

ORIGINAL

Holiday Haven

Docket No. 060368-WS

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

Florida

VOLUME 6

Book 7

Set 15 of 57

Containing
Additional Engineering Requirements

Monthly Operating Reports

CMP _____
COM _____
CTR _____
ECR 1 _____
GCL _____
OPC _____
RCA _____
SCR _____
SGA _____
SEC _____
OTH _____

Aqua Utilities Florida, Inc.

DOCUMENT NUMBER-DATE

00845 JAN 26 8

FPSC-COMMISSION CLERK

Aqua Utilities Florida, Inc. Monthly Operating Reports

Holiday Haven

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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		January, 2004	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System 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:		Total Population Served at End of Month:	
Consecutive System Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4100		Contact Person's Fax Number: (407) 598-4108	
Contact Person's E-Mail Address: craiga@florida-water.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		January, 2004	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.7		17		
2	1.6		18		
3			19	2.5	
4			20	2.0	
5	1.8		21	2.1	
6	1.8		22	1.8	
7	1.9		23	2.0	
8	2.0		24		
9	2.3		25		
10			26	2.0	
11			27	2.0	
12	2.0		28	2.5	
13	2.2		29	2.5	
14	3.5		30	2.4	
15	3.0		31		
16	2.8				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		February, 2004	
Consecutive System Name: <u>Holiday Haven</u>		PWS Identification Number: <u>3354886</u>	
Consecutive System 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:		Total Population Served at End of Month:	
Consecutive System Owner: <u>Florida Water Services</u>			
Contact Person: <u>Craig Anderson</u>		Contact Person's Title: <u>Vice President Environmental Services</u>	
Contact Person's Mailing Address: <u>P.O. Box 609520</u>		City: <u>Orlando</u>	State: <u>FL</u> Zip Code: <u>32860-9520</u>
Contact Person's Telephone Number: <u>(407) 598-4100</u>		Contact Person's Fax Number: <u>(407) 598-4108</u>	
Contact Person's E-Mail Address: <u>craig@florida-water.com</u>			

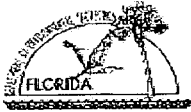
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		February, 2004	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.4	
2	2.4		18	2.3	
3	2.2		19	2.5	
4	2.2		20	2.2	
5	2.0		21		
6	2.1		22		
7			23	2.3	
8			24	2.4	
9	2.0		25	2.5	
10	2.0		26	2.3	
11	3.5		27	2.3	
12	3.0		28		
13	2.5		29		
14			30		
15			31		
16	2.3				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A-7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		March, 2004		PWS Identification Number: 3354886	
Consecutive System Name: Holiday Haven		<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community		Total Population Served at End of Month:	
Consecutive System Owner: Florida Water Services		Contact Person: Craig Anderson		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando		State: FL Zip Code: 32860-9520	
Contact Person's Telephone Number: (407) 598-4100		Contact Person's Fax Number:		(407) 598-4108	
Contact Person's E-Mail Address: craiga@florida-water.com					

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		March, 2004	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.5		17	2.4	
2	2.4		18	2.3	
3	2.4		19	0.5	
4	2.3		20		
5	2.3		21		
6			22	2.0	
7			23	2.2	
8	2.4		24	2.2	
9	2.8		25	2.3	
10	2.6		26		
11	2.7		27		
12	2.5		28		
13			29	2.2	
14			30	2.3	
15	2.4		31	2.3	
16	2.3				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Donald Holcomb Printed or Typed Name	A-5091 License Number or Title
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Holiday Haven

Docket No. 060368-WS

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

In

Florida

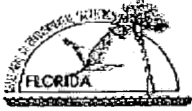
Report Missing:

Discharge Monitoring Report

Month/Year

April 2004

Aqua Utilities Florida, Inc.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		May, 2004		PWS Identification Number: 3354886	
Consecutive System Name: Holiday Haven					
Consecutive System 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: 121		Total Population Served at End of Month: 282			
Consecutive System Owner: Florida Water Services					
Contact Person: Craig Anderson				Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando		State: FL Zip Code: 32860-9520	
Contact Person's Telephone Number: (407) 598-4100				Contact Person's Fax Number: (407) 598-4108	
Contact Person's E-Mail Address: craiga@florida-water.com					

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		May, 2004	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide	

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.2	
2			18	2.3	
3	2.3		19	2.2	
4	2.0		20	2.2	
5	2.3		21	2.3	
6	2.2		22		
7	2.2		23		
8			24	2.0	
9			25		
10	0.7		26	2.1	
11	2.8		27		
12	2.5		28	2.0	
13	2.3		29		
14	2.2		30		
15			31	2.0	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A-7251 License Number or Title
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Docket No. 060368-WS

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

In

Florida

Report Missing:

Monthly Operating Report

Holiday Haven

June 2004

Aqua Utilities Florida, Inc.

Docket No. 060368-WS
Application to Increase Rates and Charges
For a "Class A" Utility
In
Florida

Report Missing:
Monthly Operating Report
Holiday Haven
July 2004

Aqua Utilities Florida, Inc.



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		August, 2004	
Consecutive System Name: <u>Holiday Haven</u>		PWS Identification Number: <u>3354886</u>	
Consecutive System 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>121</u>		Total Population Served at End of Month: <u>282</u>	
Consecutive System Owner: <u>Florida Water Services</u>			
Contact Person: <u>Craig Anderson</u>		Contact Person's Title: <u>Vice President Environmental Services</u>	
Contact Person's Mailing Address: <u>P.O. Box 609520</u>		City: <u>Orlando</u>	State: <u>FL</u> Zip Code: <u>32860-9520</u>
Contact Person's Telephone Number: <u>(407) 598-4100</u>		Contact Person's Fax Number: <u>(407) 598-4108</u>	
Contact Person's E-Mail Address: <u>craiga@florida-water.com</u>			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		August, 2004			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	2.2		18	2.0	
3	2.3		19		
4	2.3		20	2.2	
5			21		
6	2.0		22		
7			23	2.2	
8			24	2.2	
9	2.0		25	2.0	
10			26	2.0	
11	2.0		27	2.1	
12			28		
13	2.2		29		
14			30	2.2	
15			31	2.0	
16	2.0				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Printed or Typed Name Mark March License Number or Title C-8287



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		September, 2004	
Consecutive System Name:	Holiday Haven	PWS Identification Number: 3354886	
Consecutive System 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:	121	Total Population Served at End of Month:	282
Consecutive System Owner:	Florida Water Services		
Contact Person:	Craig Anderson	Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address:	P.O. Box 609520	City: Orlando	State: FL Zip Code: 32860-9520
Contact Person's Telephone Number:	(407) 598-4100	Contact Person's Fax Number:	(407) 598-4108
Contact Person's E-Mail Address:	craig@florida-water.com		

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		September, 2004	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17	1.4	
2	2.0		18		
3	2.4		19		
4			20	1.7	
5			21	1.4	
6	2.0		22	0.9	
7	2.0		23	1.6	
8	2.0		24	1.5	
9	2.1		25		
10	2.1		26		
11			27	0.9	
12			28	0.8	
13	2.0		29	2.1	
14	2.1		30	1.8	
15	2.0		31		
16	1.6				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

	Mark March	C-8287
Signature and Date	Printed or Typed Name	License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

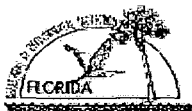
I. General Water System Information for the Month/Year of:		October, 2004	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community			
Number of Service Connections at End of Month: 121		Total Population Served at End of Month: 282	
Consecutive System Owner: Florida Water Services			
Contact Person: Craig Anderson		Contact Person's Title: Vice President Environmental Services	
Contact Person's Mailing Address: P.O. Box 609520		City: Orlando	State: FL Zip Code: 32860-9520
Contact Person's Telephone Number: (407) 598-4100		Contact Person's Fax Number: (407) 598-4108	
Contact Person's E-Mail Address: craiga@florida-water.com			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		October, 2004			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.6		17		
2			18	2.6	
3			19	2.2	
4	1.4		20	2.4	
5	1.2		21	2.4	
6	1.4		22	2.2	
7	1.6		23		
8	1.4		24		
9			25	2.6	
10			26	2.6	
11	1.8		27	2.6	
12	1.2		28	2.8	
13	2.0		29	2.2	
14	2.0		30		
15	2.4		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Mark March Printed or Typed Name	C-8287 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		November, 2004	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System 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: 121		Total Population Served at End of Month: 282	
Consecutive System Owner: Aqua Utilities Florida			
Contact Person: Brian Heath		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 1343 NE 17th Road		City: Ocala	State: FL Zip Code: 34470
Contact Person's Telephone Number: (352) 732-6027		Contact Person's Fax Number: (352) 732-3213	
Contact Person's E-Mail Address: beheath@aquaaamerica.com			

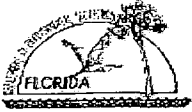
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		November, 2004	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.4		17	0.6	
2	1.6		18	0.8	
3	1.8		19	0.8	
4	1.8		20		
5	1.1		21		
6			22	1.5	
7			23	1.7	
8	0.7		24	0.9	
9	0.8		25	1.4	
10	0.9		26	1.8	
11	0.7		27		
12	0.7		28		
13			29	0.4	
14			30	0.3	
15	0.8		31		
16	0.8				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Mark March Printed or Typed Name	C-8287 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		December, 2004	
Consecutive System Name: <u>Holiday Haven</u>		PWS Identification Number: <u>3354886</u>	
Consecutive System 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>121</u>		Total Population Served at End of Month: <u>282</u>	
Consecutive System 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>1343 NE 17th Road</u>		City: <u>Ocala</u>	State: <u>FL</u> Zip Code: <u>34470</u>
Contact Person's Telephone Number: <u>(352) 732-6027</u>		Contact Person's Fax Number: <u>(352) 732-3213</u>	
Contact Person's E-Mail Address: <u>beheath@aquaamerica.com</u>			

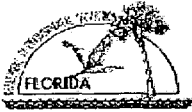
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		December, 2004	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.3		17	2.0	
2	0.5		18		
3	1.0		19		
4			20	1.8	
5			21	1.8	
6	0.9		22		
7	0.9		23	1.7	
8	1.0		24	1.9	
9	1.1		25		
10	0.9		26		
11			27	1.5	
12			28		
13	0.8		29	1.3	
14	0.9		30	1.9	
15	0.9		31	1.0	
16	1.9				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

	Mark March	C8287
Signature and Date	Printed or Typed Name	License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		January, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System 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: 121		Total Population Served at End of Month: 282	
Consecutive System 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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		January, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.6	
2			18	2.6	
3	0.8		19	2.4	
4	0.8		20	2.5	
5	0.7		21	2.4	
6			22		
7	2.5		23		
8			24	2.6	
9			25	2.2	
10	2.4		26	2.4	
11	2.5		27	2.6	
12			28	2.6	
13	2.2		29		
14	2.0		30		
15			31	2.5	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		February, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System 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: 127		Total Population Served at End of Month: 381	
Consecutive System 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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **February, 2005**

Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine		<input type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide	
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation		
1	2.4		17	2.2			
2	2.2		18	2.0			
3	2.2		19				
4	2.4		20				
5			21	1.9			
6			22	2.0			
7	2.6		23	2.0			
8	2.4		24	1.8			
9	2.4		25				
10	2.4		26				
11	2.4		27				
12			28	2.0			
13			29				
14			30				
15	1.8		31				
16	2.0						

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		March, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System 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: 127		Total Population Served at End of Month: 381	
Consecutive System 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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		March, 2005	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.6		17	1.2	
2			18	0.7	
3	2.0		19		
4	1.7		20		
5			21	0.6	
6			22		
7	0.6		23	1.1	
8	0.7		24	1.2	
9	2.2		25	1.1	
10	2.2		26		
11	2.0		27		
12			28	0.8	
13			29		
14	0.6		30	1.4	
15	2.0		31	1.4	
16	1.8				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

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



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		April, 2005	
Consecutive System Name:	Holiday Haven	PWS Identification Number: 3354886	
Consecutive System 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:	127	Total Population Served at End of Month:	381
Consecutive System 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		

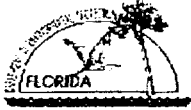
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		April, 2005	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.4		17		
2			18	2.2	
3			19		
4	1.4		20	2.2	
5			21		
6	1.8		22	2.2	
7			23		
8	1.6		24		
9			25	2.0	
10			26		
11	1.8		27	1.8	
12			28		
13	1.0		29	1.6	
14			30		
15	1.0		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

	Larry White	C7082
Signature and Date	Printed or Typed Name	License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month Year of: May, 2005

Consecutive System Name: Holiday Haven PWS Identification Number: 3354886

Consecutive System Type: Community Non-Transient Non-Community Transient Non-Community

Number of Service Connections at End of Month: 127 Total Population Served at End of Month: 381

Consecutive System 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

II. Daily Distribution System Disinfectant Residual Data for the Month Year of: May, 2005

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

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17		
2	1.7		18	2.0	
3			19		
4	1.5		20	1.7	
5			21		
6	1.5		22		
7			23	1.8	
8			24		
9	2.1		25	1.8	
10			26		
11	2.2		27	1.6	
12			28		
13	2.2		29		
14			30		
15			31	1.8	
16	2.2				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

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



**MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER
ORIGINATING FROM A SUBPART H SYSTEM**

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		June, 2005	
Consecutive System Name:	Holiday Haven	PWS Identification Number: 3354886	
Consecutive System 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:	127	Total Population Served at End of Month:	381
Consecutive System 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		

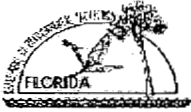
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		June, 2005	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.3		17		
2			18		
3	1.5		19		
4			20	2.2	
5			21		
6	1.4		22		
7			23	2.2	
8	2.1		24		
9			25		
10	2.0		26		
11			27	2.2	
12			28		
13	1.8		29		
14			30		
15			31		
16	1.8				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date _____ Larry White _____ C7082 _____
 Printed or Typed Name License Number or Title



MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		July, 2005	
Consecutive System Name:	Holiday Haven	PWS Identification Number: 3354886	
Consecutive System 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:	127	Total Population Served at End of Month:	381
Consecutive System 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		

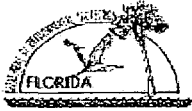
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		July, 2005	
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine	<input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	2.0		17		
2			18		
3			19		
4			20	1.2	
5	1.4		21		
6			22		
7	0.5		23		
8	0.8		24		
9			25		
10			26	1.3	
11			27	1.0	
12	1.8		28		
13			29		
14			30		
15	2.0		31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT RECEIVE PURCHASED FINISHED WATER ORIGINATING FROM A SUBPART H SYSTEM

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		August, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System 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: 127		Total Population Served at End of Month: 381	
Consecutive System 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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		August, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.0		17	0.5	
2			18		
3	0.9		19	0.4	
4			20		
5	1.2		21		
6			22	0.6	
7			23		
8	1.4		24	0.7	
9			25		
10			26	0.7	
11	1.0		27		
12			28		
13			29		
14			30		
15	0.5		31	1.7	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		September, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System 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: 127		Total Population Served at End of Month: 381	
Consecutive System 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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of: **September, 2005**

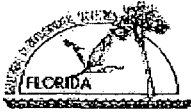
Type of Disinfectant Residual Maintained in Distribution System:		<input checked="" type="checkbox"/> Free Chlorine		<input type="checkbox"/> Combined Chlorine (Chloramines)		<input type="checkbox"/> Chlorine Dioxide	
--	--	---	--	--	--	---	--

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17		
2	0.8		18		
3			19		
4			20		
5	1.9		21	1.5	
6			22		
7			23	1.3	
8			24		
9	2.0		25		
10			26	2.4	
11			27		
12			28		
13			29	2.4	
14	1.8		30		
15			31		
16	1.6				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		October, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System 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: 127		Total Population Served at End of Month: 381	
Consecutive System 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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		October, 2005			
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide					
Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1			17	2.2	
2			18		
3	2.4		19		
4			20	1.0	
5	2.2		21		
6			22		
7	2.0		23		
8			24	1.4	
9			25		
10	1.6		26		
11			27	1.0	
12			28	1.1	
13	2.0		29		
14			30		
15			31	1.0	
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		November, 2005	
Consecutive System Name:	Holiday Haven	PWS Identification Number:	3354886
Consecutive System 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:	127	Total Population Served at End of Month:	381
Consecutive System 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

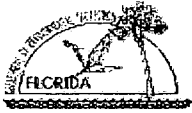
II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		November, 2005	
Type of Disinfectant Residual Maintained in Distribution System:	<input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide		

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	0.9		17	1.6	
2			18		
3	1.1		19		
4			20		
5			21	1.6	
6			22		
7	1.0		23	1.4	
8			24	1.3	
9			25		
10			26		
11	0.8		27		
12			28	1.4	
13			29		
14	1.7		30		
15			31		
16					

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

Signature and Date	Paul Thompson Printed or Typed Name	A7251 License Number or Title
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MONTHLY OPERATION REPORT FOR CONSECUTIVE SYSTEMS THAT DO NOT TREAT WATER

See Page 2 for Instructions.

I. General Water System Information for the Month/Year of:		December, 2005	
Consecutive System Name: Holiday Haven		PWS Identification Number: 3354886	
Consecutive System 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: 127		Total Population Served at End of Month: 381	
Consecutive System 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			

II. Daily Distribution System Disinfectant Residual Data for the Month/Year of:		December, 2005	
Type of Disinfectant Residual Maintained in Distribution System: <input checked="" type="checkbox"/> Free Chlorine <input type="checkbox"/> Combined Chlorine (Chloramines) <input type="checkbox"/> Chlorine Dioxide			

Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	Day of the Month	Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
1	1.5		17		
2			18		
3			19		
4			20	1.1	
5	1.3		21		
6			22		
7			23	1.2	
8	1.0		24		
9			25		
10			26	1.2	
11			27		
12	1.2		28		
13			29	1.0	
14			30		
15			31	1.0	
16	1.3				

III. Certification by Authorized Representative

I am duly authorized to sign this report on behalf of the consecutive system identified in Part I on this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief.

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