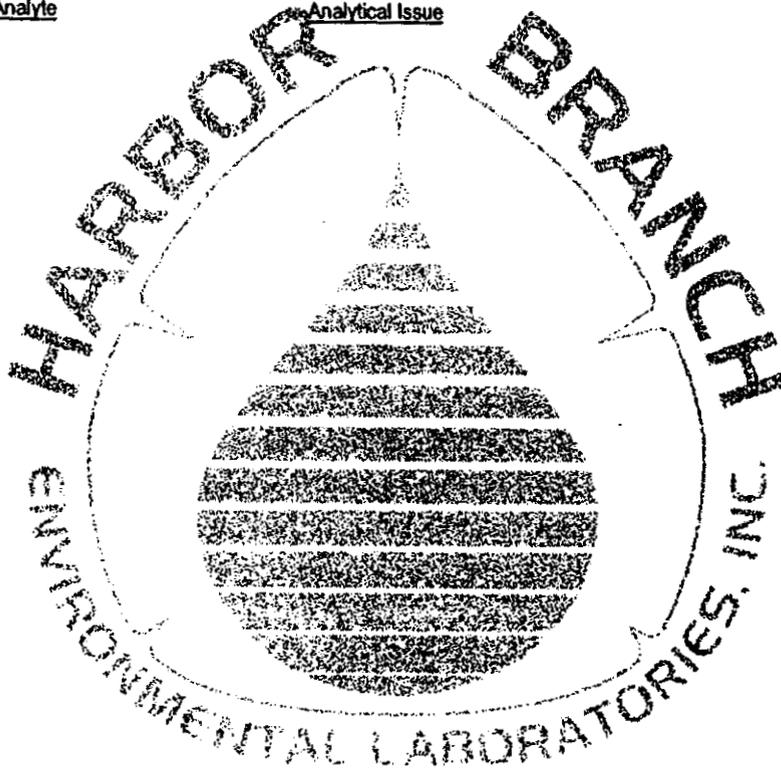
[2125225]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample		Method Narratives (If Applicable)	
Number	Sample ID	Analytical Method	Description

Quality Control Summary

Method HBEL Batch Analyte Analytical Issue



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FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/12/06



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ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS
[2125225]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ocala Oaks DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Lab Analyst	Lab ID
Laboratory ID: 2125225001						Sampled: 03/28/06 14:36				
Sample ID: POE Grab						Received: 03/29/06 11:45				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Odor		1.0	T.O.N.	1.0	EPA 140.1	WCDE14407		03/29/06 14:15	PA	E83509
pH [6.5-8.5]	Q	7.80	SU	0.200	EPA 150.1	WCGE25339		03/30/06 18:42	GS	E96080
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Barium		0.0020	mg/L	0.0018	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Chromium		0.0018	mg/L	0.0018	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Copper		0.0080	mg/L	0.0014	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Sodium		6.5	mg/L	0.50	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Zinc		0.036	mg/L	0.010	EPA 200.7	META7899		04/4/06 16:50	DM	E96080
Lead		0.00080	mg/L	0.00061	EPA 200.9	META7898		04/4/06 13:01	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META7901		04/5/06 14:39	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META7900		04/5/06 12:39	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META7902	04/4/06 12:14	04/5/06 13:08	DM	E96080
Chloride		11	mg/L	5.0	EPA 300.0	IC6741		03/31/06 16:03	JL	E96080
Fluoride		0.11	mg/L	0.011	EPA 300.0	IC6740		03/30/06 12:00	JL	E96080
Nitrate as N		2.0	mg/L	0.0030	EPA 300.0	IC6740		03/30/06 12:00	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6740		03/30/06 12:00	JL	E96080
Sulfate		18	mg/L	1.4	EPA 300.0	IC6741		03/31/06 16:03	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4690	04/3/06 11:46	04/4/06 0:14	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4690	04/3/06 11:46	04/4/06 0:14	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4691	04/4/06 13:00	04/4/06 22:01	CAC	E96080
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4691	04/4/06 13:00	04/4/06 22:01	CAC	E96080
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4691	04/4/06 13:00	04/4/06 22:01	CAC	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4691	04/4/06 13:00	04/4/06 22:01	CAC	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4691	04/4/06 13:00	04/4/06 22:01	CAC	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4691	04/4/06 13:00	04/4/06 22:01	CAC	E96080
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4691	04/4/06 13:00	04/4/06 22:01	CAC	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4691	04/4/06 13:00	04/4/06 22:01	CAC	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 7:06	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 7:06	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 7:06	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 7:06	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 7:06	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 7:06	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080

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FDOH # E85370

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FDOH # EB4418



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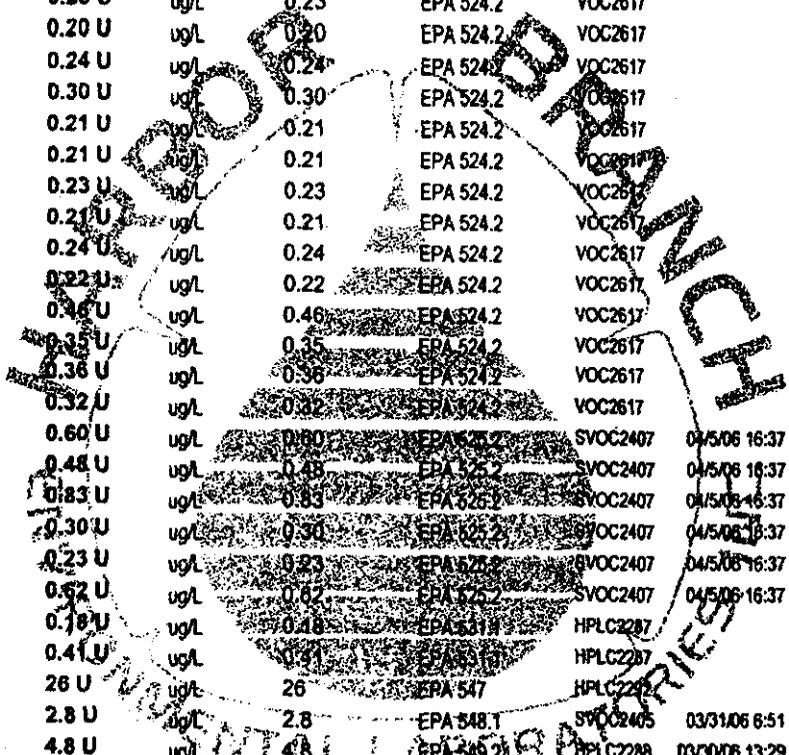
5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS [2125225]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ocala Oaks DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2617		04/5/06 0:59	WR	E96080
Alachlor		0.60 U	ug/L	0.60	EPA 524.2	SVOC2407	04/5/06 16:37	04/10/06 16:41	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 524.2	SVOC2407	04/5/06 16:37	04/10/06 16:41	WR	E96080
bis(2-ethylhexyl)phthalate		0.83 U	ug/L	0.83	EPA 524.2	SVOC2407	04/5/06 16:37	04/10/06 16:41	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	SVOC2407	04/5/06 16:37	04/10/06 16:41	WR	E96080
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 524.2	SVOC2407	04/5/06 16:37	04/10/06 16:41	WR	E96080
Simazine		0.62 U	ug/L	0.62	EPA 524.2	SVOC2407	04/5/06 16:37	04/10/06 16:41	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2287		03/30/06 16:45	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2287		03/30/06 16:45	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2287		04/5/06 15:18	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2405	03/31/06 6:51	04/7/06 20:11	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 546.2	HPLC2288	03/30/06 13:29	03/30/06 15:38	JJM	E96080
Color		4.0	CU	1.8	SM2120 B	WCGE25339		03/30/06 16:20	TCL	E96080
Total Dissolved Solids		230	mg/L	16	SM2540 C	WCGE25341		03/31/06 13:45	SP	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE25356	03/30/06 16:15	03/31/06 13:58	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE25360	03/30/06 11:20	03/30/06 15:58	SP	E96080



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5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2125225]

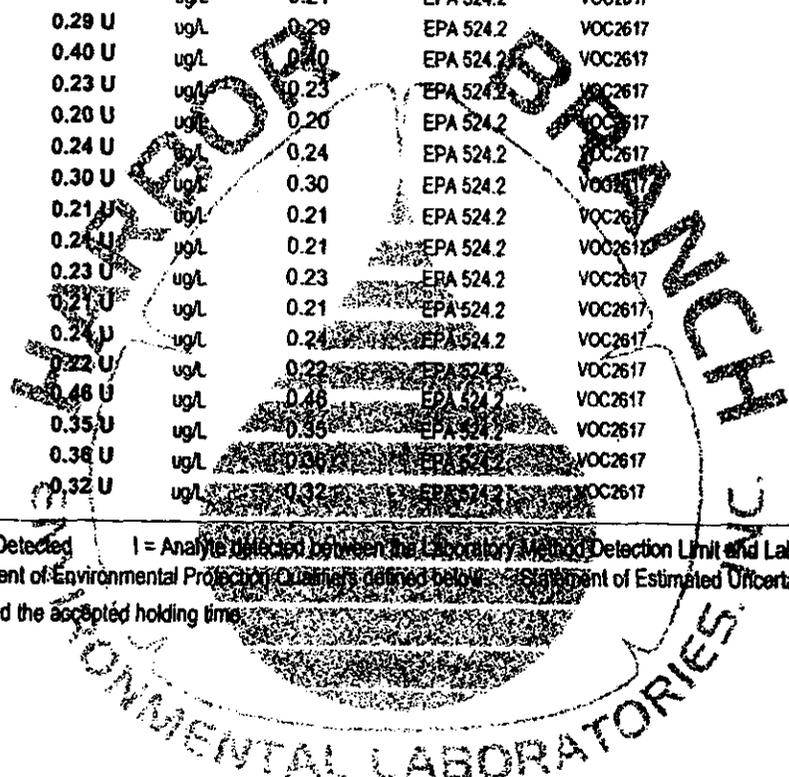
Client: Aqua Utilities Florida, Inc.

Workorder ID: Ocala Oaks DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2125225002						Sampled: 03/28/06 0:00		Received: 03/29/06 11:45		
Sample ID: Trip Blank						Matrix: Water		Results reported on Wet Weight Basis		
1,1,1-Trichloroethane	0.21 U		ug/L	0.21	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
1,1,2-Trichloroethane	0.44 U		ug/L	0.44	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
1,1-Dichloroethene	0.23 U		ug/L	0.23	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
1,2,4-Trichlorobenzene	0.41 U		ug/L	0.41	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
1,2-Dichlorobenzene	0.21 U		ug/L	0.21	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
1,2-Dichloroethane	0.29 U		ug/L	0.29	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
1,2-Dichloropropane	0.40 U		ug/L	0.40	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
1,4-Dichlorobenzene	0.23 U		ug/L	0.23	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Benzene	0.20 U		ug/L	0.20	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Carbon tetrachloride	0.24 U		ug/L	0.24	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Chlorobenzene	0.30 U		ug/L	0.30	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
cis-1,2-Dichloroethene	0.21 U		ug/L	0.21	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Ethylbenzene	0.21 U		ug/L	0.21	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Methylene chloride	0.23 U		ug/L	0.23	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Styrene	0.21 U		ug/L	0.21	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Tetrachloroethene	0.24 U		ug/L	0.24	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Toluene	0.22 U		ug/L	0.22	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Total Xylenes	0.48 U		ug/L	0.48	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
trans-1,2-Dichloroethene	0.35 U		ug/L	0.35	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Trichloroethene	0.38 U		ug/L	0.38	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080
Vinyl chloride	0.32 U		ug/L	0.32	EPA 524.2	VOC2617		04/5/06 1:33	WR	E96080

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
 Applicable Florida Department of Environmental Protection Orders defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time



5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300
 Sanford, FL 32771
 FDOH # E83509

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

2514 Osawaw Boulevard
 Spring Hill, FL 34607
 FDOH # E84418



Printed: 4/12/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone (772) 465-2400, Ext. 285 Fax (772) 467-1584

Chain-of-Custody
and
Agreement to Perform Services

USE BALL POINT PEN
PRESS HARD
COMPLETELY FILL OUT
ALL NON-GREYED AREAS
PRINT LEGIBLY

Laboratory not responsible for omitted information
 FDOH # E96080 FDOH # E85370
 5600 U.S. 1 North 307 Coolidge Avenue
 Fort Pierce, FL 34946 Lehigh Acres, FL 33936
 FDOH # E83509 FDOH # E84418
 255 Enterprise Rd., Suite 1 2514 Osawaw Blvd.
 Deltona, FL 32725 Spring Hill, FL 34607

Company: Law Utilities
 Address: PO Box 490310
Leesburg, Fla. Zip: 34749
 Phone: 352 303 6718 Fax: _____
 Client Contact: Mark Marsh
 Project Name: Ocala Oaks
 Sampled By: Mark Marsh

Method(s) of Mark
 Shipment: Clean Truck
 e-mail: same
 Standard Laboratory Turn Around Time
 Or
 Rush in _____ Business Days
 Requires Laboratory Approval



Temperature Checked Custody Seals Intact pH Checked

LAB # 2125205

PRESERVATIVE: U U U U U

ANALYSES REQUESTED: MBAS, PHENAMIC, YOC

Preservation Key:
 H=Hydrochloric Acid P=Phosphoric Acid
 N=Nitric Acid ST=Stadium
 S=Sulfuric Acid Thiourea
 SH=Sodium Hydroxide U=Unpreserved

COMMENTS: NOPE
PWS# 3421560
odor done in sample

LAB ID	COLLECTION		Sample Type*	MATRIX**	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
009	3.28.06	1426	G	DW	1	POE
010	3.28	1422	G	DW	1	POE
011	3.28	1426	G	PW	1	POE
012	3.28	1428	G	PW	1	POE
013	3.28	1430	G	PW	1	POE
014	3.28	1432	G	PW	1	POE
015	3.28	1434	G	PW	3	POE
016	3.28.06	1436	G	DW	3	POE
						Trip Blk

* Sample Type: G=Grab C=Composite
 ** Matrix: S=Solid SL=Sludge DW=Drinking Water GW=Ground Water SW=Surface Water WW=Wastewater M=Marine

Report Page 1 of 6	RELINQUISHED BY: <u>M. Marsh</u> DATE/TIME: <u>3-29-06 0900</u>	RELINQUISHED BY: <u>[Signature]</u> DATE/TIME: <u>3-29-06 1145</u>	RELINQUISHED BY: <u>Paul Toled Ex</u> DATE/TIME: <u>3/29/06 1600</u>
	RECEIVED BY: <u>[Signature]</u> DATE/TIME: <u>3-29-06 9:40</u>	RECEIVED BY: <u>[Signature]</u> DATE/TIME: <u>3/29/06 1145</u>	RECEIVED FOR HBEL CUSTODY BY: <u>[Signature]</u> DATE/TIME: <u>3/30/06 10:00</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Ocala Oaks I PWS I.D. #: 3421560

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 3900 NE 20th Ave

City: Ocala State: FL ZIP Code: 34479

Phone #: 352/787-0980 Fax #: 352/787-6333

E-Mail Address: na

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 03/28/06 Sample Time: 2:36 PM

Sample Location (be specific): ROE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One) _____ Reason(s) for Sample (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Distribution | <input checked="" type="checkbox"/> Routine Compliance (with 62-550) | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input checked="" type="checkbox"/> Entry Point (to Distribution) | <input type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550 | <input type="checkbox"/> Composite of Multiple Sites | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of Invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions. See 62-550.550(4) for requirements and attach a results page for each site.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences.

Sampler's Name: Mark March

Sampler's Phone #: 352/787-0980 Sampler's Fax #: 352/787-6333

Sampler's E-Mail Address: na

CERTIFICATION (to be completed by sampler)

I, Mark March Sr. facility operator
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: Mark March Date: 4.19.06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 3/29/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2125225001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|---|---|--|--|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input checked="" type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input checked="" type="checkbox"/> All 21
<input type="checkbox"/> Partial
<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite
<p><u>Secondaries</u></p> <input checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|---|---|--|--|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129
 ATTACH DOH ANALYTE SHEETS FOR EACH SUBCONTRACTED LAB

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC)

Signature Cindy Cromer Date 12-Apr-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
 ** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**MAKBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

VOLATILE ORGANICS

62 - 550.310 (4) (a)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks DW Scan
Sample Location: POE Grab
Sample Number: 2125225001
Sampling Date: 3/28/06 14:36
Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	4/05/06 0:59	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:59	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	4/05/06 0:59	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	4/05/06 0:59	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:59	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	4/05/06 0:59	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	4/05/06 0:59	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	4/05/06 0:59	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	4/05/06 0:59	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	4/05/06 0:59	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:59	E96080
2982	Carbon tetrachloride	[5]	0.24 U	ug/L		EPA 524.2	0.24	4/05/06 0:59	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	4/05/06 0:59	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	4/05/06 0:59	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	4/05/06 0:59	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	4/05/06 0:59	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	4/05/06 0:59	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	4/05/06 0:59	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	4/05/06 0:59	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:59	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:59	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/12/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks DW Scan
 Sample Location: POE Grab
 Sample Number: 2125225001
 Sampling Date: 3/28/06 14:36
 Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	0.10 U	ug/L		EPA 505	0.10	4/04/06	4/04/06 22:01	E96080
2010	gamma-BHC (Lindane)	[0.2]	0.020 U	ug/L		EPA 505	0.020	4/04/06	4/04/06 22:01	E96080
2015	Methoxychlor	[40]	0.043 U	ug/L		EPA 505	0.043	4/04/06	4/04/06 22:01	E96080
2020	Toxaphene	[3]	0.59 U	ug/L		EPA 505	0.59	4/04/06	4/04/06 22:01	E96080
2031	Dalapon	[200]	2.3 U	ug/L		EPA 515.1	2.3	4/04/06	4/06/06 7:06	E96080
2032	Diquat	[20]	4.8 U	ug/L		EPA 549.2	4.8	3/30/06	3/30/06 15:38	E96080
2033	Endothall	[100]	2.8 U	ug/L		EPA 548.1	2.8	3/31/06	4/07/06 20:11	E96080
2034	Glyphosate	[700]	26 U	ug/L		EPA 547	26		4/05/06 15:18	E96080
2036	Oxamyl	[200]	0.41 U	ug/L		EPA 531.1	0.41		3/30/06 16:45	E96080
2037	Simazine	[4]	0.62 U	ug/L		EPA 525.2	0.62	4/05/06	4/10/06 16:41	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	0.83 U	ug/L		EPA 525.2	0.83	4/05/06	4/10/06 16:41	E96080
2040	Picloram	[500]	0.23 U	ug/L		EPA 515.1	0.23	4/04/06	4/06/06 7:06	E96080
2041	Dinoseb	[7]	0.23 U	ug/L		EPA 515.1	0.23	4/04/06	4/06/06 7:06	E96080
2042	Hexachlorocyclopentadiene	[50]	0.23 U	ug/L		EPA 525.2	0.23	4/05/06	4/10/06 16:41	E96080
2046	Carbofuran	[40]	0.18 U	ug/L		EPA 531.1	0.18		3/30/06 16:45	E96080
2050	Atrazine	[3]	0.48 U	ug/L		EPA 525.2	0.48	4/05/06	4/10/06 16:41	E96080
2051	Alachlor	[2]	0.60 U	ug/L		EPA 525.2	0.60	4/05/06	4/10/06 16:41	E96080
2065	Heptachlor	[0.4]	0.035 U	ug/L		EPA 505	0.035	4/04/06	4/04/06 22:01	E96080
2067	Heptachlor epoxide	[.2]	0.027 U	ug/L		EPA 505	0.027	4/04/06	4/04/06 22:01	E96080
2105	2,4-D	[70]	0.22 U	ug/L		EPA 515.1	0.22	4/04/06	4/06/06 7:06	E96080
2110	2,4,5-TP	[50]	0.19 U	ug/L		EPA 515.1	0.19	4/04/06	4/06/06 7:06	E96080
2274	Hexachlorobenzene	[1]	0.30 U	ug/L		EPA 525.2	0.30	4/05/06	4/10/06 16:41	E96080
2326	Pentachlorophenol	[1]	0.39 U	ug/L		EPA 515.1	0.39	4/04/06	4/06/06 7:06	E96080
2383	PCB	[.5]	0.14 U	ug/L		EPA 505	0.14	4/04/06	4/04/06 22:01	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	0.0020 U	ug/L		EPA 504.1	0.0020	4/03/06	4/04/06 0:14	E96080
2946	1,2-Dibromoethane	[.02]	0.0048 U	ug/L		EPA 504.1	0.0048	4/03/06	4/04/06 0:14	E96080
2959	Chlordane	[2]	0.13 U	ug/L		EPA 505	0.13	4/04/06	4/04/06 22:01	E96080

Reporting Format 62-550.730
 Effective January 1995, Revised January 2004

NOTE: Effective 1/12/04, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

5600 US 1 North
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2514 Osawaw Boulevard
 Spring Hill, FL 34607
 FDOH # E84418

Printed: 4/12/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks DW Scan
Sample Location: POE Grab
Sample Number: 2125225001
Sampling Date: 3/28/06 14:36
Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.*	Method	MDL	Date/Time	Lab ID
1040	Nitrate as N	[10]	2.0	mg/L		EPA 300.0	0.0030	3/30/06 12:00	E96080
1041	Nitrite as N	[1]	0.0022 U	mg/L		EPA 300.0	0.0022	3/30/06 12:00	E96080
1005	Arsenic	[0.01]	0.0010 U	mg/L		SM 3113 B	0.0010	4/04/06 9:24	E84129
1010	Barium	[2]	0.0020	mg/L		EPA 200.7	0.0018	4/04/06 16:50	E96080
1015	Cadmium	[0.005]	0.00070 U	mg/L		EPA 200.7	0.00070	4/04/06 16:50	E96080
1020	Chromium	[0.1]	0.0018	mg/L		EPA 200.7	0.0018	4/04/06 16:50	E96080
1024	Cyanide	[0.2]	0.0047 U	mg/L		SM4500CN E	0.0047	3/31/06 13:58	E96080
1025	Fluoride	[4]	0.11	mg/L		EPA 300.0	0.011	3/30/06 12:00	E96080
1030	Lead	[0.015]	0.00080	mg/L		EPA 200.9	0.00061	4/04/06 13:01	E96080
1035	Mercury	[0.002]	0.000060 U	mg/L		EPA 245.1	0.000060	4/06/06 13:08	E96080
1036	Nickel	[0.1]	0.0020 U	mg/L		EPA 200.7	0.0020	4/04/06 16:50	E96080
1045	Selenium	[0.05]	0.0022 U	mg/L		EPA 200.9	0.0022	4/05/06 14:39	E96080
1052	Sodium	[160]	6.5	mg/L		EPA 200.7	0.50	4/04/06 16:50	E96080
1074	Antimony	[0.006]	0.0010 U	mg/L		SM 3113 B	0.0010	4/05/06 7:42	E84129
1075	Beryllium	[0.004]	0.00010 U	mg/L		EPA 200.7	0.00010	4/04/06 16:50	E96080
1085	Thallium	[0.002]	0.0010 U	mg/L		EPA 200.9	0.0010	4/05/06 12:39	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, 7, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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FDOH # E84418

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**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**SECONDARY CONTAMINANTS
62 - 550.320**

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks DW Scan
Sample Location: POE Grab
Sample Number: 2125225001
Sampling Date: 3/28/06 14:36
Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
1002	Aluminum	[0.2]	0.0030 U	mg/L		EPA 200.7	0.0030	4/04/06 16:50	E96080
1017	Chloride	[250]	11	mg/L		EPA 300.0	5.0	3/31/06 16:03	E96080
1022	Copper	[1]	0.0080	mg/L		EPA 200.7	0.0014	4/04/06 16:50	E96080
1025	Fluoride	[2]	0.11	mg/L		EPA 300.0	0.011	3/30/06 16:50	E96080
1028	Iron	[0.3]	0.025 U	mg/L		EPA 200.7	0.025	4/04/06 16:50	E96080
1032	Manganese	[0.05]	0.0037 U	mg/L		EPA 200.7	0.0037	4/04/06 16:50	E96080
1050	Silver	[0.1]	0.0010 U	mg/L		EPA 200.7	0.0010	4/04/06 16:50	E96080
1055	Sulfate	[250]	18	mg/L		EPA 300.0	1.4	3/31/06 16:03	E96080
1095	Zinc	[5]	0.036	mg/L		EPA 200.7	0.010	4/04/06 16:50	E96080
1905	Color	[15]	4.0	CU		SM2120 B	1.8	3/30/06 16:20	E96080
1920	Odor	[3]	1.0	T.O.N.		EPA 140.1	1.0	3/29/06 14:15	E83509
1925	pH	[6.5-8.5]	7.80	SU		EPA 150.1	0.200	3/30/06 18:42	E96080
1930	Total Dissolved Solids	[500]	230	mg/L		SM2540 C	16	3/31/06 13:45	E96080
2905	Foaming Agents	[0.5]	0.022 U	mg/L		SM5540 C	0.022	3/30/06 15:58	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/12/06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: _____ PWS I.D. #:

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 03/28/06 Sample Time: 12:00 AM

Sample Location (be specific): Trip Blank

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One) _____ Reason(s) for Sample (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Routine Compliance with 62-550 | <input type="checkbox"/> Quarterly (Which Qtr? _____) |
| <input type="checkbox"/> Entry Point (to Distribution) | <input checked="" type="checkbox"/> Confirmation of MCL Exceedence* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap not for compliance with 62-550 | <input checked="" type="checkbox"/> Composite of Multiple Sites | <input type="checkbox"/> Violation Resolution |
| <input type="checkbox"/> Raw (at well or intake) | <input checked="" type="checkbox"/> Clearance (permitting) | <input type="checkbox"/> Replacement (of invalidated Sample) |
| <input type="checkbox"/> Max Residence Time | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Ave Residence Time | | |
| <input type="checkbox"/> Near First Customer | | |

*See 62-550.500(6) for requirements and restrictions See 62-550.550(4) for requirements and attach a results page for each site.
Note: See 62-550.512(3) for additional requirements for Nitrate or Nitrite MCL exceedences

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

CERTIFICATION (to be completed by sampler)

I, _____
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is completed and correct.

Signature: _____ Date: _____

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 3/29/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2125225002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|---|
| Inorganics | Synthetic Organics | Volatile Organics | Disinfection Byproducts |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | Radionuclides | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Qtrly Composite | Secondaries |
| | | | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: 584129
 ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC)

Signature Cindy Cromer Date 12-Apr-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.
 ** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

- Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No
- Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)
- Additional Monitoring Required (circle or highlight group(s) above)
- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks DW Scan
Sample Location: Trip Blank
Sample Number: 2125225002
Sampling Date: 3/28/06 0:00
Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	4/05/06 1:33	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 1:33	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	4/05/06 1:33	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	4/05/06 1:33	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 1:33	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	4/05/06 1:33	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	4/05/06 1:33	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	4/05/06 1:33	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	4/05/06 1:33	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	4/05/06 1:33	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 1:33	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	4/05/06 1:33	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	4/05/06 1:33	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	4/05/06 1:33	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	4/05/06 1:33	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	4/05/06 1:33	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	4/05/06 1:33	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	4/05/06 1:33	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	4/05/06 1:33	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 1:33	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 1:33	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

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FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/12/06



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



Harbor Branch Oceanographic Institution Inc.

Drinking Water As, Sb

Sample ID: 212 5225 0.01

April 5, 2006

Sample No.: 58690.02

PWS ID: _____

Inorganic Contaminants 62-550.310(1)

Contaminant ID	Contaminant Name	MCL Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01 mg/L	0.001	U	SM 3113 B	0.001	04/04/06	09:24	E84129
1074	Antimony	0.006 mg/L	0.001	U	SM 3113 B	0.001	04/05/06	07:42	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
CHAIN OF CUSTODY RECORD

2067U

Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: Southern Analytical

The samples are to be shipped by Fed-Ex to arrive on 4.3.06 TAT: Std.

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS	
PROJECT NAME: <u>DW A5, S6</u>							PRESERVATIVE					
SAMPLE TYPE: Composite = C, Grab = G. Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₃ = ST, H ₂ SO ₄ = S, NaOH = SH, Unpreserved = U												
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O											SAMPLE COMMENTS	
Client Code	MATRIX	NO	COLLECTION DATE	TIME	TYPE	HVEL SAMPLE ID	#	Bottles				
	AUF	DW	3/28	15:30	G	212 5224 0.01	1		A5, S6 10/25/05 P, HNO ₃ 10/25/05 P, HNO ₃			
	AUF	DW	3/28	14:36	G	212 5225 0.01	1					
	AUF	DW	3/28	16:28	G	212 5226 0.01	1					
	ENP	DW	3/27	13:50	G	202 4200 B 0.01	1					
	AUF	DW	3/29	8:59	G	240 7151 A 0.01	1					
RELINQUISHED BY: <u>B. North</u>			DATE	TIME	RECEIVED BY: <u>FedEx</u>			DATE	TIME			
RELINQUISHED BY: <u>FedEx</u>			DATE	TIME	LABORATORY NAME AND RECEIVED BY: <u>SAL - Sara Holmes</u>			DATE	TIME			
								4/4/06	0816			

01
02
03
04
05

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: April 12, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Ocala Oaks II DW Scan [2125224]
Received: 3/29/06 11:45

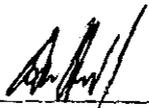
Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #s:
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,


Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
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FDOH # E85370

2514 Osawaw Boulevard
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FDOH # E84418

Printed: 4/12/06



Page 1 of 6

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Ocala Oaks II DW Scan
Received: 3/29/06 11:45

[2125224]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

<u>HBEL Sample</u>	<u>Method Narratives (If Applicable)</u>		<u>Description</u>
<u>Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	

Quality Control Summary

<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>
---------------	-------------------	----------------	-------------------------

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FDOH # E84418

Printed: 4/12/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 265 Fax: (772) 467-5884

**CERTIFICATE OF ANALYSIS
[2125224]**

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ocala Oaks II DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Lab Analyst	Lab ID
Laboratory ID: 2125224001						Sampled: 03/28/06 15:30				
Sample ID: POE Grab						Received: 03/29/06 11:45				
						Matrix: Water				
						Results reported on Wet Weight Basis				
Odor		1.7	T.O.M.	1.0	EPA 140.1	WCDE14407		03/29/06 14:15	PA	E83509
pH [6.5-8.5]	Q	7.81	SU	0.200	EPA 150.1	WCGE25339		03/30/06 18:42	GS	E96080
Aluminum		0.011	mg/L	0.0030	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Barium		0.0021	mg/L	0.0018	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Chromium		0.0021	mg/L	0.0018	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Copper		0.011	mg/L	0.0014	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Iron		0.025 U	mg/L	0.025	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Sodium		6.5	mg/L	0.50	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Zinc		0.040	mg/L	0.010	EPA 200.7	META7899		04/4/06 16:44	DM	E96080
Lead		0.00090	mg/L	0.00061	EPA 200.9	META7898		04/4/06 12:57	DM	E96080
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META7901		04/5/06 14:35	DM	E96080
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META7900		04/5/06 12:35	DM	E96080
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META7902	04/4/06 12:14	04/6/06 13:08	DM	E96080
Chloride		11	mg/L	5.0	EPA 300.0	IC6741		03/31/06 15:15	JL	E96080
Fluoride		0.11	mg/L	0.011	EPA 300.0	IC6740		03/30/06 11:42	JL	E96080
Nitrate as N		2.0	mg/L	0.0030	EPA 300.0	IC6740		03/30/06 11:42	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC6740		03/30/06 11:42	JL	E96080
Sulfate		18	mg/L	1.4	EPA 300.0	IC6741		03/31/06 15:15	JL	E96080
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4690	04/3/06 11:46	04/3/06 23:25	JL	E96080
1,2-Dibromoethane		0.0048 U	ug/L	0.0048	EPA 504.1	PEST4690	04/3/06 11:46	04/3/06 23:25	JL	E96080
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4691	04/4/06 13:00	04/4/06 21:32	CAC	E96080
Endrin		0.099 U	ug/L	0.099	EPA 505	PEST4691	04/4/06 13:00	04/4/06 21:32	CAC	E96080
gamma-BHC (Lindane)		0.019 U	ug/L	0.019	EPA 505	PEST4691	04/4/06 13:00	04/4/06 21:32	CAC	E96080
Heptachlor		0.035 U	ug/L	0.035	EPA 505	PEST4691	04/4/06 13:00	04/4/06 21:32	CAC	E96080
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4691	04/4/06 13:00	04/4/06 21:32	CAC	E96080
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4691	04/4/06 13:00	04/4/06 21:32	CAC	E96080
PCB		0.13 U	ug/L	0.13	EPA 505	PEST4691	04/4/06 13:00	04/4/06 21:32	CAC	E96080
Toxaphene		0.59 U	ug/L	0.59	EPA 505	PEST4691	04/4/06 13:00	04/4/06 21:32	CAC	E96080
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 20:51	JL	E96080
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 20:51	JL	E96080
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 20:51	JL	E96080
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 20:51	JL	E96080
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 20:51	JL	E96080
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4693	04/4/06 12:41	04/5/06 20:51	JL	E96080
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/4/06 23:52	WR	E96080
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2617		04/4/06 23:52	WR	E96080

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FDOH # E84418



Printed: 4/12/06

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2125224]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ocala Oaks II DW Scan

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2617		04/10/06 23:52	WR	E96080
Alachlor		0.60 U	ug/L	0.60	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 15:48	WR	E96080
Atrazine		0.47 U	ug/L	0.47	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 15:48	WR	E96080
Benzo(a)pyrene		0.068 U	ug/L	0.068	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 15:48	WR	E96080
bis(2-ethylhexyl)phthalate		0.83 U	ug/L	0.83	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 15:48	WR	E96080
Di(2-ethylhexyl)adipate		0.66 U	ug/L	0.66	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 15:48	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 15:48	WR	E96080
Hexachlorocyclopentadiene		0.23 U	ug/L	0.23	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 15:48	WR	E96080
Simazine		0.62 U	ug/L	0.62	EPA 525.2	SVOC2407	04/5/06 16:37	04/10/06 15:48	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2287		03/30/06 16:13	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2287		03/30/06 16:13	JJM	E96080
Glyphosate		26 U	ug/L	26	EPA 547	HPLC2282		04/5/06 15:02	JJM	E96080
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2405	03/31/06 6:51	04/7/06 19:49	WR	E96080
Diquat		4.8 U	ug/L	4.8	EPA 549.2	HPLC2288	03/30/06 13:29	03/30/06 15:31	JJM	E96080
Antimony		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1011		04/5/06 7:42	SAL	E84129
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1011		04/10/06 9:24	SAL	E84129
Color		4.0	CU	1.8	SM2120 B	WCGE25333		03/30/06 16:20	TCL	E96080
Total Dissolved Solids		200	mg/L	16	SM2540 C	WCGE25341		03/31/06 13:45	SP	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE25356	03/30/06 16:15	03/31/06 13:58	GG	E96080
Surfactants as LAS, Mol. wt. 340		0.022 U	mg/L	0.022	SM5540 C	WCGE25360	03/30/06 11:20	03/30/06 15:58	SP	E96080

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 FDOH # E84418



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**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2125224]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Ocala Oaks II DW Scan

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2125224002						Sampled: 03/28/06 0:00		Received: 03/29/06 11:45			
Sample ID: Trip Blank						Matrix: Water		Results reported on Wet Weight Basis			
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Total Xylenes		0.46 U	ug/L	0.46	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2617		04/5/06 0:26	WR	E96080	

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

Q Sample held beyond the accepted holding time.

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FDOH # E85370

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Spring Hill, FL 34607
FDOH # E84418

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**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

PUBLIC WATER SYSTEM INFORMATION (to be completed by sampler - Please type or print legibly)

System Name: Ocala Oaks II PWS I.D. #: 3421560

System Type (check one) Community Nontransient Noncommunity Transient Noncommunity

Address: 3000 NE 20th Ave

City: Ocala State: FL ZIP Code: 34479

Phone #: 352/787-0980 Fax #: 352/787-6333

E-Mail Address: N/A

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: _____ Location Code (if known): _____

Sample Date: 03/28/06 Sample Time: 3:30 PM

Sample Location (be specific): POE Grab

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

- Distribution
- Entry Point (to Distribution)
- Plant Tap not for compliance with 62-550
- Raw (at well or intake)
- Max Residence Time
- Ave Residence Time
- Near First Customer

- Routine Compliance (with 62-550)
- Confirmation of MCL Exceedence*
- Composite of Multiple Sites**
- Clearance (permitting)
- Other: _____
- Quarterly (Which Qtr? _____)
- Special (not for compliance with 62-550)
- Violation Resolution
- Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments: _____

*See 62-550.500(6) for requirements and restrictions.
Note: See 62-550.512(3) for additional requirements
for Nitrate or Nitrite MCL exceedences.

** See 62-550.550(4) for requirements and
attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone #: 352/787-0980 Sampler's Fax #: 352/787-6333

Sampler's E-Mail Address: N/A

CERTIFICATION (to be completed by sampler)

I, Mark March sr facility operator
Print Name Print Title

do HEREBY CERTIFY that the above public water system and sample collection information is
completed and correct.

Signature: Mark March Date: 4.19.06

Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 3/29/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2125224001

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|---|---|--|--|
| <p><u>Inorganics</u></p> <input type="checkbox"/> All 17
<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate
<input type="checkbox"/> Nitrite
<input type="checkbox"/> Asbestos Only | <p><u>Synthetic Organics</u></p> <input type="checkbox"/> All 30
<input checked="" type="checkbox"/> All Except Dioxin
<input type="checkbox"/> Partial
<input type="checkbox"/> Dioxin Only | <p><u>Volatile Organics</u></p> <input checked="" type="checkbox"/> All 21
<input type="checkbox"/> Partial

<p><u>Radionuclides</u></p> <input type="checkbox"/> Single Sample
<input type="checkbox"/> Qtrly Composite** | <p><u>Disinfection Byproducts</u></p> <input type="checkbox"/> Trihalomethanes
<input type="checkbox"/> Haloacetic Acids
<input type="checkbox"/> Bromate
<input type="checkbox"/> Chlorite

<p><u>Secondaries</u></p> <input checked="" type="checkbox"/> All 14
<input type="checkbox"/> Partial |
|---|---|--|--|

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature *Cindy Cromer* Date: 12-Apr-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

- Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

INORGANIC CONTAMINANTS

62 - 550.310 (1)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks II DW Scan
Sample Location: POE Grab
Sample Number: 2125224001
Sampling Date: 3/28/06 15:30
Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
1040	Nitrate as N	[10]	2.0	mg/L		EPA 300.0	0.0030	3/30/06 11:42	E96080
1041	Nitrite as N	[1]	0.0022 U	mg/L		EPA 300.0	0.0022	3/30/06 11:42	E96080
1005	Arsenic	[0.01]	0.0010 U	mg/L		SM 3113 B	0.0010	4/04/06 9:24	E84129
1010	Barium	[2]	0.0021	mg/L		EPA 200.7	0.0018	4/04/06 16:44	E96080
1015	Cadmium	[0.005]	0.00070 U	mg/L		EPA 200.7	0.00070	4/04/06 16:44	E96080
1020	Chromium	[0.1]	0.0021	mg/L		EPA 200.7	0.0018	4/04/06 16:44	E96080
1024	Cyanide	[0.2]	0.0047 U	mg/L		SM4500CN E	0.0047	3/31/06 13:58	E96080
1025	Fluoride	[4]	0.11	mg/L		EPA 300.0	0.011	3/30/06 11:42	E96080
1030	Lead	[0.015]	0.00090	mg/L		EPA 200.9	0.00061	4/04/06 12:57	E96080
1035	Mercury	[0.002]	0.000060 U	mg/L		EPA 245.1	0.000060	4/06/06 13:08	E96080
1036	Nickel	[0.1]	0.0020 U	mg/L		EPA 200.7	0.0020	4/04/06 16:44	E96080
1045	Selenium	[0.05]	0.0022 U	mg/L		EPA 200.9	0.0022	4/05/06 14:35	E96080
1052	Sodium	[160]	6.5	mg/L		EPA 200.7	0.50	4/04/06 16:44	E96080
1074	Antimony	[0.006]	0.0010 U	mg/L		SM 3113 B	0.0010	4/05/06 7:42	E84129
1075	Beryllium	[0.004]	0.00010 U	mg/L		EPA 200.7	0.00010	4/04/06 16:44	E96080
1085	Thallium	[0.002]	0.0010 U	mg/L		EPA 200.9	0.0010	4/05/06 12:35	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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FDOH # E96080

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Sanford, FL 32771
FDOH # E83509



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FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-5884

SECONDARY CONTAMINANTS

62 - 550.320

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks II DW Scan
 Sample Location: POE Grab
 Sample Number: 2125224001
 Sampling Date: 3/28/06 15:30
 Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
1002	Aluminum	[0.2]	0.011	mg/L		EPA 200.7	0.0030	4/04/06 16:44	E96080
1017	Chloride	[250]	44	mg/L		EPA 300.0	5.0	3/31/06 15:15	E96080
1022	Copper	[1]	0.011	mg/L		EPA 200.7	0.0014	4/04/06 16:44	E96080
1025	Fluoride	[2]	0.11	mg/L		EPA 300.0	0.011	3/30/06 3/30/06	E96080
1028	Iron	[0.3]	0.025 U	mg/L		EPA 200.7	0.025	4/04/06 16:44	E96080
1032	Manganese	[0.05]	0.0037 U	mg/L		EPA 200.7	0.0037	4/04/06 16:44	E96080
1050	Silver	[0.1]	0.0010 U	mg/L		EPA 200.7	0.0010	4/04/06 16:44	E96080
1055	Sulfate	[250]	18	mg/L		EPA 200.0	1.4	3/31/06 15:15	E96080
1095	Zinc	[5]	0.040	mg/L		EPA 200.7	0.010	4/04/06 16:44	E96080
1905	Color	[15]	4.0	CU		SM2120 B	1.8	3/30/06 16:20	E96080
1920	Odor	[3]	1.7	T.O.N		EPA 140.1	1.0	3/29/06 14:15	E83509
1925	pH	[6.5-8.5]	7.81	SC		EPA 150.1	0.200	3/30/06 18:42	E96080
1930	Total Dissolved Solids	[500]	200	mg/L		SM2540 C	16	3/31/06 13:45	E96080
2905	Foaming Agents	[0.5]	0.022 U	mg/L		SM5540 C	0.022	3/30/06 15:58	E96080

Reporting Format 62-550 730
 Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

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 FDOH # E84418

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ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

SYNTHETIC ORGANICS 62 - 550.310 (4) (b)

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks II DW Scan
 Sample Location: POE Grab
 Sample Number: 2125224001
 Sampling Date: 3/28/06 15:30
 Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Extracted Date	Analyzed Date/Time	Lab ID
2005	Endrin	[2]	0.099 U	ug/L		EPA 505	0.099	4/04/06	4/04/06 21:32	E96080
2010	gamma-BHC (Lindane)	[0.2]	0.019 U	ug/L		EPA 505	0.019	4/04/06	4/04/06 21:32	E96080
2015	Methoxychlor	[40]	0.043 U	ug/L		EPA 505	0.043	4/04/06	4/04/06 21:32	E96080
2020	Toxaphene	[3]	0.59 U	ug/L		EPA 505	0.59	4/04/06	4/04/06 21:32	E96080
2031	Dalapon	[200]	2.3 U	ug/L		EPA 515.1	2.3	4/04/06	4/05/06 20:51	E96080
2032	Diquat	[20]	4.8 U	ug/L		EPA 549.2	4.8	3/30/06	3/30/06 15:31	E96080
2033	Endothall	[100]	2.8 U	ug/L		EPA 548.1	2.8	3/31/06	4/07/06 19:49	E96080
2034	Glyphosate	[700]	26 U	ug/L		EPA 547	26		4/05/06 15:02	E96080
2035	Di(2-ethylhexyl)adipate	[400]	0.66 U	ug/L		EPA 525.2	0.66	4/05/06	4/10/06 15:48	E96080
2036	Oxaryl	[200]	0.41 U	ug/L		EPA 531.1	0.41		3/30/06 16:13	E96080
2037	Simazine	[4]	0.62 U	ug/L		EPA 525.2	0.62	4/05/06	4/10/06 15:48	E96080
2039	bis(2-ethylhexyl)phthalate	[6]	0.83 U	ug/L		EPA 525.2	0.83	4/05/06	4/10/06 15:48	E96080
2040	Picloram	[500]	0.23 U	ug/L		EPA 515.1	0.23	4/04/06	4/05/06 20:51	E96080
2041	Dinoseb	[7]	0.23 U	ug/L		EPA 515.1	0.23	4/04/06	4/05/06 20:51	E96080
2042	Hexachlorocyclopentadiene	[50]	0.23 U	ug/L		EPA 525.2	0.23	4/05/06	4/10/06 15:48	E96080
2046	Carbofuran	[40]	0.18 U	ug/L		EPA 531.1	0.18		3/30/06 16:13	E96080
2050	Atrazine	[3]	0.47 U	ug/L		EPA 525.2	0.47	4/05/06	4/10/06 15:48	E96080
2051	Alachlor	[2]	0.60 U	ug/L		EPA 525.2	0.60	4/05/06	4/10/06 15:48	E96080
2065	Heptachlor	[0.4]	0.035 U	ug/L		EPA 505	0.035	4/04/06	4/04/06 21:32	E96080
2067	Heptachlor epoxide	[.2]	0.027 U	ug/L		EPA 505	0.027	4/04/06	4/04/06 21:32	E96080
2105	2,4-D	[70]	0.22 U	ug/L		EPA 515.1	0.22	4/04/06	4/05/06 20:51	E96080
2110	2,4,5-TP	[50]	0.19 U	ug/L		EPA 515.1	0.19	4/04/06	4/05/06 20:51	E96080
2274	Hexachlorobenzene	[1]	0.30 U	ug/L		EPA 525.2	0.30	4/05/06	4/10/06 15:48	E96080
2306	Benzo(a)pyrene	[.2]	0.068 U	ug/L		EPA 525.2	0.068	4/05/06	4/10/06 15:48	E96080
2326	Pentachlorophenol	[1]	0.39 U	ug/L		EPA 515.1	0.39	4/04/06	4/05/06 20:51	E96080
2383	PCB	[.5]	0.13 U	ug/L		EPA 505	0.13	4/04/06	4/04/06 21:32	E96080
2931	1,2-Dibromo-3-chloropropane	[.2]	0.0020 U	ug/L		EPA 504.1	0.0020	4/03/06	4/03/06 23:25	E96080
2946	1,2-Dibromoethane	[.02]	0.0048 U	ug/L		EPA 504.1	0.0048	4/03/06	4/03/06 23:25	E96080
2959	Chlordane	[2]	0.13 U	ug/L		EPA 505	0.13	4/04/06	4/04/06 21:32	E96080

Reporting Form 62-550.730
 Effective January 1995, Revised January 2004

NOTE: Effective 1/1/2004, results indicating a non-detection with a reported MDL >50% of the MCL will not be accepted for compliance work with 62-550.310(4)(b)

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-180, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

5600 US 1 North
 Fort Pierce, FL 34946
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300
 Sanford, FL 32771
 FDOH # E83509

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

2514 Osawaw Boulevard
 Spring Hill, FL 34607
 FDOH # E84418

Printed: 4/12/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext 285 Fax: (772) 467-584

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks II DW Scan
Sample Location: POE Grab
Sample Number: 2125224001
Sampling Date: 3/28/06 15:30
Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	4/04/06 23:52	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	4/04/06 23:52	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	4/04/06 23:52	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	4/04/06 23:52	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	4/04/06 23:52	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	4/04/06 23:52	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	4/04/06 23:52	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	4/04/06 23:52	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	4/04/06 23:52	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	4/04/06 23:52	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	4/04/06 23:52	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	4/04/06 23:52	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	4/04/06 23:52	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	4/04/06 23:52	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	4/04/06 23:52	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	4/04/06 23:52	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , * , unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
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FDOH # E83509

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Lehigh Acres, FL 33936
FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/12/06



Florida Department of Environmental Protection Safe Drinking Water Program Laboratory Reporting Format

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

ATTACH A CURRENT DOH ANALYTE SHEET

Lab Name: Harbor Branch Environmental Laboratories, Inc. Florida Certification #: E96080
 Address: 5600 US 1 North Certification Expiration Date: 06/30/2006
Fort Pierce, FL 34946 Phone #: (772) 465-2400 Ext. 285

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 3/29/06

PWS ID (From Page 1): _____ Sample Number (From Page 1): _____

Lab Assigned Report Number or Job ID: 2125224002

Group(s) Analyzed and Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

- | | | | |
|--|--|--|---|
| <u>Inorganics</u> | <u>Synthetic Organics</u> | <u>Volatile Organics</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 30 | <input checked="" type="checkbox"/> All 21 | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | <input type="checkbox"/> All Except Dioxin | <input type="checkbox"/> Partial | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | <input type="checkbox"/> Partial | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <input type="checkbox"/> Dioxin Only | <u>Radionuclides</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos Only | | <input type="checkbox"/> Single Sample | <u>Secondaries</u> |
| | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> All 14 |
| | | | <input type="checkbox"/> Partial |

Were any analyses subcontracted? Yes No

If yes, please provide DOH certification numbers: E84129

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Cindy Cromer Laboratory Director
 (Print Name) (Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature Cindy Cromer Date: 12-Apr-06

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates locations for each quarter.

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

Sample Collection Info Satisfactory: Yes No Sample Analysis Info Satisfactory: Yes No

Replacement Sample(s) Requested (circle or highlight group(s) above) Revised Report Requested (circle or highlight group(s) above)

Additional Monitoring Required (circle or highlight group(s) above)

Reason(s): MCL(s) Exceeded Detection(s) Incomplete Report
 Missing Analyte Sheet(s) Location Unsatisfactory Analysis Unsatisfactory
 Other: _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks II DW Scan
Sample Location: POE Grab
Sample Number: 2125224001
Sampling Date: 3/28/06 15:30
Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	4/04/06 23:52	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	4/04/06 23:52	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	4/04/06 23:52	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	4/04/06 23:52	E96080
2976	Vinyl chloride	[1]	0.32 U	ug/L		EPA 524.2	0.32	4/04/06 23:52	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	4/04/06 23:52	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	4/04/06 23:52	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	4/04/06 23:52	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	4/04/06 23:52	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	4/04/06 23:52	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	4/04/06 23:52	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	4/04/06 23:52	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	4/04/06 23:52	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	4/04/06 23:52	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	4/04/06 23:52	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	4/04/06 23:52	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/04/06 23:52	E96080

Reporting Format 82-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ? , * , unacceptable for compliance with 82-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

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2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/12/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

**VOLATILE ORGANICS
62 - 550.310 (4) (a)**

Client: Aqua Utilities Florida, Inc. Workorder: Ocala Oaks II DW Scan
Sample Location: Trip Blank
Sample Number: 2125224002
Sampling Date: 3/28/06 0:00
Date Received: 3/29/06 11:45

ID	Parameter	MCL	Result	Units	Qual.	Method	MDL	Date/Time	Lab ID
2378	1,2,4-Trichlorobenzene	[70]	0.41 U	ug/L		EPA 524.2	0.41	4/05/06 0:26	E96080
2380	cis-1,2-Dichloroethene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:26	E96080
2955	Total Xylenes	[10000]	0.46 U	ug/L		EPA 524.2	0.46	4/05/06 0:26	E96080
2964	Methylene chloride	[5]	0.23 U	ug/L		EPA 524.2	0.23	4/05/06 0:26	E96080
2968	1,2-Dichlorobenzene	[600]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:26	E96080
2969	1,4-Dichlorobenzene	[75]	0.23 U	ug/L		EPA 524.2	0.23	4/05/06 0:26	E96080
2976	Vinyl chloride	[3]	0.32 U	ug/L		EPA 524.2	0.32	4/05/06 0:26	E96080
2977	1,1-Dichloroethene	[7]	0.23 U	ug/L		EPA 524.2	0.23	4/05/06 0:26	E96080
2979	trans-1,2-Dichloroethene	[100]	0.35 U	ug/L		EPA 524.2	0.35	4/05/06 0:26	E96080
2980	1,2-Dichloroethane	[3]	0.29 U	ug/L		EPA 524.2	0.29	4/05/06 0:26	E96080
2981	1,1,1-Trichloroethane	[200]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:26	E96080
2982	Carbon tetrachloride	[3]	0.24 U	ug/L		EPA 524.2	0.24	4/05/06 0:26	E96080
2983	1,2-Dichloropropane	[5]	0.40 U	ug/L		EPA 524.2	0.40	4/05/06 0:26	E96080
2984	Trichloroethene	[3]	0.36 U	ug/L		EPA 524.2	0.36	4/05/06 0:26	E96080
2985	1,1,2-Trichloroethane	[5]	0.44 U	ug/L		EPA 524.2	0.44	4/05/06 0:26	E96080
2987	Tetrachloroethene	[3]	0.24 U	ug/L		EPA 524.2	0.24	4/05/06 0:26	E96080
2989	Chlorobenzene	[100]	0.30 U	ug/L		EPA 524.2	0.30	4/05/06 0:26	E96080
2990	Benzene	[1]	0.20 U	ug/L		EPA 524.2	0.20	4/05/06 0:26	E96080
2991	Toluene	[1000]	0.22 U	ug/L		EPA 524.2	0.22	4/05/06 0:26	E96080
2992	Ethylbenzene	[700]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:26	E96080
2996	Styrene	[70]	0.21 U	ug/L		EPA 524.2	0.21	4/05/06 0:26	E96080

Reporting Format 62-550.730
Effective January 1995, Revised January 2004

* Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results Qualified with A, F, H, N, O, T, Z, ?, *, unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period

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FDOH # E85370

2514 Osawaw Boulevard
Spring Hill, FL 34607
FDOH # E84418

Printed: 4/12/06



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218

Harbor Branch Oceanographic Institution Inc.
Don Hash
5600 US 1 North
Fort Pierce, FL 34946-

April 5, 2006
Project No: 58690

Laboratory Report

FDEP Report form attached for the following samples:

Client Project Description: Drinking Water As, Sb

<u>Sample Number</u>	<u>Sample Description</u>	<u>Date & Time Collected</u>		<u>Date & Time Received</u>	
58690.01	212 5224 0.01	03/28/06	15:30	04/04/06	08:16
58690.02	212 5225 0.01	03/28/06	14:36	04/04/06	08:16
58690.03	212 5226 0.01	03/28/06	16:28	04/04/06	08:16
58690.04	202 4200 B 0.01	03/27/06	13:50	04/04/06	08:16
58690.05	2407151 A 0.01	03/29/06	08:59	04/04/06	08:16

Test results presented in this report meet all the requirements of the NELAC standards.

FDOH Laboratory No. E84129
NELAP Accredited


Approved By: Francis I. Daniels, Laboratory Director
Leslie C. Boardman, Q.A. Manager

SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 813-855-1844 fax 813-855-2218



Harbor Branch Oceanographic Institution Inc.

Drinking Water As, Sb

Sample ID: 212 5224 0.01

April 5, 2006

Sample No.:

58690.01

PWS ID:

Inorganic Contaminants 62-550.310(1)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification #
1005	Arsenic	0.01	mg/L	0.001	U	SM 3113 B	0.001	04/04/06	09:24	E84129
1074	Antimony	0.006	mg/L	0.001	U	SM 3113 B	0.001	04/05/06	07:42	E84129

* Qualifiers:

U Analyte was undetected. Indicated concentration is method detection limit.

Harbor Branch
Environmental Laboratory

HARBOR BRANCH ENVIRONMENTAL LABORATORY
5600 U. S. 1 North, Ft. Pierce, FL 34946, 772-465-2400 ext. 292
Fax: (772) 467-1584
CHAIN OF CUSTODY RECORD

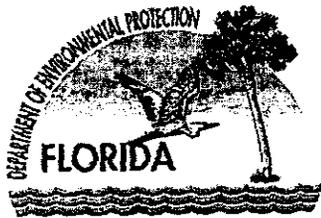
2067U

Subcontracting Form 001A
REV 001
Effective Date 12/05/2002

Receiving Laboratory: Southern Analytical

The samples are to be shipped by Fed-Ex to arrive on 4.3.06 TAT: Std.

HARBOR BRANCH ENVIRONMENTAL LABORATORY							ANALYSIS REQUIRED				COLLECTION REMARKS	
PROJECT NAME: <u>DW As, S6</u>							PRESERVATIVE				SAMPLE COMMENTS	
SAMPLE TYPE: Composite = C, Grab = G,			Preservative: HCl = H, HNO ₃ = N, Na ₂ S ₂ O ₃ = ST, H ₂ SO ₄ = S, NaOH = SH, Unpreserved = U									
MATRIX: Drinking Water = DW, Groundwater = GW, Surface Water = SW, Wastewater = WW, Soil or solids = S, Waste = W, Oil = O												
Client Code	MATRIX	COLLECTION DATE	TIME	TYPE	MBEL SAMPLE ID			# Bottles				
01	AUF	DW	3/28	15:30	G	212	5224	0.01	1			
02	AUF	DW	3/28	14:36	G	212	5225	0.01	1			
03	AUF	DW	3/28	16:28	G	212	5226	0.01	1			
04	ENP	DW	3/27	13:50	G	202	4200	B 0.01	1			
05	AUF	DW	3/29	8:59	G	240	7151	A 0.01	1			
RELINQUISHED BY:		DATE		TIME		RECEIVED BY:		DATE		TIME		
<u>B. North</u>		3.31.06		1600		<u>FedEx</u>		4/4/06		0816		
RELINQUISHED BY:		DATE		TIME		LABORATORY NAME AND RECEIVED BY:		DATE		TIME		
<u>FedEx</u>						<u>SA - Sara Holmes</u>		4/4/06		0816		



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

VIA EMAIL
JMLihvarcik@aquaamerica.com

March 20, 2007

Mr. Jack Lihvarcik
Aqua Utilites Florida Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0102

Marion County - PW			
System Name	PWS ID Number	System Name	PWS ID Number
Belleview Hills Subdivision	3424030	Bellaire Subdivision	3424000
Woodberry Forest	3424646	Chappell Hills SD	3424029
Hawks Point Subdivision	3424685	49 th Street Village	3424631
Fairfax Hills Subdivision	3424042	Ocala Oaks SD	3421560
Marion Hills Subdivision	3424001	Westview Subdivision	3424036
Belleview Hills Estates	3424839		

Dear Mr. Lihvarcik:

This confirms visits to the subject community public water systems on February 14 and 15, 2007, by Nathan Hess to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary surveys and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with Florida Administrative Code (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than April 30, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Nathan Hess by e-mail at Nathan.Hess@dep.state.fl.us or by phone at (407) 893-3318, extension 2276.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/njh
Enclosures

cc: Nathan Hess, DEP Drinking Water Compliance

DOCUMENT NUMBER - DATE

04317 MAY 22 08

FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name OCALA OAKS SUBDIVISION WTP 1 County Marion PWS ID # 3421560-1
Plant Location 3900 Northeast 20th Avenue, Ocala, FL 34470 Phone 352-732-6027
Owner Name Aqua Utilities Florida Inc. Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Jerry Connolly Title Operations Manager Phone 352-787-0980
This Survey Date 2/15/07 Last Survey Date 6/17/04 Last C.I. Date 7/17/01

PWS TYPE & CLASS

- Community (5C)
 Non-transient Non-community
 Non-Community

PWS STATUS

- Approved system with approval number & date
WC42-2016 2/27/1979
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Mark March C-8287

O & M Log: Yes No
O & M Manual: Yes No
Emergency Response Plan: Yes No N/A

Operator Visitation Frequency

Hrs/day: Required N/A Actual N/A
Days/wk: Required 5+1 Actual 5+1
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Incorrect design capacity is reported on monthly
operation reports (MORs).

Number of Service Connections 629
Population Served 2,202 Basis Operator
Average Day (from MORs) 153,023 gpd
Max. Day (from MORs) 877,000 gpd 1/07
Max-day Design Capacity 475,000 gpd
Comments Maximum-day design capacity exceeded
during 1/07.

RAW WATER SOURCE

- GROUND; Number of Wells 2
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
Source Onan Propane
Capacity of Standby (kW) 30
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load 1 hr/wk.
What equipment does it operate?
 Well pumps All
 High Service Pumps _____
 Treatment Equipment All
Satisfy average-day demand? Yes No Unk
Comments No audio-visual alarm.

TREATMENT PROCESSES IN USE

Hypochlorination
What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 4" Kent
Backflow Prevention Devices: Yes No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing and Valve Maintenance Plan: Yes
Distribution System Map Available: Yes
Coliform Sampling Plan Available: Yes
Disinfectant/Disinfection Byproduct Rule Monitoring
Plan: Yes
Lead/Copper Tap Sampling Plan: Yes
Comments: _____

GROUND WATER SOURCE

Well Number		1(AAE0203)	2(AAW0202)		
Year Drilled		1978	1978		
Depth Drilled		270'	270'		
Drilling Method		Rotary	Rotary		
Type of Grout		Cement	Cement		
Static Water Level		37'	37'		
Pumping Water Level		Unknown	Unknown		
Design Well Yield		Unknown	Unknown		
Test Yield		Unknown	Unknown		
Actual Yield (if different than rated capacity)		Unknown	Unknown		
Strainer		Screen	Screen		
Length (outside casing)		42'	42'		
Diameter (outside casing)		8"	8"		
Material (outside casing)		Steel	Steel		
Well Contamination History		None	None		
Is inundation of well possible?		No	No		
6' X 6' X 4" Concrete Pad		Yes	Yes		
SET BACKS	Septic Tank	>100'	>100'		
	Reuse Water	N/A	N/A		
	WW Plumbing	>100'	>100'		
	Other Sanitary Hazard	None observed	None observed		
PUMP	Type	Submersible	Submersible		
	Manufacturer Name	Sta-Rite	Goulds		
	Model Number	Unknown	Unknown		
	Rated Capacity (gpm)	440	220		
	Motor Horsepower	30	15		
Well casing 12" above grade?		No	No		
Well Casing Sanitary Seal		OK	OK		
Raw Water Sampling Tap		Yes	Yes		
Above Ground Check Valve		Yes	Yes		
Fence/Housing		Yes	Yes		
Well Vent Protection		N/A	N/A		

COMMENTS The well casing does not extend 12 inches above grade. The Department will accept the casing as it currently exists unless the well is shown to be chemically or microbially contaminated.

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner (2) Capacity 17 gpd
 Chlorine Feed Rate 50%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 0.74 Remote 0.76
 Remote tap location 2020 NE 20th Ave
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank.
 Booster Pump Info _____
 Comments _____

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	H1	H2	
Capacity (gal)	10,000	5,000	
Material	Steel	Steel	
Gravity Drain	Yes	Yes	
By-pass Piping	Yes	Yes	
Pressure Gauge	Yes	Yes	
Sight Glass or Level Indicator	Yes	Yes	
Fittings for Sight Glass	Yes	Yes	
Protected Openings	Yes	Yes	
PRV/ARV	PRV	PRV	
On/Off Pressure	55/70	55/70	
Access Padlocked	Yes	Yes	
Height to Bottom of Elevated Tank	N/A	N/A	
Height to Max. Water Level	N/A	N/A	

Comments Provide dates of last tank cleaning and inspection. Pressure relief valves on H1 and H2 are not screened.

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name OCALA OAKS SUBDIVISION WTP 2 County Marion PWS ID # 3421560-2
Plant Location: 3900 Northeast 20th Avenue, Ocala, FL 34470 Phone 352-732-6027
Owner Name Aqua Utilities Florida Inc. Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Jerry Connolly Title Operations Manager Phone 352-787-0980
This Survey Date 2/15/07 Last Survey Date 6/17/04 Last C.I. Date 7/17/01

PWS TYPE & CLASS

- Community (SD)
 Non-transient Non-community
 Non-Community

PWS STATUS

- Approved system with approval number & date
WC42-2016 2/26/1985
 Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Mark March C-8287

O & M Log: Yes No
O & M Manual: Yes No
Emergency Response Plan: Yes No N/A

Operator Visitation Frequency

Hrs/day: Required N/A Actual N/A
Days/wk: Required 3 Actual 5+1
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A
Incorrect design capacity is reported on monthly operation reports (MORs).

Number of Service Connections 629
Population Served 2,202 Basis Operator
Average Day (from MORs) 84,116 gpd
Max. Day (from MORs) 415,000 gpd 5/06
Max-day Design Capacity 237,000 gpd
Comments Maximum-day design capacity exceeded during 4/06, 5/06, 8/06.

RAW WATER SOURCE

- GROUND; Number of Wells 1
 SURFACE/UDI; Source _____
 PURCHASED from PWS ID # _____
 Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
Source _____
Capacity of Standby (kW) _____
Switchover: Automatic Manual
Standby Plan: Yes No
Hrs Operated Under Load _____
What equipment does it operate?
 Well pumps _____
 High Service Pumps _____
 Treatment Equipment _____
Satisfy average-day demand? Yes No Unk
Comments _____

TREATMENT PROCESSES IN USE

Hypochlorination
What additional treatment is needed?
For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 4" Kent
Backflow Prevention Devices: Yes No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing and Valve Maintenance Plan: Yes
Distribution System Map Available: Yes
Coliform Sampling Plan Available: Yes
Disinfectant/Disinfection Byproduct Rule Monitoring Plan: Yes
Lead/Copper Tap Sampling Plan: Yes
Comments: _____

GROUND WATER SOURCE

Well Number	1(AAE0204)		
Year Drilled	1991		
Depth Drilled	197'		
Drilling Method	Cable tool		
Type of Grout	Cement		
Static Water Level	45'		
Pumping Water Level	Unknown		
Design Well Yield	Unknown		
Test Yield	Unknown		
Actual Yield (if different than rated capacity)	Unknown		
Strainer	Screen		
Length (outside casing)	72'		
Diameter (outside casing)	8"		
Material (outside casing)	Steel		
Well Contamination History	None		
Is inundation of well possible?	No		
6' X 6' X 4" Concrete Pad	Yes		
SET BACKS	Septic Tank	>100'	
	Reuse Water	N/A	
	WW Plumbing	>100'	
	Other Sanitary Hazard	None observed	
PUMP	Type	Submersible	
	Manufacturer Name	Sta-Rite	
	Model Number	Unknown	
	Rated Capacity (gpm)	330	
	Motor Horsepower	30	
Well casing 12" above grade?	Yes		
Well Casing Sanitary Seal	OK		
Raw Water Sampling Tap	Yes		
Above Ground Check Valve	Yes		
Fence/Housing	Yes		
Well Vent Protection	N/A		

COMMENTS

CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 17 gpd
 Chlorine Feed Rate 50%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 1.42 Remote 0.76
 Remote tap location 2020 NE 20th Ave.
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hydropneumatic tank.
 Booster Pump Info _____
 Comments _____

PWS ID # 3421560-2
 Date 2/15/07

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	H		
Capacity (gal)	10,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	55/70		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Provide dates of last tank cleaning and inspection. Pressure relief valve not screened. Sight glass is stained. Paint on the exterior of the tank is chipping and peeling.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

DEFICIENCIES (Water Treatment Plant 2):

4. Failure to provide screen for pressure relief valve on hydropneumatic tank.

Vents and release/relief valves shall terminate in a down-turned position at least 18 inches above the floor and be covered with a 24 mesh corrosion resistant screen. Aerators and vents shall be protected from contamination by birds, insects, and windborne debris by covering with 24-mesh screen. [Recommended Standards for Water Works, 1997 Edition, Great Lakes -- Upper Mississippi River Board of State Public Health and Environmental Managers incorporated by reference in Rule 62-555.330, F.A.C.]

5. Failure to maintain hydropneumatic tank in good condition. The exterior paint is chipping and peeling, and the sight glass is stained.

Suppliers of water shall keep all necessary public water system components in operation and shall maintain such components in good operating condition so the components function as intended. [Rule 62-555.350(2), F.A.C.]

6. Failure to operate the water treatment plant within the designated maximum-day operating capacity. A review of records indicates flows exceeded the maximum-day design capacity during April, May, and August 2006.

No supplier of water shall operate any drinking water treatment plant at a capacity greater than the plant's permitted operating capacity except with the Department's prior approval, which shall be given when such operation will not cause a violation of a maximum contaminant level, a treatment technique requirement, or other operating requirements and is for no more than three months, or under circumstances that the supplier of water documents as highly unusual and nonrecurring. [Rule 62-555.350(4), F.A.C.]

The total capacity of all water source and treatment facilities connected to a water system shall at least equal the water system's design maximum-day water demand (including design fire-flow demand if fire protection is being provided). [Rule 62-555.320(6), F.A.C.]

Flushing activities, leaks, and/or breaks shall be recorded on monthly operation reports (MOR). For each day there are emergency or abnormal operating conditions at the plant or in the distribution system served by the plant, describe the emergency or abnormal operating conditions on the MOR (attach additional sheets as necessary). In addition, for each day plant or distribution components other than water service lines are taken out of operation for repair or maintenance, describe the repair or maintenance on the MOR (attach additional sheets as necessary). [Rule 62-555.900(3), F.A.C.]

Suppliers of water seeking to have the permitted operating capacity of a water treatment plant reredited shall submit to the appropriate Department of Environmental Protection District Office a construction permit application using Form 62-555.900(1), Application for a Specific Permit to Construct PWS Components, as incorporated into subsection 62-555.520(2), F.A.C. [Rule 62-555.528(2), F.A.C.]

DEFICIENCIES (Both Plants):

7. Failure to conduct lead and copper tap sampling during June-September 2006.

COMMENTS/REMINDERS (Both Plants):

1. **Compliance monitoring for nitrate and nitrite is due for 2007.** Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

2. **Compliance monitoring for Di (2-ethylhexyl) phthalate is due during the 1st quarter of 2007.** Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.

COMMENTS/REMINDERS (continued):

- 3. **Compliance monitoring for lead and copper tap sampling is due during the June 2007.** Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.
- 4. **The Department provided the requested data for consumer confidence report (CCR) on March 13, 2007.**
- 5. **Provide date of last cleaning and inspection for finished drinking water storage tank.**

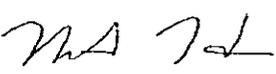
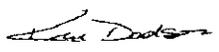
Accumulated sludge and biogrowths shall be cleaned routinely (i.e., at least annually) from all treatment facilities that are in contact with raw, partially treated, or finished drinking water and that are not specifically designed to collect sludge or support a biogrowth. [Rule 62-555.350(2), F.A.C.]

Finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, shall be checked at least annually to ensure that hatches are closed and screens are in place; shall be cleaned at least once every five years to remove biogrowths, calcium or iron/manganese deposits, and sludge from inside the tanks; and shall be inspected for structural and coating integrity at least once every five years by personnel under the responsible charge of a professional engineer licensed in Florida. [Rule 62-555.350(2), F.A.C.]

Blistering, chipped, or cracked coatings and linings on treatment or storage facilities in contact with raw, partially treated, or finished drinking water shall be rehabilitated or repaired. [Rule 62-555.350(2), F.A.C.]

Ensure proper disinfection and bacteriological evaluation in accordance with 62-555.340, F.A.C.

All suppliers of water shall keep records documenting that their finished-drinking-water storage tanks, including conventional hydropneumatic tanks with an access manhole but excluding bladder- or diaphragm-type hydropneumatic tanks without an access manhole, have been cleaned and inspected during the past five years in accordance with subsection 62-555.350(2), F.A.C. In addition, all suppliers of water shall keep records documenting that their isolation valves are being exercised, and their water mains conveying finished drinking water are being flushed, in accordance with subsection 62-555.350(2), F.A.C. [Rule 62-555.350(12)(c), F.A.C.]

Inspector  Title Env. Specialist I Date 2/20/07
Approved by  Title Environmental Manager Date 3/20/07



Aqua Utilities Florida, Inc.
1100 Thomas Avenue
Leesburg, FL 34748

T: 352.787.0980
F: 352.787.6333
www.aquautilitiesflorida.com

May 17, 2007

Nathan Hess
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803-3767

**RE: Reply to Compliance Evaluation Inspections
Marion County**

Dear Mr. Hess:

The purpose of the correspondence is to provide a written response as requested in your March 20, 2007, letter regarding the compliance evaluation inspections conducted at the referenced facilities.

Belleair Subdivision PWS ID 3424000

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.
2. All of Aqua Utilities Florida (AUF) facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.
3. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. From our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.
4. The high service pump was installed prior to AUF purchasing this system.

Belleview Hills Subdivision PWS ID 3424030

1. The tank was replaced prior to AUF purchasing this system.
2. The chlorine injection point has been replaced at this facility.

Belleview Hills Estates PWS ID 3424839

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Fairfax Hills Subdivision PWS ID 3424042

1. The air release valve has been repaired.
2. The chlorine injection point will be replaced with in the next 14 days.
3. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

Hawks Point Subdivision PWS ID 3424685

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Ocala Oaks Subdivision PWS ID 3421560

Water Treatment Plant 1:

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.
2. Screens have been placed on all valves.
3. The flow exceedance in January 2007 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

Water Treatment Plant 2:

4. Screens have been placed on all valves.
5. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.
6. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. Just like at Belleair Subdivision, our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

7. This monitoring was not listed on our 2006 monitoring requirements. When we checked the website, which was updated in April 2007, the requirements have that we are to sample in June 2007. These samples will be taken at this time.

Westview Subdivision PWS ID 3424036

1. The flow exceedance in August 2006 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.
2. The tap has been repaired.
3. The check valve now functioning as required.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail



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

See page 4 for instructions

I. General Information for the Month/Year of: January-07

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	98	Total Population Served at End of Month:	343
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

B. Water Treatment Plant Information

Plant Name:	49th Street Village	Plant Telephone Number:	(352) 787-0980
Plant Address:	N.E. 28th Terrace	City:	Ocala State: FL Zip Code: 34470
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	109,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

 2/7/07 Paul Thompson A7251
 Signature and Date Printed or Typed Name License Number

DOCUMENT NUMBER-DATE

04317 MAY 22 08

FPSC-COMMISSION CLERK

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **January-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration (as Reported) in Distribution System, mg/L	Emergency or Abnormal Operating Conditions or Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	25,000		1.6									1.2	
2		24 hrs	24,000												
3	X	24 hrs	20,000		1.4									1.2	
4		24 hrs	21,000												
5	X	24 hrs	24,000		1.6									1.2	
6		24 hrs	24,000												
7		24 hrs	25,000												
8	X	24 hrs	19,000		1.4									1	
9		24 hrs	20,000												
10	X	24 hrs	23,000		1.2									0.8	
11		24 hrs	23,000												
12	X	24 hrs	22,000		1.4									1	
13		24 hrs	22,000												
14		24 hrs	22,000												
15	X	24 hrs	22,000		1									0.8	
16	X	24 hrs	19,000		1.2									1	
17	X	24 hrs	19,000		1									1	
18		24 hrs	19,000												
19	X	24 hrs	19,000		1									0.8	
20		24 hrs	24,000												
21		24 hrs	25,000												
22	X	24 hrs	25,000		1									0.6	
23		24 hrs	22,000												
24	X	24 hrs	18,000		1									0.8	
25		24 hrs	18,000												
26	X	24 hrs	22,000		1									1	
27		24 hrs	22,000												
28		24 hrs	23,000												
29	X	24 hrs	20,000		1									0.8	
30		24 hrs	20,000												
31	X	24 hrs	20,000		1									0.6	
Month Total			671,000												
Year Total			21,645												
Year Minimum			25,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-07

A. Public Water System (PWS) Information

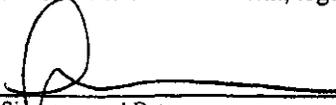
PWS Name: 49th Street Village		PWS Identification Number: 3424631	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 98		Total Population Served at End of Month: 343	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: 49 th Street Village		Plant Telephone Number: (352) 787-0980		
Plant Address: N.E. 28th Terrace		City: Ocala	State: FL	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 109,000		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Plant Category (per subsection 62-699.310(4), F.A.C.): V				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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


3/7/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **February-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	20,000												
2	X	24 hrs	22,000		1									1	
3		24 hrs	22,000												
4		24 hrs	22,000												
5	X	24 hrs	19,000		1									0.8	
6		24 hrs	19,000												
7	X	24 hrs	25,000		1									1	
8		24 hrs	25,000												
9	X	24 hrs	28,000		1									0.8	
10		24 hrs	28,000												
11		24 hrs	29,000												
12	X	24 hrs	24,000		1									0.6	
13		24 hrs	25,000												
14	X	24 hrs	19,000		1									1	
15		24 hrs	19,000												
16	X	24 hrs	22,000		1									1	
17		24 hrs	22,000												
18		24 hrs	22,000												
19	X	24 hrs	20,000		1.6									1.1	
20		10 hrs	13,000												
21	X	24 hrs	27,000		1.8									1.6	Outage for New Tank Installation
22		24 hrs	27,000												
23	X	24 hrs	29,000		1.4									1.2	
24		24 hrs	29,000												
25		24 hrs	29,000												
26	X	24 hrs	27,000		1.2									1	
27		24 hrs	27,000												
28	X	24 hrs	17,000		1.4									1.2	
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			657,000												
Average			23,464												
Maximum			29,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: March-07

A. Public Water System (PWS) Information

PWS Name: <u>49th Street Village</u>		PWS Identification Number: <u>3424631</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>98</u>		Total Population Served at End of Month: <u>343</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>49 th Street Village</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>N.E. 28th Terrace</u>		City: <u>Ocala</u>	State: <u>FL</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>109,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>3 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>3 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>3 Days per week</u>

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>4/5/07</u> Printed or Typed Name	<u>A7251</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions

I. General Information for the Month/Year of: April-07

A. Public Water System (PWS) Information

PWS Name: <u>49th Street Village</u>		PWS Identification Number: <u>3424631</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>98</u>		Total Population Served at End of Month: <u>343</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>49 th Street Village</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>N.E. 28th Terrace</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>109,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>3 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>3 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>3 Days per week</u>

II. Certification by Lead/Chief Operator

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

Signature and Date	<u>5/3/07</u> Printed or Typed Name	<u>A7251</u> License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **April-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT-Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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	
				CT-Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1		24 hrs	40,000													
2	X	24 hrs	28,000		1.4									1.2		
3		24 hrs	28,000													
4	X	24 hrs	22,000		1.6									1.2		
5		24 hrs	23,000													
6	X	24 hrs	28,000		1.4									1.2		
7		24 hrs	28,000													
8		24 hrs	29,000													
9	X	24 hrs	22,000		1.6									1.4		
10		24 hrs	22,000													
11	X	24 hrs	23,000		1.6									1.2		
12		24 hrs	24,000													
13	X	24 hrs	26,000		1.6									1.4		
14		24 hrs	27,000													
15		24 hrs	27,000													
16	X	24 hrs	23,000		1.6									1.2		
17		24 hrs	23,000													
18	X	24 hrs	19,000		1.4									1.4		
19		24 hrs	19,000													
20	X	24 hrs	31,000		1.8									1.4		
21		24 hrs	31,000													
22		24 hrs	32,000													
23	X	24 hrs	31,000		1.6									1.4		
24		24 hrs	31,000													
25	X	24 hrs	32,000		1.4									1.2		
26		24 hrs	32,000													
27	X	24 hrs	35,000		1.2									1.2		
28		24 hrs	35,000													
29		24 hrs	36,000													
30	X	24 hrs	19,000		1.4									1.2		
31		24 hrs														
Total			826,000													
Average			27,533													
Maximum			40,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: May-07

A. Public Water System (PWS) Information

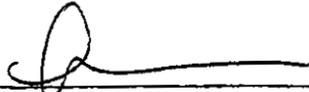
PWS Name: <u>49th Street Village</u>		PWS Identification Number: <u>3424631</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>98</u>		Total Population Served at End of Month: <u>343</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>49 th Street Village</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>N.E. 28th Terrace</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>109,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>3 Days per week</u>
Other Operators:	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>3 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>3 Days per week</u>

II. Certification by Lead/Chief Operator

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

 6/5/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **May-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, G	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW sec/cm2	Minimum UV Dose Required, mW sec/cm2			
1	X	24 hrs	45,000		1.4									1	
2	X	24 hrs	38,000		1.6									1.2	
3		24 hrs	38,000												
4	X	24 hrs	36,000		1.4									1.2	
5		24 hrs	36,000												
6		24 hrs	37,000												
7	X	24 hrs	33,000		1.2									1.2	
8		24 hrs	33,000												
9	X	24 hrs	34,000		1.4									1.2	
10		24 hrs	35,000												
11	X	24 hrs	34,000		1.4									1	
12		24 hrs	34,000												
13		24 hrs	34,000												
14	X	24 hrs	28,000		0.8									0.7	
15		24 hrs	29,000												
16	X	24 hrs	38,000		1.4									1.2	
17		24 hrs	37,000												
18	X	24 hrs	38,000		1.4									1.4	
19		24 hrs	38,000												
20		24 hrs	38,000												
21	X	24 hrs	45,000		1.4									1.2	
22		24 hrs	45,000												
23	X	24 hrs	43,000		1.4									1.2	
24		24 hrs	44,000												
25	X	24 hrs	43,000		1.4									1	
26		24 hrs	44,000												
27		24 hrs	44,000												
28	X	24 hrs	47,000		1.4									1.2	
29		24 hrs	47,000												
30	X	24 hrs	49,000		1.4									1	
31		24 hrs	50,000												
Total			1,214,000												
Average			39,161												
Maximum			50,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: June-07

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	98	Total Population Served at End of Month:	343
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aguaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

B. Water Treatment Plant Information

Plant Name:	49th Street Village	Plant Telephone Number:	(352) 787-0980
Plant Address:	N.E. 28th Terrace	City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	109,000	Zip Code:	34470
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date:  7/2/07 Paul Thompson A7251
 Printed or Typed Name License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **June-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum GT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24 hrs	35,000		1.6									1.2	
2		24 hrs	35,000												
3		24 hrs	36,000												
4	X	24 hrs	29,000		1.2									1	
5	X	24 hrs	41,000		0.8									0.6	
6	X	24 hrs	52,000		1.6									1.4	
7		24 hrs	52,000												
8	X	24 hrs	48,000		1.5									1.3	
9		24 hrs	49,000												
10		24 hrs	49,000												
11	X	24 hrs	45,000		1.4									1.2	
12		24 hrs	45,000												
13	X	24 hrs	41,000		1.6									1.2	
14		24 hrs	41,000												
15	X	24 hrs	55,000		1.4									1.2	
16		24 hrs	55,000												
17		24 hrs	56,000												
18	X	24 hrs	44,000		1.4									1	
19		24 hrs	44,000												
20	X	24 hrs	36,000		1.2									1	
21		24 hrs	37,000												
22	X	24 hrs	34,000		1.4									1.2	
23		24 hrs	34,000												
24		24 hrs	35,000												
25	X	24 hrs	20,000		1.4									1.2	
26		24 hrs	21,000												
27	X	24 hrs	28,000		1									0.8	
28		24 hrs	29,000												
29	X	24 hrs	26,000		1									0.6	
30		24 hrs	26,000												
31		24 hrs													
Total			1,178,000												
Average			39,267												
Maximum			56,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **July-07**

A. Public Water System (PWS) Information

PWS Name: 49th Street Village		PWS Identification Number: 3424631	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 98		Total Population Served at End of Month: 343	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg State: FL Zip Code: 34749	
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquamerica.com			

B. Water Treatment Plant Information

Plant Name: 49th Street Village		Plant Telephone Number: (352) 787-0980	
Plant Address: N.E. 28th Terrace		City: Ocala State: FL Zip Code: 34470	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 109,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	8/8/07 Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **July-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24 hrs	26,000												
2	X	24 hrs	19,000		0.8									0.8	
3		24 hrs	2,000												
4	X	24 hrs	17,000		0.8									0.7	
5		24 hrs	17,000												
6	X	24 hrs	30,000		0.6									0.6	
7		24 hrs	30,000												
8		24 hrs	31,000												
9	X	24 hrs	28,000		1.4									1.2	
10		24 hrs	28,000												
11	X	24 hrs	22,000		1.2									1.2	
12		24 hrs	23,000												
13	X	24 hrs	22,000		1.4									1.2	
14		24 hrs	21,000												
15		24 hrs	21,000												
16	X	24 hrs	19,000		0.8									0.6	
17		24 hrs	19,000												
18	X	24 hrs	21,000		0.5									0.3	
19		24 hrs	21,000												
20	X	24 hrs	22,000		0.6									0.3	
21		24 hrs	22,000												
22		24 hrs	23,000												
23	X	24 hrs	19,000		0.8									0.6	
24		24 hrs	20,000												
25	X	24 hrs	26,000		1									0.6	
26	X	24 hrs	24,000		0.8									0.6	
27	X	24 hrs	26,000		1.6									1.2	
28		24 hrs	26,000												
29		24 hrs	27,000												
30	X	24 hrs	21,000		1.4									1.4	
31		24 hrs	21,000												
Total			694,000												
Average			22,387												
Maximum			31,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: August-07

A. Public Water System (PWS) Information

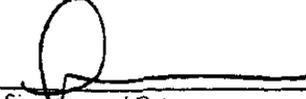
PWS Name: <u>49th Street Village</u>		PWS Identification Number: <u>3424631</u>	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: <u>98</u>		Total Population Served at End of Month: <u>343</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>49 th Street Village</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>N.E. 28th Terrace</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>	
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>109,000</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>		
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>3 Days per week</u>
Other Operators	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>3 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>3 Days per week</u>

II. Certification by Lead/Chief Operator

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

 9/6/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: August-07

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1	X	24 hrs	18,000		1.4									1	
2		24 hrs	18,000												
3	X	24 hrs	27,000		1.2									1.2	
4		24 hrs	27,000												
5		24 hrs	28,000												
6	X	24 hrs	22,000		1.4									1.2	
7		24 hrs	23,000												
8	X	24 hrs	26,000		1.6									1.2	
9		24 hrs	26,000												
10	X	24 hrs	30,000		1.4									1	
11		24 hrs	31,000												
12		24 hrs	31,000												
13	X	24 hrs	23,000		1.4									1.2	
14		24 hrs	23,000												
15	X	24 hrs	29,000		1.6									1.2	
16		24 hrs	29,000												
17	X	24 hrs	31,000		1.4									1.2	
18		24 hrs	32,000												
19		24 hrs	32,000												
20	X	24 hrs	30,000		1.4									1.2	
21		24 hrs	31,000												
22	X	24 hrs	22,000		1.2									1	
23		24 hrs	23,000												
24	X	24 hrs	31,000		1.4									1.2	
25		24 hrs	31,000												
26		24 hrs	31,000												
27	X	24 hrs	24,000		1.4									1	
28		24 hrs	25,000												
29	X	24 hrs	26,000		1.4									1.2	
30		24 hrs	26,000												
31	X	24 hrs	28,000		1.4									1	
Total			834,000												
Average			26,903												
Maximum			32,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **October, 2007**

A. Public Water System (PWS) Information

PWS Name: 49th Street Village		PWS Identification Number: 3424631	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 98		Total Population Served at End of Month: 343	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aguaamerica.com			

B. Water Treatment Plant Information

Plant Name: 49 th Street Village		Plant Telephone Number: (352) 787-0980	
Plant Address: N.E. 28th Terrace		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 109,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	11/8/07 Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **October, 2007**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*							UV Dose		Residual Disinfectant Concentration at Remotest Point in Distribution System (mg/L)	Underpinning/Abnormal Operating Conditions that may involve System Components Out of Normal Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or First Questioning During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	UV CT Provided Before or at First Questioning During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1	X	24 hrs	19,000		1.4								1	
2		24 hrs	20,000										1.2	
3	X	24 hrs	22,000		1.4								1.2	
4		24 hrs	21,000										1.2	
5	X	24 hrs	23,000		1.2								1.4	
6		24 hrs	24,000										1.2	
7		24 hrs	24,000										1.4	
8	X	24 hrs	22,000		1.6								1.2	
9		24 hrs	22,000										1.2	
10	X	24 hrs	21,000		1.4								1.2	
11		24 hrs	22,000										1.2	
12	X	24 hrs	26,000		1.4								1.2	
13		24 hrs	26,000										1.2	
14		24 hrs	27,000										1.2	
15	X	24 hrs	20,000		1.4								1.2	
16		24 hrs	19,000										1.2	
17	X	24 hrs	20,000		1.6								1.2	
18		24 hrs	20,000										1.2	
19	X	24 hrs	21,000		1.5								1.2	
20		24 hrs	21,000										1.2	
21		24 hrs	21,000										1.2	
22	X	24 hrs	20,000		0.6								0.8	
23		24 hrs	21,000										1.2	
24	X	24 hrs	16,000		1.4								1.2	
25		24 hrs	17,000										1	
26	X	24 hrs	21,000		1.2								1	
27		24 hrs	22,000										1.2	
28		24 hrs	22,000										1.2	
29	X	24 hrs	18,000		1.4								1	
30		24 hrs	19,000										1	
31	X	24 hrs	18,000		1.2								1	
			655,000											
Average			21,129											
Maximum			27,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: November-07

A. Public Water System (PWS) Information

PWS Name: <u>49th Street Village</u>		PWS Identification Number: <u>3424631</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>98</u>		Total Population Served at End of Month: <u>343</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>bheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>49 th Street Village</u>		Plant Telephone Number: <u>(352) 787-0980</u>		
Plant Address: <u>N.E. 28th Terrace</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>109,000</u>				
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>		
Licensed Operators	Name	License Class	License Number	Shift(s) Worked
Lead/Chief Operator	<u>Paul Thompson</u>	<u>A</u>	<u>7251</u>	<u>3 Days per week</u>
Other Operators	<u>Mark March</u>	<u>C</u>	<u>8287</u>	<u>3 Days per week</u>
	<u>Gary Kissick</u>	<u>C</u>	<u>7846</u>	<u>3 Days per week</u>

II. Certification by Lead/Chief Operator

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

 12/7/07
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **November-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	Critical Calculations or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable:												
				Peak Flow Rate, gpd	Lowest Chlorine Disinfectant Concentration (C) Below First Customer During Peak Flow, mg/L	Disinfectant Dose, mg/L	Flow, mgd	Temperature of Water, °C	pH of Water, if Applicable	Minimum Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum Required, mW-sec/cm ²	UV Dose, mW-sec/cm ²	Emergency or Abnormal Operating Conditions Requiring Maintenance Work that Involves Taking Water System Components Out of Operation		
1		24 hrs	19,000													
2	X	24 hrs	26,000		1.4										1	
3		24 hrs	26,000													
4		24 hrs	27,000													
5	X	24 hrs	19,000		1.2										1	
6		24 hrs	19,000													
7	X	24 hrs	22,000		1.4										1	
8		24 hrs	23,000													
9	X	24 hrs	25,000		1.2										1	
10		24 hrs	26,000													
11		24 hrs	26,000													
12	X	24 hrs	18,000		1.4										1.2	
13		24 hrs	18,000													
14	X	24 hrs	21,000		1.2										1	
15		24 hrs	21,000													
16	X	24 hrs	23,000		1.4										1.2	
17		24 hrs	24,000													
18		24 hrs	24,000													
19	X	24 hrs	21,000		1.2										1.2	
20		24 hrs	21,000													
21	X	24 hrs	25,000		1.4										1.2	
22		24 hrs	26,000													
23	X	24 hrs	18,000		1.2										1	
24		24 hrs	18,000													
25		24 hrs	18,000													
26	X	24 hrs	19,000		1.4										1.2	
27		24 hrs	20,000													
28	X	24 hrs	19,000		1.2										1.2	
29		24 hrs	19,000													
30	X	24 hrs	23,000		1.4										1.2	
31		24 hrs														
Total			654,000													
Average			21,800													
Maximum			27,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: December-07

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	98	Total Population Served at End of Month:	343
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaaamerica.com		

B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980
Plant Address:	N.E. 28th Terrace	City:	Ocala FL Zip Code: 34470
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	109,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

	<u>01/09/08</u>	<u>Paul Thompson</u>	<u>A7251</u>
Signature and Date		Printed or Typed Name	License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **December-07**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal.	CT Calculations or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24 hrs	24,000												
2	X	24 hrs	17,000		1.4								1		
3		24 hrs	17,000												
4	X	24 hrs	21,000		1.4								1.2		
5		24 hrs	21,000												
6	X	24 hrs	22,000		1.4								1		
7		24 hrs	22,000												
8		24 hrs	21,000												
9	X	24 hrs	19,000		1.2								1		
10		24 hrs	20,000												
11	X	24 hrs	19,000		1.4								1.2		
12		24 hrs	20,000												
13	X	24 hrs	21,000		1.4								1		
14		24 hrs	21,000												
15		24 hrs	21,000												
16		24 hrs	21,000												
17	X	24 hrs	18,000		1.2								1		
18		24 hrs	19,000												
19	X	24 hrs	20,000		0.8								0.6		
20		24 hrs	20,000												
21	X	24 hrs	20,000		1								0.6		
22		24 hrs	20,000												
23		24 hrs	20,000												
24	X	24 hrs	23,000		0.8								0.8		
25		24 hrs	23,000												
26	X	24 hrs	20,000		0.6								0.6		
27	X	24 hrs	20,000		0.6								0.6		
28	X	24 hrs	22,000		1.4								1.4		
29		24 hrs	22,000												
30		24 hrs	22,000												
31	X	24 hrs	20,000		1.2								1.2		
Total			639,000												
Average			20,613												
Maximum			24,000												

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

PWS ID: 3424631 Plant Name: 49th Street Village

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2005

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No
follows:

Polymer Dose ppm =	Acrylamide Level, % [†] =
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B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No
polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % [†] =
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C. Is any iron or manganese sequestrant used at the water treatment plant? No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

[†] Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



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

See page 4 for instructions

I. General Information for the Month/Year of: January-06

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	Consecutive	
Number of Service Connections at End of Month:	98	Total Population Served at End of Month:	343
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

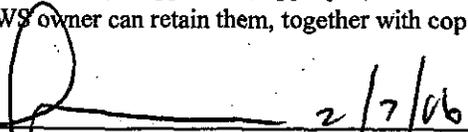
B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980
Plant Address:	N.E. 28th Terrace	City:	Ocala State: FL Zip Code: 34470
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	50,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operator	Name	License Class	License Number	Days/Shifts/Week
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Chief Operator	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date:  2/7/06 Paul Thompson
 Printed or Typed Name: _____ License Number: A7251

DOCUMENT NUMBER-DATE

04317 MAY 22 08

FPSC-COMMISSION CLERK

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **January-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Time of Day	Flow (MGD)	Residual (mg/L)	Calculations of CT, CT ₉₀ , and CT ₉₅ (if applicable)										Total Disinfection System	Remarks			
				Flow (MGD)	Residual (mg/L)	CT (min-mg/L)	CT ₉₀ (min-mg/L)	CT ₉₅ (min-mg/L)	Flow (MGD)	Residual (mg/L)	CT (min-mg/L)	CT ₉₀ (min-mg/L)	CT ₉₅ (min-mg/L)			Flow (MGD)	Residual (mg/L)	CT (min-mg/L)
		24 hrs	22,000															
X		24 hrs	25,000		1.4										1.2			
		24 hrs	25,000															
X		24 hrs	24,000		1.6										1.2			
		24 hrs	24,000															
X		24 hrs	25,000		1.4										1			
		24 hrs	25,000															
		24 hrs	26,000															
X		24 hrs	23,000		1.2										1			
		24 hrs	24,000															
X		24 hrs	27,000		1.4										1.2			
		24 hrs	27,000															
X		24 hrs	26,000		1.4										1			
		24 hrs	26,000															
		24 hrs	26,000															
X		24 hrs	22,000		1.4										1.2			
		24 hrs	22,000															
X		24 hrs	27,000		1.4										1.2			
		24 hrs	27,000															
X		24 hrs	27,000		1.6										1.2			
		24 hrs	27,000															
		24 hrs	27,000															
X		24 hrs	24,000		1.4										1.2			
		24 hrs	24,000															
X		24 hrs	20,000		1.4										1			
		24 hrs	20,000															
X		24 hrs	25,000		1.4										1.2			
		24 hrs	26,000															
		24 hrs	26,000															
X		24 hrs	19,000		1.6										1.2			
		24 hrs	20,000															
Total			758,000															
Average			24,452															
Maximum			27,000															

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



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

See page 4 for instructions

I. General Information for the Month/Year of: February-06

A. Public Water System (PWS) Information

PWS Name: 49th Street Village		PWS Identification Number: 3424631	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 98		Total Population Served at End of Month: 343	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aguaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: 49 th Street Village		Plant Telephone Number: (352) 787-0980	
Plant Address: N.E. 28th Terrace		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	3/6/06 Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **February-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24 hrs	23,000		1.4									1.2	
2		24 hrs	24,000												
3	X	24 hrs	23,000		1.6									1.4	
4		24 hrs	23,000												
5		24 hrs	23,000												
6	X	24 hrs	24,000		1.4									1.2	
7		24 hrs	25,000												
8	X	24 hrs	20,000		1.4									1	
9		24 hrs	21,000												
10	X	24 hrs	25,000		1.2									1	
11		24 hrs	25,000												
12		24 hrs	25,000												
13	X	24 hrs	22,000		1.4									1.2	
14		24 hrs	23,000												
15	X	24 hrs	24,000		1.4									1	
16		24 hrs	23,000												
17	X	24 hrs	24,000		1.4									1.2	
18		24 hrs	24,000												
19		24 hrs	23,000												
20	X	24 hrs	29,000		1.2									1	
21		24 hrs	29,000												
22	X	24 hrs	22,000		1.4									1.2	
23		24 hrs	22,000												
24	X	24 hrs	28,000		1									0.8	
25		24 hrs	28,000												
26		24 hrs	29,000												
27	X	24 hrs	25,000		1.4									1	
28		24 hrs	26,000												
29		24 hrs													
30		24 hrs													
31		24 hrs													
Total			682,000												
Average			24,357												
Maximum			29,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: March-06

A. Public Water System (PWS) Information	
PWS Name: 49th Street Village	PWS Identification Number: 3424631
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 98	Total Population Served at End of Month: 343
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

B. Water Treatment Plant Information																																																			
Plant Name: 49 th Street Village	Plant Telephone Number: (352) 787-0980																																																		
Plant Address: N.E. 28th Terrace	City: Ocala State: FL Zip Code: 34470																																																		
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																																			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000																																																			
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">License/Operator</th> <th style="width: 35%;">Name</th> <th style="width: 15%;">License Class</th> <th style="width: 15%;">License Number</th> <th style="width: 20%;">Day(s)/Shift(s) Worked</th> </tr> </thead> <tbody> <tr> <td></td> <td>Paul Thompson</td> <td>A</td> <td>7251</td> <td>3 Days per week</td> </tr> <tr> <td></td> <td>Mark March</td> <td>C</td> <td>8287</td> <td>3 Days per week</td> </tr> <tr> <td></td> <td>Gary Kissick</td> <td>C</td> <td>7846</td> <td>3 Days per week</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		License/Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked		Paul Thompson	A	7251	3 Days per week		Mark March	C	8287	3 Days per week		Gary Kissick	C	7846	3 Days per week																														
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II. Certification by Lead/Chief Operator

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

Signature and Date	4/6/06	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **March-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days per Week	Hours per Day of Operation	Quantity of Finished Water from System	Calculated as a Ratio of Volume of Disinfectant to Volume of Water, or as a Percentage of Available Disinfectant										Residual Disinfectant Concentration at Point of Distribution System	Remarks or Abnormal Operating Conditions (e.g., Flow, Temperature, System Components, etc.)
				Free Chlorine Residual Concentration (mg/L)	Disinfectant Contact Time (min)	Free Chlorine Residual Concentration (mg/L)									
1	X	24 hrs	21,000	1.6										1.2	
1		24 hrs	21,000												
2	X	24 hrs	28,000	1.6										1.3	
2		24 hrs	28,000												
2		24 hrs	29,000												
3	X	24 hrs	21,000	1.6										1.4	
3		24 hrs	21,000												
4	X	24 hrs	29,000	1.6										1.2	
4		24 hrs	29,000												
5	X	24 hrs	32,000	1.4										1.2	
5		24 hrs	32,000												
6		24 hrs	32,000												
7	X	24 hrs	30,000	1.6										1.4	
7		24 hrs	31,000												
8	X	24 hrs	25,000	1.4										1.2	
8		24 hrs	26,000												
9	X	24 hrs	35,000	1.4										1	
9		24 hrs	35,000												
10		24 hrs	36,000												
11	X	24 hrs	25,000	1.6										1.4	
11		24 hrs	25,000												
12	X	24 hrs	26,000	1.4										1.2	
12		24 hrs	26,000												
13	X	24 hrs	32,000	1.6										1.2	
13		24 hrs	33,000												
14		24 hrs	33,000												
15	X	24 hrs	30,000	1.4										1.2	
15		24 hrs	31,000												
16	X	24 hrs	35,000	1.6										1.4	
16		24 hrs	35,000												
17	X	24 hrs	42,000	1.4										1.2	
17		24 hrs	42,000												
18		24 hrs	914,000												
19		24 hrs	29,484												
20		24 hrs	42,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **April-06**

A. Public Water System (PWS) Information

PWS Name: 49th Street Village		PWS Identification Number: 3424631	
PWS Type: <input checked="" type="checkbox"/> Community		<input type="checkbox"/> Non-Transient Non-Community	
<input type="checkbox"/> Transient Non-Community		<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 98		Total Population Served at End of Month: 343	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: 49th Street Village		Plant Telephone Number: (352) 787-0980	
Plant Address: N.E. 28th Terrace		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 50,000		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Plant Category (per subsection 62-699.310(4), F.A.C.): V			

Operator Name	License Class	License Number	Days (or Shifts) Worked
Paul Thompson	A	7251	3 Days per week
Mark March	C	8287	3 Days per week
Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

5/4/06
 Signature and Date

Paul Thompson
 Printed or Typed Name

A7251
 License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **April-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of Month	Days Since Start of Month	Hours of Operation	Nominal Amount of Water Produced, gal	Calculations to demonstrate four-log virus inactivation, if applicable										Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Remarks on Chlorine Operations, Residual Measurements, and other Inactive Chlorine Water System Components and Operation
				Residual Category	Residual Concentration (C) Before Disinfection, mg/L	Minimum Contact Time Measurement, minutes	Residual Provided Before or After Disinfection, mg/L	Flow of Water, mgd	Flow of Water, if Applicable, mgd	Minimum Required Residual, mg/L	Lowest Residual, mg/L	Maximum Residual, mg/L			
		24 hrs	43,000												
		24 hrs	43,000												
	X	24 hrs	34,000		1.4								1.2		
		24 hrs	35,000												
	X	24 hrs	39,000		1.6								1.4		
		24 hrs	39,000												
	X	24 hrs	40,000		1.6								1.2		
		24 hrs	40,000												
		24 hrs	41,000												
	X	24 hrs	34,000		1.8								1.4		
	X	24 hrs	34,000		1.6								1.2		
	X	24 hrs	34,000		1.4								1.2		
		24 hrs	35,000												
	X	24 hrs	37,000		1.6								1.4		
		24 hrs	38,000												
		24 hrs	38,000												
	X	24 hrs	39,000		1.4								1.2		
		24 hrs	40,000												
	X	24 hrs	33,000		1.6								1.4		
		24 hrs	34,000												
	X	24 hrs	43,000		1.8								1.4		
		24 hrs	43,000												
		24 hrs	44,000												
	X	24 hrs	44,000		1.6								1.2		
		24 hrs	44,000												
	X	24 hrs	50,000		1.8								1.4		
		24 hrs	51,000												
	X	24 hrs	35,000		1.6								1.4		
		24 hrs	35,000												
		24 hrs	35,000												
		24 hrs	35,000												
		24 hrs	1,174,000												
		24 hrs	39,133												
		24 hrs	51,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **May-06**

A. Public Water System (PWS) Information

PWS Name: 49th Street Village		PWS Identification Number: 3424631	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 98		Total Population Served at End of Month: 343	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaamerica.com			

B. Water Treatment Plant Information

Plant Name: 49 th Street Village		Plant Telephone Number: (352) 787-0980	
Plant Address: N.E. 28th Terrace		City: Ocala	State: FL
Type of Water Treated by Plant:		<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 109,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V.		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

	Paul Thompson	A	7251	3 Days per week
	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month Year of: **May-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day	Time	Flow (gpm)	Free Chlorine (mg/L)	Combined Chlorine (mg/L)	Chlorine Dioxide (mg/L)	Other (mg/L)	Notes
X	24 hrs	47,000	1.8				1.4
	24 hrs	48,000					
X	24 hrs	40,000	1.6				1.2
	24 hrs	41,000					
X	24 hrs	45,000	1.4				1.2
	24 hrs	46,000					
	24 hrs	47,000					
X	24 hrs	39,000	1.6				1.4
	24 hrs	39,000					
X	24 hrs	28,000	1				0.8
	24 hrs	28,000					
X	24 hrs	46,000	1				0.6
	24 hrs	47,000					
	24 hrs	47,000					
X	24 hrs	42,000	1				0.8
	24 hrs	43,000					
X	24 hrs	47,000	1				0.6
	24 hrs	48,000					
X	24 hrs	49,000	1.8				1.4
	24 hrs	50,000					
	24 hrs	5,000					
X	24 hrs	45,000	1.4				1.2
	24 hrs	46,000					
X	24 hrs	43,000	1.4				1
	24 hrs	43,000					
X	24 hrs	40,000	1.4				1.2
	24 hrs	40,000					
	24 hrs	40,000					
X	24 hrs	55,000	1.7				1
	24 hrs	56,000					
X	24 hrs	41,000	1.7				0.6
		1,321,000					
		42,613					
		56,000					

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **June-06**

A. Public Water System (PWS) Information

PWS Name: 49th Street Village		PWS Identification Number: 3424631	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 98		Total Population Served at End of Month: 343	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL
Contact Person's Telephone Number: (352) 787-0980		Zip Code: 34749	
Contact Person's E-Mail Address: beheath@aquaaamerica.com		Contact Person's Fax Number: (352) 787-6333	

B. Water Treatment Plant Information

Plant Name: 49th Street Village		Plant Telephone Number: (352) 787-0980	
Plant Address: N.E. 28th Terrace		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 109,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operators	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

7/6/06	Paul Thompson	A7251
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **June-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										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
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24 hrs	41,000												
2	X	24 hrs	35,000		1.2									1	
3		24 hrs	36,000												
4		24 hrs	36,000												
5	X	24 hrs	40,000		1									0.6	
6		24 hrs	40,000												
7	X	24 hrs	29,000		0.8									0.6	
8		24 hrs	30,000												
9	X	24 hrs	63,000		0.6									0.5	
10		24 hrs	64,000												
11		24 hrs	64,000												
12	X	24 hrs	31,000		1.6									1.4	
13		24 hrs	31,000												
14	X	24 hrs	38,000		1.4									1.2	
15		24 hrs	38,000												
16	X	24 hrs	41,000		1.6									1.4	
17		24 hrs	42,000												
18		24 hrs	42,000												
19	X	24 hrs	34,000		1.4									1.2	
20		24 hrs	35,000												
21	X	24 hrs	31,000		1.2									1	
22		24 hrs	31,000												
23	X	24 hrs	33,600		1.6									1.4	
24		24 hrs	33,600												
25		24 hrs	33,800												
26	X	24 hrs	30,000		1.6									1	
27		24 hrs	30,000												
28	X	24 hrs	34,000		1.9									1.2	
29		24 hrs	34,000												
30	X	24 hrs	38,000		1.7									1	
31		24 hrs													
Total			1,139,000												
Average			37,967												
Maximum			64,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: July-06

A. Public Water System (PWS) Information

PWS Name: 49th Street Village		PWS Identification Number: 3424631	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: 98		Total Population Served at End of Month: 343	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: PO Box 490310		City: Leesburg	State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980		Contact Person's Fax Number: (352) 787-6333	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: 49 th Street Village		Plant Telephone Number: (352) 787-0980	
Plant Address: N.E. 28th Terrace		City: Ocala	State: FL Zip Code: 34470
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 109,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Paul Thompson	A	7251	3 Days per week
Other Operators:	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

8/8/06

 Signature and Date

Paul Thompson

 Printed or Typed Name

A7251

 License Number

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

PWS Identification Number: **3424631** Plant Name: **49th Street Village**

III. Daily Data for the Month/Year of: **July-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
1		24 hrs	37,000												
2		24 hrs	37,000												
3	X	24 hrs	35,000		1.8								1.4		
4		24 hrs	35,000												
5	X	24 hrs	31,000		1.2								1		
6		24 hrs	31,000												
7	X	24 hrs	35,000		1.4								1.2		
8		24 hrs	35,000												
9		24 hrs	35,000												
10	X	24 hrs	33,000		1.6								1.4		
11		24 hrs	33,000												
12	X	24 hrs	30,000		1.4								1.2		
13		24 hrs	30,000												
14	X	24 hrs	31,000		1.4								1		
15		24 hrs	30,000												
16		24 hrs	30,000												
17	X	24 hrs	26,000		1.5								1		
18		24 hrs	27,000												
19	X	24 hrs	31,000		1.4								1.2		
20		24 hrs	31,000												
21	X	24 hrs	36,000		1.2								1		
22		24 hrs	37,000												
23		24 hrs	37,000												
24	X	24 hrs	23,000		1.4								1.2		
25		24 hrs	23,000												
26	X	24 hrs	29,000		1								1		
27		24 hrs	29,000												
28	X	24 hrs	27,000		1.2								1		
29		24 hrs	28,000												
30		24 hrs	28,000												
31	X	24 hrs	31,000		1								0.6		
Total			971,000												
Average			31,323												
Maximum			37,000												

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



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

See page 4 for instructions

I. General Information for the Month/Year of: **August-06**

A. Public Water System (PWS) Information

PWS Name: Chappell Hills		PWS Identification Number: 3424029	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community
Number of Service Connections at End of Month: 41		Total Population Served at End of Month: 144	
PWS Owner: Aqua Utilities Florida			
Contact Person: Brian Heath	Contact Person's Title: Area Manager		
Contact Person's Mailing Address: PO Box 490310	City: Leesburg	State: FL	Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333		
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

B. Water Treatment Plant Information

Plant Name: Chappell Hills		Plant Telephone Number: (352) 787-0980	
Plant Address: 2338 N.E. 55th Street		City: Ocala	State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 65,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): V		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Operator Name	Name	License Class	License Number	Days/Shifts/Week
	Paul Thompson	A	7251	3 Days per week
	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

9/6/06

 Signature and Date

Paul Thompson

 Printed or Typed Name

A7251

 License Number

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

PWS Identification Number: 3424029 Plant Name: Chappell Hills

III. Daily Data for the Month Year of: **August-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Time	Flow (MGD)	Residual (mg/L)	CT Calculation				NDV Dose				Residual Distribution System	Remarks	
				Flow (MGD)	Residual (mg/L)	Time (hrs)	CT (mg-min/L)	Flow (MGD)	Residual (mg/L)	Time (hrs)	NDV Dose (mg-min/L)			
	X	24 hrs	11,000				1.6						1.4	
		24 hrs	10,000											
	X	24 hrs	13,000				1.4						1.2	
		24 hrs	13,000											
		24 hrs	13,000											
	X	24 hrs	10,000				1.4						1	
		24 hrs	10,000											
	X	24 hrs	14,000				1.2						1	
		24 hrs	15,000											
	X	24 hrs	18,000				1.2						1.2	
		24 hrs	19,000											
		24 hrs	19,000											
	X	24 hrs	12,000				1.4						1.2	
		24 hrs	12,000											
	X	24 hrs	12,000				1.2						1	
		24 hrs	13,000											
	X	24 hrs	10,000				1.4						1.2	
		24 hrs	10,000											
		24 hrs	11,000											
	X	24 hrs	11,000				1.2						1	
		24 hrs	12,000											
	X	24 hrs	8,000				1.6						1.4	
		24 hrs	9,000											
	X	24 hrs	9,000				1.6						1.4	
		24 hrs	10,000											
		24 hrs	10,000											
	X	24 hrs	10,000				1.4						1.2	
		24 hrs	10,000											
	X	24 hrs	8,000				1.6						1.4	
		24 hrs	9,000											
			361,000											
			11,645											
			19,000											

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



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

See page 4 for instructions

I. General Information for the Month/Year of: September-06

A. Public Water System (PWS) Information

PWS Name: <u>49th Street Village</u>		PWS Identification Number: <u>3424631</u>	
PWS Type: <input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive
Number of Service Connections at End of Month: <u>98</u>		Total Population Served at End of Month: <u>343</u>	
PWS Owner: <u>Aqua Utilities Florida</u>			
Contact Person: <u>Brian Heath</u>		Contact Person's Title: <u>Area Manager</u>	
Contact Person's Mailing Address: <u>PO Box 490310</u>		City: <u>Leesburg</u>	State: <u>FL</u> Zip Code: <u>34749</u>
Contact Person's Telephone Number: <u>(352) 787-0980</u>		Contact Person's Fax Number: <u>(352) 787-6333</u>	
Contact Person's E-Mail Address: <u>beheath@aquaaamerica.com</u>			

B. Water Treatment Plant Information

Plant Name: <u>49 th Street Village</u>		Plant Telephone Number: <u>(352) 787-0980</u>	
Plant Address: <u>N.E. 28th Terrace</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: <u>109,000</u>			
Plant Category (per subsection 62-699.310(4), F.A.C.): <u>V</u>		Plant Class (per subsection 62-699.310(4), F.A.C.): <u>D</u>	

Operator	Name	License Class	License Number	Days/Shifts Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Operator	Mark March	C	8287	3 Days per week
Operator	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

	<u>10/4/06</u>	<u>Paul Thompson</u>
Signature and Date		Printed or Typed Name
		<u>A7251</u>
		License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month-Year of: **September-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines) Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Time	Flow (MGD)	Residual (mg/L)	Free Chlorine				Combined Chlorine (Chloramines)		Chlorine Dioxide	
				Plant	Well	Tap	Other	Plant	Well	Tap	Other
X	24 hrs	30,000	1.6							1.4	
	24 hrs	31,000									
X	24 hrs	32,000	1.4							1.2	
	24 hrs	32,000									
X	24 hrs	32,000	1.6							1.2	
	24 hrs	27,000									
X	24 hrs	25,000	1.4							1.2	
	24 hrs	25,000									
X	24 hrs	27,000	1.6							1.4	
	24 hrs	27,000									
X	24 hrs	22,000	1.4							1.2	
	24 hrs	22,000									
X	24 hrs	30,000	1.6							1.4	
	24 hrs	30,000									
X	24 hrs	31,000									
	24 hrs	30,000	1.6							1.2	
X	24 hrs	29,000									
	24 hrs	28,000	1.4							1.2	
X	24 hrs	27,000									
	24 hrs	29,000	1.8							1.2	
X	24 hrs	30,000									
	24 hrs	30,000	1.6							1.4	
X	24 hrs	25,000									
	24 hrs	25,000	1.4							1.2	
X	24 hrs	48,000									
	24 hrs	49,000	1.6							1.2	
X	24 hrs	71,000									
	24 hrs	71,000	1.6							1.2	
	24 hrs										
		971,000									
		32,367									
		71,000									

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



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

See page 4 for instructions

I. General Information for the Month/Year of: October-06

A. Public Water System (PWS) Information

PWS Name: 49th Street Village	PWS Identification Number: 3424631
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month: 98	Total Population Served at End of Month: 343
PWS Owner: Aqua Utilities Florida	
Contact Person: Brian Heath	Contact Person's Title: Area Manager
Contact Person's Mailing Address: PO Box 490310	City: Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number: (352) 787-0980	Contact Person's Fax Number: (352) 787-6333
Contact Person's E-Mail Address: beheath@aquaaamerica.com	

B. Water Treatment Plant Information

Plant Name: 49 th Street Village	Plant Telephone Number: (352) 787-0980
Plant Address: N.E. 28th Terrace	City: Ocala State: FL Zip Code: 34470
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 109,000	
Plant Category (per subsection 62-699.310(4), F.A.C.): V	Plant Class (per subsection 62-699.310(4), F.A.C.): D

Name	License Class	License Number	Days per Week Worked
Paul Thompson	A	7251	3 Days per week
Mark March	C	8287	3 Days per week
Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

11/3/06 Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number
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MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **October-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Date	Time	Flow (gpm)	Flow (MGD)	Disinfectant Residual (mg/L)										Total Residual (mg/L)	Remarks	
				Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide	Free Chlorine	Chlorine Dioxide	Ozone	Combined Chlorine (Chloramines)	Chlorine Dioxide			
	24 hrs		72,000													
X	24 hrs		27,000		1.2										1	
	24 hrs		27,000													
X	24 hrs		28,000		1.2										1	
	24 hrs		28,000													
X	24 hrs		31,000		1.4										1.2	
	24 hrs		32,000													
	24 hrs		32,000													
X	24 hrs		28,000		1.4										1	
	24 hrs		28,000													
X	24 hrs		31,000		1.2										1	
	24 hrs		32,000													
X	24 hrs		30,000		1.4										1	
	24 hrs		30,000													
	24 hrs		30,000													
X	24 hrs		32,000		1										0.8	
	24 hrs		33,000													
X	24 hrs		20,000		1										0.6	
	24 hrs		21,000													
X	24 hrs		32,000		1.4										1.2	
	24 hrs		31,000													
	24 hrs		32,000													
X	24 hrs		27,000		1.3										1	
	24 hrs		27,000													
X	24 hrs		28,000		1.4										1	
	24 hrs		27,000													
X	24 hrs		32,000		1.1										0.8	
	24 hrs		31,000													
	24 hrs		32,000													
X	24 hrs		49,000		1.1										0.8	
	24 hrs		48,000													
			988,000													
			31,871													
			72,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: November-06

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	98	Total Population Served at End of Month:	343
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg
Contact Person's Telephone Number:	(352) 787-0980	State:	FL
Contact Person's E-Mail Address:	beheath@aquaamerica.com	Zip Code:	34749
		Contact Person's Fax Number:	(352) 787-6333

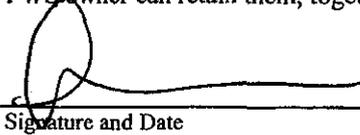
B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980
Plant Address:	N.E. 28th Terrace	City:	Ocala
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	109,000	Zip Code:	34470
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Licensed Operator	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator	Paul Thompson	A	7251	3 Days per week
Other Operator	Mark March	C	8287	3 Days per week
	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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

 12/6/06

Paul Thompson
Printed or Typed Name

A7251
License Number

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

PWS Identification Number: 3424631 Plant Name: 49th Street Village

III. Daily Data for the Month/Year of: **November-06**

Means of Achieving Four-Log Virus Inactivation/Removal: * Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)
 Ultraviolet Radiation Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Day of the Month	Days Plant Shifted or Visited by Operator Place (X)	Hours Plant in Operation	Net Quantity of Finished Water Produced (gal)	CT Calculations of UV Dose to Demonstrate Four-Log Virus Inactivation (if Applicable)										Emergency or Abnormal Operating Conditions or Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
				Peak Flow Rate (gpd)	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow (mg/L)	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow (minutes)	Lowest CT Provided Before or at First Customer During Peak Flow (mg-min/L)	Temp. of Water (C)	pH of Water (if Applicable)	Minimum Level Required (mg-min/L)	Lowest Operating UV Dose in Water (sec/cm ²)	Minimum UV Dose Required in Water (sec/cm ²)	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System (mg/L)			
1	X	24 hrs	22,000		1.2										0.8	
2		24 hrs	22,000													
3	X	24 hrs	26,000		1.2										0.8	
4		24 hrs	26,000													
5		24 hrs	27,000													
6	X	24 hrs	21,000		1.4										1	
7		24 hrs	21,000													
8	X	24 hrs	28,000		1.2										1.2	
9		24 hrs	28,000													
10	X	24 hrs	27,000		1.4										1.2	
11		24 hrs	27,000													
12		24 hrs	28,000													
13	X	24 hrs	27,000		1.6										1.2	
14		24 hrs	27,000													
15	X	24 hrs	24,000		0.4										1.2	
16		24 hrs	24,000													
17	X	24 hrs	32,000		1.4										1.2	
18		24 hrs	32,000													
19		24 hrs	32,000													
20	X	24 hrs	36,000		1.4										1.2	
21		24 hrs	37,000													
22	X	24 hrs	30,000		1.6										1.4	
23		24 hrs	30,000													
24	X	24 hrs	32,000		1.6										1.2	
25		24 hrs	32,000													
26		24 hrs	33,000													
27	X	24 hrs	21,000		1.4										1.2	
28		24 hrs	21,000													
29	X	24 hrs	25,000		1.6										1.4	
30		24 hrs	25,000													
31		24 hrs														
Total			823,000													
Average			27,433													
Maximum			37,000													

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



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

See page 4 for instructions

I. General Information for the Month/Year of: December-06

A. Public Water System (PWS) Information

PWS Name:	49th Street Village	PWS Identification Number:	3424631
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	98	Total Population Served at End of Month:	343
PWS Owner:	Aqua Utilities Florida		
Contact Person:	Brian Heath	Contact Person's Title:	Area Manager
Contact Person's Mailing Address:	PO Box 490310	City:	Leesburg State: FL Zip Code: 34749
Contact Person's Telephone Number:	(352) 787-0980	Contact Person's Fax Number:	(352) 787-6333
Contact Person's E-Mail Address:	beheath@aquaamerica.com		

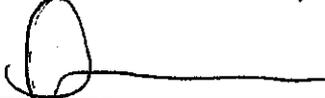
B. Water Treatment Plant Information

Plant Name:	49 th Street Village	Plant Telephone Number:	(352) 787-0980
Plant Address:	N.E. 28th Terrace	City:	Ocala State: FL Zip Code: 34470
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	109,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	V	Plant Class (per subsection 62-699.310(4), F.A.C.):	D

Plant Operator	Name	License Class	License Number	Days/Week
Lead Operator	Paul Thompson	A	7251	3 Days per week
Plant Operator	Mark March	C	8287	3 Days per week
Plant Operator	Gary Kissick	C	7846	3 Days per week

II. Certification by Lead/Chief Operator

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


1/8/07
Paul Thompson
A7251
 Signature and Date Printed or Typed Name License Number

PWS ID: 3424631 Plant Name: 49th Street Village

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: * 2006

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? No

follows:

Polymer Dose ppm =	Acrylamide Level, % ¹ =
--------------------	------------------------------------

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? No

polymer are as follows:

Polymer Dose ppm =	Epichlorohydrin Level, % ¹ =
--------------------	---

C. Is any iron or manganese sequestrant used at the water treatment plant? No

Type of Sequestrant (polyphosphate or sodium silicate):

Sequestrant Dose, mg/L of phosphate as PO₄ or mg/L of silicate as SiO₂ =

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO₂ =

* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

¹ Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.



St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at www.sjrwmd.com.

February 17, 2006

Aqua Utilities Florida
P.O. Box 490310
Leesburg, FL 34749

SUBJECT: Consumptive Use Permit Number 3060
49th Street Water System

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on February 17, 2006.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,

Gloria Lewis, Director
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: Connect Consulting, Inc.
14596 Rolling Rock Place
Wellington, FL 33414

DOCUMENT NUMBER - DATE

04317 MAY 22 06

FPSC-COMMISSION CLERK

GOVERNING BOARD

David G. Graham, CHAIRMAN
JACKSONVILLE

John G. Sowinski, VICE CHAIRMAN
ORLANDO

Ann T. Moore, SECRETARY
BUNNELL

Duane L. Ottenstroef, TREASURER
JACKSONVILLE

R. Clay Albright
OCALA

Susan N. Hughes
POWTE VEDRA

William W. Kerr
MELEOURIE BEACH

Ometrias D. Long
APOPKA

W. Leonard Wood
FERNANDINA BEACH

PERMIT NO. 3060
PROJECT NAME: 49th Street Water System

DATE ISSUED: February 17, 2006

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, 9.116 million gallons per year (mgy) of groundwater from the Floridan aquifer for household use and 0.884 mgy of groundwater from the Floridan aquifer for unaccounted for uses in 20-years.

LOCATION:

Site: 49th Street Water System
Marion County

Section(s):	36	Township(s):	14S	Range(s):	21E
	28, 32, 33, 34		14S		22E
	9		15S		21E
	24, 25, 33		15S		22E
	34		16S		23E
	13, 14		17S		22E
	3, 18		17S		23E

ISSUED TO:

Aqua Utilities Florida
P.O. Box 490310
Leesburg, FL 34749

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated February 17, 2006

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: D.T. Jenkins

Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 3060
AQUA UTILITIES FLORIDA
DATED FEBRUARY 17, 2006

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.
8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
9. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification.

10. All submittals made to demonstrate compliance with the conditions issued under this permit must include the permit number 3060 plainly labeled on the submittal.
11. This permit will expire on February 28, 2026.
12. Maximum annual groundwater withdrawals for household use must not exceed 9.116 million gallons.
13. Maximum annual groundwater withdrawals for unaccounted for water losses must not exceed 0.884 million gallons.
14. If the Permittee has complied with all requirement of the conditions set forth in the permit, the maximum annual groundwater withdrawals from the Floridan after must not exceed 10.0 million gallons.

If the permittee has not complied with all of the conditions of this permit, the maximum annual groundwater withdrawals for household and unaccounted for losses must not exceed the allocation for the year during which the violation first took place until the permittee is in compliance with all of the conditions of this permit.

15. If, in any year, the actual volume of water withdrawn by the permittee equals 95 percent or more of the amount of water allocated for use by this permit, then the permittee shall submit a report to the District that explains why the withdrawal of water by the permittee equals 95 percent or more of the amount allocated for in this permit. The report shall evaluate the effect of the following on the volume of water withdrawn by the permittee:
 - a) Climatic shortfalls (drought);
 - b) Greater than anticipated growth in the permittee's service area;
 - c) Inefficient usage within the service area;
 - d) Other factors that account for the withdrawal volume equaling 95 percent or more of the allocation.

The report must include a breakdown of the population currently being served by the permittee, an updated projection of anticipated population that will be served for the following year, an evaluation as to whether the permittee anticipates whether it will be able to meet the water needs of the revised projected population without violating the allocations set forth in this permit, and a corrective action plan setting actions that the permittee intends to take if the evaluation indicates that allocations will be exceeded during the following year. The report must be submitted to the District by February 15th of the year following the year wherein the permittee experiences withdrawals of water that equals 95 percent or more of the amount of water allocated for use by this permit.

16. Well 1 (GRS ID 11011), as listed on the application, is equipped with an individual, totalizing flow meter. This meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications. Documentation (i.e. manufacturer's specifications and a photo) of the proper installation of this meter must be submitted to the District within 60 days from the date of installation of the meter.
17. Total withdrawal from Well 1 (GRS ID 11011), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31.

18. The Permittee must maintain all flow meters and alternative methods for measuring flow. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.
19. The Permittee must have all flow meters checked for accuracy at least once every 3-years from the last meter accuracy check after installation, and recalibrated if the difference between the actual flow and the meter reading is greater than 5% or if the difference between the actual flow and the alternative method measurement is greater than 10%. District Form EN-51 must be submitted to the District within 10 days of the inspection/calibration.
20. The permittee must have in place a process for reporting, recording and documenting unmetered water uses including, but not limited to, main breaks, sewer cleaning, and water quality flushing.
21. The permittee must conduct a detailed water audit every two years and submit it to the District by February 28th 2008, 2010, 2012, 2014, 2016, 2018, 2020, 2022, 2024 and 2026. All water uses given in the audit must be for the previous calendar year and documentation provided on how the amounts were metered or determined. If the water audit shows that the system losses and unaccounted for water utility uses exceed 10%, a leak detection and repair program must be implemented.
22. The permittee must continue to implement the Water Conservation Plan submitted to the District on October 21, 2003 as part of the application process and in accordance with the schedule contained therein including:
 - (a) Annual water conservation information mail-outs
 - (b) Monthly water conservation tips on water bills
23. The use of master meters to supply potable water to any multi-family or multi-unit structure (excluding hospitals, hotels) constructed after the date of permit issuance is prohibited. All individual service connections must be metered.
24. If, at any time within permit duration, it becomes technically, economically and environmentally feasible, the District may require the Permittee to become a reclaimed water purveyor or increase the availability of reclaimed water for use at a permissible application site.
25. The Permittee must submit, to the District, a compliance report pursuant to subsection 373.236(3), Florida Statutes. The Permittee must submit the report by February 28th of 2011, 2016 and 2021. The report shall contain sufficient information to demonstrate that the Permittee's use of water continues, for the remaining duration of the permit, to meet the conditions for permit issuance set forth in the District rules that existed at the time the permit was issued for 20 years by the District. In providing such assurance, the compliance report must, at a minimum:
 - (a) Meet the submittal requirements of section 4.2 of the Applicant's Handbook: Consumptive Uses of Water, April 10, 2002;
 - (b) Evaluate whether the Permittee is implementing currently available water conservation measures and technologies and evaluate any new technologies and the potential savings of additional water conservation measures;

(c) Evaluate whether unaccounted for water losses remain within acceptable limits.

26. By December 31, 2008 the Permittee must submit a report to the District evaluating the effectiveness of the Permittee's water rate structure on water use consumption patterns within the service area. The report must be based on the most recent year's water use and must include the following:
 - (a) The number of residential accounts;
 - (b) The distribution of customer's water use consumption (broken down into 2,000 gallons/month increments);
 - (c) The number of customers using irrigation meters, if any;
 - (d) The breakdown, in 2,000 gallon/month increments, of all irrigation meter customer water use, if any, and;
 - (e) The annual residential water use purchased (in million gallons) by year. This evaluation must include a comparison of water use patterns within each 2,000 gallon/month breakdown.

27. If the District determines the existing water conservation rate structure is not satisfactory in achieving water use efficiency, within 1-year of notification from the District, the permittee must submit to the District, a proposed water conservation rate structure designed to encourage water conservation and improve discretionary water use efficiency.

28. Within 4-years of submittal of the proposed revised water conservation rate structure referenced above, the Permittee must implement the structure and must provide documentation demonstrating implementation of the revised water conservation rate structure.

Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections 120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.
2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.
3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.
4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.
5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.
6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).
7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written decision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.
9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).
10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).
11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).
12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.
13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.
14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.
15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

Notice Of Rights
Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S.
Mail to:

Aqua Utilities Florida
P.O. Box 490310
Leesburg, FL 34749

At 4:00 p.m. this ^{22nd} ~~17th~~ day of February, 2006.

Gloria Lewis

Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4152
Permit Number: 3060

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

5600 US 1 North Fort Pierce, FL 34946 FDOH # E96080
 255 Enterprise Rd, Suite 1 Deltona, FL 32725 FDOH # E83509
 307 Coolidge Ave. Lehigh Acres, FL 33936 FDOH # E85370
 2514 Osowaw Blvd. Spring Hill, FL 34607 FDOH # E84418

HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.
 5600 U.S. 1 North, Fort Pierce FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

HBEL Report Number: 2130120 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

Standard Coliform Test Other: _____ PWS I.D. 3424631

System Name: 49th St. Village

System Address: NE 28th

City: Ocala

Collector: Mark Marsh System or Owner's Phone # 3523030718

Relinquished By: M. Marsh Received By: [Signature]

Date/Time: 12-6-07 10:00 Date/Time: 12/6/07

Type of Supply: (check only one) Community Water System Noncommunity Water System Nontransient-Noncommunity Water System Limited Use System Private Well Swimming Pool Bottled Water Other

Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other

Sample Collection Date(s) 12-5-07

Lab Receipt Date and Time: 12/6/07 12:15

Received for Laboratory By: [Signature]

Analysis Date and Time: 12/6/07 1505

Sample Acceptance Criteria:

Sample Preservation On Ice Not On Ice 23°C

Disinfectant Check Not Detected >0.1 mg/L

Collector's Phone #: 3030718

Relinquished By: [Signature] Date/Time: 12/9/07 12:15

Date/Time: 12/9/07 12:15

Nontransient-Noncommunity Water System Limited Use System Bottled Water Other

Replacement Main Clearance Well Survey Other

LABORATORY CERTIFICATE OF ANALYSIS

Total Coliform Analysis Method: (MF) SM9222B (Coli-ert) SM9223B

Fecal or E. coli Analysis Method (MF) SM9222B (Coli-ert) SM9223B

Non Coliform	Total Coliform	Fecal or E. Coli	Data Qual. ²	Lab Sample Number
	A			2130120001
	A			1002
	A			2130120003

TO BE COMPLETED BY COLLECTOR OF SAMPLE

Sample Number	SAMPLE POINT (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd mg/L	pH
1	Well-1	1225	R	0	
2	5225 NE 50th	1230	D	1.1	
3	4625 NE 28th	1240	D	1.2	

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.15

Disinfectant Residual Analysis Method: DPD Colorimetric Other

Person performing analysis is: [Signature] Employed by a certified lab Employed by DEP or DOH

A certified operator (# CS287) Supervised by a certified operator (# _____)

Name and Mailing Address of Person/Firm to Receive Report
Aqua Utilities
PO Box 490310
Leesburg, Fla. 34749

Key: P - Present A - Absent C - Confluent Growth
 TNTC - Too Numerous to Count TA - Turbid
 L.C.A. - Absence of gas or acid

Report authorized by: [Signature] Analyst: [Signature]
 Date: 12/9/07 Technical Director or Designee

Unless otherwise noted, all test results contained within this report meet all applicable Method, Laboratory and NELAP guidelines. Questions regarding this report should be directed to the report Signatory at the phone number above.

Satisfactory Repeat Samples Required
 Incomplete Collection Information Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____



Page 1 of 1

DOCUMENT NUMBER - DATE
 04317 MAY 22 08

FPSC-COMMISSION CLERK

¹ DEP Sample Types: D-Distribution (routine Compliance); C-Repeat or Check; R-Raw; N-Entry to Distribution; P-Plant Tap; S-Special (clearance, etc.)
 Top Form - ORIGINAL Middle Form - LABORATORY ² Defined in Florida Administrative Code Rule 62-160 Pink Form - CLIENT

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: March 28, 2007

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.

Workorder ID: 49th Street Village

[2128207]

Received: 3/21/07 12:00

Dear Brian Heath;

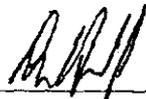
Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/28/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 467-2400, Ext. 285 Fax: (772) 467-1584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: 49th Street Village
Received: 3/21/07 12:00

[2128207]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

Method Narratives (If Applicable)			
<u>HBEL Sample Number</u>	<u>Sample ID</u>	<u>Analytical Method</u>	<u>Description</u>

Quality Control Summary			
<u>Method</u>	<u>HBEL Batch</u>	<u>Analyte</u>	<u>Analytical Issue</u>

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/28/07



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2128207]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 49th Street Village

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2128207001						Sampled: 03/21/07 7:00		Received: 03/21/07 12:00		
Sample ID: 49th Street Village P.O.E grab						Matrix: Water		Results reported on Wet Weight Basis		
Nitrate as N		4.0	mg/L	0.0030	EPA 300.0	1C7163		03/22/07 12:45	JL	E96080
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	1C7163		03/22/07 12:45	JL	E96080

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 3/28/07

Page 3 of 4

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Public Water System Information (to be completed by sampler)

System Name: 40th Street PWS ID #: 3424631

System Type (check one): Community Nontransient Noncommunity Transient Noncommunity

Address: NE 28th Ter

City: Ocala State: FL ZIP Code: 34470

Phone #: 352-787-0980 Fax #: 352-787-6333

E-Mail Address: n/a

Sample Information (to be completed by sampler)

Sample Number: 49251DW1 Location Code (if known): 4800 NE 28 TER

Sample Date: 9/10/09 Sample Time: 8:00 AM PM (circle one)

Sample Location (be specific): 4800 NE 28th Ter

Disinfectant Residual (required when reporting trihalomethanes and haloacetic acids): 1.4 mg/L Field pH: 7.3

Sample Type (check only one)

- Distribution
- Entry Point (for Distribution)
- Plant Tap (not for compliance with 62-550)
- Rew (at well or intake)
- Max Residence Time
- Avg Residence Time
- Near First Customer

Sample Reason(s) (check all that apply)

- Routine Compliance (with 62-550)
 - Confirmation of MCL Exceedance *
 - Composite of Multiple Sites **
 - Clearance (permitting)
 - Other: Water quality
 - Quarterly (which quarter?) _____
 - Special (not for compliance with 62-550)
 - Violation Resolution
 - Replacement (of invalidated sample)
- Sampling Procedure Used or Other Comments: _____

* See 62-550.500(6) for requirements and restrictions.

** See 62-550.550(2) for requirements and

NOTE: See 62-550.512(3) for additional requirements
for nitrate or nitrate MCL exceedances.

attach a results page for each site.

Sampler's Name: Mark March

Sampler's Phone #: 352-787-0980 Sampler's Fax #: 352-787-6333

Sampler's E-Mail Address: n/a

Certification (to be completed by sampler)

Paul Thompson for Mark field coordinator
(Print Name) (Print Title)

do HEREBY CERTIFY that the above public water system and collection information is complete and correct.

Signature: [Signature] Date: 10/12/09

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form**

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 8/30/2008
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 49251DW1

Report Number: 49251
Date Sample Received: 09/27/07

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

- | | | | |
|-----------------------------------|--|---|---|
| <u>Inorganics</u> | <u>Volatile Organics</u> | <u>Radioisotopes</u> | <u>Disinfection Byproducts</u> |
| <input type="checkbox"/> All 17 | <input type="checkbox"/> All 21 <input type="checkbox"/> Partial | <input type="checkbox"/> Single Sample | <input type="checkbox"/> Trihalomethanes |
| <input type="checkbox"/> Partial | | <input type="checkbox"/> Qtrly Composite** | <input type="checkbox"/> Haloacetic Acids |
| <input type="checkbox"/> Nitrate | | | <input type="checkbox"/> Bromate |
| <input type="checkbox"/> Nitrite | <u>Synthetic Organics</u> | <u>Secondaries</u> | <input type="checkbox"/> Chlorite |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> All 30 <input type="checkbox"/> Partial | <input type="checkbox"/> All 14 <input checked="" type="checkbox"/> Partial | |

Were any analyses subcontracted? Yes No (if yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: 

Date: 10/09/07

- * Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.
- ** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory Yes No Sample Analysis Info Satisfactory Yes No
 Resample Requested (circle or highlight groups above) Revised Report Requested (circle or highlight groups above)
Reason(s): Incomplete Report Location Unsatisfactory Analysis Unsatisfactory
 Missing Analyte Sheet(s) Other _____
Person Notified: _____ Date Notified: _____
Comments: _____
Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 49251DW1 PWS ID: 49TH STREET VILLAGE PWS ID# 342 4631 Sample ID: 4600 NE 28 TER

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	10/01/07		E83018

Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 49251DW1 PWS ID: 49TH STREET VILLAGE PWS ID# 342 4631 Sample ID: 4600 NE 28 TER

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1016	Calcium	N/A	mg/L	45.8		EPA200.7	0.100	10/01/07		E83018
1022	Copper	1	mg/L	0.0116		EPA200.8	0.00100	10/01/07		E83018
1925	pH	6.5 -8.5	pH	7.46		SM4500HB	0.0100	09/28/07	08:50 AM	E83018
1930	Total Dissolved Solids	500	mg/L	172		SM2540C	2.50	09/28/07		E83018

Flowers Chemical Laboratories, Inc.
 481 Newburyport Ave.
 Altamonte Springs, FL 32701
 Bus: 407-339-5984
 Fax: 407-260-6110

Flowers Chemical Labs-South
 8253 South US Hwy. 1
 Port St. Lucie, FL 34952
 Bus: 772-343-8006
 Fax: 772-343-8089

Flowers Chemical Labs-North
 812 S.W. Harvey Greene Dr.
 Madison, FL 32340
 Bus: 850-973-6878
 Fax: 850-973-6878



www.flowerslabs.com

Client: AQUA UTILITIES - MARION COUNTY
 Address: P.O. Box 490310
 LEESBURG, FL 34749
 Phone: 352-303-0718 FAX 352-787-6333
 Project Name: 49th STREET VILLAGE RESID#3424631
 Contact: MARK MARCH
 FCL Lab Coordinator: [Blank]
 Requested Due Date: [Blank]
 P.O.#: PICK UP

Sampled By (PRINT): ~~MARK MARCH~~ MARK MARCH
 Sample Signature: Mark March
 Date Sampled: [Blank]

\$ 25.00

GW - ground water DW - drinking water WW - wastewater
 SW - surface water S - Soil/solid SL - sludge A - Air

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	MATRIX	LAB NO.	PRESERVATIVES					ANALYSES REQUEST					COMMENTS	Total #		
						NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₅	CONDUCTIVITY	CALCIUM	ALKALINITY	TDS	SULFATE				
1	4600 NE 28th	7.27.07	0800	DW	49251 DW1	X					X	X	X	X	X			cl 2.4 PH-7.3	1
2	/																		
3	/																		
4	/																		
5	/																		
6	/																		
7	/																		
8	/																		
9	/																		
10	/																		

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
M. March	9/21/07	1000	[Signature]	9/21	050	[Signature]	7/27/08		Marie Perkins	7/24/07	15:00

• WHITE - Original - To Be Returned • YELLOW - Duplicate

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: December 6, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: 49th St Village Tri-Annual [2127297]
Received: 11/09/06 13:00

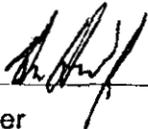
Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:
E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 12/6/06



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone (772) 465-2400, Ext. 285 Fax (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
 Workorder ID: 49th St Village Tri-Annual
 Received: 11/09/06 13:00

[2127297]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample

Method Narratives (If Applicable)

Number	Sample ID	Analytical Method	Description
2127297001	P.O.E. Grab	EPA 525.2	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
		EPA 547	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 300.0	IC7015		
	2127297001	Nitrate as N	Accuracy - Outside acceptance limits in the MS.
	2127297001	Nitrate as N	Accuracy - Outside acceptance limits in the MSD.
	2127297001	Nitrite as N	Accuracy - Outside acceptance limits in the MS.
	2127297001	Nitrite as N	Accuracy - Outside acceptance limits in the MSD.
EPA 505	PEST4828		
	2127297001	Decachlorobiphenyl	Surrogate - Outside acceptance Limits

The above due to matrix effects. Accuracy/Precision demonstrated with other QC samples.

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 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127297]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 49th St Village Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2127297001						Sampled: 11/08/06 14:44		Received: 11/09/06 13:00			
Sample ID: P.O.E. Grab						Matrix: Water		Results reported on Wet Weight Basis			
Odor - Dechlorinated		1.0 U	T.O.N.	1.0	EPA 140.1	WCDE15354		11/9/06 14:25	RM	E83509	
pH	Q	7.91	SU	0.200	EPA 150.1	WCGE26596		11/11/06 18:37	GS	E96080	
Aluminum		0.0030 U	mg/L	0.0030	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Barium		0.0018 U	mg/L	0.0018	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Beryllium		0.00010 U	mg/L	0.00010	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Cadmium		0.00070 U	mg/L	0.00070	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Chromium		0.0020	mg/L	0.0018	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Copper		0.0095	mg/L	0.0014	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Iron		0.025 U	mg/L	0.025	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Manganese		0.0037 U	mg/L	0.0037	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Nickel		0.0020 U	mg/L	0.0020	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Silver		0.0010 U	mg/L	0.0010	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Sodium		9.8	mg/L	0.50	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Zinc		0.049	mg/L	0.010	EPA 200.7	META8218		12/1/06 13:54	DM	E96080	
Antimony		0.00082 U	mg/L	0.00082	EPA 200.9	META8213		11/29/06 14:04	DM	E96080	
Lead		0.00081 U	mg/L	0.00061	EPA 200.9	META8205		11/20/06 17:13	DM	E96080	
Selenium		0.0022 U	mg/L	0.0022	EPA 200.9	META8201		11/14/06 11:58	DM	E96080	
Thallium		0.0010 U	mg/L	0.0010	EPA 200.9	META8210		11/29/06 10:59	DM	E96080	
Mercury		0.000060 U	mg/L	0.000060	EPA 245.1	META8208	11/22/06 11:58	11/27/06 15:14	DM	E96080	
Chloride		14	mg/L	5.0	EPA 300.0	IC7014		11/10/06 14:24	JL	E96080	
Fluoride		0.071	mg/L	0.011	EPA 300.0	IC7015		11/10/06 11:18	JL	E96080	
Nitrate as N		2.0	mg/L	0.0030	EPA 300.0	IC7015		11/10/06 11:18	JL	E96080	
Nitrite as N		0.0022 U	mg/L	0.0022	EPA 300.0	IC7015		11/10/06 11:18	JL	E96080	
Sulfate		14	mg/L	1.4	EPA 300.0	IC7014		11/10/06 14:24	JL	E96080	
1,2-Dibromo-3-chloropropane		0.0020 U	ug/L	0.0020	EPA 504.1	PEST4827	11/20/06 12:47	11/20/06 22:34	JL	E96080	
1,2-Dibromoethane		0.0047 U	ug/L	0.0047	EPA 504.1	PEST4827	11/20/06 12:47	11/20/06 22:34	JL	E96080	
Chlordane		0.13 U	ug/L	0.13	EPA 505	PEST4828	11/14/06 13:48	11/15/06 0:31	JL	E96080	
Endrin		0.10 U	ug/L	0.10	EPA 505	PEST4828	11/14/06 13:48	11/15/06 0:31	JL	E96080	
gamma-BHC (Lindane)		0.020 U	ug/L	0.020	EPA 505	PEST4828	11/14/06 13:48	11/15/06 0:31	JL	E96080	
Heptachlor		0.036 U	ug/L	0.036	EPA 505	PEST4828	11/14/06 13:48	11/15/06 0:31	JL	E96080	
Heptachlor epoxide		0.027 U	ug/L	0.027	EPA 505	PEST4828	11/14/06 13:48	11/15/06 0:31	JL	E96080	
Methoxychlor		0.043 U	ug/L	0.043	EPA 505	PEST4828	11/14/06 13:48	11/15/06 0:31	JL	E96080	
PCB		0.14 U	ug/L	0.14	EPA 505	PEST4828	11/14/06 13:48	11/15/06 0:31	JL	E96080	
Toxaphene		0.60 U	ug/L	0.60	EPA 505	PEST4828	11/14/06 13:48	11/15/06 0:31	JL	E96080	
2,4,5-TP		0.19 U	ug/L	0.19	EPA 515.1	PEST4826	11/13/06 9:54	11/14/06 17:07	JL	E96080	
2,4-D		0.22 U	ug/L	0.22	EPA 515.1	PEST4826	11/13/06 9:54	11/14/06 17:07	JL	E96080	
Dalapon		2.3 U	ug/L	2.3	EPA 515.1	PEST4826	11/13/06 9:54	11/14/06 17:07	JL	E96080	
Dinoseb		0.23 U	ug/L	0.23	EPA 515.1	PEST4826	11/13/06 9:54	11/14/06 17:07	JL	E96080	
Pentachlorophenol		0.39 U	ug/L	0.39	EPA 515.1	PEST4826	11/13/06 9:54	11/14/06 17:07	JL	E96080	
Picloram		0.23 U	ug/L	0.23	EPA 515.1	PEST4826	11/13/06 9:54	11/14/06 17:07	JL	E96080	
1,1,1-Trichloroethane		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080	

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 Phone: (772) 465-2400, Ext. 225 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127297]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 49th St Village Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
1,1,2-Trichloroethane		0.44 U	ug/L	0.44	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
1,1-Dichloroethene		0.23 U	ug/L	0.23	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
1,2,4-Trichlorobenzene		0.41 U	ug/L	0.41	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
1,2-Dichlorobenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
1,2-Dichloroethane		0.29 U	ug/L	0.29	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
1,2-Dichloropropane		0.40 U	ug/L	0.40	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
1,4-Dichlorobenzene		0.23 U	ug/L	0.23	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Benzene		0.20 U	ug/L	0.20	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Carbon tetrachloride		0.24 U	ug/L	0.24	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Chlorobenzene		0.30 U	ug/L	0.30	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
cis-1,2-Dichloroethene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Ethylbenzene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Methylene chloride		0.23 U	ug/L	0.23	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Styrene		0.21 U	ug/L	0.21	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Tetrachloroethene		0.24 U	ug/L	0.24	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Toluene		0.22 U	ug/L	0.22	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Total Xylenes		0.48 U	ug/L	0.48	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
trans-1,2-Dichloroethene		0.35 U	ug/L	0.35	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Trichloroethene		0.36 U	ug/L	0.36	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Vinyl chloride		0.32 U	ug/L	0.32	EPA 524.2	VOC2727		11/17/06 13:45	WR	E96080
Alachlor		0.61 U	ug/L	0.61	EPA 525.2	SVOC2461	11/14/06 16:24	12/5/06 1:14	WR	E96080
Atrazine		0.48 U	ug/L	0.48	EPA 525.2	SVOC2461	11/14/06 16:24	12/5/06 1:14	WR	E96080
Benzo(a)pyrene		0.070 U	ug/L	0.070	EPA 525.2	SVOC2461	11/14/06 16:24	12/5/06 1:14	WR	E96080
bis(2-ethylhexyl)phthalate		0.84 U	ug/L	0.84	EPA 525.2	SVOC2461	11/14/06 16:24	12/5/06 1:14	WR	E96080
Di(2-ethylhexyl)adipate		0.68 U	ug/L	0.68	EPA 525.2	SVOC2461	11/14/06 16:24	12/5/06 1:14	WR	E96080
Hexachlorobenzene		0.30 U	ug/L	0.30	EPA 525.2	SVOC2461	11/14/06 16:24	12/5/06 1:14	WR	E96080
Hexachlorocyclopentadiene		0.24 U	ug/L	0.24	EPA 525.2	SVOC2461	11/14/06 16:24	12/5/06 1:14	WR	E96080
Simazine		0.63 U	ug/L	0.63	EPA 525.2	SVOC2461	11/14/06 16:24	12/5/06 1:14	WR	E96080
Carbofuran		0.18 U	ug/L	0.18	EPA 531.1	HPLC2352		11/27/06 15:53	JJM	E96080
Oxamyl		0.41 U	ug/L	0.41	EPA 531.1	HPLC2352		11/27/06 15:53	JJM	E96080
Glyphosate		10 U	ug/L	10	EPA 547	SAL1036		11/21/06 11:33	SAL	E84129
Endothal		2.8 U	ug/L	2.8	EPA 548.1	SVOC2462	11/15/06 16:25	11/17/06 11:20	WR	E96080
Diquat		1.9 U	ug/L	1.9	EPA 549.2	HPLC2353	11/15/06 12:14	11/29/06 14:14	JJM	E96080
Arsenic		0.0010 U	mg/L	0.0010	SM 3113 B	SAL1036		11/29/06 9:32	SAL	E84129
Color		3.0	CU	1.8	SM2120 B	WCGE26588		11/10/06 10:35	TCL	E96080
Total Dissolved Solids		190	mg/L	16	SM2540 C	WCGE26600		11/13/06 14:00	TCL	E96080
Cyanide		0.0047 U	mg/L	0.0047	SM4500CN E	WCGE26634	11/17/06 11:00	11/18/06 8:45	GG	E96080
Surfactants as LAS, Mol.wt.340		0.022 U	mg/L	0.022	SM5540 C	WCGE26593	11/10/06 13:30	11/10/06 16:22	GG	E96080

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 FDOH # E84418

Printed: 12/6/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

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Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2127297]

Client: Aqua Utilities Florida, Inc.

Workorder ID: 49th St Village Tri-Annual

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Prep Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID	
Laboratory ID: 2127297002					Sampled: Matrix: Water		Received: 11/09/06 13:00				
Sample ID: TRIP BLANK					Results reported on Wet Weight Basis						
1,1,1-Trichloroethane	0.21 U	ug/L	0.21	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
1,1,2-Trichloroethane	0.44 U	ug/L	0.44	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
1,1-Dichloroethene	0.23 U	ug/L	0.23	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
1,2,4-Trichlorobenzene	0.41 U	ug/L	0.41	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
1,2-Dichlorobenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
1,2-Dichloroethane	0.29 U	ug/L	0.29	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
1,2-Dichloropropane	0.40 U	ug/L	0.40	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
1,4-Dichlorobenzene	0.23 U	ug/L	0.23	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Benzene	0.20 U	ug/L	0.20	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Carbon tetrachloride	0.24 U	ug/L	0.24	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Chlorobenzene	0.30 U	ug/L	0.30	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
cis-1,2-Dichloroethene	0.21 U	ug/L	0.21	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Ethylbenzene	0.21 U	ug/L	0.21	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Methylene chloride	0.23 U	ug/L	0.23	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Styrene	0.21 U	ug/L	0.21	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Tetrachloroethene	0.24 U	ug/L	0.24	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Toluene	0.22 U	ug/L	0.22	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Total Xylenes	0.46 U	ug/L	0.46	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
trans-1,2-Dichloroethene	0.35 U	ug/L	0.35	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Trichloroethene	0.36 U	ug/L	0.36	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	
Vinyl chloride	0.32 U	ug/L	0.32	EPA 524.2	VOC2727			11/17/06 14:18	WR	E96080	

Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.
Q Sample held beyond the accepted holding time.

5600 US 1 North
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FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

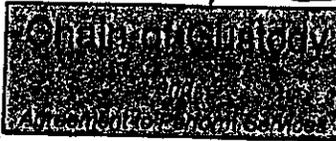
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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

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Laboratory not responsible for omitted information

FDOH # E98080
5600 U.S. 1 North
Fort Pierce, FL 34946

FDOH # E85370
307 Coolidge Avenue
Lehigh Acres, FL 33936

FDOH # E83509
4155 St. Johns Pkwy.
Suite 1300
Sanford, FL 32771

FDOH # E84418
18331 Cortez Blvd.
Brooksville, FL 34601

Company: Aqua Utilities

Method(s) of Shipment: _____

Address: PO Box 490310

Leesburg Fla Zip: 34749

Phone: 352 303 0718 Fax: _____

e-mail: Same

Client Contact: Mark

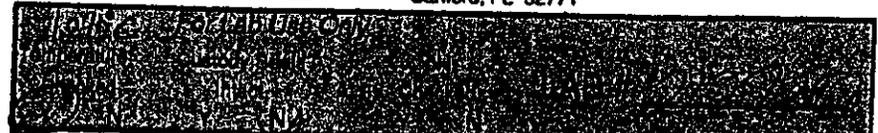
Standard Laboratory Turn Around Time

Project Name: 79745 Village

Or

Sampled By: Mark Mark

Rush In _____ Business Days
Requires Laboratory Approval



PRESERVATIVE

--	--	--	--	--	--	--	--

Preservation Key

H-Hydrochloric Acid	P-Phosphoric Acid
N-Nitric Acid	ST-Sodium
S-Sulfuric Acid	Th-Thiourea
BH-Sodium Hydroxide	U-Unpreserved

ANALYSES REQUESTED

ST-1	ST-2	CADMIUM	58-1	54-1	54-2	54-3	54-4	54-5

COMMENTS

COLLECTION DATE	TIME	Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report	ANALYSES REQUESTED													
						ST-1	ST-2	CADMIUM	58-1	54-1	54-2	54-3	54-4	54-5					
11.8.06	1438	G ^w	W	1	Bottle ID L	X													
	1439	G ^w	W	1	ID M		X												
	1440	G ^w	W	1	ID N			X											
	1441	G ^w	W	1	ID O				X										
	1442	G ^w	W	3	ID P					X									
	1443	G ^w	W	1	ID Q						X								
11.8.06	1444	G ^w	W	3	ID R							X							

20F2
all sample POE
at WTP

RELINQUISHED BY <u>M. Muntz</u>	RELINQUISHED BY <u>My</u>	RELINQUISHED BY <u>Yvette to FedEx</u>
DATE/TIME <u>11.9.06 11:00</u>	DATE/TIME <u>11.9.06 1:00</u>	DATE/TIME <u>11-9-06 1:00</u>
RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>	RECEIVED BY <u>[Signature]</u>
DATE/TIME <u>11/9/06</u>	DATE/TIME <u>11-9-06 1:00</u>	DATE/TIME <u>11-9-06 1:00</u>

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 US 1 North, Fort Pierce FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Date issued: September 13, 2006

To: Brian Heath
Aqua Utilities Florida, Inc.
POB 490310
Leesburg, FL 34749

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion County HAA5/TTHM Grab [2126679]
Received: 8/31/06 13:00

Dear Brian Heath;

Analytical results presented in this report have been reviewed for compliance with the HARBOR BRANCH Environmental Laboratories Inc.'s (HBEL) Quality Systems Manual and have been determined to meet applicable Method guidelines and Standards referenced in the July 2003 National Environmental Laboratory Accreditation Program (NELAP) Quality Manual unless otherwise noted. The Analytical Results within these report pages reflect the values obtained from tests performed on Samples As Received by the laboratory unless indicated differently.

FDOH Safe Drinking Water Act, Clean Water Act and RCRA Certification #'s:

E96080, E83509, E85370, E84418

Questions regarding this report should be directed to the Report Signatory at (772) 465-2400, Ext. 285 referencing the HBEL Workorder ID [Number].

Respectfully submitted,



Cindy Cromer
Technical Director or Designee

Note: This report is not to be copied, except in full, without the expressed written consent of the HARBOR BRANCH Environmental Laboratories, Inc.

5600 US 1 North
Fort Pierce, FL 34946
FDOH # E96080

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Sanford, FL 32771
FDOH # E83509

307 Coolidge Avenue
Lehigh Acres, FL 33936
FDOH # E85370

16331 Cortez Blvd
Brooksville, FL 34601
FDOH # E84418

Printed: 9/13/06



**HARBOR BRANCH
ENVIRONMENTAL
LABORATORIES, INC.**

5600 U.S. 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

Quality Control Summary

Client: Aqua Utilities Florida, Inc.
Workorder ID: Marion County HAA5/TTHM Grab
Received: 8/31/06 13:00

[2126679]

MB=Method Blank LCS=Laboratory Control Sample LCSD=Laboratory Control Sample Duplicate MS=Matrix Spike MSD=Matrix Spike Duplicate DUP=Sample Duplicate

HBEL Sample Number	Sample ID	Analytical Method	Description
2126679001	2170 NE 45 St Ocala Oaks	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679002	4401 NE 46 La Ocala Oaks	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679003	764 NW 58 Ct Ridge Meadows	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679004	5132 SE 27 St Bellaire	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679005	4235 NW 26 Terr West View	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679006	2351 NE 55 Pt Chappell Hills	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD
2126679007	4745 NE 26 Terr 49th St Vill	EPA 552.1	No MS/MSD analyzed in batch. Precision and Accuracy determined with LCS/LCSD

Quality Control Summary

Method	HBEL Batch	Analyte	Analytical Issue
EPA 552.1	PEST4784		
2126679001	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679002	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679003	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679004	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679005	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679006	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	
2126679007	2,3-Dibromopropionic Acid	Surrogate - Outside acceptance Limits	

Samples not spiked w/ surrogates during extraction for 552.1. The IS demonstrated extraction performance. Precision/Accuracy demonstrated with the LCS.

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FDOH # E84418



HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 U.S. 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2126679]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126679001 Sample ID: 2170 NE 45 St Ocala Oaks										
Sampled: 08/30/06 11:00 Matrix: Water						Received: 08/31/06 13:00 Results reported on Wet Weight Basis				
Bromodichloromethane		0.41	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Total THMs		2.8	ug/L	0.60	EPA 524.2	VOC2688		09/5/06 4:58	WR	E96080
Dibromoacetic Acid		3.0	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Total HAAs		4.4	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 18:35	JL	E96080
Laboratory ID: 2126679002 Sample ID: 4401 NE 46 La Ocala Oaks										
Sampled: 08/30/06 11:20 Matrix: Water						Received: 08/31/06 13:00 Results reported on Wet Weight Basis				
Bromodichloromethane		0.47	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Chloroform		2.4	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Total THMs		3.0	ug/L	0.60	EPA 524.2	VOC2688		09/5/06 5:31	WR	E96080
Dibromoacetic Acid		0.20	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:12	JL	E96080
Laboratory ID: 2126679003 Sample ID: 764 NW 58 Ct Ridge Meadows										
Sampled: 08/30/06 15:00 Matrix: Water						Received: 08/31/06 13:00 Results reported on Wet Weight Basis				
Bromodichloromethane		0.43	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 6:05	WR	E96080
Dibromoacetic Acid		0.19	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Total HAAs		1.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 19:48	JL	E96080

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HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2126679]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Marion County HAA5/TTM Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126679004					Sampled: 08/30/06 16:10		Received: 08/31/06 13:00			
Sample ID: 5132 SE 27 St Bellaire					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.41	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 6:39	WR	E96080
Dibromoacetic Acid		3.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Total HAAs		4.7	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 20:24	JL	E96080
Laboratory ID: 2126679005					Sampled: 08/30/06 16:45		Received: 08/31/06 13:00			
Sample ID: 4235 NW 26 Terr West View					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.42	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Chloroform		2.2	ug/L	0.25	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Total THMs		2.8	ug/L	0.50	EPA 524.2	VOC2688		09/5/06 7:13	WR	E96080
Dibromoacetic Acid	U	0.18	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Dichloroacetic Acid		1.3	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Total HAAs		1.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Trichloroacetic acid	U	0.20	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 21:01	JL	E96080
Laboratory ID: 2126679006					Sampled: 08/30/06 17:30		Received: 08/31/06 13:00			
Sample ID: 2351 NE 55 Pl Chappell Hills					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.53	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Chloroform		2.4	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Total THMs		3.1	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 4:00	WR	E96080
Dibromoacetic Acid		3.6	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Total HAAs		5.3	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080
Trichloroacetic acid		0.28	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 22:49	JL	E96080

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FDOH # E84418



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5600 US 1 North, Fort Pierce, FL 34946
 Phone: (772) 465-2400, Ext. 235 Fax: (772) 467-584

CERTIFICATE OF ANALYSIS

[2126679]

Client: Aqua Utilities Florida, Inc.

Workorder ID: Marion County HAA5/TTHM Grab

Parameter	Qualifier	Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2126679007					Sampled: 08/30/06 18:10		Received: 08/31/06 13:00			
Sample ID: 4745 NE 26 Terr 49th St VIII					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane		0.49	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Chloroform		2.3	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Total THMs		3.0	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 4:34	WR	E96080
Dibromoacetic Acid		3.5	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Dichloroacetic Acid		1.4	ug/L	0.66	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Monobromoacetic Acid	U	0.28	ug/L	0.28	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Monochloroacetic Acid	U	0.88	ug/L	0.88	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Total HAAs		5.1	ug/L	0.18	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080
Trichloroacetic acid		0.22	ug/L	0.20	EPA 552.1	PEST4784	09/8/06 13:07	09/8/06 23:45	JL	E96080

Laboratory ID: 2126679008					Sampled:		Received: 08/31/06 13:00			
Sample ID: Trip Blank					Matrix: Water		Results reported on Wet Weight Basis			
Bromodichloromethane	U	0.25	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Bromoform	U	0.41	ug/L	0.41	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Chloroform	U	0.25	ug/L	0.25	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Dibromochloromethane	U	0.30	ug/L	0.30	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080
Total THMs	U	0.50	ug/L	0.50	EPA 524.2	VOC2689		09/6/06 5:08	WR	E96080

Result Qualifiers: U = Not Detected; I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
 Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

5600 US 1 North
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 FDOH # E83509

307 Coolidge Avenue
 Lehigh Acres, FL 33936
 FDOH # E85370

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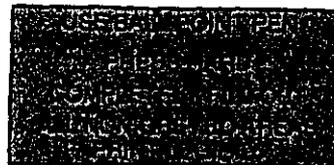
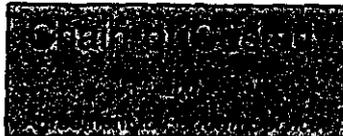
Printed: 9/13/06





HARBOR BRANCH ENVIRONMENTAL LABORATORIES, INC.

5600 US 1 North, Fort Pierce, FL 34946
Phone: (772) 465-2400, Ext. 285 Fax: (772) 467-594



Laboratory not responsible for omitted information

FDH # E96080 5600 U.S. 1 North Fort Pierce, FL 34946
FDH # E83570 307 Coolidge Avenue Lehigh Acres, FL 33936
FDH # E83509 4155 St. Johns Pkwy, Suite 1300 Sanford, FL 32771
FDH # E84418 16331 Cortez Blvd. Brooksville, FL 34801

Company: Aqua Utilities

Method(s) of Shipment: Market Truck

Address: PO Box 490010

Leesburg Fla Zip: 34749

Phone: 3523030718 Fax: _____

e-mail: Same

Client Contact: Mark March

Standard Laboratory Turn Around Time
Or
Rush in _____ Business Days
Requires Laboratory Approval

Project Name: _____

Sampled By: Mark March

PRESERVATIVE		ANALYSES REQUESTED		COMMENTS	
NH	Cl			HAA5	TTHM
4Cl	HCl				
<p>Preservation Key</p> <p>H-Hydrochloric Acid P-Phosphoric Acid N-Nitric Acid ST-Sodium S-Sulfuric Acid Thioulfate SH-Sodium Hydroxide U-Unpreserved</p>				<p>site address 4745 NE 26 Ter</p>	

LAB ID	COLLECTION		Sample Type	MATRIX	# Containers	SAMPLE DESCRIPTION As Will Appear On Report
	DATE	TIME				
007	8.30.06	1810	G	W	4	49th St Village Ct
008					3	Trp Blank

Report Page 10	RELINQUISHED BY: <u>M. March</u>	RELINQUISHED BY: <u>[Signature]</u>	RELINQUISHED BY: <u>Guide to Field</u>
	DATE/TIME: <u>8/31/06 11:00</u>	DATE/TIME: <u>8/31/06 13:00</u>	DATE/TIME: <u>9/1/06 16:00</u>
	RECEIVED BY: <u>[Signature]</u>	RECEIVED BY: <u>[Signature]</u>	
	DATE/TIME: <u>8/31/06 11:00</u>	DATE/TIME: <u>9/1/06 13:00</u>	

Distribution: WHITE with REPORT; YELLOW for FILE; PINK to CLIENT; GOLD for SAMPLER

CHAIN PAGE 2



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kotkamp
Lt. Governor

Michael W. Sole
Secretary

VIA EMAIL

JMLihvarcik@aquaamerica.com

March 20, 2007

Mr. Jack Lihvarcik
Aqua Utilites Florida Inc.
1100 Thomas Avenue
Leesburg, FL 34748

OCD-PW-SS-07-0102

Marion County - PW

<u>System Name</u>	<u>PWS ID Number</u>	<u>System Name</u>	<u>PWS ID Number</u>
Belleview Hills Subdivision	3424030	Bellaire Subdivision	3424000
Woodberry Forest	3424646	Chappell Hills SD	3424029
Hawks Point Subdivision	3424685	49 th Street Village	3424631
Fairfax Hills Subdivision	3424042	Ocala Oaks SD	3421560
Marion Hills Subdivision	3424001	Westview Subdivision	3424036
Belleview Hills Estates	3424839		

Dear Mr. Lihvarcik:

This confirms visits to the subject community public water systems on February 14 and 15, 2007, by Nathan Hess to conduct sanitary survey inspections. Copies of the sanitary survey inspection reports are enclosed for your reference and records.

Deficiencies found during the sanitary surveys and in Department records are listed in the enclosed reports. These deficiencies shall be corrected in order to return to compliance with *Florida Administrative Code* (F.A.C.) Rules 62-550, 62-555, 62-560 and 62-602.

Please correct the indicated deficiencies, and notify the Department in writing that the deficiencies have been corrected, **no later than April 30, 2007**. (You may use the attached response form to indicate the corrective actions taken.)

If you have any questions, please contact Nathan Hess by e-mail at Nathan.Hess@dep.state.fl.us or by phone at (407) 893-3318, extension 2276.

Sincerely,

Kim Dodson, Environmental Manager
Drinking Water Compliance and Enforcement

KMD/njh
Enclosures

cc: Nathan Hess, DEP Drinking Water Compliance

DOCUMENT NUMBER - DATE
04317 MAY 22 08
FPSC-COMMISSION CLERK

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant Name 49TH STREET VILLAGE SUBDIVISION County Marion PWS ID # 3424631
Plant Location Northeast 49th Street and Northeast 28th Terrace, Ocala, FL 34471 Phone 352-732-3504
Owner Name Aqua Utilites Florida Inc. Phone 352-435-4028
Owner Address 1100 Thomas Avenue, Leesburg, FL 34748
Contact Person Jerry Connolly Title Operations Manager Phone 352-787-0980
This Survey Date 2/15/07 Last Survey Date 6/17/04 Last C.I. Date 7/17/01

PWS TYPE & CLASS

- Community (5D)
- Non-transient Non-community
- Non-Community

PWS STATUS

- Approved system with approval number & date
WC42-182850 7/18/1990
WC42-2068 7/28/1983
- Unapproved system

SERVICE AREA CHARACTERISTICS

Subdivision _____
Food Service: Yes No N/A

OPERATION & MAINTENANCE

Certified Operator: Yes No Not required
Operator(s) & Certification Class-Number
Mark March C-8287

O & M Log: Yes No
O & M Manual: Yes No
Emergency Response Plan: Yes No N/A

Operator Visitation Frequency
Hrs/day: Required N/A Actual N/A
Days/wk: Required 3 Actual 3
Non-consecutive Days? Yes No N/A
MORs submitted regularly? Yes No N/A
Data missing from MORs? No Yes N/A

Number of Service Connections 98
Population Served 343 Basis Operator
Average Day (from MORs) 32,871 gpd
Max. Day (from MORs) 72,000 gpd 10/06
Max-day Design Capacity 108,000 gpd
Comments _____

RAW WATER SOURCE

- GROUND; Number of Wells 1
- SURFACE/UDI; Source _____
- PURCHASED from PWS ID # _____
- Emergency Water Source _____
Emergency Water Capacity _____

AUXILIARY POWER SOURCE

- Yes None Not Required
- Source Elliot Proane
- Capacity of Standby (kW) 35
- Switchover: Automatic Manual
- Standby Plan: Yes No
- Hrs Operated Under Load 1 hr/wk.
- What equipment does it operate?
 Well pumps All
 High Service Pumps _____
 Treatment Equipment All
- Satisfy average-day demand? Yes No Unk
- Comments _____

TREATMENT PROCESSES IN USE

Hypochlorination
What additional treatment is needed?
For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow Measuring Device Flow Meter
Meter Size & Type 3" Master
Backflow Prevention Devices: Yes No
Cross-connections None observed
Written Cross-connection Control Program: Yes
Flushing and Valve Maintenance Plan: Yes
Distribution System Map Available: Yes
Coliform Sampling Plan Available: Yes
Disinfectant/Disinfection Byproduct Rule Monitoring Plan: Yes
Lead/Copper Tap Sampling Plan: Yes
Comments: _____

GROUND WATER SOURCE

Well Number	I(AAE0117)			
Year Drilled	1983			
Depth Drilled	140'			
Drilling Method	Rotary			
Type of Grout	Cement			
Static Water Level	32'			
Pumping Water Level	Unknown			
Design Well Yield	Unknown			
Test Yield	Unknown			
Actual Yield (if different than rated capacity)	Unknown			
Strainer	Unknown			
Length (outside casing)	84'			
Diameter (outside casing)	6"			
Material (outside casing)	Steel			
Well Contamination History	None			
Is inundation of well possible?	No			
6' X 6' X 4" Concrete Pad	Yes			
SET BACKS	Septic Tank	>100'		
	Reuse Water	N/A		
	WW Plumbing	>100'		
	Other Sanitary Hazard	None observed		
PUMP	Type	Submersible		
	Manufacturer Name	Unknown		
	Model Number	Unknown		
	Rated Capacity (gpm)	75		
	Motor Horsepower	7.5		
Well casing 12" above grade?	No			
Well Casing Sanitary Seal	OK			
Raw Water Sampling Tap	Yes			
Above Ground Check Valve	Yes			
Fence/Housing	Yes			
Well Vent Protection	N/A			

COMMENTS The well casing does not extend 12 inches above grade. The Department will accept the casing as it currently exists unless the well is shown to be chemically or microbially contaminated.

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CHLORINATION (Disinfection)

Type: Gas Hypo
 Make Stenner Capacity 3 gpd
 Chlorine Feed Rate 100%
 Avg. Amount of Cl₂ gas used N/A
 Chlorine Residuals: Plant 0.87 Remote 0.45
 Remote tap location 4600 NE 28th Terrace
 DPD Test Kit: On-site With operator
 None Not Used Daily
 Injection Points Prior to hypopneumatic tank.
 Booster Pump Info _____
 Comments _____

STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated
 (B) Bladder (C) Clearwell

Tank Type/Number	H		
Capacity (gal)	5,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	PRV		
On/Off Pressure	40/55		
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	N/A		
Height to Max. Water Level	N/A		

Comments Operator indicated the storage tank is being replaced with a like tank on 2/20/07.

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl ₂ capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl ₂ residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl ₂ leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

AERATION (Gases, Fe, & Mn Removal)

Type _____ Capacity _____
 Aerator Condition _____
 Bloodworm Presence _____
 Visible Algae Growth _____
 Protective Screen Condition _____
 Comments _____

HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments _____

DEFICIENCIES:

1. A review of Department records indicates written notification was not submitted to the Department prior to replacing the finished drinking water storage tank. Inspection results indicate the tank was to be replaced on 2/20/07 with a tank of the same design and capacity, and at the same general location, as the previous tank.

Submit the following to the Department for review:

- A description of the scope, purpose, and location of the work or alterations;
- Assurance that the work or alterations will comply with applicable requirements in Part III of this chapter, including applicable requirements in the engineering references listed in Rule 62-555.330, F.A.C.; and
- Documentation of disinfection and bacteriological evaluation in accordance with 62-555.340, F.A.C.

No supplier of water shall alter or replace underground portions of, or abandon, any public water system well without first obtaining a permit from the appropriate water management district or delegated permitting authority if such a permit is required under Chapter 62-532, F.A.C. In addition, no supplier of water shall introduce a new source of water into any public water system; alter, or discontinue use of, any public water system components other than wells (but including well pumping equipment and appurtenances); or alter the type of chemicals being used to treat drinking water without first obtaining a construction permit or written approval from the Department if such a permit or such approval is required under subsection 62-555.520(1), F.A.C., or first submitting written notification to the Department if such notification is required under subsection 62-555.520(1), F.A.C. [Rule 62-555.350(9), F.A.C.]

No construction permit is required for replacement of any existing drinking water pumping, storage, or treatment facilities, including chemical application facilities and residuals handling facilities, with new facilities of the same design and capacity, and at the same general location, as the existing facilities. However, suppliers of water shall submit written notification to the Department before beginning such work or alterations. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements in Part III of this chapter, including applicable requirements in the engineering references listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required because the work/alterations is/are not of a type listed under paragraph 62-555.520(1)(c), F.A.C. [Rule 62-555.520(1)(c)1, F.A.C.]

Pressure tanks shall meet ASME code requirements or an equivalent requirement of state and local laws and regulations for the construction and installation of unfired pressure vessels. [*AWWA Recommended Standards for Water Works*, Section 7.2 as incorporated into Rule 62-555.330(3), F.A.C.]

Except as allowed under subsections 62-555.340(4) and (5), F.A.C., and except as allowed under special construction permit conditions established in accordance with paragraph 62-555.533(2)(f), F.A.C., no disinfected treatment or storage facilities or water mains shall be placed into, or returned to, operation until a bacteriological evaluation has been satisfactorily completed in accordance with subsection (2) above, results of the evaluation have been submitted to the appropriate Department of Environmental Protection (DEP) District Office, and said DEP District Office has approved the facilities or mains for operation. [Rule 62-555.340(3), F.A.C.]

When constructing or altering treatment or storage facilities, or water mains, for which a public water system construction permit is not required per subsection 62-555.520(1), F.A.C., and when taking treatment or storage facilities or water mains out of operation for repair or maintenance that might lead to contamination of water, the facilities or mains may be placed into, or returned to, operation without the Department's approval after disinfection and satisfactory completion of a bacteriological evaluation in accordance with subsection (2) above. The results of the bacteriological evaluation shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department along with the next monthly operation report(s) required under paragraph 62-555.350(12)(b), F.A.C., or if no monthly operation report is required under paragraph 62-555.350(12)(b), F.A.C., within ten days after the end of the month during which the bacteriological evaluation was completed. [Rule 62-555.340(4), F.A.C.]

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DEFICIENCIES (continued):

Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television by no later than the previous business day before taking public water system (PWS) components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality or interrupt water service to any service connection. Additionally, suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

Suppliers of water shall issue precautionary "boil water" notices as required or recommended in the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(11), F.A.C.]

Operation and maintenance logs shall contain specific operation and maintenance activities and any repairs made; results of tests performed and samples taken, unless documented on a laboratory sheet; and performance of preventive maintenance and repairs or requests for repair of the equipment. [Rule 62-602.650(4), F.A.C.]

Suppliers of water shall describe in the monthly operation reports all emergency or abnormal operating conditions and all maintenance or repair work that involves taking out of operation public water system components other than water service lines. [Rule 62-555.350(10)(e), F.A.C.]

COMMENTS/REMINDERS:

1. **Compliance monitoring for nitrate and nitrite is due for 2007.** Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.
2. **Compliance monitoring for lead and copper tap sampling is due during the June-September 2007.** Early sampling is recommended. Results shall be submitted within the first ten days following the end of the required monitoring period, or the first ten days following the month in which the sample results were received, whichever time is shortest.
3. **The Department provided the requested data for consumer confidence report (CCR) on March 13, 2007.**

Inspector MA J.L. Title Env. Specialist I Date 2/20/07
Approved by [Signature] Title Environmental Manager Date 3/20/07

Aqua Utilities Florida.

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Leesburg, FL 34748

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www.aquautilitiesflorida.com

May 17, 2007

Nathan Hess
FDEP Central District
3319 Maguire Blvd. Suite 232
Orlando, FL 32803-3767

**RE: Reply to Compliance Evaluation Inspections
Marion County**

Dear Mr. Hess:

The purpose of the correspondence is to provide a written response as requested in your March 20, 2007, letter regarding the compliance evaluation inspections conducted at the referenced facilities.

Belleair Subdivision PWS ID 3424000

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.
2. All of Aqua Utilities Florida (AUF) facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.
3. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. From our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.
4. The high service pump was installed prior to AUF purchasing this system.

Belleview Hills Subdivision PWS ID 3424030

1. The tank was replaced prior to AUF purchasing this system.
2. The chlorine injection point has been replaced at this facility.

Belleview Hills Estates PWS ID 3424839

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Fairfax Hills Subdivision PWS ID 3424042

1. The air release valve has been repaired.
2. The chlorine injection point will be replaced with in the next 14 days.
3. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.

Hawks Point Subdivision PWS ID 3424685

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.

Ocala Oaks Subdivision PWS ID 3421560

Water Treatment Plant 1:

1. The audio-visual alarms are being installed company wide on all required systems. The alarms will be installed at this facility no later than 14 days.
2. Screens have been placed on all valves.
3. The flow exceedance in January 2007 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.

Water Treatment Plant 2:

4. Screens have been placed on all valves.
5. All of AUF facilities' tanks are painted on a 5 year cycle. This facility is due this year and will be done as soon as possible.
6. The treatment plant capacity was exceeded, however, the water treatment and quality was not affected. Just like at Belleair Subdivision, our research this appears to be due to the customers watering their yards and landscaping. AUF is currently working on a publication to include in all our Florida customers' bills to educate about water conservation and the latest water management districts watering restrictions. We expect this to have an impact on the amount of water our customers are using.

7. This monitoring was not listed on our 2006 monitoring requirements. When we checked the website, which was updated in April 2007, the requirements have that we are to sample in June 2007. These samples will be taken at this time.

Westview Subdivision PWS ID 3424036

1. The flow exceedance in August 2006 was due to a line break. We have instructed all personnel completing the MORs to include this explanation on the MORs submitted to the department.
2. The tap has been repaired.
3. The check valve now functioning as required.

If you have any questions, please contact me at (352) 435-4029. Thank you.

Sincerely,

Patrick Farris

Patrick A. Farris
Environmental Compliance Specialist
Aqua Utilities Florida, Inc.

cc: Paul Thompson, via e-mail
Brain Heath, via e-mail
Michael O'Reilly, via e-mail