ORIGINAL
FILE COPY

Lake Utility Services, Inc.

Docket No. 960444-WU

Engineering Schedules
Book 1 of 3

Test Year Ended December 31, 1995

Pat 1 3 4
DOCUMENT NUMBER-DATE
06109 JUN-3 95
FPSC-RECORDS/REPORTING

25-30.440 Additional Engineering Information Required of Class A and B Water and Wastewater Utilities in an Application for Rate Increase.
Each applicant for a rate increase shall provide two copies of the following engineering information to the Commission, with the exception of item (1), of which only one copy is required.

(1) A detailed map showing:
(a) The location and size of the applicant's distribution and collection lines as well as its plant sites, and
(b) The location and respective classification of the applicant's customers.
(2) A list of chemicals used for water and wastewater treatment, by type showing the dollar amount and quantity purchased, the unit prices paid and the dosage rates utilized.
(3) The most recent chemical analyses for each water system conducted by a certified laboratory covering the inorganic, organic turbidity, microbiological, radionuclide, secondary and unregulated contaminants specified in Chapter 17-550, Florida Administrative Code.
(4) All water and wastewater plant operating reports for the test year and the year preceding the test year.
(5) The most recent sanitary survey for each water plant and inspection report for each wastewater plant conducted by the health department or the Department of Environmental Regulation (DER).
(6) All health department and DER construction and operating permits.
(7) Any Notices of Violation, Consent Orders, Letters of Notice, or Warning Notices from the health department or the DER since the utility's last rate case or the previous five years, whichever is less.
(8) A list of all field employees, their duties, responsibilities, and certificates held, and an explanation of each employees' salary allocation method to the utility's capital or expense accounts.
(9) A list, by serial number and description, of all vehicles owned or leased by the utility showing the original cost or annual lease expense, who the vehicle is assigned to, and the method of allocation to the utility.
(10) Provide a list, by customer, of all complaints received during the test year, with an explanation of how each complaint was resolved.

Lake Utilities Services, Inc.

Docket No. 960444-WU

Maps
(Under separate cover)

Test Year Ending December 31, 1995

Lake Utilities Services, Inc.

Docket No. 960444-WU

25-30.440 (2)
CHEMICALS USED

Test Year Ending December 31, 1995

Lake Utility Services, Inc.
Docket No. 960444-WU
TYE 12/31/95
Item (2)

Chemicals	Cost
Chlorine	5,632
Aquimag	1,499

Lake Utilities Services, Inc.

Docket No. 960444-WU

25-30.440 (3)
CHEMICAL ANALYSES

Test Year Ending December 31, 1995

CENTRAL FLORIDA WATER LAB

3943 ROSEWOOD WAY
P.O. BOX 607585
ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

RECEIVED
JAN 22 1996

FOR LAB USE ONLY

96 JAN 19 P12:37 mfc

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: U. Tas ✓ SYSTEM I.D. NO.: 3351733 SYSTEM PHONE #: 843-1919

ADDRESS: _____ COUNTY: Lake

COLLECTOR: T. Diwick PHONE: 843-1919 DATE AND TIME COLLECTED: 1-10-96 10:15

SAMPLE SITE (Locality or Subdivision): _____

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

ANALYSIS METHOD: (MF) MTF MMO-MUG PA

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT	Cl RES'D	pH	SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
30	well	0		010403		A		
31	Entry U. Tas #100	0.6		010404		A		
32	Entry U. Tas #10	0.6		010405		A		

REPORTED BY: D. Raidt 1/11/96 mfc

P - Coliforms are present
A - Coliforms are absent

C - Confluent growth
TNTC - Too numerous to count

TA -Turbid, Absence of gas or acid

INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

(X) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: _____

TITLE: DEP

CENTRAL FLORIDA WATER LAB

3943 ROSEWOOD WAY
P.O. BOX 607585
ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

RECEIVED
JAN 22 1996

FOR LAB USE ONLY

96 JAN 16 P12:37 MK

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Oranges V ... SYSTEM I.D. NO.: 3355163 SYSTEM PHONE #: 369-1717

ADDRESS: _____ COUNTY: Lake

COLLECTOR: J. Nidel PHONE: _____ DATE AND TIME COLLECTED: 1-10-96 10AM

SAMPLE SITE (Locality or Subdivision): Sams

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

ANALYSIS METHOD: MF MTF MMO-MUG PA

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT	Cl RES'D	pH	SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
27	well	0		010400		A		
28	12615 Manomine	0.8		010401		A		
29	12605 E. Inn	0.3		010402		A		

REPORTED BY: D. Raidt 1/11/96 MK

P - Coliforms are present
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INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

( )
(X) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: JR

TITLE: OPS

CENTRAL FLORIDA WATER LAB

3943 ROSEWOOD WAY
P.O. BOX 607585
ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

RECEIVED
JAN 22 1996

FOR LAB USE ONLY

96 JAN 19 P12:36 MK

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: LK Ridge Club SYSTEM I.D. NO.: 3354884 SYSTEM PHONE #: 669-1919

ADDRESS: _____ COUNTY: Lake

COLLECTOR: J. Aldrich PHONE: _____ DATE AND TIME COLLECTED: 1-10-96 3:15

SAMPLE SITE (Locality or Subdivision): _____

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

ANALYSIS METHOD: MF MTF MMO-MUG PA

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT	Cl RES'D	pH	SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
12	well	0		010385		A		
13	12433 LK Ridge Cir	0.8		010386		A		
14	12805 Lakeview	0.7		010387		A		

REPORTED BY: D. Raidt 1/11/96 MK

P - Coliforms are present
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TA -Turbid, Absence of gas or acid

INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

(X) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: JR

TITLE: DEP

CENTRAL FLORIDA WATER LAB

3943 ROSEWOOD WAY
P.O. BOX 607585
ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

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JAN 22 1996
P12 : 36 MK

FOR LAB USE ONLY

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Highland Pt SYSTEM I.D. NO.: 3354652 SYSTEM PHONE #: 869-1919

ADDRESS: _____ COUNTY: Lake

COLLECTOR: J Nuzzi PHONE: 869-1919 DATE AND TIME COLLECTED: 1-10-96 2:40

SAMPLE SITE (Locality or Subdivision): Same

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

ANALYSIS METHOD: (MF) MTF MMO-MUG PA

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT	Cl RES'D	pH	SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
15	Well	0		010388		A		
16	[illegible]	[illegible]		010389		A		
17	[illegible]	0.[illegible]		010390		A		

REPORTED BY: D. Raidt 1/11/96 MK

P - Coliforms are present
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TNTC - Too numerous to count
TA -Turbid, Absence of gas or acid

INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.of Florida
290 Weathersfield Ave.
Altamonte Springs, FL 32714

( )
(X) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: JR

TITLE: DEP

CENTRAL FLORIDA WATER LAB

3943 ROSEWOOD WAY
P.O. BOX 607585
ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

DRINKING WATER BACTERIOLOGICAL ANALYSIS

FOR LAB USE ONLY

RECEIVED
JAN 22 1996 PM 12:36 mk

SYSTEM NAME: Clermont II SYSTEM I.D. NO.: 3350153 SYSTEM PHONE #: 267-1917

ADDRESS: _____ COUNTY: Lake

COLLECTOR: J. Hidnich PHONE: _____ DATE AND TIME COLLECTED: 1-10-96 7:30AM

SAMPLE SITE (Locality or Subdivision): Same

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

ANALYSIS METHOD: (MF) MTF MMO-MUG PA

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT	Cl RES'D	pH	SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
1	well	0		010374		A		
2	well	0		010375		A		
3	12727 Lk View	0.6		010376		A		
4	1-708 Lk Shore	0.6		010377		A		

REPORTED BY: D. Raidt 1/11/96 MK

P - Coliforms are present
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TNTC - Too numerous to count
TA -Turbid, Absence of gas or acid

INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

( )
(X) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: _____

TITLE: DEP

CENTRAL FLORIDA WATER LAB

3943 ROSEWOOD WAY
P.O. BOX 607585
ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

RECEIVED
JAN 22 1996

FOR LAB USE ONLY

96 JAN 16 P12:36 MK

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Clermont II SYSTEM I.D. NO.: 3351582 SYSTEM PHONE #: 869-1919

ADDRESS: _____ COUNTY: Lake

COLLECTOR: J. Aldrich PHONE: 269-1919 DATE AND TIME COLLECTED: 1-10-96 7:45 AM

SAMPLE SITE (Locality or Subdivision): Same

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

ANALYSIS METHOD: (MF) MTF MMO-MUG PA

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT	Cl RES'D	pH	SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
5	well #1	0		010378		A		
6	well # 2	0		010379		A		
7	13145 Palmera	0.6		010380		A		
8	12545 Valencia	0.6		010381		A		

REPORTED BY: D. Raidt 1/11/96 MK

P - Coliforms are present
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INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

( )
(X) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL JR

TITLE: DEP

CENTRAL FLORIDA WATER LAB

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ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

RECEIVED
JAN 22 1996

FOR LAB USE ONLY

COUNTY P12: 36 mk

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Alaqua N. II ✓ SYSTEM I.D. NO.: 3354648 SYSTEM PHONE #: 669-1911

ADDRESS: _____ COUNTY: Lake

COLLECTOR: J. Aldrich PHONE: _____ DATE AND TIME COLLECTED: 1-10-96 2 P.M.

SAMPLE SITE (Locality or Subdivision): Swing

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

ANALYSIS METHOD: MF MTF MMO-MUG PA

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT	Cl RES'D	pH	SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
9	Well	0		010382		A		
10	12021 Topaz	1.0		010383		A		
11	12110 Sapphire	0.8		010384		A		

REPORTED BY: D. Raidt 1/11/96 mk

P - Coliforms are present
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INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

( )
(X) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: _____

TITLE: DEP

CENTRAL FLORIDA WATER LAB

3943 ROSEWOOD WAY
P.O. BOX 607585
ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

RECEIVED
JAN 22 1996

FOR LAB USE ONLY

96 JAN 19 P12:37 MK

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Crescent Bay ✓ SYSTEM I.D. NO.: 3351626 ✓ SYSTEM PHONE #: 863-1917

ADDRESS: _____ COUNTY: Lake

COLLECTOR: J. Aldrich PHONE: _____ DATE AND TIME COLLECTED: 1-10-96 7:40

SAMPLE SITE (Locality or Subdivision): Amc

TYPE OF SUPPLY (Circle one): Community water system ✓ Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

ANALYSIS METHOD: (MF) MTF MMO-MUG PA

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT	Cl RES'D	pH	SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
24	well	0		010397		A		
25	11221 Crescent Bay	0.6		010398		A		
26	11201 Sky Way	0.8		010399		A		

REPORTED BY: D. Raidt 1/11/96 MK

P - Coliforms are present
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TA -Turbid, Absence of gas or acid

INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

(X) SATISFACTORY
( ) INCOMPLETE COLLECTION INFORMATION
( ) REPEAT SAMPLES
( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: JR

TITLE: DEP

CENTRAL FLORIDA WATER LAB

3943 ROSEWOOD WAY
P.O. BOX 607585
ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

RECEIVED
JAN 22 1996
96 JAN 18 PM 2:36 mfc

FOR LAB USE ONLY

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: Crescent West ✓ SYSTEM I.D. NO.: 3351616 ✓ SYSTEM PHONE #: 267-1717

ADDRESS: _____ COUNTY: Lake

COLLECTOR: J. Alonach PHONE: 569-1717 DATE AND TIME COLLECTED: 1-11-96 7:15

SAMPLE SITE (Locality or Subdivision): Misc ✓

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

ANALYSIS METHOD: (MF) MTF MMO-MUG PA

TO BE COMPLETED BY COLLECTOR OF SAMPLE				TO BE COMPLETED BY LAB				
COLL. NO.	SAMPLE POINT	Cl RES'D	pH	SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
21	well	0		010394		A		
22	10797 Willow Wood	1.0		010395		A		
23	10725 LK Hills Way	1.0		010396		A		

REPORTED BY: D. Raidt 1/11/96 mfc

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INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utiltities Inc.of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

( )
(X) SATISFACTORY
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REVIEWING OFFICIAL: JR

TITLE: DEP

CENTRAL FLORIDA WATER LAB

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P.O. BOX 607585
ORLANDO, FLORIDA 32860-7585
(407) 578-2003
ID # 83378

RECEIVED
JAN 22 1996
P12:36 MK

FOR LAB USE ONLY

DRINKING WATER BACTERIOLOGICAL ANALYSIS

SYSTEM NAME: LK [illegible] HILLS ✓ SYSTEM I.D. NO.: 3354533 ✓ SYSTEM PHONE #: [illegible]

ADDRESS: _____ COUNTY: Lake

COLLECTOR: J. Aldrich PHONE: _____ DATE AND TIME COLLECTED: 1-11-96 9AM

SAMPLE SITE (Locality or Subdivision): Sandy

TYPE OF SUPPLY (Circle one): Community water system Noncommunity water system Nontransient - noncommunity water system
Private well Swimming pool Bottled water Other public water system

TYPE OF SAMPLE (Circle one): Compliance Repeat Replacement Main clearance Well survey Other _____ (Specify)

REMARKS:

TO BE COMPLETED BY COLLECTOR OF SAMPLE			
COLL. NO.	SAMPLE POINT	Cl RES'D	pH
18	well	0	
19	11201 LK Kathrine	1.0	
20	10727 Alta Alta	1.0	

ANALYSIS METHOD: (MF) MTF MMO-MUG PA

TO BE COMPLETED BY LAB				
SAMPLE NUMBER	NON COLIFORM	PRELIM TOTAL	CONFIRM TOTAL	CONFIRM FECAL
010391		A		
010392		A		
010393		A		

REPORTED BY: D. Raidt 1/11/96 MK

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INTERPRETATIONS - REMARKS BY PROGRAM REVIEWER

NAME AND MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REPORT

Utilities Inc.of Florida
200 Weathersfield Ave.
Altamonte Springs, FL 32714

( )
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( ) REPLACEMENT SAMPLES

REVIEWING OFFICIAL: _____

TITLE: DEP

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354883, 3354773

System Name: Lake Concord Hills Vistas I.D. #: 636

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1519

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/31/95 Sample Time : 0900

Sample Location (be specific): LCH/Vistas

Sampler Name and Phone: Van Aldrich

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw (X)Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19164

Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	(X) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/6/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Volatile Organic Analysis
62-550.310(2)(b)
(PWS028)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2378	1,2,4-trichlorobenzene	19164	<0.5	EPA502.2	0.5	70	09-01-95
2380	cis-1,2-Dichloroethylene	19164	<0.5	EPA502.2	0.5	70	09-01-95
2955	Xylenes (total)	19164	<0.5	EPA502.2	0.5	10000	09-01-95
2964	Dichloromethane	19164	<0.5	EPA502.2	0.5	5	09-01-95
2968	O-dichlorobenzene	19164	<0.5	EPA502.2	0.5	600	09-01-95
2969	Para-dichlorobenzene	19164	<0.5	EPA502.2	0.5	75	09-01-95
2976	Vinyl chloride	19164	<0.5	EPA502.2	0.5	1	09-01-95
2977	1,1,-dichloroethylene	19164	<0.5	EPA502.2	0.5	7	09-01-95
2979	Trans-1,2-dichloroethylene	19164	<0.5	EPA502.2	0.5	100	09-01-95
2980	1,2,-dichloroethane	19164	<0.5	EPA502.2	0.5	3	09-01-95
2981	1,1,1-trichloroethane	19164	<0.5	EPA502.2	0.5	200	09-01-95
2982	Carbon tetrachloride	19164	<0.5	EPA502.2	0.5	3	09-01-95
2983	1,2-dichloropropane	19164	<0.5	EPA502.2	0.5	5	09-01-95
2984	Trichloroethylene	19164	<0.5	EPA502.2	0.5	3	09-01-95
2985	1,1,2-trichloroethane	19164	<0.5	EPA502.2	0.5	5	09-01-95
2987	Tetrachloroethylene	19164	<0.5	EPA502.2	0.5	3	09-01-95
2989	Monochlorobenzene	19164	<0.5	EPA502.2	0.5	100	09-01-95
2990	Benzene	19164	<0.5	EPA502.2	0.5	1	09-01-95
2991	Toluene	19164	<0.5	EPA502.2	0.5	1000	09-01-95
2992	Ethylbenzene	19164	<0.5	EPA502.2	0.5	700	09-01-95
2996	Styrene	19164	<0.5	EPA502.2	0.5	100	09-01-95

FLOWER CHEMICAL LABORATORY INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client: Utilities Inc	Address: 200 Westfield Ave	Phone: 869-1919
Public Drinking Water ID # 3354883 3354773	Public Water System Name: Lake Crescent Hills, Vistay	
Project # 1636	Public Water System Type:	
PO # - KM021695	(X) Community ( ) Non-Community ( ) Special Non-Community	

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L	
	1			X									X						✓

NOTES:
Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

✓ * Styrofoam Coolers

Composite

Kit Relinquished:	Date / Time: 5-30-95	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ____ NO2 ____ THM ____;
Volatile Organics X; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards ____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification	
19164	#1	Lake Crescent Hills Point of Entry	Composite
	#2	Vistay Point of Entry	
	#3		
	#4		
	#5		
	#6		
	#7		
	#8		
	#9		
	#10		

		Date	Time
Collectors Signature:		8-31-95	9:00
Transporters Signature:		8-31-95	9.00
Lab Acceptance By:		8/31/95	1307

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

3354652, 3354884, 3354685, 3354883, 3354877

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: Highland Point, Lake Ridge, Orange, Lake Crescent Hills, Vista — I.D. #: 632,634,633,631
Address: 200 Weathersfield Alt.Sprg,FL 32714 — Phone #: 407-862-1515
Type (check one): X Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/31/95 — Sample Time : 1030
Sample Location (be specific): HP/LR/Org./LCH/Vis.
Sampler Name and Phone: Ray Allen
Samplers Signature: See Chain of Custody — Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
X Distribution entry pt ( )Raw X Composite of Multiple Sites-Attach a format for each site

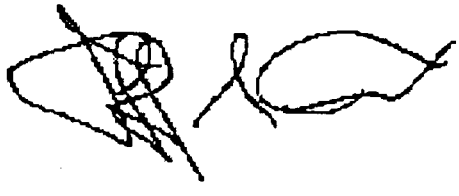
LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. — HRS# 83139 — Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 — Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) — Lab Number: 19170
Date Sample(s) Recieved: 8/31/95 — Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____
Title: Technical Director — Date: 9/7/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ — Sample Analysis Satisfactory: _____

Resample Request for: _____ — Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Inorganic Analysis
62-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	19170		EPA206.3	0.0005	0.05	
1010	Barium	19170		EPA208.1	0.01	2	
1015	Cadmium	19170		EPA213.2	0.001	0.005	
1020	Chromium	19170		EPA218.2	0.005	0.1	
1024	Cyanide	19170		EPA335.2	0.005	0.2	
1025	Fluoride	19170		EPA340.1	0.01	4	
1030	Lead	19170		EPA239.2	0.001	0.015	
1035	Mercury	19170		EPA245.2	0.0002	0.002	
1036	Nickel	19170		EPA249.1	0.001	0.1	
1040	Nitrate(as N)	19170	1.21	EPA300.0	0.01	10	09-01-95
1041	Nitrite(as N)	19170	<0.01	EPA300.0	0.01	1	09-01-95
1045	Selenium	19170		EPA270.2	0.0005	0.05	
1052	Sodium	19170		EPA273.1	0.002	160	
1074	Antimony	19170		EPA204.2	0.003	0.006	
1075	Beryllium	19170		EPA210.1	0.0002	0.004	
1085	Thallium	19170		EPA279.2	0.001	0.002	
1094	Asbestos	19170		TEM	1	7	

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Weathersfield Ave Alt Springs FL 32714	407-869-1919

Public Drinking Water ID # 3354652, 3354648, 3354685, 3354887, 3354777 — Public Water System Name: See sample ID section

Project # 632, 634, 633, 631 — Public Water System Type:

PO # - KMorgan — (X) Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
•	5								X									•

NOTES:

Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

* Styrofoam Coolers

Composite

Kit Relinquished:	Date / Time: 5-30-95	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 X NO2 X THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification	
	#1	Highland Point Point of Entry	Composite
	#2	Lake Ridge Point of Entry	
19170	#3	Orangey Point of Entry	
	#4	Lake Crescent Hills Point of Entry	
	#5	Vistay Point of Entry	
	#6		
	#7		
	#8		
	#9		
	#10		

		Date	Time
Collectors Signature:		8-30-95	10:30
Transporters Signature:		8-30-95	10:30
Lab Acceptance By:		8/31/95	1307

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

3354773, 3354652, 3354883
3354884, 3354685

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: Vistas, Highland Point, Lake Fairmont Hills, Lake Pickett Owners I.D. #: Composite
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1515
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/16/94 Sample Time : 0745 to 1100
Sample Location (be specific): comp 1-5
Sampler Name and Phone: Robert Fritsch
Samplers Signature: See chain of custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw (X)Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____ Groups Analyzed: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14334
Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	(X) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
(X) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 (X) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.



Signature:_____

Title: Technical Director Date: 8/31/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical:_____

Effective 1/93

Turbidity Analysis
17-550.310()
PWS026

Parameter ID	NAME	Sample Number	Analysis Result(NTU)	Analytical Method	Detection Limit (NTU)	MCL	Analysis Date
100	Turbidity	14334	0.340	EPA180.1	0.05	1	08-18-94

Inorganic Analysis
17-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	14334	<0.0005	EPA206.3	0.0005	0.05	08-25-94
1010	Barium	14334	0.0105	EPA200.7	0.00006	2	08-30-94
1015	Cadmium	14334	<0.0001	EPA200.7	0.0001	0.005	08-30-94
1020	Chromium	14334	0.00150	EPA200.7	0.0002	0.1	08-30-94
1024	Cyanide	14334	<0.005	EPA335.2	0.005	0.2	08-29-94
1025	Fluoride	14334	0.108	EPA340.1	0.05	4	08-25-94
1030	Lead	14334	<0.001	EPA239.2	0.001	0.015	08-24-94
1035	Mercury	14334	<0.0002	EPA245.2	0.0002	0.002	08-23-94
1036	Nickel	14334	<0.0004	EPA200.7	0.0004	0.1	08-30-94
1038	Total Nitrate+Nitrite	14334	1.88	EPA353.1	0.01	10	08-19-94
1040	Nitrate(as N)	14334	1.88	EPA300.0	0.01	10	08-19-94
1041	Nitrite(as N)	14334	<0.01	EPA300.0	0.01	1	08-18-94
1045	Selenium	14334	<0.0005	EPA270.2	0.0005	0.05	08-26-94
1052	Sodium	14334	5.74	EPA200.7	0.001	160	08-22-94
1074	Antimony	14334	<0.003	EPA204.2	0.003	0.006	08-29-94
1075	Beryllium	14334	0.000710	EPA210.1	0.0002	0.004	08-29-94
1085	Thallium	14334	<0.001	EPA279.2	0.001	0.002	08-29-94
1094	Asbestos	14334		TEM	1	7	

Secondary Chemical Analysis
17-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14334	0.132	EPA200.7	0.002	0.2	08-23-94
1017	Chloride	14334	19.1	EPA325.2	0.01	250	08-30-94
1022	Copper	14334	0.0121	EPA200.7	0.0002	1	08-30-94
1025	Fluoride	14334	0.108	EPA340.1	0.05	2	08-25-94
1028	Iron	14334	0.0943	EPA200.7	0.0002	0.3	08-22-94
1032	Manganese	14334	0.00910	EPA200.7	0.00004	0.05	08-22-94
1050	Silver	14334	0.000200	EPA200.7	0.0002	0.1	08-30-94
1055	Sulfate	14334	18.9	EPA375.4	1	250	08-26-94
1095	Zinc	14334	0.0213	EPA200.7	0.0001	5	08-30-94
1905	Color (color units)	14334	<5	EPA110.1	5	15	08-18-94
1920	Odor (total odor number)	14334	<1	EPA140.1	1	3	08-18-94
1925	pH	14334	7.35	EPA150.1	0.01	6.5	08-18-94
1930	Total Dissolved Solids	14334	196	EPA160.1	2.5	500	08-30-94
2905	Foaming Agents	14334	<0.1	EPA425.1	0.1	0.5	08-24-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs FL	407-869-1919
(4) Public Drinking Water ID # [redacted] 3354773	(5) Public Water System Name: Vistay	
(6) Project # 89-6366	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO_3	$ZnOAC/NaOH$	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time: 10 Working Days: 5 Working Days: 3 Working Days: 1 Working Day : Other:
	1	X								X									Composite: Turbidity & Inorganics with Highland Point, Lake Crescent Wells, Lake Ridge & Orangey
	1									X									
	3			X								X							
	1	X							X										
																			Composite: VOC with Orangey

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
	#1 Vistay - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Zuback	5-16	1030
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

461 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Aug31 1994
Project Number : Composite
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: COMP15
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14334

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14334
Turbidity	NTU	0.0500	108.	1.79	0.340
Arsenic	mg/L	0.000500	103.	.640	<0.000500
Barium	mg/L	0.0000600	94.3	.440	0.0105
Cadmium	mg/L	0.000100	100.	1.25	<0.000100
Chromium	mg/L	0.000200	91.8	.660	0.00150
Cyanide	mg/L	0.00500	109.	.000	<0.00500
Fluoride	mg/L	0.0500	79.6	.000	0.108
Lead	mg/L	0.00100	90.5	3.22	<0.00100
Mercury	mg/L	0.000200	108.	6.69	<0.000200
Nickel	mg/L	0.000400	85.0	2.86	<0.000400
NO3+NO2(as N)	mg/L	0.0100			1.88
Nitrate(as N)	mg/L	0.0100	102.	2.56	1.88
Nitrite(as N)	mg/L	0.0100	86.9	.520	<0.0100
Selenium	mg/L	0.000500	118.	7.07	<0.000500
Sodium	mg/L	0.00100	92.0	.000	5.74
Antimony	mg/L	0.00300	113.	3.47	<0.00300
Beryllium	mg/L	0.000200	107.	1.80	0.000710
Thallium	mg/L	0.00100	103.	7.13	<0.00100
Asbestos	MF/L	1.00			-
Aluminum	mg/L	0.00200	113.	.130	0.132
Chloride	mg/L	0.0100	89.4	1.27	19.1
Copper	mg/L	0.000200	102.	2.41	0.0121
Fluoride	mg/L	0.0500			0.108
Iron	mg/L	0.000200	100.	.430	0.0943
Manganese	mg/L	0.0000400	104.	.000	0.00910
Silver	mg/L	0.000200	86.3	.920	0.000200

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Aug31 1994
Project Number : Composite
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: COMP15
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14334

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14334
Sulfate	mg/L	1.00	114.	.000	18.9
Zinc	mg/L	0.000100	96.0	2.23	0.0213
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	100.	.860	7.35
TDS	mg/L	2.50	86.5	20.7	196.
Foaming_Agents	mg/L	0.100	92.3	.020	<0.100

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
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Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson S. Flowers, Ph.D.
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P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
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FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	comp 1-5 14334	Method	QA MDL	Section %RSD	%Rec	Analys	Date
Turbidity	*	NTU	0.340	EPA180.1	0.05	1.79	108	EVB	08-18-94
Arsenic	*	mg/L	<0.0005	EPA206.3	0.0005	0.640	103	LSM	08-25-94
Barium	*	mg/L	0.0105	EPA200.7	0.00006	0.440	94.3	LSM	08-30-94
Cadmium	*	mg/L	<0.0001	EPA200.7	0.0001	1.25	100	LSM	08-30-94
Chromium	*	mg/L	0.00150	EPA200.7	0.0002	0.664	91.8	LSM	08-30-94
Cyanide	*	mg/L	<0.005	EPA335.2	0.005	0.000	109	TRB	08-29-94
Fluoride	*	mg/L	0.108	EPA340.1	0.05	0.000	79.6	IMC	08-25-94
Lead	*	mg/L	<0.001	EPA239.2	0.001	3.22	90.5	LSM	08-24-94
Mercury	*	mg/L	<0.0002	EPA245.2	0.0002	6.69	108	LSM	08-23-94
Nickel	*	mg/L	<0.0004	EPA200.7	0.0004	2.86	85.0	LSM	08-30-94
Total Nitrate+Nitrite	*	mg/L	1.8814	EPA353.1	0.01			ALA	08-19-94
Nitrate(as N)	*	mg/L	1.88	EPA300.0	0.01	2.56	102	ALA	08-19-94
Nitrite(as N)	*	mg/L	<0.01	EPA300.0	0.01	0.529	86.9	ALA	08-18-94
Selenium	*	mg/L	<0.0005	EPA270.2	0.0005	7.07	118	LSM	08-26-94
Sodium	*	mg/L	5.74	EPA200.7	0.001	0.000	92.0	LSM	08-22-94
Antimony	*	mg/L	<0.003	EPA204.2	0.003	3.47	113	LSM	08-29-94
Beryllium	*	mg/L	0.000710	EPA210.1	0.0002	1.80	107	LSM	08-29-94
Thallium	*	mg/L	<0.001	EPA279.2	0.001	7.13	103	LSM	08-29-94
Asbestos		MF/L		TEM	1				
Aluminum	*	mg/L	0.132	EPA200.7	0.002	0.135	113	LSM	08-23-94
Chloride	*	mg/L	19.1	EPA325.2	0.01	1.27	89.4	ALA	08-30-94
Copper	*	mg/L	0.0121	EPA200.7	0.0002	2.41	102	LSM	08-30-94
Fluoride	*	mg/L	0.108	EPA340.1	0.05			IMC	08-25-94
Iron	*	mg/L	0.0943	EPA200.7	0.0002	0.434	100	LSM	08-22-94
Manganese	*	mg/L	0.00910	EPA200.7	0.00004	0.000	104	LSM	08-22-94
Silver	*	mg/L	0.000200	EPA200.7	0.0002	0.923	86.3	LSM	08-30-94
Sulfate	*	mg/L	18.9	EPA375.4	1	0.000	114	IMC	08-26-94
Zinc	*	mg/L	0.0213	EPA200.7	0.0001	2.23	96.0	LSM	08-30-94
Color (color units)	*	PCU	<5	EPA110.1	5			EVB	08-18-94
Odor (total odor number)	*	TON	<1	EPA140.1	1	0.000		EVB	08-18-94
pH (units)	*	pH	7.35	EPA150.1	0.01	0.863	100	EVB	08-18-94
Total Dissovled Solids	*	mg/L	196	EPA160.1	2.5	20.7	86.5	TDB	08-30-94
Foaming Agents	*	mg/L	<0.1	EPA425.1	0.1	0.027	92.3	TRB	08-24-94

Date Received: 08-17-94 Typed: 08-31-94 Sent: 08-31-94

Project Number	Composite	
PO Number	KM072694	
Date Sampled	1 08-16-94	*
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
INO93_WO_Asb	27000 1	*
SEC93	19000 1	*
0.00		

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc.	200 Weatherfield Ave Alt Sp Fl	407 869-1919
(4) Public Drinking Water ID #	(5) Public Water System Name:	
(6) Project # Composite.	(8) Public Water System Type	
(7) PO #	( ) Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers						NOTES:
		HNO3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	(12) Turn Around Time: 10 Working Days: ____ 5 Working Days: ____ 3 Working Days: ____ 1 Working Day : ____ Other: ____
																		Composite 5 → 1

(17) Kit Relinquished:	(17) Date (17) Time	(9) Kit Received	(9) Date (9) Time

Parameters: Turbidity ____; Prim. Inorganic w/o asbestos ____; Asbestos ____; Prim. Organic: Trihalomethane ____;
Volatile Organic Compounds ____; Pesticides & PCB's ____; Radiological ____; Secondary Standards ____;
Unregulated Organic Contaminants: Group I ____; Group II ____; NO_3 ____ NO_2 ____ Lead & Copper ____

(18) Laboratory Number	(11) Client Sample Identification
	#1 Vistas
	#2 Highland Point
14334	#3 Lake Crescent Hills
	#4 Lake Ridge
	#5 Orange
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:			
(14) Transporters Signature:			
(15) Lab Acceptance By:			

Over for numbered instructions.

481 Newburyport Ave. (P.O. Box 150-597
Altamonte Springs, FL 32701 (32715)

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354773
System Name: Vistoy I.D. #: 89-636W
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1176
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 10/3/94 Sample Time : 1300
Sample Location (be specific): P.O.E.
Sampler Name and Phone: Bryan Burgess
Samplers Signature: See Chain of Custody Title: Oper. Manager

Check Type (s): ( )Distribution (X)Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14961
Date Sample(s) Recieved: 10/4/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature:
Title: Technical Director Date: 10/27/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Radiological Analysis
62-550.310(5)
(PWS033)

Parameter ID	NAME	Sample Number	Analysis Result(pCi/l)	Analytical Method	Detection Limit (pCi/l)	MCL	Analysis Date
4000	Gross alpha	14961		EPA900	0.1	5	
4000	Analysis_Error(Ga)	14961		-	1		10-27-94
4012	Photon emitters	14961		EPA903.1	1		10-27-94
4012	Analysis_Error(Photon)	14961		EPA904	1		10-27-94
4020	Radium-226	14961	1.60	EPA900	1		10-27-94
4020	Analysis_Error(226)	14961	0.200		0		
4030	Radium-228	14961			0		
4030	Analysis_Error(228)	14961			0		
4101	Man-made beta	14961			0		
4101	Analysis_Error(beta)	14961			0		

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct27 1994
Project Number : 89-636W
PO Number : WS100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 4 1994 Lab Number : 14961

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14961
Gross alpha	pCi/L	0.100			-
Analysis Error	pCi/L	0.100			-
Photon emitters	pCi/L	1.00			-
Analysis_Error(Photo	pCi/L	1.00			-
Radium 226	pCi/L	1.00			1.60
Analysis_Error(226)	pCi/L	0.100			0.200
Radium 228	pCi/L	1.00			-
Analysis_Error(228)	pCi/L	1.00			-
Man-made beta & phot	pCi/L	1.00			-
Analysis_Error(beta	pCi/L	1.00			-

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

151

FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14961										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Gross alpha	*	pCi/L											EPA900	0.1				
Analysis_Error(Ga)	*	pCi/L	-										EPA900	0.1			PL	10-27-94
Photon emitters	*	pCi/L	-										-	1.0			PL	10-27-94
Analysis_Error(Photon)	*	pCi/L	-										-	1.0			PL	10-27-94
Radium-226	*	pCi/L	1.60										EPA903.1	1.0			PL	10-27-94
Analysis_Error(226)	*	pCi/L	0.200										EPA903.1	0.1			PL	10-27-94
Radium-228	*	pCi/L	-										EPA904	1.0			PL	10-27-94
Analysis_Error(228)	*	pCi/L	-										EPA904	1.0			PL	10-27-94
Man-made beta & photon	*	pCi/L	-										EPA900	1.0			PL	10-27-94
Analysis_Error(beta & pho	*	pCi/L	-										EPA900	1.0			PL	10-27-94
			Date Received:	10-04-94		Typed:	10-27-94		Sent:	10-27-94								

Project Number	89-636W		
PO Number	WS100394		
Date Sampled	1	10-03-94	*
Date Analyzed	0		
Compacted	1		
Format	NormRR		
Unit Cost	Exted		
Ra226	13500	1	*
0.00			

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDEH Lab # 83018
FDHRS Lab # 83133
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield	407-869-1919

(4) Public Drinking Water ID #	(5) Public Water System Name
3354773	Vistia's

(6) Project #	(8) Public Water System Type
89-636 W	(X) Community ( ) Non Community ( ) Special Non Community
(7) PO # WS100394	

(16)

		Preservative				Plastic Containers						Glass Containers						NOTES:
		HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Whrl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	(12) Turn Around Time:
																		10 Working Days:
																		5 Working Days:
																		3 Working Days:
																		1 Working Day :
																		Other:
	1	X								1								Rush 2310 Only

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

(10) Parameter Group(s) Analyzed: Turbidity __; Inorganic __; Trihalomethane __; Volitile Organic __;
Organic Chemical __; Secondary Chemical __; Radiological X; Unregulated Organic Purgeable __;
Unregulated Organic Pesticide __; Unregulated Base Neutral Extractable __; Unregulated Acid Extractable __;

(18) Laboratory Number	(11) Client Sample Identification
14961	#1 Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:		10/3/94	1:00P
(14) Transporters Signature:		10/3/94	4:00P
(15) Lab Acceptance By:		10/3/94	16:2

Over for numbered instructions

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

3,354773

System Name: Vista I.D. #: 89-636W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1712

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 Sample Time : 1000

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Brian Cooper

Samplers Signature: See Chain of Custody Title: Oper Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14971

Date Sample(s) Recieved: 10/3/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature: _____

Title: Technical Director Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Secondary Chemical Analysis
62-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14971	0.0704	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14971	21.5	EPA325.2	0.01	250	10-10-94
1022	Copper	14971	0.121	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14971	0.177	EPA340.1	0.05	2	
1028	Iron	14971	0.241	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14971	0.0135	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14971	<0.0002	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14971	39.6	EPA375.4	1	250	10-10-94
1095	Zinc	14971	0.139	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14971	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14971	<1	EPA140.1	1	3	10-04-94
1925	pH	14971	7.37	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14971	218	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14971	<0.1	EPA425.1	0.1	0.5	10-10-94

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-636W
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14971

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14971
Aluminum	mg/L	0.00200	110.	.000	0.0704
Chloride	mg/L	0.0100	99.0	.800	21.5
Copper	mg/L	0.000200	105.	1.84	0.121
Fluoride	mg/L	0.0500	117.	.000	0.177
Iron	mg/L	0.000200	101.	1.65	0.241
Manganese	mg/L	0.0000400	99.1	.750	0.0135
Silver	mg/L	0.000200	99.1	1.55	<0.000200
Sulfate	mg/L	1.00	96.1	.000	39.6
Zinc	mg/L	0.000100	95.3	3.18	0.139
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.37
TDS	mg/L	2.50	75.0	1.82	218.
Foaming_Agents	mg/L	0.100	82.4	.000	<0.100

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM — HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14971	QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Aluminum	*	mg/L	0.0704	EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	21.5	EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.121	EPA200.7	0.0002	1.84	105	LSM	10-05-94
Fluoride	*	mg/L	0.177	EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.241	EPA200.7	0.0002	1.65	101	LSM	10-05-94
Manganese	*	mg/L	0.0135	EPA200.7	0.00004	0.759	99.1	LSM	10-05-94
Silver	*	mg/L	<0.0002	EPA200.7	0.0002	1.55	99.1	LSM	10-05-94
Sulfate	*	mg/L	39.6	EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.139	EPA200.7	0.0001	3.18	95.3	LSM	10-05-94
Color (color units)	*	PCU	<5	EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1	EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.37	EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissovled Solids	*	mg/L	218	EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	<0.1	EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number 89-636W

Job Number KM100394

Date Sampled 1 10-03-94 *

Date Analyzed 0

Impacted 1

Format NormRR

Cost Exted

#93 19000 1 *

0.00

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FOER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave	407-869-1919
(4) Public Drinking Water ID # 3354273	(5) Public Water System Name: Vista's	
(6) Project # 89-636 W	(8) Public Water System Type	
(7) PO # KM1002354	(X) Community ( ) Non Community ( ) Special Non Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time:
16)	1	X								1									10 Working Days:
	1									1									5 Working Days:
																			3 Working Days:
																			1 Working Day :
																			Other:

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

(10) Parameter Group(s) Analyzed: Turbidity __; Inorganic __; Trihalomethane __; Volitile Organic __;
Organic Chemical __; Secondary Chemical X; Radiological __; Unregulated Organic Purgeable __;
Unregulated Organic Pesticide __; Unregulated Base Neutral Extractable __; Unregulated Acid Extractable __;

(18) Laboratory Number	(11) Client Sample Identification
14971	#1 Point of Entry (Pres.)
	#2 " " " "
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:		10/3/94	10:50A
(14) Transporters Signature:		10/3/94	4:50P
(15) Lab Acceptance By:		10/3/94	1613

Over for numbered instructions

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354884, 3354685
System Name: Lake Ridge Oranges I.D. #: 634,633
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1919
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/31/95 Sample Time : 0930
Sample Location (be specific): LR/Org
Sampler Name and Phone: Jerry Aldrich
Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw (X)Composite of Multiple Sites-Attach a format for each site

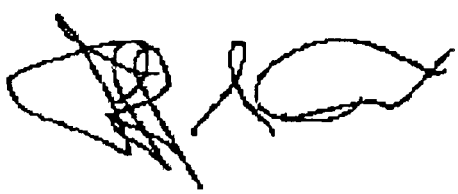
LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19165
Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	(X) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____
Title: Technical Director Date: 9/6/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Volatile Organic Analysis
62-550.310(2)(b)
(PWS028)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2378	1,2,4-trichlorobenzene	19165	<0.5	EPA502.2	0.5	70	09-01-95
2380	cis-1,2-Dichloroethylene	19165	<0.5	EPA502.2	0.5	70	09-01-95
2955	Xylenes (total)	19165	<0.5	EPA502.2	0.5	10000	09-01-95
2964	Dichloromethane	19165	<0.5	EPA502.2	0.5	5	09-01-95
2968	O-dichlorobenzene	19165	<0.5	EPA502.2	0.5	600	09-01-95
2969	Para-dichlorobenzene	19165	<0.5	EPA502.2	0.5	75	09-01-95
2976	Vinyl chloride	19165	<0.5	EPA502.2	0.5	1	09-01-95
2977	1,1,-dichloroethylene	19165	<0.5	EPA502.2	0.5	7	09-01-95
2979	Trans-1,2-dichloroethylene	19165	<0.5	EPA502.2	0.5	100	09-01-95
2980	1,2,-dichloroethane	19165	<0.5	EPA502.2	0.5	3	09-01-95
2981	1,1,1-trichloroethane	19165	<0.5	EPA502.2	0.5	200	09-01-95
2982	Carbon tetrachloride	19165	<0.5	EPA502.2	0.5	3	09-01-95
2983	1,2-dichloropropane	19165	<0.5	EPA502.2	0.5	5	09-01-95
2984	Trichloroethylene	19165	<0.5	EPA502.2	0.5	3	09-01-95
2985	1,1,2-trichloroethane	19165	<0.5	EPA502.2	0.5	5	09-01-95
2987	Tetrachloroethylene	19165	<0.5	EPA502.2	0.5	3	09-01-95
2989	Monochlorobenzene	19165	<0.5	EPA502.2	0.5	100	09-01-95
2990	Benzene	19165	<0.5	EPA502.2	0.5	1	09-01-95
2991	Toluene	19165	<0.5	EPA502.2	0.5	1000	09-01-95
2992	Ethylbenzene	19165	<0.5	EPA502.2	0.5	700	09-01-95
2996	Styrene	19165	<0.5	EPA502.2	0.5	100	09-01-95

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Weathersfield Ave	869-1919

Public Drinking Water ID # 3354884, 3354685 Public Water System Name: Lake Ridge, Orangey

Project # 634, 633

PO # KM1071095

Public Water System Type: (X) Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
	2			X									X					

NOTES:

Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

* Styrofoam Coolers

Composite

Kit Relinquished: [signature] Date/Time 5-30-95

Kit Recieved: Date/Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ____ NO2 ____ THM ____;
Volatile Organics X; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards ____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification
19165	#1	Lake Ridge Point of Entry } Composite
	#2	Orangey Point of Entry }
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:	[signature]	8-31-95	9:30
Transporters Signature:	[signature]	8-31-95	9:30
Lab Acceptance By:		8/31/95	1304

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354682, 3354884, 3354685, 3354883, 3354873

System Name: Highland Point, Lake Ridge, Oranges, Lake Crescent Hills, Vista I.D. #: 632,634,633,631

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1562

Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/31/95 Sample Time : 1030

Sample Location (be specific): HP/LR/Org./LCH/Vis.

Sampler Name and Phone: Ray Allen

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

XDistribution entry pt ( )Raw XComposite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

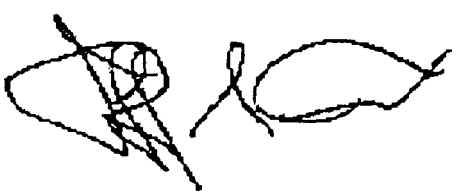
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19170

Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/7/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Inorganic Analysis
62-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	19170		EPA206.3	0.0005	0.05	
1010	Barium	19170		EPA208.1	0.01	2	
1015	Cadmium	19170		EPA213.2	0.001	0.005	
1020	Chromium	19170		EPA218.2	0.005	0.1	
1024	Cyanide	19170		EPA335.2	0.005	0.2	
1025	Fluoride	19170		EPA340.1	0.01	4	
1030	Lead	19170		EPA239.2	0.001	0.015	
1035	Mercury	19170		EPA245.2	0.0002	0.002	
1036	Nickel	19170		EPA249.1	0.001	0.1	
1040	Nitrate(as N)	19170	1.21	EPA300.0	0.01	10	09-01-95
1041	Nitrite(as N)	19170	<0.01	EPA300.0	0.01	1	09-01-95
1045	Selenium	19170		EPA270.2	0.0005	0.05	
1052	Sodium	19170		EPA273.1	0.002	160	
1074	Antimony	19170		EPA204.2	0.003	0.006	
1075	Beryllium	19170		EPA210.1	0.0002	0.004	
1085	Thallium	19170		EPA279.2	0.001	0.002	
1094	Asbestos	19170		TEM	1	7	

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Westmonte Dr Alt Springs FL 32714	407-869-1919

Public Drinking Water ID # 3354652, 3354648, 3354685, 3354883 (3354777)

Public Water System Name: See sample ID section

Project # 632, 634, 633, 636

PO # - KM01055

Public Water System Type:

[X] Community [ ] Non-Community [ ] Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
	5								X									

NOTES:

Turn Around Time

10 Working Days ____

5 Working Days ____

3 Working Days ____

1 Working Days ____

Other ____

* Styrofoam Coolers

Composite

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time
	5-30-95		

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 X NO2 X THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification	
	#1	Highland Point Point of Entry	Composite
	#2	Lake Ridge Point of Entry	
19170	#3	Orangey Point of Entry	
	#4	Lake Crescent Hilly Point of Entry	
	#5	Vistay Point of Entry	
	#6		
	#7		
	#8		
	#9		
	#10		

		Date	Time
Collectors Signature:		8-30-95	10:30
Transporters Signature:		8-31-95	10:30
Lab Acceptance By:		8/31/95	1307

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354685

System Name: Orange) I.D. #: 89-633W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1113

Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 Sample Time : 1030

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Bruce Lovejoy

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

XDistribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14970

Date Sample(s) Recieved: 10/3/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____

Title: Technical Director Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Secondary Chemical Analysis

62-550.320

(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14970	0.109	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14970	21.6	EPA325.2	0.01	250	10-10-94
1022	Copper	14970	0.0155	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14970	0.169	EPA340.1	0.05	2	
1028	Iron	14970	0.179	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14970	0.00791	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14970	<0.0002	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14970	40.8	EPA375.4	1	250	10-10-94
1095	Zinc	14970	0.111	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14970	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14970	<1	EPA140.1	1	3	10-04-94
1925	pH	14970	7.34	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14970	208	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14970	<0.1	EPA425.1	0.1	0.5	10-10-94

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-633W
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14970

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14970
Aluminum	mg/L	0.00200	110.	.000	0.109
Chloride	mg/L	0.0100	99.0	.800	21.6
Copper	mg/L	0.000200	104.	.880	0.0155
Fluoride	mg/L	0.0500	117.	.000	0.169
Iron	mg/L	0.000200	106.	1.08	0.179
Manganese	mg/L	0.0000400	96.6	.730	0.00791
Silver	mg/L	0.000200	97.2	.720	<0.000200
Sulfate	mg/L	1.00	96.1	.000	40.8
Zinc	mg/L	0.000100	107.	1.40	0.111
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.34
TDS	mg/L	2.50	75.0	1.82	208.
Foaming_Agents	mg/L	0.100	82.4	.000	<0.100

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14970										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Aluminum	*	mg/L	0.109										EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	21.6										EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.0155										EPA200.7	0.0002	0.888	104	LSM	10-05-94
Fluoride	*	mg/L	0.169										EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.179										EPA200.7	0.0002	1.08	106	LSM	10-05-94
Manganese	*	mg/L	0.00791										EPA200.7	0.00004	0.730	96.6	LSM	10-05-94
Silver	*	mg/L	<0.0002										EPA200.7	0.0002	0.726	97.2	LSM	10-05-94
Sulfate	*	mg/L	40.8										EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.111										EPA200.7	0.0001	1.40	107	LSM	10-05-94
Color (color units)	*	PCU	<5										EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1										EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.34										EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissovled Solids	*	mg/L	208										EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	<0.1										EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number	89-633W		
PO Number	KM100394		
Date Sampled	1	10-03-94	*
Date Analyzed	0		
Compacted	1		
Format	NormRR		
Unit Cost	Exted		
Secs93	19000	1	*

0.00

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDEH Lab # E83018
FDHNS Lab # 83139
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave	407-869-1515
(4) Public Drinking Water ID # 3355485	(5) Public Water System Name: ORANGES	
(6) Project # 89-1633 W	(8) Public Water System Type	
(7) PO # KM100254	(X) Community ( ) Non Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers						NOTES:
		HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	(12) Turn Around Time:
16)	1	X								1								10 Working Days:
	1									1								5 Working Days:
																		3 Working Days:
																		1 Working Day :
																		Other:

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

(10) Parameter Group(s) Analyzed: Turbidity __; Inorganic __; Trihalomethane __; Volitile Organic __; Organic Chemical __; Secondary Chemical X; Radiological __; Unregulated Organic Purgeable __; Unregulated Organic Pesticide __; Unregulated Base Neutral Extractable __; Unregulated Acid Extractable __;

(18) Laboratory Number	(11) Client Sample Identification
14970	#1 Point of Entry (Pres.)
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	B KA	10/3/94	10:30A
(14) Transporters Signature:	B KA	10/3/94	4:00P
(15) Lab Acceptance By:		10/3/94	16/3

Over for numbered instructions

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

3354773, 3354652, 3354883
3354884, 3354685

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: Vista, Highland Point, Lake Count Hills, Lake Ridge, Orange I.D. #: Composite
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1515
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/16/94 Sample Time : 0745 to 1100
Sample Location (be specific): comp 1-5
Sampler Name and Phone: Robert Fritsch
Samplers Signature: See chain of custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw (X)Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____ Groups Analyzed: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14334
Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	(X) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
(X) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 (X) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.

Signature: _____

Title: Technical Director Date: 8/31/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical: _____

Effective 1/93

Turbidity Analysis
17-550.310()
PWS026

Parameter ID	NAME	Sample Number	Analysis Result(NTU)	Analytical Method	Detection Limit (NTU)	MCL	Analysis Date
100	Turbidity	14334	0.340	EPA180.1	0.05	1	08-18-94

Inorganic Analysis
17-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	14334	<0.0005	EPA206.3	0.0005	0.05	08-25-94
1010	Barium	14334	0.0105	EPA200.7	0.00006	2	08-30-94
1015	Cadmium	14334	<0.0001	EPA200.7	0.0001	0.005	08-30-94
1020	Chromium	14334	0.00150	EPA200.7	0.0002	0.1	08-30-94
1024	Cyanide	14334	<0.005	EPA335.2	0.005	0.2	08-29-94
1025	Fluoride	14334	0.108	EPA340.1	0.05	4	08-25-94
1030	Lead	14334	<0.001	EPA239.2	0.001	0.015	08-24-94
1035	Mercury	14334	<0.0002	EPA245.2	0.0002	0.002	08-23-94
1036	Nickel	14334	<0.0004	EPA200.7	0.0004	0.1	08-30-94
1038	Total Nitrate+Nitrite	14334	1.88	EPA353.1	0.01	10	08-19-94
1040	Nitrate(as N)	14334	1.88	EPA300.0	0.01	10	08-19-94
1041	Nitrite(as N)	14334	<0.01	EPA300.0	0.01	1	08-18-94
1045	Selenium	14334	<0.0005	EPA270.2	0.0005	0.05	08-26-94
1052	Sodium	14334	5.74	EPA200.7	0.001	160	08-22-94
1074	Antimony	14334	<0.003	EPA204.2	0.003	0.006	08-29-94
1075	Beryllium	14334	0.000710	EPA210.1	0.0002	0.004	08-29-94
1085	Thallium	14334	<0.001	EPA279.2	0.001	0.002	08-29-94
1094	Asbestos	14334		TEM	1	7	

Secondary Chemical Analysis
17-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14334	0.132	EPA200.7	0.002	0.2	08-23-94
1017	Chloride	14334	19.1	EPA325.2	0.01	250	08-30-94
1022	Copper	14334	0.0121	EPA200.7	0.0002	1	08-30-94
1025	Fluoride	14334	0.108	EPA340.1	0.05	2	08-25-94
1028	Iron	14334	0.0943	EPA200.7	0.0002	0.3	08-22-94
1032	Manganese	14334	0.00910	EPA200.7	0.00004	0.05	08-22-94
1050	Silver	14334	0.000200	EPA200.7	0.0002	0.1	08-30-94
1055	Sulfate	14334	18.9	EPA375.4	1	250	08-26-94
1095	Zinc	14334	0.0213	EPA200.7	0.0001	5	08-30-94
1905	Color (color units)	14334	<5	EPA110.1	5	15	08-18-94
1920	Odor (total odor number)	14334	<1	EPA140.1	1	3	08-18-94
1925	pH	14334	7.35	EPA150.1	0.01	6.5	08-18-94
1930	Total Dissolved Solids	14334	196	EPA160.1	2.5	500	08-30-94
2905	Foaming Agents	14334	<0.1	EPA425.1	0.1	0.5	08-24-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utility Inc	200 Westhusfield Ave Alt Springs Fl	407-869-1919
(4) Public Drinking Water ID # 3354685	(5) Public Water System Name: Orangey	
(6) Project # 89-633W	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time: 10 Working Days: 5 Working Days: 3 Working Days: 1 Working Day : Other:
	1	X								X									Composite: Turbidity & Inorganics with Highland Point, Lake Crescent #1 #3, Lake Ridge, Vistay
	1									X									
	3			X								X							
	1	X							X										
																			Composite: VOC with Vistay

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
	#1 Orangey - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Tarbet	8-16	1015
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

461 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354685

System Name: Orange ____ I.D. #: 89-633W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1919

Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/16/94 Sample Time : 1015

Sample Location (be specific): Oranges

Sampler Name and Phone: Robert Frisch

Samplers Signature: See chain of custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

XDistribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14363

Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( ) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite •

• Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/2/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical:_____

Effective 1/93

Radiological Analysis
17-550.310(5)
(PWS033)

Parameter ID	NAME	Sample Number	Analysis Result(pCi/l)	Analytical Method	Detection Limit (pCi/l)	Analysis Error	Analysis Date
4000	Gross alpha	14363	1.50	EPA900	0.1	0.400	09-02-94
4012	Photon emitters	14363		-	1		09-02-94
4020	Radium-226	14363		EPA903.1	1		09-02-94
4030	Radium-228	14363		EPA904	1		09-02-94
4100	Gross beta	14363		EPA900	1		09-02-94
4101	Man-made beta & photon emitte	14363		-	1		09-02-94
4102	Tritium	14363		-	1		09-02-94
4172	Strontium-89	14363		-	1		09-02-94
4174	Strontium-90	14363		-	1		09-02-94
4264	Iodine-131	14363		-	1		09-02-94
4270	Cesium-134	14363		-	1		09-02-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs FL	407-869-1919
(4) Public Drinking Water ID # 3354685	(5) Public Water System Name: Orangey	
(6) Project # 89-633W	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time:
																			10 Working Days: ____
																			5 Working Days: ____
																			3 Working Days: ____
																			1 Working Day : ____
																			Other: ____
	1	X								X									Composite: Turbidity & Inorganics
	1									X									with Highland Point, Lake Crescent Hills,
	3			X								X							Lake Ridge, Vistay
	1	X							X										
																			Composite: Vol with Vistay

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number: 14363

(11) Client Sample Identification

#1 Orangey - Point of Entry
#2
#3
#4
#5
#6
#7
#8
#9
#10

(13) Collectors Signature: Robert Fretwell — Date: 8-16 — Time: 1015

(14) Transporters Signature: ____ — Date: ____ — Time: ____

(15) Lab Acceptance By: [signature] — Date: 8/16/94 — Time: 1621

Over for numbered instructions.

481 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus. (407) 339-5984 Fax (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 2 1994
Project Number : 89-633W
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: ORANGES
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14363

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14363
Gross alpha excl. Ra	pCi/L	0.100			1.50
Analysis Error	pCi/L	0.100			0.400
Photon emitters	pCi/L	1.00			-
Analysis_Error(Photo	pCi/L	1.00			-
Radium 226	pCi/L	1.00			-
Analysis_Error(226)	pCi/L	1.00			-
Radium 228	pCi/L	1.00			-
Analysis_Error(228)	pCi/L	1.00			-
Gross_Beta	pCi/L	1.00			-
Analysis_Error(Gb)	pCi/L	1.00			-
Man-made beta & phot	pCi/L	1.00			-
Analysis_Error(beta	pCi/L	1.00			-
Tritium	pCi/L	1.00			-
Analysis_Error(Triti	pCi/L	1.00			-
Strontium-89	pCi/L	1.00			-
Analysis_Error(89)	pCi/L	1.00			-
Strontium-90	pCi/L	1.00			-
Analysis_Error(90)	pCi/L	1.00			-
Iodine-131	pCi/L	1.00			-
Analysis_Error(131)	pCi/L	1.00			-
Cesium-134	pCi/L	1.00			-
Analysis_Error(134)	pCi/L	1.00			-

Data Release Authorization

Sample integrity and reliability certified by Lab personnel prior to analysis. Methods of analysis in accordance with FCL QA and EPA approved methodology. This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

151

FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	Oranges 14363										QA Section Method	MDL	%RSD	%Rec	Analys	Date
Gross alpha excl. Ra & U	*	pCi/L	1.50										EPA900	0.1			PL	09-02-94
Analysis_Error(Ga)	*	pCi/L	0.400										EPA900	0.1			PL	09-02-94
Photon emitters	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(Photon)	*	pCi/L	-										-	1.0			PL	09-02-94
Radium-226	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Analysis_Error(226)	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Radium-228	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Analysis_Error(228)	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Gross beta	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Analysis_Error(Gb)	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Man-made beta & photon	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(beta & pho	*	pCi/L	-										-	1.0			PL	09-02-94
Tritium	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(Tritium)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-89	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(89)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-90	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(90)	*	pCi/L	-										-	1.0			PL	09-02-94
Iodine-131	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(131)	*	pCi/L	-										-	1.0			PL	09-02-94
Cesium-134	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(134)	*	pCi/L	-										-	1.0			PL	09-02-94

Date Received: 08-17-94 Typed: 09-02-94 Sent: 09-02-94

Project Number	89-633W	
PO Number	KM072694	
Date Sampled	1	08-16-94 *
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
GA	3500	1 *

0.00

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354652, 3354884, 3354685, 3354883, 3354773

System Name: Highland Point, Lake Ridge, Oranges, Lake Crescent Hills, Vista I.D. #: 632,634,633,631

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-[illegible]

Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/31/95 Sample Time : 1030

Sample Location (be specific): HP/LR/Org./LCH/Vis.

Sampler Name and Phone: [illegible]

Samplers Signature: [illegible] Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

XDistribution entry pt ( )Raw XComposite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

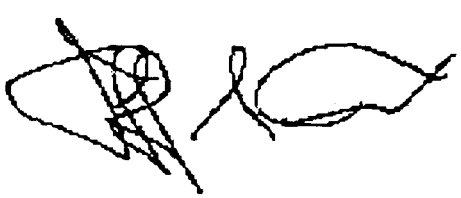
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19170

Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/7/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Inorganic Analysis
62-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	19170		EPA206.3	0.0005	0.05	
1010	Barium	19170		EPA208.1	0.01	2	
1015	Cadmium	19170		EPA213.2	0.001	0.005	
1020	Chromium	19170		EPA218.2	0.005	0.1	
1024	Cyanide	19170		EPA335.2	0.005	0.2	
1025	Fluoride	19170		EPA340.1	0.01	4	
1030	Lead	19170		EPA239.2	0.001	0.015	
1035	Mercury	19170		EPA245.2	0.0002	0.002	
1036	Nickel	19170		EPA249.1	0.001	0.1	
1040	Nitrate(as N)	19170	1.21	EPA300.0	0.01	10	09-01-95
1041	Nitrite(as N)	19170	<0.01	EPA300.0	0.01	1	09-01-95
1045	Selenium	19170		EPA270.2	0.0005	0.05	
1052	Sodium	19170		EPA273.1	0.002	160	
1074	Antimony	19170		EPA204.2	0.003	0.006	
1075	Beryllium	19170		EPA210.1	0.0002	0.004	
1085	Thallium	19170		EPA279.2	0.001	0.002	
1094	Asbestos	19170		TEM	1	7	

FLOWELL

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Westmonte Blvd Alt Springs FL 32714	407-869-1919

Public Drinking Water ID # 3354652, 3354648, 3354685, 3354883 (3354777)

Public Water System Name: See sample ID section

Project # 632, 634, 633, 636

PO # - KMorris

Public Water System Type:

[X] Community [ ] Non-Community [ ] Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
	5								X									✓

NOTES:

Turn Around Time

10 Working Days _____

5 Working Days _____

3 Working Days _____

1 Working Days _____

Other _____

* Styrofoam Coolers

Composite

Kit Relinquished:	Date / Time: 5-30-95	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 X NO2 X THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification	
	#1	Highland Point Point of Entry	Composite
	#2	Lake Ridge Point of Entry	
19170	#3	Orange Point of Entry	
	#4	Lake Crescent Hills Point of Entry	
	#5	Vistay Point of Entry	
	#6		
	#7		
	#8		
	#9		
	#10		

		Date	Time
Collectors Signature:		8-31-95	10:30
Transporters Signature:		8-31-95	10:30
Lab Acceptance By:		8/31/95	1307

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354884, 3354685
System Name: Lake Ridge Oranges I.D. #: 634,633
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/31/95 Sample Time : 0930
Sample Location (be specific): LR/Org
Sampler Name and Phone: Jerry Aldrich
Samplers Signature: See Chain of Custody Title: Oper Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw (X)Composite of Multiple Sites-Attach a format for each site

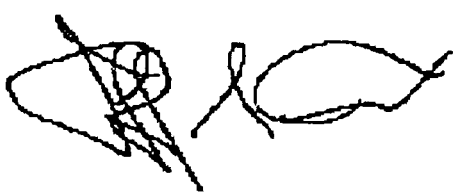
LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19165
Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	(X) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____
Title: Technical Director Date: 9/6/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Volatile Organic Analysis
62-550.310(2)(b)
(PWS028)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2378	1,2,4-trichlorobenzene	19165	<0.5	EPA502.2	0.5	70	09-01-95
2380	cis-1,2-Dichloroethylene	19165	<0.5	EPA502.2	0.5	70	09-01-95
2955	Xylenes (total)	19165	<0.5	EPA502.2	0.5	10000	09-01-95
2964	Dichloromethane	19165	<0.5	EPA502.2	0.5	5	09-01-95
2968	O-dichlorobenzene	19165	<0.5	EPA502.2	0.5	600	09-01-95
2969	Para-dichlorobenzene	19165	<0.5	EPA502.2	0.5	75	09-01-95
2976	Vinyl chloride	19165	<0.5	EPA502.2	0.5	1	09-01-95
2977	1,1,-dichloroethylene	19165	<0.5	EPA502.2	0.5	7	09-01-95
2979	Trans-1,2-dichloroethylene	19165	<0.5	EPA502.2	0.5	100	09-01-95
2980	1,2,-dichloroethane	19165	<0.5	EPA502.2	0.5	3	09-01-95
2981	1,1,1-trichloroethane	19165	<0.5	EPA502.2	0.5	200	09-01-95
2982	Carbon tetrachloride	19165	<0.5	EPA502.2	0.5	3	09-01-95
2983	1,2-dichloropropane	19165	<0.5	EPA502.2	0.5	5	09-01-95
2984	Trichloroethylene	19165	<0.5	EPA502.2	0.5	3	09-01-95
2985	1,1,2-trichloroethane	19165	<0.5	EPA502.2	0.5	5	09-01-95
2987	Tetrachloroethylene	19165	<0.5	EPA502.2	0.5	3	09-01-95
2989	Monochlorobenzene	19165	<0.5	EPA502.2	0.5	100	09-01-95
2990	Benzene	19165	<0.5	EPA502.2	0.5	1	09-01-95
2991	Toluene	19165	<0.5	EPA502.2	0.5	1000	09-01-95
2992	Ethylbenzene	19165	<0.5	EPA502.2	0.5	700	09-01-95
2996	Styrene	19165	<0.5	EPA502.2	0.5	100	09-01-95

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Weathersfield Ave	869-1919

Public Drinking Water ID # 3354884, 3354685 — Public Water System Name: Lake Ridge, Orange

Project # 634, 633

PO # KM107695

Public Water System Type: (X) Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L	NOTES:
	1			X									X						* Styrofoam Coolers
																			Composite

Turn Around Time: 10 Working Days ____ 5 Working Days ____ 3 Working Days ____ 1 Working Days ____ Other ____

Kit Relinquished:	Date / Time: 5-30-95	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ___; Asbestos ___; NO3 ___ NO2 ___ THM ___;
Volatile Organics X; Pesticides&PCB's (w/o dioxin) ___; Radiological ___; Secondary Standards ___;
Group I Unreg. ___; Group II Unreg. ___; Group III Unreg. ___; Lead & Copper ___.

Laboratory Number		Client Sample Identification
19165	#1	Lake Ridge Point of Entry } Composite
	#2	Orangey Point of Entry }
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:		8-31-95	9:30
Transporters Signature:		8-31-95	9:30
Lab Acceptance By:		8/31/95	1304

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

RECEIVED
SEP 08 1995

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 6 1995
Project Number : 634,633
PO Number : KM071095
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

For: LRORG
Date Sampled:Aug31 1995 Date Received:Aug31 1995 Lab Number : 19165

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	19165
1,2,4-trichlorobenze	ug/L	0.500			<0.500
cis-1,2-dichloroethe	ug/L	0.500			<0.500
Xylene	ug/L	0.500	86.6	2.75	<0.500
Methylene chloride	ug/L	0.500	109.	.790	<0.500
o-dichlorobenzene	ug/L	0.500	94.8	1.03	<0.500
Para-dichlorobenzene	ug/L	0.500	94.4	.900	<0.500
Vinyl chloride	ug/L	0.500			<0.500
1,1-dichloroethene	ug/L	0.500	111.	.350	<0.500
t-1,2-dichloroethene	ug/L	0.500	100.	8.31	<0.500
1,2-dichloroethane	ug/L	0.500	112.	1.79	<0.500
1,1,1-trichloroethan	ug/L	0.500	101.	4.43	<0.500
Carbon tetrachloride	ug/L	0.500	108.	1.72	<0.500
1,2-dichloropropane	ug/L	0.500	107.	.610	<0.500
Trichloroethene	ug/L	0.500	106.	.720	<0.500
1,1,2-trichloroethan	ug/L	0.500	103.	.040	<0.500
Tetrachloroethene	ug/L	0.500	108.	.730	<0.500
Chlorobenzene	ug/L	0.500	99.6	.610	<0.500
Benzene	ug/L	0.500	90.8	1.60	<0.500
Toluene	ug/L	0.500	86.1	3.29	<0.500
Ethylbenzene	ug/L	0.500	86.8	2.73	<0.500
Styrene	ug/L	0.500			<0.500

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report may not be reproduced in part, results relate only to items tested.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

151

FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	LR/Org. 19165										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
1,2,4-trichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
cis-1,2-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
Xylene	*	ug/L	<0.5										EPA502.2	0.5	2.75	86.6	DO	09-01-95
Methylene chloride	*	ug/L	<0.5										EPA502.2	0.5	0.79	109	DO	09-01-95
o-dichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	1.03	94.8	DO	09-01-95
Para-dichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	0.905	94.4	DO	09-01-95
Vinyl chloride	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
1,1-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.354	111	DO	09-01-95
t-1,2-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5	8.31	100	DO	09-01-95
1,2-dichloroethane	*	ug/L	<0.5										EPA502.2	0.5	1.79	112	DO	09-01-95
1,1,1-trichloroethane	*	ug/L	<0.5										EPA502.2	0.5	4.43	101	DO	09-01-95
Carbon tetrachloride	*	ug/L	<0.5										EPA502.2	0.5	1.72	108	DO	09-01-95
1,2-dichloropropane	*	ug/L	<0.5										EPA502.2	0.5	0.614	107	DO	09-01-95
Trichloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.723	106	DO	09-01-95
1,1,2-trichloroethane	*	ug/L	<0.5										EPA502.2	0.5	0.0495	103	DO	09-01-95
Tetrachloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.736	108	DO	09-01-95
Chlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	0.615	99.6	DO	09-01-95
Benzene	*	ug/L	<0.5										EPA502.2	0.5	1.6	90.8	DO	09-01-95
Toluene	*	ug/L	<0.5										EPA502.2	0.5	3.29	86.1	DO	09-01-95
Ethylbenzene	*	ug/L	<0.5										EPA502.2	0.5	2.73	86.8	DO	09-01-95
Styrene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95

Date Received: 08-31-95 Typed: 09-06-95 Sent: 09-06-95

Project Number	634,633
PO Number	KM071095
Date Sampled	1 08-31-95 *
Date Analyzed	0
Compacted	1
Format	NormRR
Unit Cost	Exted
VOC93	23000 1 *

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

MICROBIOLOGY	METHODS
X Membrane Filter	SM9222B
_ Multiple Tube Fermentation	
X Fecal/E. coli	SM9221E
_ MMO-MUG	
_ P/A	

PRIMARY INORGANIC

1. METALS	AA(FUR)	ICP	ICP/MS	OTHER
X ANTIMONY	SM3113B			
X ARSENIC	SM3113B			SM3114B
X BARIUM	SM3113B	200.7		SM3111D
X BERYLLIUM	SM3113B	200.7		
X CADMIUM	SM3113B	200.7		
X CHROMIUM	SM3113B	200.7		
X LEAD	SM3113B			
X MERCURY				245.1
X NICKEL		200.7		SM3111B
X SELENIUM	SM3113B			
X SODIUM		200.7		SM3111B
X THALLIUM	200.9			

2. LEAD AND COPPER				
X LEAD	SM3113B			
X COPPER				SM3111B

3. CYANIDE	IC	ISE	UV-VIS	OTHER
X CYANIDE			4500-CN E	

4. NITRATE AND NITRITE				
X NITRATE	300.0		353.2	
X NITRITE	300.0		353.2	
X TOTAL NO2-NO3	300.0		353.2	

5. FLUORIDE				
X FLUORIDE		SM4500F C		

6. ASBESTOS				
_ ASBESTOS				

SECONDARY INORGANIC

	AA(FUR)	ICP	UV-VIS	OTHER
X ALUMINUM		200.7		
X CHLORIDE				SM4500Cl- D
X COLOR			SM2120B	
X COPPER	SM3113B	200.7		SM3111B
X FLUORIDE				SM4500F C
X FOAMING AGENTS			SM5540C	
X IRON	SM3113B	200.7		SM3111B
X MANGANESE	SM3113B	200.7		SM3111B
X ODOR				SM2150B
X pH				150.1
X SILVER	SM3113B	200.7		SM3111B
X SULFATE				300.0, 375.4
X TDS				SM2540C
X ZINC		200.7		SM3111B

PESTICIDES AND PCB'S	GC	GC/MS	HPLC
1. INSECTICIDES			
X ALACHLOR	505, 507		
X ATRAZINE	505, 507		
X CHLORDANE	505, 508		
X ENDRIN	505, 508		
X HEPTACHLOR	505, 508		
X HEPTACHLOR EPOXIDE	505, 508		
X LINDANE	505, 508		
X METHOXYCHLOR	505, 508		
X TOXAPHENE	505, 508		
X HEXACHLOROBENZENE	505, 508		
X HEXACHLOROCYCLOPENTADIENE	505		
X SIMAZINE	505, 507		
2. HERBICIDES			
X 2,4-D	515.1		
X PENTACHLOROPHENOL	515.1		
X 2,4,5-TP (SILVEX)	515.1		
X DALAPON	515.1		
X DINOSEB	515.1		
X PICLORAM	515.1		
3. CARBAMATES			
X CARBOFURAN			531.1
X OXAMYL (VYDATE)			531.1
4. DISINFECTANT BY-PRODUCTS/VOC'S			
X 1,2-DIBROMO-3-CHLOROPROPANE	504.1		
X ETHYLENE DIBROMIDE	504.1		
6. MISCELLANEOUS SOC'S			
X DIQUAT			549.1
X ENDOTHALL	548.1		
X GLYPHOSATE			547
6. PCB'S			
X AROCHLORS	505		
X DECACHLOROBIPHENYL	508A		
7. ADIPATES AND PHTHALATES			
X DI(2-ETHYLHEXYL) ADIPATE		525.2	
X DI(2-ETHYLHEXYL) PHTHALATE		525.2	
8. PAH			
X BENZO(a)PYRENE			550
DIOXIN			
_ 2,3,7,8-TETRACHLORODIBENZO-p-DIOXIN			

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

OTHER REGULATED CONTAMINANTS

1. VOLATILE ORGANIC COMPOUNDS

	GC	GC/MS
X TRICHLOROETHYLENE	502.2	524.2
X TETRACHLOROETHYLENE	502.2	524.2
X CARBON TETRACHLORIDE	502.2	524.2
X VINYL CHLORIDE	502.2	524.2
X 1,1,1-TRICHLOROETHANE	502.2	524.2
X 1,2-DICHLOROETHANE	502.2	524.2
X BENZENE	502.2	524.2
X p-DICHLOROBENZENE	502.2	524.2
X 1,1-DICHLOROETHYLENE	502.2	524.2
X cis-1,2-DICHLOROETHYLENE	502.2	524.2
X 1,2-DICHLOROPROPANE	502.2	524.2
X ETHYLBENZENE	502.2	524.2
X CHLOROBENZENE	502.2	524.2
X o-DICHLOROBENZENE	502.2	524.2
X STYRENE	502.2	524.2
X TOLUENE	502.2	524.2
X trans-1,2-DICHLOROETHYLENE	502.2	524.2
X TOTAL XYLENES	502.2	524.2
X DICHLOROMETHANE	502.2	524.2
X 1,2,4-TRICHLOROBENZENE	502.2	524.2
X 1,1,2-TRICHLOROETHANE	502.2	524.2

2. TRIHALOMETHANES

X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X CHLORODIBROMOMETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X TOTAL TRIHALOMETHANES	502.2	524.2

GROUP I UNREGULATED CONTAMINANTS

1. CARBAMATES

	GC	GC/MS	HPLC
X ALDICARB			531.1
X ALDICARB SULFOXIDE			531.1
X ALDICARB SULFONE			531.1
X CARBARYL			531.1
X 3-HYDROXYCARBOFURAN			531.1
X METHOMYL			531.1

2. HERBICIDES

X ALDRIN	505, 508	_____	_____
X BUTACHLOR	507	_____	_____
X DICAMBA	515.1	_____	_____
X DIELDRIN	505, 508	_____	_____
X METOLACHLOR	507	_____	_____
X METRIBUZIN	507	_____	_____
X PROPACHLOR	508	_____	_____

GROUP II UNREGULATED CONTAMINANTS

	GC	GC/MS
X BROMOBENZENE	502.2	524.2
X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X BROMOMETHANE	502.2	524.2
X CHLOROETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X CHLOROMETHANE	502.2	524.2
X DIBROMOCHLOROMETHANE	502.2	524.2
X DICHLORODIFLUOROMETHANE	502.2	524.2
X p-CHLOROTOLUENE	502.2	524.2
X DIBROMOMETHANE	502.2	524.2
X 1,1-DICHLOROETHANE	502.2	524.2
X 1,3-DICHLOROPROPENE	502.2	524.2
X 1,3-DICHLOROPROPANE	502.2	524.2
X 2,2-DICHLOROPROPANE	502.2	524.2
X TRICHLOROFLUOROMETHANE	502.2	524.2
X 1,2,3-TRICHLOROPROPANE	502.2	524.2
X m-DICHLOROBENZENE	502.2	524.2
X 1,1,1,2-TETRACHLOROETHANE	502.2	524.2
X 1,1,2,2-TETRACHLOROETHANE	502.2	524.2
X METHYL tert-BUTYL ETHER	502.2	524.2
X 1,1-DICHLOROPROPENE	502.2	524.2
X o-CHLOROTOLUENE	502.2	524.2

GROUP III UNREGULATED CONTAMINANTS

1. BASE/NEUTRAL EXTRACTABLES

X BUTYL BENZYL PHTHALATE	_____	625
X DI-n-BUTYL PHTHALATE	_____	625
X DIETHYL PHTHALATE	_____	625
X DIMETHYL PHTHALATE	_____	625
X 2,4-DINITROTOLUENE	_____	625
X DI-n-OCTYL PHTHALATE	_____	625
X ISOPHORONE	_____	625

2. ACID EXTRACTABLES

X 2-CHLOROPHENOL	_____	625
X 2-METHYL-4,6-DINITROPHENOL	_____	625
X PHENOL	_____	625
X 2,4,6-TRICHLOROPHENOL	_____	625

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354884

System Name: Lake Ridge I.D. #: 89-634W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 12/13/94 Sample Time : 1000

Sample Location (be specific): POE

Sampler Name and Phone: William Seeley

Samplers Signature: See chain of custody Title: Opr Manager

Check Type (s): ( )Distribution (X)Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 15681

Date Sample(s) Recieved: 12/13/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 (X) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite •

• Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature: _____

Title: Technical Director Date: 12/19/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Secondary Chemical Analysis

62-550.320

(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	15681		EPA202.2	0.003	0.2	
1017	Chloride	15681		EPA325.2	0.01	250	
1022	Copper	15681		EPA220.1	0.005	1	
1025	Fluoride	15681		EPA340.1	0.01	2	
1028	Iron	15681	0.149	EPA200.7	0.0002	0.3	12-16-94
1032	Manganese	15681		EPA243.1	0.005	0.05	
1050	Silver	15681		EPA272.1	0.005	0.1	
1055	Sulfate	15681		EPA375.4	1	250	
1095	Zinc	15681		EPA289.1	0.001	5	
1905	Color (color units)	15681		EPA110.1	5	15	
1920	Odor (total odor number)	15681		EPA140.1	1	3	
1925	pH	15681		EPA150.1	0.01	6.5	
1930	Total Dissolved Solids	15681		EPA160.1	2.5	500	
2905	Foaming Agents	15681		EPA425.1	0.1	0.5	

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc
200 Weathersfield
Alt.Sprg,FL 32714

DEC 21 1994

Date Reported : Dec19 1994
Project Number : 89-634W
PO Number : KM121394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Dec13 1994 Date Received:Dec13 1994 Lab Number : 15681

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	15681
Aluminum	mg/L	0.00300			-
Chloride	mg/L	0.0100			-
Copper	mg/L	0.00500			-
Fluoride	mg/L	0.0100			-
Iron	mg/L	0.000200	92.3	.930	0.149
Manganese	mg/L	0.00500			-
Silver	mg/L	0.00500			-
Sulfate	mg/L	1.00			-
Zinc	mg/L	0.00100			-
Color (color units)	PCU	5.00			-
Odor (total odor num	TON	1.00			-
pH	pH	0.0100			-
TDS	mg/L	2.50			-
Foaming_Agents	mg/L	0.100			-

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

151

FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	POE 15681										QA Method	QA MDL	Section %RSD	Section %Rec	Section Analys	Section Date
Aluminum	*	mg/L											EPA202.2	0.003				
Chloride	*	mg/L											EPA325.2	0.01				
Copper	*	mg/L											EPA220.1	0.005				
Fluoride	*	mg/L											EPA340.1	0.01				
Iron	*	mg/L	0.149										EPA200.7	0.0002	0.930	92.3	LSM	12-16-94
Manganese	*	mg/L											EPA243.1	0.005				
Silver	*	mg/L											EPA272.1	0.005				
Sulfate	*	mg/L											EPA375.4	1				
Zinc	*	mg/L											EPA289.1	0.001				
Color (color units)	*	PCU											EPA110.1	5				
Odor (total odor number)	*	TON											EPA140.1	1				
pH (units)	*	pH											EPA150.1	0.01				
Total Dissovled Solids	*	mg/L											EPA160.1	2.5				
Foaming Agents	*	mg/L											EPA425.1	0.1				

Date Received: 12-13-94 Typed: 12-19-94 Sent: 12-19-94

Project Number	89-634W	
PO Number	KM121394	
Date Sampled	1 12-13-94 *	
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
Fe	1500 1 *	
0.00		

CHEMICAL LABORATORY INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utility Inc	200 Weatherstield Ave	407-869-1515
Public Drinking Water ID # 3354884	Public Water System Name: Lake Ridge	
Project # 89-634W	Public Water System Type:	
PO # KM121294	(X) Community ( ) Non-Community ( ) Special Non-Community	

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
	1	X							X									

NOTES:

Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

Iron Only!

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ____ NO2____ THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification
15681	#1	Point of Entry
	#2	
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:	William [illegible]	12-12-94	
Transporters Signature:			
Lab Acceptance By:	[illegible]	12/13/94	7:05

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Lake Ridge Club — I.D. #: 89-634W

Address: 200 Weathersfield Alt.Sprg,FL 32714 — Phone #: [illegible]

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 — Sample Time : 1000

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Bruce Lowery

Samplers Signature: See Chain of Custody — Title: Dist Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. — HRS# 83139 — Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 — Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

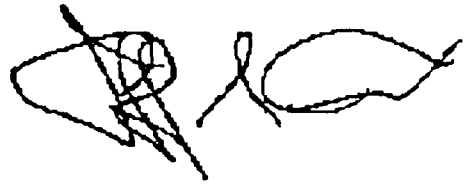
ANALYSIS INFORMATION (to be completed by lab) — Lab Number: 14972

Date Sample(s) Recieved: 10/3/94 — Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature: _____

Title: Technical Director — Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ — Sample Analysis Satisfactory: _____

Resample Request for: _____ — Reason: _____

Person notified to resample: _____ — Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Secondary Chemical Analysis
62-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14972	0.205	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14972	18.8	EPA325.2	0.01	250	10-10-94
1022	Copper	14972	0.0719	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14972	0.164	EPA340.1	0.05	2	
1028	Iron	14972	0.342	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14972	0.0114	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14972	<0.0002	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14972	42.9	EPA375.4	1	250	10-10-94
1095	Zinc	14972	0.364	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14972	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14972	<1	EPA140.1	1	3	10-04-94
1925	pH	14972	7.68	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14972	256	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14972	0.195	EPA425.1	0.1	0.5	10-10-94

Drinking Water Exceedence Report

1002	Aluminum	14972	0.205	EPA200.7	0.002	0.2	10-04-94
1028	Iron	14972	0.342	EPA200.7	0.0002	0.3	10-05-94
1925	pH	14972	7.68	EPA150.1	0.01	6.5	10-04-94

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-634W
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14972

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14972
Aluminum	mg/L	0.00200	110.	.000	0.205
Chloride	mg/L	0.0100	99.0	.800	18.8
Copper	mg/L	0.000200	105.	1.84	0.0719
Fluoride	mg/L	0.0500	117.	.000	0.164
Iron	mg/L	0.000200	101.	1.65	0.342
Manganese	mg/L	0.0000400	99.1	.750	0.0114
Silver	mg/L	0.000200	99.1	1.55	<0.000200
Sulfate	mg/L	1.00	96.1	.000	42.9
Zinc	mg/L	0.000100	95.3	3.18	0.364
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.68
TDS	mg/L	2.50	75.0	1.82	256.
Foaming_Agents	mg/L	0.100	82.4	.000	0.195

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14972	Method	MDL	QA %RSD	QA %Rec	Section Analys	Date
Aluminum	*	mg/L	0.205	EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	18.8	EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.0719	EPA200.7	0.0002	1.84	105	LSM	10-05-94
Fluoride	*	mg/L	0.164	EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.342	EPA200.7	0.0002	1.65	101	LSM	10-05-94
Manganese	*	mg/L	0.0114	EPA200.7	0.00004	0.759	99.1	LSM	10-05-94
Silver	*	mg/L	<0.0002	EPA200.7	0.0002	1.55	99.1	LSM	10-05-94
Sulfate	*	mg/L	42.9	EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.364	EPA200.7	0.0001	3.18	95.3	LSM	10-05-94
Color (color units)	*	PCU	<5	EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1	EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.68	EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissovled Solids	*	mg/L	256	EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	0.195	EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number 89-634W

PO Number KM100394

Date Sampled 1 10-03-94 *

Date Analyzed 0

Compacted 1

Format NormRR

Unit Cost Exted

Secs93 19000 1 *

0.00

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # 83018
FDHRS Lab # 87133
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave	407-869-1515

(4) Public Drinking Water ID #	(5) Public Water System Name
3354884	Lake Ridge Club

(6) Project #	(8) Public Water System Type
88-634 W	(X) Community ( ) Non Community ( ) Special Non Community
(7) PO # BM100254	

(16)			Preservative				Plastic Containers						Glass Containers							NOTES:
			HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time:
	1	1	X								1									10 Working Days:
	1	1									1									5 Working Days:
																				3 Working Days:
																				1 Working Day :
																				Other:

(17) Kit Relinquished:	(17) Date	(17) Time	(9) Kit Received	(9) Date	(9) Time

(10) Parameter Group(s) Analyzed: Turbidity __; Inorganic __; Trihalomethane __; Volitile Organic __;
Organic Chemical __; Secondary Chemical X; Radiological __; Unregulated Organic Purgeable __;
Unregulated Organic Pesticide __; Unregulated Base Neutral Extractable __; Unregulated Acid Extractable __;

(18) Laboratory Number		(11) Client Sample Identification
14972	#1	Point of Entry
	#2	Point of Entry (Pres.)
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
(13) Collectors Signature:	[signature]	10/3/94	10:00A
(14) Transporters Signature:	[signature]	10/3/94	4:00P
(15) Lab Acceptance By:	[signature]	10/3/94	1617

Over for numbered instructions

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

3354773, 3354652, 3354883
3354884, 3354685

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: Vistas, Highland Point, Lake Forest, Holly, Lake Riley, Orange I.D. #: Composite
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-865-1515
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/16/94 Sample Time : 0745 to 1100
Sample Location (be specific): comp 1-5
Sampler Name and Phone: Robert Fritsch
Samplers Signature: See chain of custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw (X)Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____ Groups Analyzed: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14334
Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	(X) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
(X) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 (X) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.

Signature: _____

Title: Technical Director Date: 8/31/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical: _____

Effective 1/93

Turbidity Analysis
17-550.310()
PWS026

Parameter ID	NAME	Sample Number	Analysis Result(NTU)	Analytical Method	Detection Limit (NTU)	MCL	Analysis Date
100	Turbidity	14334	0.340	EPA180.1	0.05	1	08-18-94

Inorganic Analysis
17-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	14334	<0.0005	EPA206.3	0.0005	0.05	08-25-94
1010	Barium	14334	0.0105	EPA200.7	0.00006	2	08-30-94
1015	Cadmium	14334	<0.0001	EPA200.7	0.0001	0.005	08-30-94
1020	Chromium	14334	0.00150	EPA200.7	0.0002	0.1	08-30-94
1024	Cyanide	14334	<0.005	EPA335.2	0.005	0.2	08-29-94
1025	Fluoride	14334	0.108	EPA340.1	0.05	4	08-25-94
1030	Lead	14334	<0.001	EPA239.2	0.001	0.015	08-24-94
1035	Mercury	14334	<0.0002	EPA245.2	0.0002	0.002	08-23-94
1036	Nickel	14334	<0.0004	EPA200.7	0.0004	0.1	08-30-94
1038	Total Nitrate+Nitrite	14334	1.88	EPA353.1	0.01	10	08-19-94
1040	Nitrate(as N)	14334	1.88	EPA300.0	0.01	10	08-19-94
1041	Nitrite(as N)	14334	<0.01	EPA300.0	0.01	1	08-18-94
1045	Selenium	14334	<0.0005	EPA270.2	0.0005	0.05	08-26-94
1052	Sodium	14334	5.74	EPA200.7	0.001	160	08-22-94
1074	Antimony	14334	<0.003	EPA204.2	0.003	0.006	08-29-94
1075	Beryllium	14334	0.000710	EPA210.1	0.0002	0.004	08-29-94
1085	Thallium	14334	<0.001	EPA279.2	0.001	0.002	08-29-94
1094	Asbestos	14334		TEM	1	7	

Secondary Chemical Analysis
17-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14334	0.132	EPA200.7	0.002	0.2	08-23-94
1017	Chloride	14334	19.1	EPA325.2	0.01	250	08-30-94
1022	Copper	14334	0.0121	EPA200.7	0.0002	1	08-30-94
1025	Fluoride	14334	0.108	EPA340.1	0.05	2	08-25-94
1028	Iron	14334	0.0943	EPA200.7	0.0002	0.3	08-22-94
1032	Manganese	14334	0.00910	EPA200.7	0.00004	0.05	08-22-94
1050	Silver	14334	0.000200	EPA200.7	0.0002	0.1	08-30-94
1055	Sulfate	14334	18.9	EPA375.4	1	250	08-26-94
1095	Zinc	14334	0.0213	EPA200.7	0.0001	5	08-30-94
1905	Color (color units)	14334	<5	EPA110.1	5	15	08-18-94
1920	Odor (total odor number)	14334	<1	EPA140.1	1	3	08-18-94
1925	pH	14334	7.35	EPA150.1	0.01	6.5	08-18-94
1930	Total Dissolved Solids	14334	196	EPA160.1	2.5	500	08-30-94
2905	Foaming Agents	14334	<0.1	EPA425.1	0.1	0.5	08-24-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Westmorfield Ave Alt Springs FL	407-869-1919
(4) Public Drinking Water ID # 3354884	(5) Public Water System Name: Lake Ridge	
(6) Project # 88-634W	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers						NOTES:
		HNO_3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	(12) Turn Around Time: 10 Working Days: 5 Working Days: 3 Working Days: 1 Working Day : Other:
	1	X								X								Composite: Turbidity & Inorganics with Highland Point, Lake Crescent Hilly, Orange & Vistey
	1									X								
	3			X								X						
	1	X							X									
																		Composite: VOC with Lake Crescent Hilly

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
	#1 Lake Ridge - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Fentsch	8-16	1145
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

461 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3364884

System Name: Lake Ridge I.D. #: 89-634W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1519

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/16/94 Sample Time : 1145

Sample Location (be specific): Lake Ridge

Sampler Name and Phone: Robert Fritsch

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14365

Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( ) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite •

• Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/2/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical:_____

Effective 1/93

Radiological Analysis
17-550.310(5)
(PWS033)

Parameter ID	NAME	Sample Number	Analysis Result(pCi/l)	Analytical Method	Detection Limit (pCi/l)	Analysis Error	Analysis Date
4000	Gross alpha	14365	4.40	EPA900	1	0.700	09-02-94
4012	Photon emitters	14365		-	1		09-02-94
4020	Radium-226	14365		EPA903.1	1		09-02-94
4030	Radium-228	14365		EPA904	1		09-02-94
4100	Gross beta	14365		EPA900	1		09-02-94
4101	Man-made beta & photon emitte	14365		-	1		09-02-94
4102	Tritium	14365		-	1		09-02-94
4172	Strontium-89	14365		-	1		09-02-94
4174	Strontium-90	14365		-	1		09-02-94
4264	Iodine-131	14365		-	1		09-02-94
4270	Cesium-134	14365		-	1		09-02-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # EE3018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client: Utilities Inc	(2) Address: 200 Weathersfield Ave Alt Springs FL	(3) Phone: 407-869-1919
(4) Public Drinking Water ID #: 3354884	(5) Public Water System Name: Lake Ridge	
(6) Project #: 88-634W	(8) Public Water System Type: ☒ Community ( ) Non-Community ( ) Special Non-Community	
(7) PO #: KM0726694		

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO_3	$ZnOAC/NaOH$	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time: 10 Working Days: 5 Working Days: 3 Working Days: 1 Working Day : Other:
	1	X								X									Composite: Turbidity & Inorganics with Highland Point, Lake Crescent Hills, Orangey & Vistay
	1									X									
	3			X								X							Composite: VOC with Lake Crescent Hills
	1	X							X										

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___; Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X; Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
14365	#1 Lake Ridge - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Fentsch	8-16	1145
(14) Transporters Signature:		8/16/94	1621
(15) Lab Acceptance By:			

Over for numbered instructions.

481 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 2 1994
Project Number : 89-634W
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: LAKERIDGE
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14365

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14365
Gross alpha excl. Ra	pCi/L	1.00			4.40
Analysis Error	pCi/L	1.00			<1.00
Photon emitters	pCi/L	1.00			-
Analysis_Error(Photo	pCi/L	1.00			-
Radium 226	pCi/L	1.00			-
Analysis_Error(226)	pCi/L	1.00			-
Radium 228	pCi/L	1.00			-
Analysis_Error(228)	pCi/L	1.00			-
Gross_Beta	pCi/L	1.00			-
Analysis_Error(Gb)	pCi/L	1.00			-
Man-made beta & phot	pCi/L	1.00			-
Analysis_Error(beta	pCi/L	1.00			-
Tritium	pCi/L	1.00			-
Analysis_Error(Triti	pCi/L	1.00			-
Strontium-89	pCi/L	1.00			-
Analysis_Error(89)	pCi/L	1.00			-
Strontium-90	pCi/L	1.00			-
Analysis_Error(90)	pCi/L	1.00			-
Iodine-131	pCi/L	1.00			-
Analysis_Error(131)	pCi/L	1.00			-
Cesium-134	pCi/L	1.00			-
Analysis_Error(134)	pCi/L	1.00			-

Data Release Authorization

Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	Lake Ridge 14365	QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Gross alpha excl. Ra & U	*	pCi/L	4.40	EPA900	1.0			PL	09-02-94
Analysis Error(Ga)	*	pCi/L	0.700	EPA900	1.0			PL	09-02-94
Photon emitters	*	pCi/L	-	-	1.0			PL	09-02-94
Analysis Error(Photon)	*	pCi/L	-	-	1.0			PL	09-02-94
Radium-226	*	pCi/L	-	EPA903.1	1.0			PL	09-02-94
Analysis Error(226)	*	pCi/L	-	EPA903.1	1.0			PL	09-02-94
Radium-228	*	pCi/L	-	EPA904	1.0			PL	09-02-94
Analysis Error(228)	*	pCi/L	-	EPA904	1.0			PL	09-02-94
Gross beta	*	pCi/L	-	EPA900	1.0			PL	09-02-94
Analysis Error(Gb)	*	pCi/L	-	EPA900	1.0			PL	09-02-94
Man-made beta & photon	*	pCi/L	-	-	1.0			PL	09-02-94
Analysis Error(beta & phc	*	pCi/L	-	-	1.0			PL	09-02-94
Tritium	*	pCi/L	-	-	1.0			PL	09-02-94
Analysis Error(Tritium)	*	pCi/L	-	-	1.0			PL	09-02-94
Strontium-89	*	pCi/L	-	-	1.0			PL	09-02-94
Analysis Error(89)	*	pCi/L	-	-	1.0			PL	09-02-94
Strontium-90	*	pCi/L	-	-	1.0			PL	09-02-94
Analysis Error(90)	*	pCi/L	-	-	1.0			PL	09-02-94
Iodine-131	*	pCi/L	-	-	1.0			PL	09-02-94
Analysis Error(131)	*	pCi/L	-	-	1.0			PL	09-02-94
Cesium-134	*	pCi/L	-	-	1.0			PL	09-02-94
Analysis Error(134)	*	pCi/L	-	-	1.0			PL	09-02-94

Date Received: 08-17-94 Typed: 09-02-94 Sent: 09-02-94

Project Number	89-634W	
PO Number	KM072694	
Date Sampled	1	08-16-94 *
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
GA	3500	1 *

0.00

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354883, 3354773
System Name: Lake Crescent Hills Vistas I.D. #: 636
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1515
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/31/95 Sample Time : 0900
Sample Location (be specific): LCH/Vistas
Sampler Name and Phone: Ray Aldrich
Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw (X)Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19164
Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	(X) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____
Title: Technical Director Date: 9/6/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Volatile Organic Analysis
62-550.310(2)(b)
(PWS028)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2378	1,2,4-trichlorobenzene	19164	<0.5	EPA502.2	0.5	70	09-01-95
2380	cis-1,2-Dichloroethylene	19164	<0.5	EPA502.2	0.5	70	09-01-95
2955	Xylenes (total)	19164	<0.5	EPA502.2	0.5	10000	09-01-95
2964	Dichloromethane	19164	<0.5	EPA502.2	0.5	5	09-01-95
2968	O-dichlorobenzene	19164	<0.5	EPA502.2	0.5	600	09-01-95
2969	Para-dichlorobenzene	19164	<0.5	EPA502.2	0.5	75	09-01-95
2976	Vinyl chloride	19164	<0.5	EPA502.2	0.5	1	09-01-95
2977	1,1,-dichloroethylene	19164	<0.5	EPA502.2	0.5	7	09-01-95
2979	Trans-1,2-dichloroethylene	19164	<0.5	EPA502.2	0.5	100	09-01-95
2980	1,2,-dichloroethane	19164	<0.5	EPA502.2	0.5	3	09-01-95
2981	1,1,1-trichloroethane	19164	<0.5	EPA502.2	0.5	200	09-01-95
2982	Carbon tetrachloride	19164	<0.5	EPA502.2	0.5	3	09-01-95
2983	1,2-dichloropropane	19164	<0.5	EPA502.2	0.5	5	09-01-95
2984	Trichloroethylene	19164	<0.5	EPA502.2	0.5	3	09-01-95
2985	1,1,2-trichloroethane	19164	<0.5	EPA502.2	0.5	5	09-01-95
2987	Tetrachloroethylene	19164	<0.5	EPA502.2	0.5	3	09-01-95
2989	Monochlorobenzene	19164	<0.5	EPA502.2	0.5	100	09-01-95
2990	Benzene	19164	<0.5	EPA502.2	0.5	1	09-01-95
2991	Toluene	19164	<0.5	EPA502.2	0.5	1000	09-01-95
2992	Ethylbenzene	19164	<0.5	EPA502.2	0.5	700	09-01-95
2996	Styrene	19164	<0.5	EPA502.2	0.5	100	09-01-95

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Westfield Ave	869-1919

Public Drinking Water ID # 3354883 3354773 Public Water System Name: Lake Crescent Hills, Vistay

Project # 636

PO # KM021095

Public Water System Type: [X] Community [ ] Non-Community [ ] Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
	1			X									X					

NOTES:

Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

* Styrofoam Coolers

Composite

Kit Relinquished:	Date / Time: 5-30-95	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ____; NO2 ____ THM ____;
Volatile Organics X; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards ____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification	
19164	#1	Lake Crescent Hills Point of Entry	Composite
	#2	Vistay Point of Entry	
	#3		
	#4		
	#5		
	#6		
	#7		
	#8		
	#9		
	#10		

		Date	Time
Collectors Signature:		8-31-95	9:00
Transporters Signature:		8-31-95	9:00
Lab Acceptance By:		8/31/95	1307

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

RECEIVED SEP 08 1995

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 6 1995
Project Number : 636
PO Number : KM071095
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

For: LCHVISTAS
Date Sampled:Aug31 1995 Date Received:Aug31 1995 Lab Number : 19164

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	19164
1,2,4-trichlorobenze	ug/L	0.500			<0.500
cis-1,2-dichloroethe	ug/L	0.500			<0.500
Xylene	ug/L	0.500	86.6	2.75	<0.500
Methylene chloride	ug/L	0.500	109.	.790	<0.500
o-dichlorobenzene	ug/L	0.500	94.8	1.03	<0.500
Para-dichlorobenzene	ug/L	0.500	94.4	.900	<0.500
Vinyl chloride	ug/L	0.500			<0.500
1,1-dichloroethene	ug/L	0.500	111.	.350	<0.500
t-1,2-dichloroethene	ug/L	0.500	100.	8.31	<0.500
1,2-dichloroethane	ug/L	0.500	112.	1.79	<0.500
1,1,1-trichloroethan	ug/L	0.500	101.	4.43	<0.500
Carbon tetrachloride	ug/L	0.500	108.	1.72	<0.500
1,2-dichloropropane	ug/L	0.500	107.	.610	<0.500
Trichloroethene	ug/L	0.500	106.	.720	<0.500
1,1,2-trichloroethan	ug/L	0.500	103.	.040	<0.500
Tetrachloroethene	ug/L	0.500	108.	.730	<0.500
Chlorobenzene	ug/L	0.500	99.6	.610	<0.500
Benzene	ug/L	0.500	90.8	1.60	<0.500
Toluene	ug/L	0.500	86.1	3.29	<0.500
Ethylbenzene	ug/L	0.500	86.8	2.73	<0.500
Styrene	ug/L	0.500			<0.500

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report may not be reproduced in part, results relate only to items tested.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	LCH/Vistas 19164										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
1,2,4-trichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
cis-1,2-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
Xylene	*	ug/L	<0.5										EPA502.2	0.5	2.75	86.6	DO	09-01-95
Methylene chloride	*	ug/L	<0.5										EPA502.2	0.5	0.79	109	DO	09-01-95
o-dichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	1.03	94.8	DO	09-01-95
Para-dichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	0.905	94.4	DO	09-01-95
Vinyl chloride	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
1,1-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.354	111	DO	09-01-95
t-1,2-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5	8.31	100	DO	09-01-95
1,2-dichloroethane	*	ug/L	<0.5										EPA502.2	0.5	1.79	112	DO	09-01-95
1,1,1-trichloroethane	*	ug/L	<0.5										EPA502.2	0.5	4.43	101	DO	09-01-95
Carbon tetrachloride	*	ug/L	<0.5										EPA502.2	0.5	1.72	108	DO	09-01-95
1,2-dichloropropane	*	ug/L	<0.5										EPA502.2	0.5	0.614	107	DO	09-01-95
Trichloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.723	106	DO	09-01-95
1,1,2-trichloroethane	*	ug/L	<0.5										EPA502.2	0.5	0.0495	103	DO	09-01-95
Tetrachloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.736	108	DO	09-01-95
Chlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	0.615	99.6	DO	09-01-95
Benzene	*	ug/L	<0.5										EPA502.2	0.5	1.6	90.8	DO	09-01-95
Toluene	*	ug/L	<0.5										EPA502.2	0.5	3.29	86.1	DO	09-01-95
Ethylbenzene	*	ug/L	<0.5										EPA502.2	0.5	2.73	86.8	DO	09-01-95
Styrene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95

Date Received: 08-31-95 Typed: 09-06-95 Sent: 09-06-95

Project Number	636	
PO Number	KM071095	
Date Sampled	1	08-31-95 *
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
VOC93	23000	1 *

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 6, 1995

MICROBIOLOGY	METHODS
X Membrane Filter	SM9222B
_ Multiple Tube Fermentation	
X Fecal/E. coli	SM9221E
_ MMO-MUG	
_ P/A	

PRIMARY INORGANIC

1. METALS	AA(FUR)	ICP	ICP/MS	OTHER
X ANTIMONY	SM3113B			
X ARSENIC	SM3113B			SM3114B
X BARIUM	SM3113B	200.7		SM3111D
X BERYLLIUM	SM3113B	200.7		
X CADMIUM	SM3113B	200.7		
X CHROMIUM	SM3113B	200.7		
X LEAD	SM3113B			
X MERCURY				245.1
X NICKEL		200.7		SM3111B
X SELENIUM	SM3113B			
X SODIUM		200.7		SM3111B
X THALLIUM	200.9			

2. LEAD AND COPPER				
X LEAD	SM3113B			
X COPPER				SM3111B

3. CYANIDE	IC	ISE	UV-VIS	OTHER
X CYANIDE			4500-CN E	

4. NITRATE AND NITRITE				
X NITRATE	300.0		353.2	
X NITRITE	300.0		353.2	
X TOTAL NO2-NO3	300.0		353.2	

5. FLUORIDE				
X FLUORIDE		SM4500F C		

6. ASBESTOS				
_ ASBESTOS				

SECONDARY INORGANIC

	AA(FUR)	ICP	UV-VIS	OTHER
X ALUMINUM		200.7		
X CHLORIDE				SM4500CI- D
X COLOR			SM2120B	
X COPPER	SM3113B	200.7		SM3111B
X FLUORIDE				SM4500F C
X FOAMING AGENTS			SM5540C	
X IRON	SM3113B	200.7		SM3111B
X MANGANESE	SM3113B	200.7		SM3111B
X ODOR				SM2150B
X pH				150.1
X SILVER	SM3113B	200.7		SM3111B
X SULFATE				300.0, 375.4
X TDS				SM2540C
X ZINC		200.7		SM3111B

PESTICIDES AND PCB'S	GC	GC/MS	HPLC
1. INSECTICIDES			
X ALACHLOR	505, 507		
X ATRAZINE	505, 507		
X CHLORDANE	505, 508		
X ENDRIN	505, 508		
X HEPTACHLOR	505, 508		
X HEPTACHLOR EPOXIDE	505, 508		
X LINDANE	505, 508		
X METHOXYCHLOR	505, 508		
X TOXAPHENE	505, 508		
X HEXACHLOROBENZENE	505, 508		
X HEXACHLOROCYCLOPENTADIENE	505		
X SIMAZINE	505, 507		
2. HERBICIDES			
X 2,4-D	515.1		
X PENTACHLOROPHENOL	515.1		
X 2,4,5-TP (SILVEX)	515.1		
X DALAPON	515.1		
X DINOSEB	515.1		
X PICLORAM	515.1		
3. CARBAMATES			
X CARBOFURAN			531.1
X OXAMYL (VYDATE)			531.1
4. DISINFECTANT BY-PRODUCTS/VOC'S			
X 1,2-DIBROMO-3-CHLOROPROPANE	504.1		
X ETHYLENE DIBROMIDE	504.1		
6. MISCELLANEOUS SOC'S			
X DIQUAT			549.1
X ENDOTHALL	548.1		
X GLYPHOSATE			547
6. PCB'S			
X AROCHLORS	505		
X DECACHLOROBIPHENYL	508A		
7. ADIPATES AND PHTHALATES			
X DI(2-ETHYLHEXYL) ADIPATE		525.2	
X DI(2-ETHYLHEXYL) PHTHALATE		525.2	
8. PAH			
X BENZO(a)PYRENE			550
DIOXIN			
_ 2,3,7,8-TETRACHLORODIBENZO-p-DIOXIN			

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 6, 1995

OTHER REGULATED CONTAMINANTS

1. VOLATILE ORGANIC COMPOUNDS

	GC	GC/MS
X TRICHLOROETHYLENE	502.2	524.2
X TETRACHLOROETHYLENE	502.2	524.2
X CARBON TETRACHLORIDE	502.2	524.2
X VINYL CHLORIDE	502.2	524.2
X 1,1,1-TRICHLOROETHANE	502.2	524.2
X 1,2-DICHLOROETHANE	502.2	524.2
X BENZENE	502.2	524.2
X p-DICHLOROBENZENE	502.2	524.2
X 1,1-DICHLOROETHYLENE	502.2	524.2
X cis-1,2-DICHLOROETHYLENE	502.2	524.2
X 1,2-DICHLOROPROPANE	502.2	524.2
X ETHYLBENZENE	502.2	524.2
X CHLOROBENZENE	502.2	524.2
X o-DICHLOROBENZENE	502.2	524.2
X STYRENE	502.2	524.2
X TOLUENE	502.2	524.2
X trans-1,2-DICHLOROETHYLENE	502.2	524.2
X TOTAL XYLENES	502.2	524.2
X DICHLOROMETHANE	502.2	524.2
X 1,2,4-TRICHLOROBENZENE	502.2	524.2
X 1,1,2-TRICHLOROETHANE	502.2	524.2

2. TRIHALOMETHANES

X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X CHLORODIBROMOMETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X TOTAL TRIHALOMETHANES	502.2	524.2

GROUP I UNREGULATED CONTAMINANTS

1. CARBAMATES

	GC	GC/MS	HPLC
X ALDICARB			531.1
X ALDICARB SULFOXIDE			531.1
X ALDICARB SULFONE			531.1
X CARBARYL			531.1
X 3-HYDROXYCARBOFURAN			531.1
X METHOMYL			531.1

2. HERBICIDES

X ALDRIN	505, 508	_____	_____
X BUTACHLOR	507	_____	_____
X DICAMBA	515.1	_____	_____
X DIELDRIN	505, 508	_____	_____
X METOLACHLOR	507	_____	_____
X METRIBUZIN	507	_____	_____
X PROPACHLOR	508	_____	_____

GROUP II UNREGULATED CONTAMINANTS

	GC	GC/MS
X BROMOBENZENE	502.2	524.2
X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X BROMOMETHANE	502.2	524.2
X CHLOROETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X CHLOROMETHANE	502.2	524.2
X DIBROMOCHLOROMETHANE	502.2	524.2
X DICHLORODIFLUOROMETHANE	502.2	524.2
X p-CHLOROTOLUENE	502.2	524.2
X DIBROMOMETHANE	502.2	524.2
X 1,1-DICHLOROETHANE	502.2	524.2
X 1,3-DICHLOROPROPENE	502.2	524.2
X 1,3-DICHLOROPROPANE	502.2	524.2
X 2,2-DICHLOROPROPANE	502.2	524.2
X TRICHLOROFLUOROMETHANE	502.2	524.2
X 1,2,3-TRICHLOROPROPANE	502.2	524.2
X m-DICHLOROBENZENE	502.2	524.2
X 1,1,1,2-TETRACHLOROETHANE	502.2	524.2
X 1,1,2,2-TETRACHLOROETHANE	502.2	524.2
X METHYL tert-BUTYL ETHER	502.2	524.2
X 1,1-DICHLOROPROPENE	502.2	524.2
X o-CHLOROTOLUENE	502.2	524.2

GROUP III UNREGULATED CONTAMINANTS

1. BASE/NEUTRAL EXTRACTABLES

X BUTYL BENZYL PHTHALATE	_____	625
X DI-n-BUTYL PHTHALATE	_____	625
X DIETHYL PHTHALATE	_____	625
X DIMETHYL PHTHALATE	_____	625
X 2,4-DINITROTOLUENE	_____	625
X DI-n-OCTYL PHTHALATE	_____	625
X ISOPHORONE	_____	625

2. ACID EXTRACTABLES

X 2-CHLOROPHENOL	_____	625
X 2-METHYL-4,6-DINITROPHENOL	_____	625
X PHENOL	_____	625
X 2,4,6-TRICHLOROPHENOL	_____	625

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354652, 3354884, 3354685, 3354883, 3354773

System Name: Highland Point, Lake Ridge, Orange, Lake Crescent Hills, Vista I.D. #: 632,634,633,631

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1555

Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/31/95 Sample Time : 1030

Sample Location (be specific): HP/LR/Org./LCH/Vis.

Sampler Name and Phone: Jay Aldrich

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

XDistribution entry pt ( )Raw XComposite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

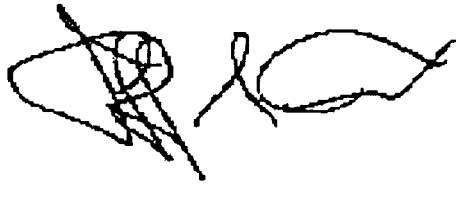
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19170

Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/7/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Inorganic Analysis
62-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	19170		EPA206.3	0.0005	0.05	
1010	Barium	19170		EPA208.1	0.01	2	
1015	Cadmium	19170		EPA213.2	0.001	0.005	
1020	Chromium	19170		EPA218.2	0.005	0.1	
1024	Cyanide	19170		EPA335.2	0.005	0.2	
1025	Fluoride	19170		EPA340.1	0.01	4	
1030	Lead	19170		EPA239.2	0.001	0.015	
1035	Mercury	19170		EPA245.2	0.0002	0.002	
1036	Nickel	19170		EPA249.1	0.001	0.1	
1040	Nitrate(as N)	19170	1.21	EPA300.0	0.01	10	09-01-95
1041	Nitrite(as N)	19170	<0.01	EPA300.0	0.01	1	09-01-95
1045	Selenium	19170		EPA270.2	0.0005	0.05	
1052	Sodium	19170		EPA273.1	0.002	160	
1074	Antimony	19170		EPA204.2	0.003	0.006	
1075	Beryllium	19170		EPA210.1	0.0002	0.004	
1085	Thallium	19170		EPA279.2	0.001	0.002	
1094	Asbestos	19170		TEM	1	7	

FLOWERS CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Westmonfield Ave Alt Springs FL 32714	407-869-1919

Public Drinking Water ID # 3354652, 3354648, 3354685, 3354883, 3354777 | Public Water System Name: See sample ID section

Project # 632, 634, 633, 636 | Public Water System Type:

PO # - KMorrow | [X] Community [ ] Non-Community [ ] Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L	
	5								X									•	

NOTES:

Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

* Styrofoam Coolers

Composite

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time
	5-30-95		

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 X NO2 X THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards ____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number	Client Sample Identification	
	#1 Highland Point Point of Entry	Composite
	#2 Lake Ridge Point of Entry	
19170	#3 Orange Point of Entry	
	#4 Lake Crescent Hills Point of Entry	
	#5 Vistay Point of Entry	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:		8-30-95	10:30
Transporters Signature:		8-30-95	10:30
Lab Acceptance By:		8/31/95	1307

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Lake Crescent Hills I.D. #: 89-665W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1919

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 Sample Time : 1030

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Bryan George

Samplers Signature: See Chain of Custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14969

Date Sample(s) Recieved: 10/3/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C::

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature: _____

Title: Technical Director Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Secondary Chemical Analysis

62-550.320

(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14969	0.0946	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14969	11.6	EPA325.2	0.01	250	10-10-94
1022	Copper	14969	0.0138	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14969	0.130	EPA340.1	0.05	2	
1028	Iron	14969	0.0599	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14969	0.00451	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14969	0.00111	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14969	1.40	EPA375.4	1	250	10-10-94
1095	Zinc	14969	0.0382	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14969	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14969	<1	EPA140.1	1	3	10-04-94
1925	pH	14969	7.63	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14969	196	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14969	<0.1	EPA425.1	0.1	0.5	10-10-94

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-665W
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14969

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14969
Aluminum	mg/L	0.00200	110.	.000	0.0946
Chloride	mg/L	0.0100	99.0	.800	11.6
Copper	mg/L	0.000200	104.	.880	0.0138
Fluoride	mg/L	0.0500	117.	.000	0.130
Iron	mg/L	0.000200	106.	1.08	0.0599
Manganese	mg/L	0.0000400	96.6	.730	0.00451
Silver	mg/L	0.000200	97.2	.720	0.00111
Sulfate	mg/L	1.00	96.1	.000	1.40
Zinc	mg/L	0.000100	107.	1.40	0.0382
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.63
TDS	mg/L	2.50	75.0	1.82	196.
Foaming_Agents	mg/L	0.100	82.4	.000	<0.100

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14969										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Aluminum	*	mg/L	0.0946										EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	11.6										EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.0138										EPA200.7	0.0002	0.888	104	LSM	10-05-94
Fluoride	*	mg/L	0.130										EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.0599										EPA200.7	0.0002	1.08	106	LSM	10-05-94
Manganese	*	mg/L	0.00451										EPA200.7	0.00004	0.730	96.6	LSM	10-05-94
Silver	*	mg/L	0.00111										EPA200.7	0.0002	0.726	97.2	LSM	10-05-94
Sulfate	*	mg/L	1.40										EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.0382										EPA200.7	0.0001	1.40	107	LSM	10-05-94
Color (color units)	*	PCU	<5										EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1										EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.63										EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissovled Solids	*	mg/L	196										EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	<0.1										EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number 89-665W

PO Number KM100394

Date Sampled 1 10-03-94 *

Date Analyzed 0

Compacted 1

Format NormRR

Unit Cost Exted

Secs93 19000 1 *

0.00

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 87139
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave	407-869-1515
(4) Public Drinking Water ID # 3354883	(5) Public Water System Name. Lake Crescent Hills	
(6) Project # 89-665 W	(8) Public Water System Type	
(7) PO # KM1100354	(X) Community ( ) Non Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Whrl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time:
(16)																			10 Working Days:
	1	X								1									5 Working Days:
	1									1									3 Working Days:
																			1 Working Day :
																			Other:

(17) Kit Relinquished:	(17) Date	(17) Time	(9) Kit Received	(9) Date	(9) Time

(10) Parameter Group(s) Analyzed: Turbidity ___; Inorganic ___; Trihalomethane ___; Volitile Organic ___; Organic Chemical ___; Secondary Chemical X; Radiological ___; Unregulated Organic Purgeable ___; Unregulated Organic Pesticide ___; Unregulated Base Neutral Extractable ___; Unregulated Acid Extractable ___;

(18) Laboratory Number	(11) Client Sample Identification
14969	#1 Point of Entry (Pres.)
	#2 " " " "
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	[signature]	10/3/94	10:30A
(14) Transporters Signature:	[signature]	10/3/94	4:00P
(15) Lab Acceptance By:	[signature]	10/3/94	1613

Over for numbered instructions

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354883
System Name: Lake Crescent Hills I.D. #: 89-665W
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1919
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/16/94 Sample Time : 0945
Sample Location (be specific): Lk Crescent Hills
Sampler Name and Phone: Robert Fritsch
Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14366
Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( ) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.

Signature:

Title: Technical Director Date: 9/2/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical: _____

Effective 1/93

Radiological Analysis
17-550.310(5)
(PWS033)

Parameter ID	NAME	Sample Number	Analysis Result(pCi/l)	Analytical Method	Detection Limit (pCi/l)	Analysis Error	Analysis Date
4000	Gross alpha	14366	1.40	EPA900	1	0.500	09-02-94
4012	Photon emitters	14366		-	1		09-02-94
4020	Radium-226	14366		EPA903.1	1		09-02-94
4030	Radium-228	14366		EPA904	1		09-02-94
4100	Gross beta	14366		EPA900	1		09-02-94
4101	Man-made beta & photon emitte	14366		-	1		09-02-94
4102	Tritium	14366		-	1		09-02-94
4172	Strontium-89	14366		-	1		09-02-94
4174	Strontium-90	14366		-	1		09-02-94
4264	Iodine-131	14366		-	1		09-02-94
4270	Cesium-134	14366		-	1		09-02-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs Fl	407-869-1919
(4) Public Drinking Water ID # 3354883	(5) Public Water System Name: Lake Crescent Hills	
(6) Project # 89-665W	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO_3	$ZnOAC/NaOH$	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time: 10 Working Days: ____ 5 Working Days: ____ 3 Working Days: ____ 1 Working Day : ____ Other: ____
	1	X								X									Composite: Turbidity & Inorganics with Highland Point, Lake Ridge Orange & Vista
	1									X									
	3			X								X							
	1	X							X										
																			Composite: VOC with Lake Ridge

(17) Kit Relinquished:	(17) Date (17) Time	(9) Kit Received	(9) Date (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
14366	#1 Lake Crescent Hills - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Futsch	8-16	945
(14) Transporters Signature:	Robert Futsch		
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

461 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus. (407) 339-5984 Fax (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 2 1994
Project Number : 89-665W
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: LKCRESCENTHILLS
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14366

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14366
Gross alpha excl. Ra	pCi/L	1.00			1.40
Analysis Error	pCi/L	1.00			<1.00
Photon emitters	pCi/L	1.00			-
Analysis_Error(Photo	pCi/L	1.00			-
Radium 226	pCi/L	1.00			-
Analysis_Error(226)	pCi/L	1.00			-
Radium 228	pCi/L	1.00			-
Analysis_Error(228)	pCi/L	1.00			-
Gross_Beta	pCi/L	1.00			-
Analysis_Error(Gb)	pCi/L	1.00			-
Man-made beta & phot	pCi/L	1.00			-
Analysis_Error(beta	pCi/L	1.00			-
Tritium	pCi/L	1.00			-
Analysis_Error(Triti	pCi/L	1.00			-
Strontium-89	pCi/L	1.00			-
Analysis_Error(89)	pCi/L	1.00			-
Strontium-90	pCi/L	1.00			-
Analysis_Error(90)	pCi/L	1.00			-
Iodine-131	pCi/L	1.00			-
Analysis_Error(131)	pCi/L	1.00			-
Cesium-134	pCi/L	1.00			-
Analysis_Error(134)	pCi/L	1.00			-

Data Release Authorization

Sample integrity and reliability certified by Lab personnel prior to analysis. Methods of analysis in accordance with FCL QA and EPA approved methodology. This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	Lk Crescent Hills 14366										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Gross alpha excl. Ra & U	*	pCi/L	1.40										EPA900	1.0			PL	09-02-94
Analysis_Error(Ga)	*	pCi/L	0.500										EPA900	1.0			PL	09-02-94
Photon emitters	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(Photon)	*	pCi/L	-										-	1.0			PL	09-02-94
Radium-226	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Analysis_Error(226)	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Radium-228	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Analysis_Error(228)	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Gross beta	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Analysis_Error(Gb)	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Man-made beta & photon	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(beta & ph	*	pCi/L	-										-	1.0			PL	09-02-94
Tritium	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(Tritium)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-89	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(89)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-90	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(90)	*	pCi/L	-										-	1.0			PL	09-02-94
Iodine-131	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(131)	*	pCi/L	-										-	1.0			PL	09-02-94
Cesium-134	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(134)	*	pCi/L	-										-	1.0			PL	09-02-94

Date Received: 08-17-94 Typed: 09-02-94 Sent: 09-02-94

Project Number	89-665W	
PO Number	KM072694	
Date Sampled	1	08-16-94 *
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
GA	3500	1 *

0.00

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354652, 3354884, 3354685, 3354883, 3354873

System Name: Highland Point, Lake Ridge, Orange, Lake Crescent Hills, Vista I.D. #: 632,634,633,631

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1515

Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/31/95 Sample Time : 1030

Sample Location (be specific): HP/LR/Org./LCH/Vis.

Sampler Name and Phone: Ray Aldrich

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

XDistribution entry pt ( )Raw XComposite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

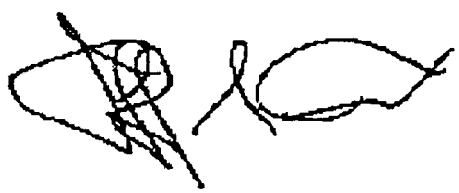
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19170

Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/7/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Inorganic Analysis
62-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	19170		EPA206.3	0.0005	0.05	
1010	Barium	19170		EPA208.1	0.01	2	
1015	Cadmium	19170		EPA213.2	0.001	0.005	
1020	Chromium	19170		EPA218.2	0.005	0.1	
1024	Cyanide	19170		EPA335.2	0.005	0.2	
1025	Fluoride	19170		EPA340.1	0.01	4	
1030	Lead	19170		EPA239.2	0.001	0.015	
1035	Mercury	19170		EPA245.2	0.0002	0.002	
1036	Nickel	19170		EPA249.1	0.001	0.1	
1040	Nitrate(as N)	19170	1.21	EPA300.0	0.01	10	09-01-95
1041	Nitrite(as N)	19170	<0.01	EPA300.0	0.01	1	09-01-95
1045	Selenium	19170		EPA270.2	0.0005	0.05	
1052	Sodium	19170		EPA273.1	0.002	160	
1074	Antimony	19170		EPA204.2	0.003	0.006	
1075	Beryllium	19170		EPA210.1	0.0002	0.004	
1085	Thallium	19170		EPA279.2	0.001	0.002	
1094	Asbestos	19170		TEM	1	7	

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Westhaven Ave Alt Springs FL 32714	407-869-1919

Public Drinking Water ID # 3354652, 3354648, 3354685, 3354883 (3354777) | Public Water System Name: See sample ID section

Project # 632, 634, 633, 636

PO # - 15M01055

Public Water System Type:

[X] Community [ ] Non-Community [ ] Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
	5								X									

NOTES:

Turn Around Time

10 Working Days ____

5 Working Days ____

3 Working Days ____

1 Working Days ____

Other ____

* Styrofoam Coolers

Composite

Kit Relinquished:	Date / Time: 5-30-95	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 X NO2 X THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number	Client Sample Identification	
19170	#1 Highland Point Point of Entry	Composite
	#2 Lake Ridge Point of Entry	
	#3 Orange Point of Entry	
	#4 Lake Crescent Hills Point of Entry	
	#5 Vistay Point of Entry	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:		8-31-95	10:30
Transporters Signature:		8-31-95	10:30
Lab Acceptance By:		8/31/95	1307

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

RECEIVED SEP 08 1995

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 7 1995
Project Number : 632,634,633,631
PO Number : KM071095
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

For: HPLRORGLCHVIS
Date Sampled:Aug31 1995 Date Received:Aug31 1995 Lab Number : 19170

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	19170
Arsenic	mg/L	0.000500			-
Barium	mg/L	0.0100			-
Cadmium	mg/L	0.00100			-
Chromium	mg/L	0.00500			-
Cyanide	mg/L	0.00500			-
Fluoride	mg/L	0.0100			-
Lead	mg/L	0.00100			-
Mercury	mg/L	0.000200			-
Nickel	mg/L	0.00100			-
Nitrate(as N)	mg/L	0.0100	91.6	5.57	1.21
Nitrite(as N)	mg/L	0.0100	95.8	7.26	<0.0100
Selenium	mg/L	0.000500			-
Sodium	mg/L	0.00200			-
Antimony	mg/L	0.00300			-
Beryllium	mg/L	0.000200			-
Thallium	mg/L	0.00100			-
Asbestos	MF/L	1.00			-

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report may not be reproduced in part, results relate only to items tested.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	HP/LR/Org/L 19170										QA Section Method	MDL	%RSD	%Rec	Analys	Date
Arsenic	*	mg/L											EPA206.3	0.0005				
Barium	*	mg/L											EPA208.1	0.01				
Cadmium	*	mg/L											EPA213.2	0.001				
Chromium	*	mg/L											EPA218.2	0.005				
Cyanide	*	mg/L											EPA335.2	0.005				
Fluoride	*	mg/L											EPA340.1	0.01				
Lead	*	mg/L											EPA239.2	0.001				
Mercury	*	mg/L											EPA245.2	0.0002				
Nickel	*	mg/L											EPA249.1	0.001				
Nitrate(as N)	*	mg/L	1.21										EPA300.0	0.01	5.5738049	91.68	TRB	09-01-95
Nitrite(as N)	*	mg/L	<0.01										EPA300.0	0.01	7.2623469	95.8	TRB	09-01-95
Selenium	*	mg/L											EPA270.2	0.0005				
Sodium	*	mg/L											EPA273.1	0.002				
Antimony	*	mg/L											EPA204.2	0.003				
Beryllium	*	mg/L											EPA210.1	0.0002				
Thallium	*	mg/L											EPA279.2	0.001				
Asbestos	*	MF/L											TEM	1				

Date Received: 08-31-95 Typed: 09-07-95 Sent: 09-07-95

Project Number	632,634,633,631
PO Number	KM071095
Date Sampled	1 08-31-95 *
Date Analyzed	0
Compacted	1
Format	NormRR
Unit Cost	Exted
NO2/NO3	4350 1 *

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 6, 1995

MICROBIOLOGY

MICROBIOLOGY	METHODS
X Membrane Filter	SM9222B
_ Multiple Tube Fermentation	
X Fecal/E. coli	SM9221E
_ MMO-MUG	
_ P/A	

PRIMARY INORGANIC

1. METALS	AA(FUR)	ICP	ICP/MS	OTHER
X ANTIMONY	SM3113B			
X ARSENIC	SM3113B			SM3114B
X BARIUM	SM3113B	200.7		SM3111D
X BERYLLIUM	SM3113B	200.7		
X CADMIUM	SM3113B	200.7		
X CHROMIUM	SM3113B	200.7		
X LEAD	SM3113B			
X MERCURY				245.1
X NICKEL		200.7		SM3111B
X SELENIUM	SM3113B			
X SODIUM		200.7		SM3111B
X THALLIUM	200.9			

2. LEAD AND COPPER				
X LEAD	SM3113B			
X COPPER				SM3111B

3. CYANIDE	IC	ISE	UV-VIS	OTHER
X CYANIDE			4500-CN E	

4. NITRATE AND NITRITE				
X NITRATE	300.0		353.2	
X NITRITE	300.0		353.2	
X TOTAL NO2-NO3	300.0		353.2	

5. FLUORIDE				
X FLUORIDE		SM4500F C		

6. ASBESTOS				
_ ASBESTOS				

SECONDARY INORGANIC

	AA(FUR)	ICP	UV-VIS	OTHER
X ALUMINUM		200.7		
X CHLORIDE				SM4500CI- D
X COLOR			SM2120B	
X COPPER	SM3113B	200.7		SM3111B
X FLUORIDE				SM4500F C
X FOAMING AGENTS			SM5540C	
X IRON	SM3113B	200.7		SM3111B
X MANGANESE	SM3113B	200.7		SM3111B
X ODOR				SM2150B
X pH				150.1
X SILVER	SM3113B	200.7		SM3111B
X SULFATE				300.0, 375.4
X TDS				SM2540C
X ZINC		200.7		SM3111B

PESTICIDES AND PCB'S

PESTICIDES AND PCB'S	GC	GC/MS	HPLC
1. INSECTICIDES			
X ALACHLOR	505, 507		
X ATRAZINE	505, 507		
X CHLORDANE	505, 508		
X ENDRIN	505, 508		
X HEPTACHLOR	505, 508		
X HEPTACHLOR EPOXIDE	505, 508		
X LINDANE	505, 508		
X METHOXYCHLOR	505, 508		
X TOXAPHENE	505, 508		
X HEXACHLOROBENZENE	505, 508		
X HEXACHLOROCYCLOPENTADIENE	505		
X SIMAZINE	505, 507		
2. HERBICIDES			
X 2,4-D	515.1		
X PENTACHLOROPHENOL	515.1		
X 2,4,5-TP (SILVEX)	515.1		
X DALAPON	515.1		
X DINOSEB	515.1		
X PICLORAM	515.1		
3. CARBAMATES			
X CARBOFURAN			531.1
X OXAMYL (VYDATE)			531.1
4. DISINFECTANT BY-PRODUCTS/VOC'S			
X 1,2-DIBROMO-3-CHLOROPROPANE	504.1		
X ETHYLENE DIBROMIDE	504.1		
6. MISCELLANEOUS SOC'S			
X DIQUAT			549.1
X ENDOTHALL	548.1		
X GLYPHOSATE			547
6. PCB'S			
X AROCHLORS	505		
X DECACHLOROBIPHENYL	508A		
7. ADIPATES AND PHTHALATES			
X DI(2-ETHYLHEXYL) ADIPATE		525.2	
X DI(2-ETHYLHEXYL) PHTHALATE		525.2	
8. PAH			
X BENZO(a)PYRENE			550
DIOXIN			
_ 2,3,7,8-TETRACHLORODIBENZO-p-DIOXIN			

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 6, 1995

OTHER REGULATED CONTAMINANTS

1. VOLATILE ORGANIC COMPOUNDS

	GC	GC/MS
X TRICHLOROETHYLENE	502.2	524.2
X TETRACHLOROETHYLENE	502.2	524.2
X CARBON TETRACHLORIDE	502.2	524.2
X VINYL CHLORIDE	502.2	524.2
X 1,1,1-TRICHLOROETHANE	502.2	524.2
X 1,2-DICHLOROETHANE	502.2	524.2
X BENZENE	502.2	524.2
X p-DICHLOROBENZENE	502.2	524.2
X 1,1-DICHLOROETHYLENE	502.2	524.2
X cis-1,2-DICHLOROETHYLENE	502.2	524.2
X 1,2-DICHLOROPROPANE	502.2	524.2
X ETHYLBENZENE	502.2	524.2
X CHLOROBENZENE	502.2	524.2
X o-DICHLOROBENZENE	502.2	524.2
X STYRENE	502.2	524.2
X TOLUENE	502.2	524.2
X trans-1,2-DICHLOROETHYLENE	502.2	524.2
X TOTAL XYLENES	502.2	524.2
X DICHLOROMETHANE	502.2	524.2
X 1,2,4-TRICHLOROBENZENE	502.2	524.2
X 1,1,2-TRICHLOROETHANE	502.2	524.2

2. TRIHALOMETHANES

X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X CHLORODIBROMOMETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X TOTAL TRIHALOMETHANES	502.2	524.2

GROUP I UNREGULATED CONTAMINANTS

1. CARBAMATES

	GC	GC/MS	HPLC
X ALDICARB			531.1
X ALDICARB SULFOXIDE			531.1
X ALDICARB SULFONE			531.1
X CARBARYL			531.1
X 3-HYDROXYCARBOFURAN			531.1
X METHOMYL			531.1

2. HERBICIDES

X ALDRIN	505, 508	_____	_____
X BUTACHLOR	507	_____	_____
X DICAMBA	515.1	_____	_____
X DIELDRIN	505, 508	_____	_____
X METOLACHLOR	507	_____	_____
X METRIBUZIN	507	_____	_____
X PROPACHLOR	508	_____	_____

GROUP II UNREGULATED CONTAMINANTS

	GC	GC/MS
X BROMOBENZENE	502.2	524.2
X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X BROMOMETHANE	502.2	524.2
X CHLOROETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X CHLOROMETHANE	502.2	524.2
X DIBROMOCHLOROMETHANE	502.2	524.2
X DICHLORODIFLUOROMETHANE	502.2	524.2
X p-CHLOROTOLUENE	502.2	524.2
X DIBROMOMETHANE	502.2	524.2
X 1,1-DICHLOROETHANE	502.2	524.2
X 1,3-DICHLOROPROPENE	502.2	524.2
X 1,3-DICHLOROPROPANE	502.2	524.2
X 2,2-DICHLOROPROPANE	502.2	524.2
X TRICHLOROFLUOROMETHANE	502.2	524.2
X 1,2,3-TRICHLOROPROPANE	502.2	524.2
X m-DICHLOROBENZENE	502.2	524.2
X 1,1,1,2-TETRACHLOROETHANE	502.2	524.2
X 1,1,2,2-TETRACHLOROETHANE	502.2	524.2
X METHYL tert-BUTYL ETHER	502.2	524.2
X 1,1-DICHLOROPROPENE	502.2	524.2
X o-CHLOROTOLUENE	502.2	524.2

GROUP III UNREGULATED CONTAMINANTS

1. BASE/NEUTRAL EXTRACTABLES

X BUTYL BENZYL PHTHALATE	_____	625
X DI-n-BUTYL PHTHALATE	_____	625
X DIETHYL PHTHALATE	_____	625
X DIMETHYL PHTHALATE	_____	625
X 2,4-DINITROTOLUENE	_____	625
X DI-n-OCTYL PHTHALATE	_____	625
X ISOPHORONE	_____	625

2. ACID EXTRACTABLES

X 2-CHLOROPHENOL	_____	625
X 2-METHYL-4,6-DINITROPHENOL	_____	625
X PHENOL	_____	625
X 2,4,6-TRICHLOROPHENOL	_____	625

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Highland Point I.D. #: 89-632W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1515

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 Sample Time : 1030

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Bryan Lovejoy

Samplers Signature: See Chain of Custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14968

Date Sample(s) Recieved: 10/3/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature: _____

Title: Technical Director Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Highland Point I.D. #: 89-632W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1919

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 Sample Time : 1050

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Bryan Lovejoy

Samplers Signature: See Chain of Custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

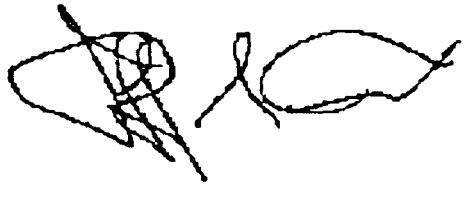
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14968

Date Sample(s) Recieved: 10/3/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature: _____

Title: Technical Director Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Secondary Chemical Analysis

62-550.320

(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14968	0.154	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14968	18.0	EPA325.2	0.01	250	10-10-94
1022	Copper	14968	0.0216	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14968	0.133	EPA340.1	0.05	2	
1028	Iron	14968	0.237	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14968	0.00884	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14968	0.00402	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14968	11.8	EPA375.4	1	250	10-10-94
1095	Zinc	14968	0.0867	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14968	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14968	<1	EPA140.1	1	3	10-04-94
1925	pH	14968	7.55	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14968	222	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14968	<0.1	EPA425.1	0.1	0.5	10-10-94

Secondary Chemical Analysis
62-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14968	0.154	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14968	18.0	EPA325.2	0.01	250	10-10-94
1022	Copper	14968	0.0216	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14968	0.133	EPA340.1	0.05	2	
1028	Iron	14968	0.237	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14968	0.00884	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14968	0.00402	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14968	11.8	EPA375.4	1	250	10-10-94
1095	Zinc	14968	0.0867	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14968	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14968	<1	EPA140.1	1	3	10-04-94
1925	pH	14968	7.55	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14968	222	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14968	<0.1	EPA425.1	0.1	0.5	10-10-94

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-632W
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14968

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14968
Aluminum	mg/L	0.00200	110.	.000	0.154
Chloride	mg/L	0.0100	99.0	.800	18.0
Copper	mg/L	0.000200	104.	.880	0.0216
Fluoride	mg/L	0.0500	117.	.000	0.133
Iron	mg/L	0.000200	106.	1.08	0.237
Manganese	mg/L	0.0000400	96.6	.730	0.00884
Silver	mg/L	0.000200	97.2	.720	0.00402
Sulfate	mg/L	1.00	96.1	.000	11.8
Zinc	mg/L	0.000100	107.	1.40	0.0867
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.55
TDS	mg/L	2.50	75.0	1.82	222.
Foaming_Agents	mg/L	0.100	82.4	.000	<0.100

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-632W
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14968

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14968
Aluminum	mg/L	0.00200	110.	.000	0.154
Chloride	mg/L	0.0100	99.0	.800	18.0
Copper	mg/L	0.000200	104.	.880	0.0216
Fluoride	mg/L	0.0500	117.	.000	0.133
Iron	mg/L	0.000200	106.	1.08	0.237
Manganese	mg/L	0.0000400	96.6	.730	0.00884
Silver	mg/L	0.000200	97.2	.720	0.00402
Sulfate	mg/L	1.00	96.1	.000	11.8
Zinc	mg/L	0.000100	107.	1.40	0.0867
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.55
TDS	mg/L	2.50	75.0	1.82	222.
Foaming_Agents	mg/L	0.100	82.4	.000	<0.100

Data Release Authorization

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14968										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Aluminum	*	mg/L	0.154										EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	18.0										EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.0216										EPA200.7	0.0002	0.888	104	LSM	10-05-94
Fluoride	*	mg/L	0.133										EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.237										EPA200.7	0.0002	1.08	106	LSM	10-05-94
Manganese	*	mg/L	0.00884										EPA200.7	0.00004	0.730	96.6	LSM	10-05-94
Silver	*	mg/L	0.00402										EPA200.7	0.0002	0.726	97.2	LSM	10-05-94
Sulfate	*	mg/L	11.8										EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.0867										EPA200.7	0.0001	1.40	107	LSM	10-05-94
Color (color units)	*	PCU	<5										EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1										EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.55										EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissovled Solids	*	mg/L	222										EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	<0.1										EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number	89-632W		
PO Number	KM100394		
Date Sampled	1	10-03-94	*
Date Analyzed	0		
Compacted	1		
Format	NormRR		
Unit Cost	Exted		
Secs93	19000	1	*

0.00

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14968										Method	QA MDL	Section %RSD	%Rec	Analys	Date
Aluminum	*	mg/L	0.154										EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	18.0										EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.0216										EPA200.7	0.0002	0.888	104	LSM	10-05-94
Fluoride	*	mg/L	0.133										EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.237										EPA200.7	0.0002	1.08	106	LSM	10-05-94
Manganese	*	mg/L	0.00884										EPA200.7	0.00004	0.730	96.6	LSM	10-05-94
Silver	*	mg/L	0.00402										EPA200.7	0.0002	0.726	97.2	LSM	10-05-94
Sulfate	*	mg/L	11.8										EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.0867										EPA200.7	0.0001	1.40	107	LSM	10-05-94
Color (color units)	*	PCU	<5										EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1										EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.55										EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissolved Solids	*	mg/L	222										EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	<0.1										EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number	89-632W	
PO Number	KM100394	
Date Sampled	1 10-03-94 *	
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
Secs93	19000 1 *	
0.00		

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDEH Lab # E83018
FDHNS Lab # 83139
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave	407-869-1515
(4) Public Drinking Water ID # 3354652	(5) Public Water System Name: Highlake Point	
(6) Project # 89-632 W	(8) Public Water System Type	
(7) PO # KM100254	(X) Community ( ) Non Community ( ) Special Non Community	

(16)

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Wmt-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time:
																			10 Working Days:
																			5 Working Days:
																			3 Working Days:
																			1 Working Day :
																			Other:
	1	X								1									
	1									1									

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

(10) Parameter Group(s) Analyzed: Turbidity __; Inorganic __; Trihalomethane __; Volitile Organic __;
Organic Chemical __; Secondary Chemical X; Radiological __; Unregulated Organic Purgeable __;
Unregulated Organic Pesticide __; Unregulated Base Neutral Extractable __; Unregulated Acid Extractable __;

(18) Laboratory Number		(11) Client Sample Identification
14968	#1	Point of Entry
	#2	" " " (Pres.)
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
(13) Collectors Signature:	B K	10/3/94	10:30A
(14) Transporters Signature:	B K	10/3/94	4:00P
(15) Lab Acceptance By:		10/3/94	1613

Over for numbered instructions

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

3354773, 3354652, 3354883
3354884, 3354685

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: Victory Highland Point Lake Crescent Hills Lake Ridge Orange I.D. #: Composite
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1515
Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/16/94 Sample Time : 0745 to 1100
Sample Location (be specific): comp 1-5
Sampler Name and Phone: Robert Fritsch
Samplers Signature: See chain of custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
XDistribution entry pt ( )Raw XComposite of Multiple Sites-Attach a format for each site

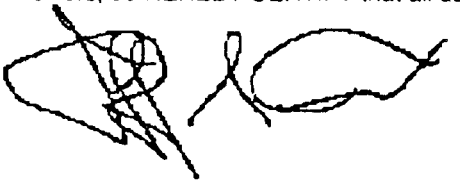
LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____ Groups Analyzed: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14334
Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	(X) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
(X) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 (X) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.



Signature:_____

Title: Technical Director Date: 8/31/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical:_____

Effective 1/93

Turbidity Analysis
17-550.310()
PWS026

Parameter ID	NAME	Sample Number	Analysis Result(NTU)	Analytical Method	Detection Limit (NTU)	MCL	Analysis Date
100	Turbidity	14334	0.340	EPA180.1	0.05	1	08-18-94

Inorganic Analysis
17-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	14334	<0.0005	EPA206.3	0.0005	0.05	08-25-94
1010	Barium	14334	0.0105	EPA200.7	0.00006	2	08-30-94
1015	Cadmium	14334	<0.0001	EPA200.7	0.0001	0.005	08-30-94
1020	Chromium	14334	0.00150	EPA200.7	0.0002	0.1	08-30-94
1024	Cyanide	14334	<0.005	EPA335.2	0.005	0.2	08-29-94
1025	Fluoride	14334	0.108	EPA340.1	0.05	4	08-25-94
1030	Lead	14334	<0.001	EPA239.2	0.001	0.015	08-24-94
1035	Mercury	14334	<0.0002	EPA245.2	0.0002	0.002	08-23-94
1036	Nickel	14334	<0.0004	EPA200.7	0.0004	0.1	08-30-94
1038	Total Nitrate+Nitrite	14334	1.88	EPA353.1	0.01	10	08-19-94
1040	Nitrate(as N)	14334	1.88	EPA300.0	0.01	10	08-19-94
1041	Nitrite(as N)	14334	<0.01	EPA300.0	0.01	1	08-18-94
1045	Selenium	14334	<0.0005	EPA270.2	0.0005	0.05	08-26-94
1052	Sodium	14334	5.74	EPA200.7	0.001	160	08-22-94
1074	Antimony	14334	<0.003	EPA204.2	0.003	0.006	08-29-94
1075	Beryllium	14334	0.000710	EPA210.1	0.0002	0.004	08-29-94
1085	Thallium	14334	<0.001	EPA279.2	0.001	0.002	08-29-94
1094	Asbestos	14334		TEM	1	7	

Secondary Chemical Analysis
17-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14334	0.132	EPA200.7	0.002	0.2	08-23-94
1017	Chloride	14334	19.1	EPA325.2	0.01	250	08-30-94
1022	Copper	14334	0.0121	EPA200.7	0.0002	1	08-30-94
1025	Fluoride	14334	0.108	EPA340.1	0.05	2	08-25-94
1028	Iron	14334	0.0943	EPA200.7	0.0002	0.3	08-22-94
1032	Manganese	14334	0.00910	EPA200.7	0.00004	0.05	08-22-94
1050	Silver	14334	0.000200	EPA200.7	0.0002	0.1	08-30-94
1055	Sulfate	14334	18.9	EPA375.4	1	250	08-26-94
1095	Zinc	14334	0.0213	EPA200.7	0.0001	5	08-30-94
1905	Color (color units)	14334	<5	EPA110.1	5	15	08-18-94
1920	Odor (total odor number)	14334	<1	EPA140.1	1	3	08-18-94
1925	pH	14334	7.35	EPA150.1	0.01	6.5	08-18-94
1930	Total Dissolved Solids	14334	196	EPA160.1	2.5	500	08-30-94
2905	Foaming Agents	14334	<0.1	EPA425.1	0.1	0.5	08-24-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs Fl	407-869-1919
(4) Public Drinking Water ID # 3354652	(5) Public Water System Name: Highland Point	
(6) Project # 89-6326	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers						NOTES:
		HNO_3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	(12) Turn Around Time: 10 Working Days: 5 Working Days: 3 Working Days: 1 Working Day : Other:
	1	X								X								Composite: Turbidity & Inorganics with Lake Crescent Hills, Lake Ridge Oranges & Vistas
	1									X								
	3			X								X						
	1	X							X									
																		Composite: VOC with Crescent West

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
	#1 Highland Point - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Futsch	8-16	10 AM
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

481 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354652

System Name: Highland Point I.D. #: 89-632W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1919

Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/16/94 Sample Time : 1000

Sample Location (be specific): Highland Pt

Sampler Name and Phone: Robert Fritsch

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
( )Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14364

Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( ) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.

Signature:

Title: Technical Director Date: 9/2/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical: _____

Effective 1/93

Radiological Analysis
17-550.310(5)
(PWS033)

Parameter ID	NAME	Sample Number	Analysis Result(pCi/l)	Analytical Method	Detection Limit (pCi/l)	Analysis Error	Analysis Date
4000	Gross alpha	14364	2.80	EPA900	0.1	0.500	09-02-94
4012	Photon emitters	14364		-	1		09-02-94
4020	Radium-226	14364		EPA903.1	1		09-02-94
4030	Radium-228	14364		EPA904	1		09-02-94
4100	Gross beta	14364		EPA900	1		09-02-94
4101	Man-made beta & photon emitte	14364		-	1		09-02-94
4102	Tritium	14364		-	1		09-02-94
4172	Strontium-89	14364		-	1		09-02-94
4174	Strontium-90	14364		-	1		09-02-94
4264	Iodine-131	14364		-	1		09-02-94
4270	Cesium-134	14364		-	1		09-02-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs FL	407-862-1919
(4) Public Drinking Water ID # 3354652	(5) Public Water System Name: Highland Point	
(6) Project # 89-632.10	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO_3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time:
																			10 Working Days:
																			5 Working Days:
																			3 Working Days:
																			1 Working Day :
																			Other:
)	1	X								X									Composite: Turbidity & Inorganics
	1									X									with Lake Crescent Hills, Lake Ridge
	3			X								X							Oranges & Vistas
	1	X							X										
																			Composite: VOC with Crescent West

(17) Kit Relinquished:	(17) Date (17) Time	(9) Kit Received	(9) Date (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
1436 4	#1 Highland Point - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Frutsch	8-16	10 AM
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

481 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus (407) 339-5984 Fax (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 2 1994
Project Number : 89-632W
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: HIGHLANDPT
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14364

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14364
Gross alpha excl. Ra	pCi/L	0.100			2.80
Analysis Error	pCi/L	0.100			0.500
Photon emitters	pCi/L	1.00			-
Analysis_Error(Photo	pCi/L	1.00			-
Radium 226	pCi/L	1.00			-
Analysis_Error(226)	pCi/L	1.00			-
Radium 228	pCi/L	1.00			-
Analysis_Error(228)	pCi/L	1.00			-
Gross_Beta	pCi/L	1.00			-
Analysis_Error(Gb)	pCi/L	1.00			-
Man-made beta & phot	pCi/L	1.00			-
Analysis_Error(beta	pCi/L	1.00			-
Tritium	pCi/L	1.00			-
Analysis_Error(Triti	pCi/L	1.00			-
Strontium-89	pCi/L	1.00			-
Analysis_Error(89)	pCi/L	1.00			-
Strontium-90	pCi/L	1.00			-
Analysis_Error(90)	pCi/L	1.00			-
Iodine-131	pCi/L	1.00			-
Analysis_Error(131)	pCi/L	1.00			-
Cesium-134	pCi/L	1.00			-
Analysis_Error(134)	pCi/L	1.00			-

Data Release Authorization

Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	Highland Pt 14364										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Gross alpha excl. Ra & U	*	pCi/L	2.80										EPA900	0.1			PL	09-02-94
Analysis_Error(Ga)	*	pCi/L	0.500										EPA900	0.1			PL	09-02-94
Photon emitters	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(Photon)	*	pCi/L	-										-	1.0			PL	09-02-94
Radium-226	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Analysis_Error(226)	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Radium-228	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Analysis_Error(228)	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Gross beta	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Analysis_Error(Gb)	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Man-made beta & photon	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(beta & pho	*	pCi/L	-										-	1.0			PL	09-02-94
Tritium	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(Tritium)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-89	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(89)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-90	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(90)	*	pCi/L	-										-	1.0			PL	09-02-94
Iodine-131	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(131)	*	pCi/L	-										-	1.0			PL	09-02-94
Cesium-134	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(134)	*	pCi/L	-										-	1.0			PL	09-02-94

Date Received: 08-17-94 Typed: 09-02-94 Sent: 09-02-94

Project Number	89-632W	
PO Number	KM072694	
Date Sampled	1 08-16-94	*
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
GA	3500 1	*

0.00

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Crescent West I.D. #: 89-662W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: [illegible]

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 Sample Time : 1100

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Bryan George

Samplers Signature: See chain of custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

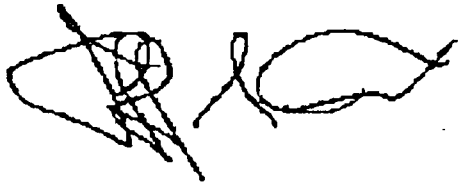
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14967

Date Sample(s) Recieved: 10/3/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite •

• Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature: _____

Title: Technical Director Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Secondary Chemical Analysis

62-550.320

(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14967	0.124	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14967	11.7	EPA325.2	0.01	250	10-10-94
1022	Copper	14967	0.00673	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14967	0.133	EPA340.1	0.05	2	
1028	Iron	14967	0.0563	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14967	0.00391	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14967	0.00322	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14967	2.20	EPA375.4	1	250	10-10-94
1095	Zinc	14967	0.0106	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14967	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14967	<1	EPA140.1	1	3	10-04-94
1925	pH	14967	7.55	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14967	178	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14967	<0.1	EPA425.1	0.1	0.5	10-10-94

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-662W
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14967

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14967
Aluminum	mg/L	0.00200	110.	.000	0.124
Chloride	mg/L	0.0100	99.0	.800	11.7
Copper	mg/L	0.000200	104.	.880	0.00673
Fluoride	mg/L	0.0500	117.	.000	0.133
Iron	mg/L	0.000200	106.	1.08	0.0563
Manganese	mg/L	0.0000400	96.6	.730	0.00391
Silver	mg/L	0.000200	97.2	.720	0.00322
Sulfate	mg/L	1.00	96.1	.000	2.20
Zinc	mg/L	0.000100	107.	1.40	0.0106
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.55
TDS	mg/L	2.50	75.0	1.82	178.
Foaming_Agents	mg/L	0.100	82.4	.000	<0.100

Data Release Authorization

Sample integrity and reliability certified by Lab personnel prior to analysis. Methods of analysis in accordance with FCL QA and EPA approved methodology. This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14967										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Aluminum	*	mg/L	0.124										EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	11.7										EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.00673										EPA200.7	0.0002	0.888	104	LSM	10-05-94
Fluoride	*	mg/L	0.133										EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.0563										EPA200.7	0.0002	1.08	106	LSM	10-05-94
Manganese	*	mg/L	0.00391										EPA200.7	0.00004	0.730	96.6	LSM	10-05-94
Silver	*	mg/L	0.00322										EPA200.7	0.0002	0.726	97.2	LSM	10-05-94
Sulfate	*	mg/L	2.20										EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.0106										EPA200.7	0.0001	1.40	107	LSM	10-05-94
Color (color units)	*	PCU	<5										EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1										EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.55										EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissovled Solids	*	mg/L	178										EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	<0.1										EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number	89-662W		
PO Number	KM100394		
Date Sampled	1	10-03-94	*
Date Analyzed	0		
Compacted	1		
Format	NormRR		
Unit Cost	Exted		
Secs93	19000	1	*

0.00

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDEP Lab # E83018
FDHRS Lab # 83133
HCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave	407-869-1919
(4) Public Drinking Water ID # 3354690	(5) Public Water System Name: CRESENT West	
(6) Project # 89-662 W	(8) Public Water System Type	
(7) PO # KM100354	(X) Community ( ) Non Community ( ) Special Non Community	

		Preservative				Plastic Containers						Glass Containers						
		HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	
(16)	1	X								1								
	1									1								

NOTES:

(12) Turn Around Time:
10 Working Days: ____
5 Working Days: ____
3 Working Days: ____
1 Working Day : ____
Other: ____

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

(10) Parameter Group(s) Analyzed: Turbidity ___; Inorganic ___; Trihalomethane ___; Volitile Organic ___; Organic Chemical ___; Secondary Chemical X; Radiological ___; Unregulated Organic Purgeable ___; Unregulated Organic Pesticide ___; Unregulated Base Neutral Extractable ___; Unregulated Acid Extractable ___;

(18) Laboratory Number	(11) Client Sample Identification	
14967	#1	Point of Entry (Res.)
	#2	
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
(13) Collectors Signature:	[signature]	10/3/94	11:00A
(14) Transporters Signature:	[signature]	10/3/94	4:00P
(15) Lab Acceplance By:	[signature]	10/3/94	1613

Over for numbered instructions

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

3354648, 3351582, 3350153
3354686, 3354690

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: Amber Hill, Clermont I, Clermont II, Crescent Bay, Crescent West I.D. #: Composite
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919
Type (check one): XX Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/16/94 Sample Time : 0900 - 1130
Sample Location (be specific): comp 1-5
Sampler Name and Phone: Robert Fritsch
Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
XX Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____ Groups Analyzed: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14335
Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	(X) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
(X) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 (X) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.

Signature: _____

Title: Technical Director Date: 8/31/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical: _____

Effective 1/93

Turbidity Analysis
17-550.310()
PWS026

Parameter ID	NAME	Sample Number	Analysis Result(NTU)	Analytical Method	Detection Limit (NTU)	MCL	Analysis Date
100	Turbidity	14335	0.300	EPA180.1	0.05	1	08-18-94

Inorganic Analysis
17-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	14335	<0.0005	EPA206.3	0.0005	0.05	08-25-94
1010	Barium	14335	0.00920	EPA200.7	0.00006	2	08-30-94
1015	Cadmium	14335	<0.0001	EPA200.7	0.0001	0.005	08-30-94
1020	Chromium	14335	0.00160	EPA200.7	0.0002	0.1	08-30-94
1024	Cyanide	14335	<0.005	EPA335.2	0.005	0.2	08-29-94
1025	Fluoride	14335	0.110	EPA340.1	0.05	4	08-25-94
1030	Lead	14335	<0.001	EPA239.2	0.001	0.015	08-24-94
1035	Mercury	14335	<0.0002	EPA245.2	0.0002	0.002	08-23-94
1036	Nickel	14335	0.00230	EPA200.7	0.0004	0.1	08-30-94
1038	Total Nitrate+Nitrite	14335	2.54	EPA353.1	0.01	10	08-19-94
1040	Nitrate(as N)	14335	2.54	EPA300.0	0.01	10	08-19-94
1041	Nitrite(as N)	14335	<0.01	EPA300.0	0.01	1	08-18-94
1045	Selenium	14335	<0.0005	EPA270.2	0.0005	0.05	08-26-94
1052	Sodium	14335	7.38	EPA200.7	0.001	160	08-22-94
1074	Antimony	14335	<0.003	EPA204.2	0.003	0.006	08-29-94
1075	Beryllium	14335	<0.0002	EPA210.1	0.0002	0.004	08-29-94
1085	Thallium	14335	<0.001	EPA279.2	0.001	0.002	08-29-94
1094	Asbestos	14335		TEM	1	7	

Secondary Chemical Analysis
17-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14335	0.178	EPA200.7	0.002	0.2	08-23-94
1017	Chloride	14335	17.7	EPA325.2	0.01	250	08-30-94
1022	Copper	14335	0.00900	EPA200.7	0.0002	1	08-30-94
1025	Fluoride	14335	0.110	EPA340.1	0.05	2	08-25-94
1028	Iron	14335	0.0453	EPA200.7	0.0002	0.3	08-22-94
1032	Manganese	14335	0.00520	EPA200.7	0.00004	0.05	08-22-94
1050	Silver	14335	<0.0002	EPA200.7	0.0002	0.1	08-30-94
1055	Sulfate	14335	13.1	EPA375.4	1	250	08-26-94
1095	Zinc	14335	0.0271	EPA200.7	0.0001	5	08-30-94
1905	Color (color units)	14335	<5	EPA110.1	5	15	08-18-94
1920	Odor (total odor number)	14335	<1	EPA140.1	1	3	08-18-94
1925	pH	14335	7.47	EPA150.1	0.01	6.5	08-18-94
1930	Total Dissolved Solids	14335	196	EPA160.1	2.5	500	08-30-94
2905	Foaming Agents	14335	<0.1	EPA425.1	0.1	0.5	08-24-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # EB3018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs FL	407-869-1919
(4) Public Drinking Water ID # 3354690	(5) Public Water System Name: Crescent West	
(6) Project # 89-6626	(8) Public Water System Type	
(7) PO # KM072694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO_3	$ZnOAC/NaOH$	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time: 10 Working Days: ____ 5 Working Days: ____ 3 Working Days: ____ 1 Working Day : ____ Other: ____
	1	X								X									Composite: Turbidity & Inorganics with Ambu Hill, Clermont I, Clermont II & Crescent Bay
	1									X									
	3			X								X							
	1	X							X										
	1		X																Composite: VOA with Highland Point

(17) Kit Relinquished:	(17) Date (17) Time	(9) Kit Received	(9) Date (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
	#1 Crescent West - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Futsch	8-16	12:15
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

481 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus. (407) 339-5984 Fax (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354610

System Name: Crescent West I.D. #: 89-662W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1919

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/16/94 Sample Time : 1215

Sample Location (be specific): Crescent W.

Sampler Name and Phone: Robert Fritsch

Samplers Signature: See chain of custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

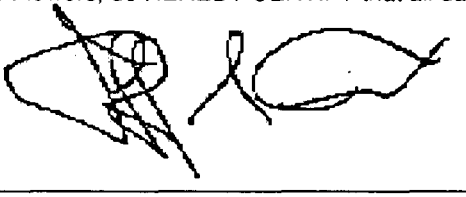
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14359

Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( ) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/2/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical:_____

Effective 1/93

Radiological Analysis
17-550.310(5)
(PWS033)

Parameter ID	NAME	Sample Number	Analysis Result(pCi/l)	Analytical Method	Detection Limit (pCi/l)	Analysis Error	Analysis Date
4000	Gross alpha	14359	1.90	EPA900	0.1	0.400	09-02-94
4012	Photon emitters	14359		-	1		09-02-94
4020	Radium-226	14359		EPA903.1	1		09-02-94
4030	Radium-228	14359		EPA904	1		09-02-94
4100	Gross beta	14359		EPA900	1		09-02-94
4101	Man-made beta & photon emitte	14359		-	1		09-02-94
4102	Tritium	14359		-	1		09-02-94
4172	Strontium-89	14359		-	1		09-02-94
4174	Strontium-90	14359		-	1		09-02-94
4264	Iodine-131	14359		-	1		09-02-94
4270	Cesium-134	14359		-	1		09-02-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs FL	407-862-1919
(4) Public Drinking Water ID # 3354690	(5) Public Water System Name: Crescent West	
(6) Project # 89-662W	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO_3	$ZnOAC/NaOH$	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time: 10 Working Days: ___ 5 Working Days: ___ 3 Working Days: ___ 1 Working Day : ___ Other: ___
	1	X								X									Composite: Turbidity & Inorganics with Ambu Hill, Clermont I Clermont II & Crescent Ring
	1									X									
	3			X								X							
	1	X							X										
	1		X																Composite: VOC with Highland Point

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
14359	#1 Crescent West - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Futsch	8-16	12:15
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

461 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Phone (407) 339-5984 Fax (407) 260-6110

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 2 1994
Project Number : 89-662W
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: CRESCENTW
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14359

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14359
Gross alpha excl. Ra	pCi/L	0.100			1.90
Analysis Error	pCi/L	0.100			0.400
Photon emitters	pCi/L	1.00			-
Analysis_Error(Photo	pCi/L	1.00			-
Radium 226	pCi/L	1.00			-
Analysis_Error(226)	pCi/L	1.00			-
Radium 228	pCi/L	1.00			-
Analysis_Error(228)	pCi/L	1.00			-
Gross_Beta	pCi/L	1.00			-
Analysis_Error(Gb)	pCi/L	1.00			-
Man-made beta & phot	pCi/L	1.00			-
Analysis_Error(beta	pCi/L	1.00			-
Tritium	pCi/L	1.00			-
Analysis_Error(Triti	pCi/L	1.00			-
Strontium-89	pCi/L	1.00			-
Analysis_Error(89)	pCi/L	1.00			-
Strontium-90	pCi/L	1.00			-
Analysis_Error(90)	pCi/L	1.00			-
Iodine-131	pCi/L	1.00			-
Analysis_Error(131)	pCi/L	1.00			-
Cesium-134	pCi/L	1.00			-
Analysis_Error(134)	pCi/L	1.00			-

Data Release Authorization

Sample integrity and reliability certified by Lab personnel prior to analysis. Methods of analysis in accordance with FCL QA and EPA approved methodology. This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

151

FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	Crescent W. 14359										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Gross alpha excl. Ra & U	*	pCi/L	1.90										EPA900	0.1			PL	09-02-94
Analysis Error(Ga)	*	pCi/L	0.400										EPA900	0.1			PL	09-02-94
Photon emitters	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(Photon)	*	pCi/L	-										-	1.0			PL	09-02-94
Radium-226	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Analysis Error(226)	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Radium-228	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Analysis Error(228)	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Gross beta	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Analysis Error(Gb)	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Man-made beta & photon	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(beta & ph	*	pCi/L	-										-	1.0			PL	09-02-94
Tritium	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(Tritium)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-89	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(89)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-90	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(90)	*	pCi/L	-										-	1.0			PL	09-02-94
Iodine-131	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(131)	*	pCi/L	-										-	1.0			PL	09-02-94
Cesium-134	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(134)	*	pCi/L	-										-	1.0			PL	09-02-94

Date Received: 08-17-94 Typed: 09-02-94 Sent: 09-02-94

Project Number	89-662W	
PO Number	KM072694	
Date Sampled	1 08-16-94	*
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
GA	3500 1	*
0.00		

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354690, 3354652
System Name: Crescent West, Highland Point I.D. #: 662,632
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1919
Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/31/95 Sample Time : 0945
Sample Location (be specific): CW/HP
Sampler Name and Phone: Jay Aldrich
Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
XDistribution entry pt ( )Raw X Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19166
Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	(X) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature: _____
Title: Technical Director Date: 9/6/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Volatile Organic Analysis
62-550.310(2)(b)
(PWS028)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2378	1,2,4-trichlorobenzene	19166	<0.5	EPA502.2	0.5	70	09-01-95
2380	cis-1,2-Dichloroethylene	19166	<0.5	EPA502.2	0.5	70	09-01-95
2955	Xylenes (total)	19166	<0.5	EPA502.2	0.5	10000	09-01-95
2964	Dichloromethane	19166	<0.5	EPA502.2	0.5	5	09-01-95
2968	O-dichlorobenzene	19166	<0.5	EPA502.2	0.5	600	09-01-95
2969	Para-dichlorobenzene	19166	<0.5	EPA502.2	0.5	75	09-01-95
2976	Vinyl chloride	19166	<0.5	EPA502.2	0.5	1	09-01-95
2977	1,1,-dichloroethylene	19166	<0.5	EPA502.2	0.5	7	09-01-95
2979	Trans-1,2-dichloroethylene	19166	<0.5	EPA502.2	0.5	100	09-01-95
2980	1,2,-dichloroethane	19166	<0.5	EPA502.2	0.5	3	09-01-95
2981	1,1,1-trichloroethane	19166	<0.5	EPA502.2	0.5	200	09-01-95
2982	Carbon tetrachloride	19166	<0.5	EPA502.2	0.5	3	09-01-95
2983	1,2-dichloropropane	19166	<0.5	EPA502.2	0.5	5	09-01-95
2984	Trichloroethylene	19166	<0.5	EPA502.2	0.5	3	09-01-95
2985	1,1,2-trichloroethane	19166	<0.5	EPA502.2	0.5	5	09-01-95
2987	Tetrachloroethylene	19166	<0.5	EPA502.2	0.5	3	09-01-95
2989	Monochlorobenzene	19166	<0.5	EPA502.2	0.5	100	09-01-95
2990	Benzene	19166	<0.5	EPA502.2	0.5	1	09-01-95
2991	Toluene	19166	<0.5	EPA502.2	0.5	1000	09-01-95
2992	Ethylbenzene	19166	<0.5	EPA502.2	0.5	700	09-01-95
2996	Styrene	19166	<0.5	EPA502.2	0.5	100	09-01-95

FLOWER

CHEMICAL LABORATORY INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Westmyfield Ave	869-1919

Public Drinking Water ID # 3354610, 3354652	Public Water System Name: Crescent West, Highland Point
Project # 662 632	Public Water System Type:
PO # - KM071095	(X) Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative				Plastic Containers							Glass Containers							NOTES:
		HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	40mL Vial	250mL	500mL	1L	2L	4L		Turn Around Time
																				10 Working Days ____
																				5 Working Days ____
																				3 Working Days ____
																				1 Working Days ____
																				Other ____
	2			X									X						✓	* Styrofoam Coolers
																				Composite

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time
	5-30-95		

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ____; NO2 ____ THM ____;
Volatile Organics X; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards ____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification
19166	#1	Crescent West Point of Entry } Composite
	#2	Highland Point Point of Entry }
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:		8-31-95	9:45
Transporters Signature:		8-31-95	9:45
Lab Acceptance By:		8/31/95	1809

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

3354648, 3351582, 3350152, 3354690

System Name: Amber Hill, Clermont I, Clermont II, Crescent West
I.D. #: 631,628, [redacted],662
Address: 200 Weathersfield Alt.Sprg,FL 32714
Phone #: 407-869-1919
Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/31/95 Sample Time : 11:00
Sample Location (be specific): AH/CL1/CL2/CW
Sampler Name and Phone: Jerry Aldrich 407-869-1919
Samplers Signature: See Chain of Custody Title: Oper Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
XDistribution entry pt ( )Raw XComposite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

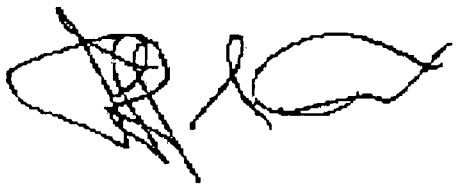
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19169

Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature: _____
Title: Technical Director Date: 9/7/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Inorganic Analysis
62-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	19169		EPA206.3	0.0005	0.05	
1010	Barium	19169		EPA208.1	0.01	2	
1015	Cadmium	19169		EPA213.2	0.001	0.005	
1020	Chromium	19169		EPA218.2	0.005	0.1	
1024	Cyanide	19169		EPA335.2	0.005	0.2	
1025	Fluoride	19169		EPA340.1	0.01	4	
1030	Lead	19169		EPA239.2	0.001	0.015	
1035	Mercury	19169		EPA245.2	0.0002	0.002	
1036	Nickel	19169		EPA249.1	0.001	0.1	
1040	Nitrate(as N)	19169	1.52	EPA300.0	0.01	10	09-01-95
1041	Nitrite(as N)	19169	0.0150	EPA300.0	0.01	1	09-01-95
1045	Selenium	19169		EPA270.2	0.0005	0.05	
1052	Sodium	19169		EPA273.1	0.002	160	
1074	Antimony	19169		EPA204.2	0.003	0.006	
1075	Beryllium	19169		EPA210.1	0.0002	0.004	
1085	Thallium	19169		EPA279.2	0.001	0.002	
1094	Asbestos	19169		TEM	1	7	

FLOWERS CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Weathersfield Ave Alt Springs, 32714	407-869-1919

Public Drinking Water ID # 3354648, 3351582, 3354684, 3354670 Public Water System Name: See sample ID section.

Project # 631, 628, 661, 662

PO # - KM071055

Public Water System Type: [X] Community [ ] Non-Community [ ] Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L	NOTES:
	5								X										* Styrofoam Coolers
																			* Composite

Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time
[signature]	5-30-95		

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 X NO2 X THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number	Client Sample Identification	
	#1 Amber Hill Point of Entry	
	#2 Clermont I Point of Entry	
19169	#3 Clermont II Point of Entry	Composite
	#4 ~~Belmont Ridge Point of Entry~~	N/A
	#5 Crescent West Point of Entry	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:	[signature]	8-30-95	11:00
Transporters Signature:	[signature]	8-30-95	11:00
Lab Acceptance By:	[signature]	8/31/95	1301

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

Tri-Tech Analytical Laboratories, Inc.

P.O. Box 140966 • Orlando, FL 32814-0966 • (407) 275-8463

MAR 24 1995

REPORT OF ANALYSIS

Utilities, Inc.
200 Wethersfield Ave.
Altamonte, Florida 32714
Attn: Mr. Ken Miller

Work Order # : 95-03-409
Date Received: 03/22/95
Date Reported: 03/23/95
TTA Contact : C. Young

Work ID : Crescent Bay Water Plant
Total Samples: 1

SAMPLE ID	DATE COLLECTED	TEST CODE
1. Bottle 1	03/22/95	Turbidity Analysis

Respectfully Submitted,
Tri-Tech Laboratories, Inc.

Linda Trytek
Laboratory Director

"HELP SAFEGUARD YOUR FUTURE AND YOUR HEALTH" CALL TTA TODAY!

DHRS #83359 & #E83294

DEP #900405G

AIHA #169077

REPORT OF ANALYSIS

RESULTS BY SAMPLES

Tri-Tech Laboratories, Inc. Work Order #: 95-03-409

Date Received : 03/22/95

Date Collected: 03/22/95 Matrix: Water

Sample ID : Bottle 1

TEST PARAMETER	RESULTS	UNITS
Turbidity	1.27	mg/L

QUALITY CONTROL PAGE

TEST PARAMETER	METHOD #	%REC	%RSD
Turbidity	180.1	0	0.0

Reviewed By: Tamara Hayes

Title : Quality Control Director

FINAL REPORT

CHAIN-OF-CUSTODY RECORD

Tri-Tech Laboratories, Inc.
P.O. Box 140966, Orlando, FL 32814-0966
(407) 275-8463 • FAX 281-9187

Page ____ of ____

INVOICE TO (COMPANY AND INDIVIDUAL) / ADDRESS (CITY STATE ZIP): Utilities, Inc. 200 Wethersfield Ave. Altamonte, FL 32714

CONTACT PERSON/PHONE # INVOICE: Mr. Ken Miller

TTA WORK ORDER # (LAB USE): 95-03-409

ORIGINAL REPORT TO (COMPANY AND INDIVIDUAL) / ADDRESS (CITY STATE ZIP):

CONTACT PERSON/PHONE # REPORT: 869-1919

(OPTIONAL) ADDITIONAL REPORTS SENT TO / ADDRESS (CITY STATE ZIP):

CLIENT PROJECT NAME: Crescent Bay Water Plant

CLIENT PROJECT #:

	SAMPLE IDENTIFICATION	DATE/TIME	COMP	GRAB	WATER	SOIL	OTHER	SAMPLE DESCRIPTION	NUMBER OF CONTAINERS	REQUESTED ANALYSIS: Turb	REMARKS
1.	Bottle "1"	3-22-95		+	+					1	
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											

TRANSFER NUMBER	RELINQUISHED BY	DATE TIME	ACCEPTED BY
1st	Linda Trytek	3/22/95	Alberta Mitchell
2nd		5:00	

ADDITIONAL REMARKS:

COOLER # :

SAMPLER'S SIGNATURE: William Lewis

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : May 2 1995
Project Number : 3354686
PO Number : Crescent Bay
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: WATERSAMPLE
Date Sampled:Apr 5 1995 Date Received:Apr 6 1995 Lab Number : 17006

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	17006
Arsenic	mg/L	0.000500	106.	.410	0.00553
Barium	mg/L	0.0000600	88.0	.000	0.0133
Cadmium	mg/L	0.000100	91.2	.000	0.000300
Chromium	mg/L	0.000200	96.9	.000	0.00220
Cyanide	mg/L	0.00500	81.7	.000	<0.00500
Fluoride	mg/L	0.0100	98.7	2.16	0.163
Lead	mg/L	0.00100	89.4	4.29	<0.00100
Mercury	mg/L	0.000200	108.	2.53	<0.000200
Nickel	mg/L	0.000400	91.0	.000	0.00160
Nitrate(as N)	mg/L	0.0100	119.	.530	9.41
Nitrite(as N)	mg/L	0.0100	114.	11.4	0.126
Selenium	mg/L	0.000500	126.	.330	0.00307
Sodium	mg/L	0.00100	103.	1.35	8.07
Antimony	mg/L	0.00300	100.	2.26	<0.00300
Beryllium	mg/L	0.000200	93.5	.360	<0.000200
Thallium	mg/L	0.00100	111.	.000	<0.00100
Asbestos	MF/L	1.00			-
1,2,4-trichlorobenze	ug/L	0.500			<0.500
cis-1,2-dichloroethe	ug/L	0.500			<0.500
Xylene	ug/L	0.500	97.7	.460	<0.500
Methylene chloride	ug/L	0.500	115.	20.0	<0.500
o-dichlorobenzene	ug/L	0.500	101.	1.90	<0.500
Para-dichlorobenzene	ug/L	0.500			<0.500
Vinyl chloride	ug/L	0.500			<0.500
1,1-dichloroethene	ug/L	0.500	111.	.840	<0.500
t-1,2-dichloroethene	ug/L	0.500	108.	2.03	<0.500

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : May 2 1995
Project Number : 3354686
PO Number : Crescent Bay
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: WATERSAMPLE
Date Sampled:Apr 5 1995 Date Received:Apr 6 1995 Lab Number : 17006

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	17006
1,2-dichloroethane	ug/L	0.500	109.	2.68	<0.500
1,1,1-trichloroethan	ug/L	0.500	107.	4.51	<0.500
Carbon tetrachloride	ug/L	0.500	108.	3.15	<0.500
1,2-dichloropropane	ug/L	0.500	105.	2.55	<0.500
Trichloroethene	ug/L	0.500	106.	2.71	<0.500
1,1,2-trichloroethan	ug/L	0.500	108.	1.29	<0.500
Tetrachloroethene	ug/L	0.500	108.	1.45	<0.500
Chlorobenzene	ug/L	0.500	103.	2.12	<0.500
Benzene	ug/L	0.500	106.	.750	<0.500
Toluene	ug/L	0.500	104.	.510	<0.500
Ethylbenzene	ug/L	0.500	107.	.670	<0.500
Styrene	ug/L	0.500			<0.500
Endrin	ug/L	0.00100	88.2	23.2	<0.00100
Lindane	ug/L	0.00100	85.7	28.9	<0.00100
Methoxychlor	ug/L	0.0100	97.5	32.6	<0.0100
Toxaphene	ug/L	0.100			<0.100
Dalapon	ug/L	0.00100	85.2	5.98	<0.00100
Diquat	ug/L	0.400	100.	.930	<0.400
Endothall	ug/L	9.00	83.3	3.99	<9.00
Glyphosate	ug/L	0.600	94.7	3.00	<0.600
Di(2-ethylhexyl) adi	ug/L	0.600			<0.600
Oxamyl (Vydate)	ug/L	2.00	92.3	1.92	<2.00
Simazine	ug/L	0.0700			<0.0700
Bis(2-ethylhexyl)pht	ug/L	0.600	99.4	.510	<0.600
Picloram	ug/L	0.0700	93.5	1.51	<0.0700
Dinoseb	ug/L	0.0100	89.8	2.20	<0.0100

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
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Jefferson S. Flowers, Ph.d.
President, Technical Director

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

Serving Your Analytical and Environmental Needs Since 1957

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : May 2 1995
Project Number : 3354686
PO Number : Crescent Bay
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: WATERSAMPLE
Date Sampled:Apr 5 1995 Date Received:Apr 6 1995 Lab Number : 17006

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	17006
Hexachlorocyclopenta	ug/L	0.100	85.3	9.68	<0.100
Carbofuran	ug/L	0.900	94.6	3.29	<0.900
Atrazine	ug/L	0.100			<0.100
Alachlor (Lasso)	ug/L	0.200	96.2	28.4	<0.200
Dioxin	ug/L	0.0100			-
Heptachlor	ug/L	0.00500			<0.00500
Heptachlor_Epoxide	ug/L	0.00500	91.2	27.0	<0.00500
2,4-D	ug/L	0.0500	96.5	.730	<0.0500
2,4,5-TP(Silvex)	ug/L	0.0200	90.0	3.14	<0.0200
Hexachlorobenzene	ug/L	0.100			<0.100
Benzo(a)pyrene	ug/L	0.0200	91.3	1.86	<0.0200
Pentachlorophenol	ug/L	0.0400			<0.0400
Total_PCB	ug/L	0.100			<0.100
Dibromochloropropane	ug/L	0.0200	101.	.440	<0.0200
Ethylene dibromide	ug/L	0.0100	102.	.690	<0.0100
Chlordane	ug/L	0.0100	115.	25.3	<0.0100
Aluminum	mg/L	0.00300	108.	.510	0.0323
Chloride	mg/L	0.0100	100.	.090	12.4
Copper	mg/L	0.000200	95.0	.000	0.00340
Fluoride	mg/L	0.0100			0.163
Iron	mg/L	0.000200	105.	5.11	0.411
Manganese	mg/L	0.0000400	107.	6.86	0.0363
Silver	mg/L	0.000200	89.5	.000	<0.000200
Sulfate	mg/L	1.00	91.2	.000	13.7
Zinc	mg/L	0.000100	111.	.000	0.00160
Color (color units)	PCU	5.00			20.0

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
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Jefferson S. Flowers, Ph.d.
President/Technical Director

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : May 2 1995
Project Number : 3354686
PO Number : Crescent Bay
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: WATERSAMPLE
Date Sampled:Apr 5 1995 Date Received:Apr 6 1995 Lab Number : 17006

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	17006
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	101.	.260	7.21
TDS	mg/L	2.50			246.
Foaming_Agents	mg/L	0.100	101.	.010	<0.100
Gross alpha	pCi/L	0.100			2.60
Analysis Error	pCi/L	0.100			0.400
Photon emitters	pCi/L	0.100			-
Analysis_Error(Photo	pCi/L	0.100			-
Radium 226	pCi/L	0.100			-
Analysis_Error(226)	pCi/L	0.100			-
Radium 228	pCi/L	0.300			-
Analysis_Error(228)	pCi/L	0.300			-
Man-made beta & phot	pCi/L	0.100			-
Analysis_Error(beta	pCi/L	0.100			-

Data Release Authorization
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Jefferson S. Flowers, Ph.d.
President/Technical Director

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	water sample 17006	QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Arsenic	*	mg/L	0.00553	EPA206.3	0.0005	0.4142852	106.08664	AEE	04-11-95
Barium	*	mg/L	0.0133	EPA200.7	0.00006	0	88	LSM	04-13-95
Cadmium	*	mg/L	0.000300	EPA200.7	0.0001	0	91.222222	LSM	04-13-95
Chromium	*	mg/L	0.00220	EPA200.7	0.0002	0	96.933333	LSM	04-13-95
Cyanide	*	mg/L	<0.005	EPA335.2	0.005	0	81.797859	TRB	04-14-95
Fluoride	*	mg/L	0.163	EPA340.1	0.01	2.1672385	98.75	AH	04-12-95
Lead	*	mg/L	<0.001	EPA239.2	0.001	4.2967586	89.4	LSM	04-12-95
Mercury	*	mg/L	<0.0002	EPA245.2	0.0002	2.5355042	108.81819	AEE	04-13-95
Nickel	*	mg/L	0.00160	EPA200.7	0.0004	0	91	LSM	04-13-95
Nitrate(as N)	*	mg/L	9.41	EPA300	0.01	0.5374225	119.75609	AH	04-07-95
Nitrite(as N)	*	mg/L	0.126	EPA300	0.01	11.475203	114.1	AH	04-07-95
Selenium	*	mg/L	0.00307	EPA270	0.0005	0.3300234	126.53786	AEE	04-12-95
Sodium	*	mg/L	8.07	EPA200	0.001	1.3510774	103	LSM	04-12-95
Antimony	*	mg/L	<0.003	EPA204	0.003	2.2650964	100.28	LSM	04-11-95
Beryllium	*	mg/L	<0.0002	EPA210	0.0002	0.3687315	93.5	LSM	04-10-95
Thallium	*	mg/L	<0.001	EPA279	0.001	0	111.5	LSM	04-10-95
Asbestos	*	MF/L		TEM	1				
1,2,4-trichlorobenzene	*	ug/L	<0.5	EPA502.2	0.5			DO	04-06-95
cis-1,2-dichloroethene	*	ug/L	<0.5	EPA502.2	0.5			DO	04-06-95
Xylene	*	ug/L	<0.5	EPA502.2	0.5	0.465	97.7	DO	04-06-95
Methylene chloride	*	ug/L	<0.5	EPA502.2	0.5	20	115	DO	04-06-95
o-dichlorobenzene	*	ug/L	<0.5	EPA502.2	0.5	1.9	101	DO	04-06-95
Para-dichlorobenzene	*	ug/L	<0.5	EPA502.2	0.5			DO	04-06-95
Vinyl chloride	*	ug/L	<0.5	EPA502.2	0.5			DO	04-06-95
1,1-dichloroethene	*	ug/L	<0.5	EPA502.2	0.5	0.845	111	DO	04-06-95
t-1,2-dichloroethene	*	ug/L	<0.5	EPA502.2	0.5	2.03	108	DO	04-06-95
1,2-dichloroethane	*	ug/L	<0.5	EPA502.2	0.5	2.68	109	DO	04-06-95
1,1,1-trichloroethane	*	ug/L	<0.5	EPA502.2	0.5	4.51	107	DO	04-06-95
Carbon tetrachloride	*	ug/L	<0.5	EPA502.2	0.5	3.15	108	DO	04-06-95
1,2-dichloropropane	*	ug/L	<0.5	EPA502.2	0.5	2.55	105	DO	04-06-95
Trichloroethene	*	ug/L	<0.5	EPA502.2	0.5	2.71	106	DO	04-06-95
1,1,2-trichloroethane	*	ug/L	<0.5	EPA502.2	0.5	1.29	108	DO	04-06-95
Tetrachloroethene	*	ug/L	<0.5	EPA502.2	0.5	1.45	108	DO	04-06-95
Chlorobenzene	*	ug/L	<0.5	EPA502.2	0.5	2.12	103	DO	04-06-95
Benzene	*	ug/L	<0.5	EPA502.2	0.5	0.752	106	DO	04-06-95
Toluene	*	ug/L	<0.5	EPA502.2	0.5	0.515	104	DO	04-06-95
Ethylbenzene	*	ug/L	<0.5	EPA502.2	0.5	0.674	107	DO	04-06-95
Styrene	*	ug/L	<0.5	EPA502.2	0.5			DO	04-06-95
Endrin	*	ug/L	<0.001	EPA508	0.001	23.2	88.2	CJG	04-12-95
Lindane	*	ug/L	<0.001	EPA508	0.001	28.9	85.7	CJG	04-12-95
Methoxychlor	*	ug/L	<0.01	EPA508	0.01	32.6	97.5	CJG	04-12-95
Toxaphene	*	ug/L	<0.1	EPA508	0.1			CJG	04-12-95
Dalapon	*	ug/L	<0.001	EPA515	0.001	5.98	85.2	FG	04-14-95
Diquat	*	ug/L	<0.4	EPA549	0.4	0.9363288	100.37147	RAK	04-20-95
Endothall	*	ug/L	<9	EPA548	9	3.9944541	83.393429	FG	04-12-95
Glyphosate	*	ug/L	<0.6	EPA547	0.6	3.0068732	94.771068	RAK	04-20-95
Di(2-ethylhexyl) adipate	*	ug/L	<0.6	EPA525.1	0.6			CLS	04-14-95
Oxamyl (Vydate)	*	ug/L	<2	EPA531.1	2	1.92	92.3	RAK	04-12-95
Simazine	*	ug/L	<0.07	EPA505	0.07			CJG	04-12-95
Bis(2-ethylhexyl)phthalate	*	ug/L	<0.6	EPA525.1	0.6	0.512	99.4	CLS	04-14-95
Picloram	*	ug/L	<0.07	EPA515	0.07	1.51	93.5	FG	04-14-95
Dinoseb	*	ug/L	<0.01	EPA515	0.01	2.2	89.8	FG	04-14-95

Hexachlorocyclopentadien	*	ug/L	<0.1										EPA505	0.1	9.68	85.3	CJG	04-12-95
Carbofuran	*	ug/L	<0.9										EPA531	0.9	3.29	94.6	RAK	04-12-95
Atrazine	*	ug/L	<0.1										EPA505	0.1			CJG	04-12-95
Alachlor (Lasso)	*	ug/L	<0.2										EPA505	0.2	28.4	96.2	CJG	04-12-95
Dioxin	*	ug/L											EPA625	0.01				
Heptachlor	*	ug/L	<0.005										EPA505	0.005			CJG	04-12-95
Heptachlor_Epoxide	*	ug/L	<0.005										EPA505	0.005	27	91.2	CJG	04-12-95
2,4-D	*	ug/L	<0.05										EPA515.1	0.05	0.733	96.5	FG	04-14-95
2,4,5-TP(Silvex)	*	ug/L	<0.02										EPA515.1	0.02	3.14	90	FG	04-14-95
Hexachlorobenzene	*	ug/L	<0.1										EPA508	0.1			CJG	04-12-95
Benzo(a)pyrene	*	ug/L	<0.02										EPA550	0.02	1.86	91.3	RAK	04-13-95
Pentachlorophenol	*	ug/L	<0.04										EPA515.1	0.04			FG	04-14-95
Total_PCB	*	ug/L	<0.1										EPA505	0.1			CJG	04-12-95
Dibromochloropropane	*	ug/L	<0.02										EPA504	0.02	0.4460649	101.65728	FG	04-10-95
Ethylene dibromide	*	ug/L	<0.01										EPA504	0.01	0.6937925	102.93280	FG	04-10-95
Chlordane	*	ug/L	<0.01										EPA508	0.01	25.3	115	CJG	04-12-95
Aluminum	*	mg/L	0.0323										EPA202.2	0.003	0.5100609	108.4	LSM	04-07-95
Chloride	*	mg/L	12.4										EPA325.2	0.01	0.0904277	100.524	AH	04-13-95
Copper	*	mg/L	0.00340										EPA200.7	0.0002	0	95	LSM	04-13-95
Fluoride	*	mg/L	0.163										EPA340.1	0.01			AH	04-12-95
Iron	*	mg/L	0.411										EPA200.7	0.0002	5.1103078	105.04	LSM	04-12-95
Manganese	*	mg/L	0.0363										EPA200.7	0.00004	6.8614037	107.57	LSM	04-12-95
Silver	*	mg/L	<0.0002										EPA200.7	0.0002	0	89.555555	LSM	04-13-95
Sulfate	*	mg/L	13.7										EPA375.4	1	0	91.234462	LAM	04-07-95
Zinc	*	mg/L	0.00160										EPA200.7	0.0001	0	111.6	LSM	04-13-95
Color (color units)	*	PCU	20.0										EPA110.1	5			KAS	04-24-95
Odor (total odor number)	*	TON	<1										EPA140.1	1			KAS	04-11-95
pH (units)	*	pH	7.21										EPA150.1	0.01	0.2648941	101.925	KAS	04-10-95
Total Dissovled Solids	*	mg/L	246										EPA160.1	2.5			KAS	04-14-95
Foaming Agents	*	mg/L	<0.1										EPA425.1	0.1	0.0153909	101.67189	TRB	04-14-95
Gross alpha	*	pCi/L	2.6										EPA900	0.1			PL	05-02-95
Analysis_Error(Ga)	*	pCi/L	0.4										EPA900	0.1			PL	05-02-95
Photon emitters	*	pCi/L											-	0.1				
Analysis_Error(Photon)	*	pCi/L											-	0.1				
Radium-226	*	pCi/L	-										EPA903.1	0.1			PL	05-02-95
Analysis_Error(226)	*	pCi/L	-										EPA903.1	0.1			PL	05-02-95
Radium-228	*	pCi/L	-										EPA904	0.3			PL	05-02-95
Analysis_Error(228)	*	pCi/L	-										EPA904	0.3			PL	05-02-95
Man-made beta & photon	*	pCi/L	-										EPA900	0.1			PL	05-02-95
Analysis_Error(beta & pho	*	pCi/L	-										EPA900	0.1			PL	05-02-95

Date Received: 04-06-95 Typed: 05-02-95 Sent: 05-02-95

Project Number	3354686	
PO Number	Crescent Bay	
Date Sampled	1 04-05-95	*
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
INO93_WO_Asb	21000 1	*
PPCB93	116500 1	*
VOC93	23000 1	*
Ag	1500 1	*
Al	1700 1	*
Cl	1450 1	*
COL	1000 1	*
Cu	1500 1	*

Fe	1500	1 *
F	1050	1 *
GA	3500	1 *
MB	2500	1 *
Mn	1500	1 *
ODOR	850	1 *
pH	700	1 *
SO4	1500	1 *
TDS	900	1 *
Zn	1500	1 *
0.00		

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: _____ I.D. #: 3354686

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: _____

Type (check one): ( )Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 4/5/95 Sample Time : _____

Sample Location (be specific): water sample

Sampler Name and Phone: _____

Samplers Signature: _____ Title: _____

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
( )Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 17006

Date Sample(s) Recieved: 4/6/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

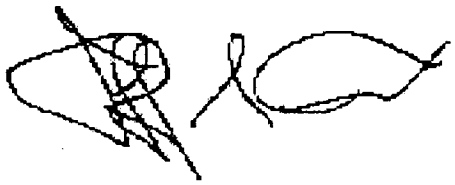
(X) Nitrate (X) Nitrite ( ) Asbestos ( ) Trihalomethanes

Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
(X) All 17 ( ) Partial	( ) All 21 (X) Partial	( ) All 14 (X) Partial	( ) All 30 (X) Partial

Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite •

• Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____

Title: Technical Director Date: 5/2/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

FLOWERS CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc.	200 Weathersfield AVE	869-1919

Public Drinking Water ID #	Public Water System Name:
3354686	CRESCENT BAY

Project #	Public Water System Type:
PO #	(✓) Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative				Plastic Containers							Glass Containers							NOTES:
		HNO_3	NaOH	$Na_2S_2O_3$	[redacted]	60mL	125mL	250mL (Brown)	500mL	1L	2L	Whirl-Pak Bag	40mL Vial	250mL	500mL	1L	2L	4L	1 Liter Wide Mouth (Clear)	Turn Around Time
1	2									X										10 Working Days ____
2	1	X								X										5 Working Days ____
3	1		X						X											3 Working Days ____
4	1							X												1 Working Days ____
5	1			X									X					[redacted]		Other ____
6	1															X				* Turbidity (4)
7	1																X			H_2S
8	1				X														X	Please call
9	1																	X		Results ASAP

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time
[signature]	2-15-95		

Parameters: Prim. Inorganics w/o asbestos X; Asbestos ___; NO3 ___ NO2 ___ THM ___;
Volatile Organics X; Pesticides&PCB's (w/o dioxin) X; Radiological X; Secondary Standards X;
Group I Unreg. ___; Group II Unreg. ___; Group III Unreg. ___; Lead & Copper ___.

Laboratory Number	Client Sample Identification
17006	#1 2 - 1L PLASTIC
	#2 1 - HNO_3 - 1L PLASTIC
	#3 1 - NAOH - 500mL PLASTIC
	#4 1 - - 250mL PLASTIC
	#5 7 - $NA_2S_2O_3$ - 40mL VIAL
	#6 1 - - 1L GLASS
	#7 1 - - 2L GLAS
	#8 1 - - 1L GLASS WIDE MOUTH CLEAR
	#9 1 - - 4L GLASS BROWN
	#10

		Date	Time
Collectors Signature:	[signature]	4-5-95	1:10 PM
Transporters Signature:	[signature]	4-5-95	
Lab Acceptance By:	[signature]	4/6/95	1354

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Apr25 1995
Project Number : N/A
PO Number : 04-19-95
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: H2OSAMPLE
Date Sampled:Apr19 1995 Date Received:Apr19 1995 Lab Number : 17039

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	17039
Aldicarb sulfoxide	ug/L	2.00	97.5	5.37	<2.00
Aldicarb Sulfone	ug/L	2.00	104.	3.40	<2.00
Metolachlor	ug/L	0.750			<0.750
Aldicarb	ug/L	1.00	101.	7.18	<1.00
3-Hydroxycarbofuran	ug/L	2.00	101.	6.88	<2.00
Butachlor	ug/L	0.400			<0.400
Propachlor	ug/L	0.500			<0.500
Aldrin	ug/L	0.0800			<0.0800
Dieldrin	ug/L	0.0200			<0.0200
Dicamba	ug/L	0.0800	97.6	2.03	<0.0800
Metribuzin	ug/L	0.150			<0.150
Isophorone	ug/L	1.00	79.4	2.36	<1.00
2,4-dinitrotoluene	ug/L	1.00	91.1	1.86	<1.00
Dimethylphthalate	ug/L	1.00	83.5	.460	<1.00
Diethylphthalate	ug/L	1.00	85.9	.280	<1.00
Di-n-butylphthalate	ug/L	1.00	86.9	5.58	<1.00
Butyl benzyl phthala	ug/L	1.00	92.9	4.80	<1.00
Dioctylphthalate	ug/L	1.00	91.2	7.33	<1.00
2-chlorophenol	ug/L	1.00	79.6	1.60	<1.00
2-methyl-4,6-dinitop	ug/L	1.00	83.2	.550	<1.00
Phenol	ug/L	1.00	71.4	.990	<1.00
2,4,6-trichloropheno	ug/L	1.00	82.6	.120	<1.00

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

151

FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	H2O sample 17039	QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Hydrogen Sulfide	*	mg/L	<0.5	EPA376.1	0.5			TRB	04-20-95
Chloromethane	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
Dichlorodifluoromethane	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
Bromomethane	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
Chloroethane	*	ug/L	<0.5	EPA502.2	0.5	1.66	103	DO	04-19-95
Trichlorofluoromethane	*	ug/L	<0.5	EPA502.2	0.5	1.28	88.9	DO	04-19-95
Methyl-tert-butylether	*	ug/L	<0.5	EPA502.2	0.5	1.74	84.9	DO	04-19-95
Dibromomethane	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
1,1-dichloropropene	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
1,3-dichloropropane	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
1,3-dichloropropene	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
1,2,3-trichloropropane	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
2,2-dichloropropane	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
Chloroform	*	ug/L	<0.5	EPA502.2	0.5	2.32	86.9	DO	04-19-95
Bromoform	*	ug/L	<0.5	EPA502.2	0.5	10.1	81.7	DO	04-19-95
Bromodichloromethane	*	ug/L	<0.5	EPA502.2	0.5	1.07	89	DO	04-19-95
Dibromochloromethane	*	ug/L	<0.5	EPA502.2	0.5	2.19	83.5	DO	04-19-95
o-chlorotoluene	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
p-chlorotoluene	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
m-dichlorobenzene	*	ug/L	<0.5	EPA502.2	0.5	6.43	82.3	DO	04-19-95
1,1-dichloroethane	*	ug/L	<0.5	EPA502.2	0.5	0.251	90	DO	04-19-95
1,1,1,2-tetrachloroethane	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
1,1,2,2-tetrachloroethane	*	ug/L	<0.5	EPA502.2	0.5	5.59	84.2	DO	04-19-95
Bromobenzene	*	ug/L	<0.5	EPA502.2	0.5			DO	04-19-95
Carbaryl	*	ug/L	<2	EPA531.1	2	4.5	105	RAK	04-24-95
Methomyl	*	ug/L	<2	EPA531.1	2	5.31	107	RAK	04-24-95
Aldicarb Sulfoxide	*	ug/L	<2	EPA531.1	2	5.37	97.5	RAK	04-24-95
Aldicarb Sulfone	*	ug/L	<2	EPA531.1	2	3.4	104	RAK	04-24-95
Metolachlor	*	ug/L	<0.75	EPA507	0.75			CJG	04-21-95
Aldicarb	*	ug/L	<1	EPA531	1	7.18	101	RAK	04-24-95
3-Hydroxycarbofuran	*	ug/L	<2	EPA531	2	6.88	101	RAK	04-24-95
Butachlor	*	ug/L	<0.4	EPA507	0.4			CJG	04-21-95
Propachlor	*	ug/L	<0.5	EPA505	0.5			CJG	04-21-95
Aldrin	*	ug/L	<0.08	EPA505	0.08			CJG	04-21-95
Dieldrin	*	ug/L	<0.02	EPA505	0.02			CJG	04-21-95
Dicamba	*	ug/L	<0.08	EPA515.1	0.08	2.03	97.6	CJG	04-24-95
Metribuzin	*	ug/L	<0.15	EPA507	0.15			CJG	04-21-95
Isophorone	*	ug/L	<1	EPA625	1	2.36	79.4	CLS	04-20-95
2,4-dinitrotoluene	*	ug/L	<1	EPA625	1	1.86	91.1	CLS	04-20-95
Dimethylphthalate	*	ug/L	<1	EPA625	1	0.466	83.5	CLS	04-20-95
Diethylphthalate	*	ug/L	<1	EPA625	1	0.288	85.9	CLS	04-20-95
Di-n-butylphthalate	*	ug/L	<1	EPA625	1	5.58	86.9	CLS	04-20-95
Butyl benzyl phthalate	*	ug/L	<1	EPA625	1	4.8	92.9	CLS	04-20-95
Dioctylphthalate	*	ug/L	<1	EPA625	1	7.33	91.2	CLS	04-20-95
2-chlorophenol	*	ug/L	<1	EPA625	1	1.6	79.6	CLS	04-20-95
2-methyl-4,6-dinitophenol	*	ug/L	<1	EPA625	1	0.552	83.2	CLS	04-20-95
Phenol	*	ug/L	<1	EPA625	1	0.99	71.4	CLS	04-20-95
2,4,6-trichlorophenol	*	ug/L	<1	EPA625	1	0.128	82.6	CLS	04-20-95

Date Received: 04-19-95 Typed: 04-25-95 Sent: 04-25-95

Project Number N/A

PO Number 04-19-95

Date Sampled 1 04-19-95

Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
3 Day Grp193	89100	1 *
3 Day EPA613	144375	1 *
3 Day H2S	2228	1 *
3 Day LIST2	24750	1 *
3 Day URAEA	66000	1 *
3 Day URBNA	70125	1 *
0.00		

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: _____ I.D. #: N/A
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: _____
Type (check one): ( )Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 4/19/95 Sample Time : _____
Sample Location (be specific): H2O sample
Sampler Name and Phone: _____
Samplers Signature: _____ Title: _____

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
( )Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 17039
Date Sample(s) Recieved: 4/19/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
(X) All 13 ( ) Partial	(X) All 23 ( ) Partial	(X) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite •

• Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____
Title: Technical Director Date: 4/25/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

Drinking H_2O **CHAIN OF CUSTODY RECORD**

CLIENT	ADDRESS	PHONE
Utilities Inc.		

PROJECT NAME:	REQUIRED: ☑ Urgent ☐ Routine	DATE

Sample Containers QTY	Preservative: HNO3	H2SO4	HCl	Na2S2O3	Zn(C2H3O2)/NaOH	NaOH/AscAcid		Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag		Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L	1L Glass (Clear)	NOTES:
1					X																	X	Results in 3 Days
1																				X			✓
2				X												X							✓
1																			X				✓
~~3~~	X										~~X~~												✓

Kit Relinquished:	Date: Time: 4-18-95	Kit Received:	Date: Time:

Parameters: Unreg. Grp I, II, III H_2S

Laboratory Number	Client Identification/Description
17039	water sample

		Date	Time
Sample Collection:	HJA Dutch	4-19-95	
Transportation:	HJA Avonel	4-19-95	
Lab Acceptance:	Smarkle / FCL	4/19/95	1329

Page _____ of _____

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.

481 NEWBURYPORT
P O BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS (407) 339-5984
FAX (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES
INCORPORATED

RECEIVED
APR 27 1995

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Apr25 1995
Project Number : Crescent Bay
PO Number : 04-21-95
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: WATERSAMPLE
Date Sampled:Apr21 1995 Date Received:Apr21 1995 Lab Number : 17055

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	17055
Aluminum	mg/L	0.00300			-
Chloride	mg/L	0.0100			-
Copper	mg/L	0.00500			-
Fluoride	mg/L	0.0100			-
Iron	mg/L	0.000200	96.8	.080	0.397
Manganese	mg/L	0.00500			-
Silver	mg/L	0.00500			-
Sulfate	mg/L	1.00			-
Zinc	mg/L	0.00100			-
Color (color units)	PCU	5.00			-
Odor (total odor num	TON	1.00			-
pH	pH	0.0100			-
TDS	mg/L	2.50			-
Foaming_Agents	mg/L	0.100			-

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
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President/Technical Director

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Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	water sample 17055										QA Method	QA MDL	Section %RSD	Section %Rec	Section Analys	Section Date
Aluminum	*	mg/L											EPA202.2	0.003				
Chloride	*	mg/L											EPA325.2	0.01				
Copper	*	mg/L											EPA220.1	0.005				
Fluoride	*	mg/L											EPA340.1	0.01				
Iron	*	mg/L	0.397										EPA200.7	0.0002	0.0890745	96.87	LSM	04-25-95
Manganese	*	mg/L											EPA243.1	0.005				
Silver	*	mg/L											EPA272.1	0.005				
Sulfate	*	mg/L											EPA375.4	1				
Zinc	*	mg/L											EPA289.1	0.001				
Color (color units)	*	PCU											EPA110.1	5				
Odor (total odor number)	*	TON											EPA140.1	1				
pH (units)	*	pH											EPA150.1	0.01				
Total Dissovled Solids	*	mg/L											EPA160.1	2.5				
Foaming Agents	*	mg/L											EPA425.1	0.1				

Date Received: 04-21-95 Typed: 04-25-95 Sent: 04-25-95

Project Number Crescent Bay
PO Number 04-21-95
Date Sampled 1 04-21-95 *
Date Analyzed 0
Compacted 1
Format NormRR
Unit Cost Exted
Fe 1500 1 *
0.00

DRINKING WATER EXCEEDANCE REPORT

FCL provides this report in compliance with FAC 62-550.

When the MCL is exceeded for any primary, DEP or HRS is to be notified within 48 hours.
Confirmations required within 24 hours for Nitrate or Nitrite MCL exceedances.
Dioxin detects must be reported to Ken Carter 904/487-1762 immediately.
Confirmations required for any unregulated detect.
Radium samples required for Gross Alpha > 5.

PRIMARY/SECONDARY

1028	Iron	17055	0.397	EPA200.7	0.0002	0.3	04-25-95

If resampling is required, please contact FCL to order containers - they will not be sent out automatically.

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: _____ I.D. #: Crescent Bay
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: _____
Type (check one): ( )Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 4/21/95 Sample Time : _____
Sample Location (be specific): water sample
Sampler Name and Phone: _____
Samplers Signature: _____ Title: _____

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
( )Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 17055
Date Sample(s) Recieved: 4/21/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 (X) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____
Title: Technical Director Date: 4/25/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Secondary Chemical Analysis

62-550.320

(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	17055		EPA202.2	0.003	0.2	
1017	Chloride	17055		EPA325.2	0.01	250	
1022	Copper	17055		EPA220.1	0.005	1	
1025	Fluoride	17055		EPA340.1	0.01	2	
1028	Iron	17055	0.397	EPA200.7	0.0002	0.3	04-25-95
1032	Manganese	17055		EPA243.1	0.005	0.05	
1050	Silver	17055		EPA272.1	0.005	0.1	
1055	Sulfate	17055		EPA375.4	1	250	
1095	Zinc	17055		EPA289.1	0.001	5	
1905	Color (color units)	17055		EPA110.1	5	15	
1920	Odor (total odor number)	17055		EPA140.1	1	3	
1925	pH	17055		EPA150.1	0.01	6.5 - 8.5	
1930	Total Dissolved Solids	17055		EPA160.1	2.5	500	
2905	Foaming Agents	17055		EPA425.1	0.1	0.5	

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc FL.	200 Weathersfields Dr	869-1919
Public Drinking Water ID #	Public Water System Name: Crescent Bay	
Project #	Public Water System Type:	
PO #	( )Community ( ) Non-Community ( ) Special Non-Community	

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
1		X							X									

NOTES:

Turn Around Time

10 Working Days _____

5 Working Days _____

3 Working Days _____

1 Working Days _____

Other _____

Fe

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ___ NO2___ THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. _____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number	Client Sample Identification
17055	#1 1
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
Collectors Signature:		4-21-95	10:30 AM
Transporters Signature:	Mark J. Rinkhoven	4/21/95	1:30 PM
Lab Acceptance By:	marie IFL	4/21/95	1405

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS
CHEMICAL
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INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : May11 1995
Project Number : 89-661W
PO Number : Crescent Bay
FDHRS Number : 83139
FDER Number : E83018
NCDEHNR Number : 296
SCDHEC Number : 96019

For: COLOR
Date Sampled:May10 1995 Date Received:May10 1995 Lab Number : 7768

REPORT OF INFORMATION

Parameter	Unit	Limit	Expected Value	Range	Correlation
			7768		
Color (color units)	PCU	14500	720.	10.0	

The above information is intended to highlight exceptional data as compared to the upper control limits (Limit) established for each of the parameters. Range exceedances are flagged by integer values in the Range column. The Expected values are derived from historical data. Expected is computed as either the mean or computed directly from another parameter using linear regression. All known correlation rule exceedances are listed as enumerated rule numbers in the Correlation column. Correlation pair rules are defined on the last page.

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	well										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
			7768															
Color (color units)	*	PCU	10.0										EPA110.1	5			AH	05-10-95

Date Received: 05-10-95 Typed: 05-11-95 Sent: 05-11-95

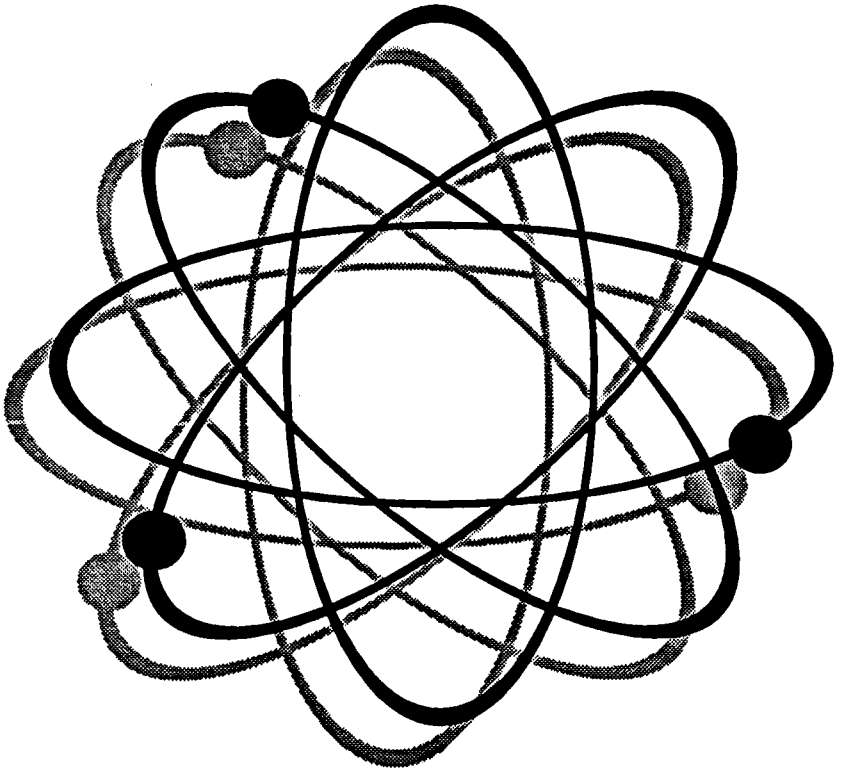
Project Number	89-661W	
PO Number	Crescent Bay	
Date Sampled	1	05-10-95 *
Date Analyzed	0	
Compacted	0	
Format	NormL	
Unit Cost	Exted	
1 Day COL	2000	1 *

0.00

Quality Assurance Report

Prepared for: Utilities Inc.
Project Number: 89-661W
Lab Numbers: 7768 - 7768

Report date: 11-May-95



ACCREDITED

FLOWERS CHEMICAL LABORATORIES

FLOWERS CHEMICAL LABORATORIES, INC.

QA Conformance Summary

Client:	Utilities Inc.
Project Number:	89-661W
P.O. Number:	Crescent Bay
Date Sampled:	10-May-95
Lab Numbers:	7768 - 7768

Sample Handling

Sample handling and holding time criteria were met for all samples.

Surrogate Compound Recoveries:

The requested analytes did not require surrogates.

Method Blanks:

No target compounds were found in the method blank in excess of the method limit as shown in section 3.

FLOWERS CHEMICAL LABORATORIES, INC.

Section 3

Method Blank Report

Client: Utilities Inc.
Project Number: 89-661W
P.O. Number: Crescent Bay
Date Sampled: 10-May-95
Lab Numbers: 7768 - 7768

Analyte	Unit	Method	Date	Concentration
Color (color units)	PCU	EPA110.1	05-10-95	<5

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

CLIENT	ADDRESS	PHONE
Utilities Inc. of Florida	200 Weathersfield Ave. Alt. Springs, FL	(407) 869-1919

PROJECT NAME: 89-661W

REQUIRED: ☒ Urgent ☐ Routine

DATE: 5/10/95

Sample Containers QTY	Preservative							Plastic Containers							Glass Containers							NOTES:
	HNO3	H2SO4	HCl	Na2S2O3	Zn(C2H3O2)/NaOH	NaOH/AscAcid		60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	40mL Vial	250mL	500mL	1L	2L	4L		
1											1											

Kit Relinquished:	Date: Time:	Kit Received:	Date: Time:

Parameters: color

Laboratory Number	Client Identification/Description
7768	Crescent Bay Well

		Date	Time
Sample Collection:	[signature]	5/10/95	10:00A
Transportation:	[signature]	5/10/95	2:20P
Lab Acceptance:	[signature]	5/10/95	1420

Page _____ of _____

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.

481 NEWBURYPORT
P.O. BOX 150-577
ALTAMONTE SPRINGS
FLORIDA 32715-0577
BUS (407) 339-5984
FAX (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

RECEIVED DEC 14 1995

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Dec12 1995
Project Number : 3350153
PO Number : Clermont 2
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

For: E1
Date Sampled:Nov28 1995 Date Received:Nov28 1995 Lab Numbers: 14394-14396

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14394
Total Alkalinity	mg/L	0.100	98.9	.280	80.8
Calcium	mg/L	0.000500	89.6	.840	28.2
Specific_Conductance	umhos/c	0.200	82.0	.000	232.
Copper	mg/L	0.00500	105.	.220	0.0130
Orthophosphate(as P)	mg/L	0.0100	106.	.000	0.0977
Lead	mg/L	0.00100	86.1	5.82	<0.00100
Aluminum	mg/L	0.00300			-
Chloride	mg/L	0.0100			-
Copper	mg/L	0.00500			-
Fluoride	mg/L	0.0100			-
Iron	mg/L	0.0100			-
Manganese	mg/L	0.00500			-
Silver	mg/L	0.00500			-
Sulfate	mg/L	1.00			-
Zinc	mg/L	0.00100			-
Color (color units)	PCU	5.00			-
Odor (total odor num	TON	1.00			-
pH	pH	0.0100	99.9	.390	7.89
TDS	mg/L	2.50			-
Foaming_Agents	mg/L	0.100			-
Silica	mg/L	0.00100	99.0	1.59	5.12

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report may not be reproduced in part, results relate only to items tested.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
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200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Dec12 1995
Project Number : 3350153
PO Number : Clermont 2
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

For: D1
Date Sampled:Nov28 1995 Date Received:Nov28 1995 Lab Numbers: 14394-14396

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14395
Total Alkalinity	mg/L	0.100	98.9	.280	81.0
Calcium	mg/L	0.000500	89.6	.840	27.8
Specific_Conductance	umhos/c	0.200	82.0	.000	224.
Copper	mg/L	0.00500	105.	.220	0.270
Orthophosphate(as P)	mg/L	0.0100	106.	.000	0.116
Lead	mg/L	0.00100	86.1	5.82	0.00163
Aluminum	mg/L	0.00300			-
Chloride	mg/L	0.0100			-
Copper	mg/L	0.00500			-
Fluoride	mg/L	0.0100			-
Iron	mg/L	0.0100			-
Manganese	mg/L	0.00500			-
Silver	mg/L	0.00500			-
Sulfate	mg/L	1.00			-
Zinc	mg/L	0.00100			-
Color (color units)	PCU	5.00			-
Odor (total odor num	TON	1.00			-
pH	pH	0.0100	99.9	.390	7.92
TDS	mg/L	2.50			-
Foaming_Agents	mg/L	0.100			-
Silica	mg/L	0.00100	99.0	1.59	4.95

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Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Dec12 1995
Project Number : 3350153
PO Number : Clermont 2
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

For: 3
Date Sampled:Nov28 1995 Date Received:Nov28 1995 Lab Numbers: 14394-14396

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14396
Total Alkalinity	mg/L	0.100	98.9	.280	80.6
Calcium	mg/L	0.000500	89.6	.840	28.0
Specific_Conductance	umhos/c	0.200	82.0	.000	193.
Copper	mg/L	0.00500	105.	.220	0.0110
Orthophosphate(as P)	mg/L	0.0100	106.	.000	0.0981
Lead	mg/L	0.00100	86.1	5.82	<0.00100
Aluminum	mg/L	0.00300			-
Chloride	mg/L	0.0100			-
Copper	mg/L	0.00500			-
Fluoride	mg/L	0.0100			-
Iron	mg/L	0.0100			-
Manganese	mg/L	0.00500			-
Silver	mg/L	0.00500			-
Sulfate	mg/L	1.00			-
Zinc	mg/L	0.00100			-
Color (color units)	PCU	5.00			-
Odor (total odor num	TON	1.00			-
pH	pH	0.0100	99.9	.390	7.92
TDS	mg/L	2.50			-
Foaming_Agents	mg/L	0.100			-
Silica	mg/L	0.00100	99.0	1.59	5.07

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Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	E-1 14394	D-1 14395	#3 14396								QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Total Alkalinity	*	mg/L	80.8	81.0	80.6								EPA310.1	0.1	0.2841651	98.95	EVB	11-29-95
Calcium	*	mg/L	28.2	27.8	28.0								EPA200.7	0.0005	0.8470277	89.6	LSM	11-29-95
Specific_Conductance	*	umhos/cm	232	224	193								EPA120.1	0.2	0	82	TDB	11-29-95
Copper	*	mg/L	0.0130	0.270	0.0110								EPA220.1	0.005	0.2204123	105	LSM	11-29-95
Orthophosphate(as P)	*	mg/L	0.0977	0.116	0.0981								EPA365.1	0.01	0	106.49	TRB	12-12-95
Lead	*	mg/L	<0.001	0.00163	<0.001								EPA239.2	0.001	5.8290498	86.133333	LSM	11-29-95
Aluminum	*	mg/L											EPA202.2	0.003				
Chloride	*	mg/L											EPA325.2	0.01				
Copper	*	mg/L											EPA220.1	0.005				
Fluoride	*	mg/L											EPA340.1	0.01				
Iron	*	mg/L											EPA236.1	0.01				
Manganese	*	mg/L											EPA243.1	0.005				
Silver	*	mg/L											EPA272.1	0.005				
Sulfate	*	mg/L											EPA375.4	1				
Zinc	*	mg/L											EPA289.1	0.001				
Color (color units)	*	PCU											EPA110.1	5				
Odor (total odor number)	*	TON											EPA140.1	1				
pH (units)	*	pH	7.89	7.92	7.92								EPA150.1	0.01	0.3926903	99.966666	EVB	11-29-95
Total Dissovled Solids	*	mg/L											EPA160.1	2.5				
Foaming Agents	*	mg/L											EPA425.1	0.1				
Silicon	*	mg/L	5.12	4.95	5.07								EPA200.7	0.001	1.5914425	99	LSM	11-29-95

Date Received: 11-28-95 Typed: 12-12-95 Sent: 12-12-95

Project Number	3350153	
PO Number	Clermont 2	
Date Sampled	1 11-28-95	*
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
Pb/Cu	1400	3 *
wat. qual. par./env.	0	3 *
Alk	1000	2 *
Ca	1500	2 *
Con	725	2 *
Cu	1500	2 *
OP	1150	2 *
Pb	1500	2 *
pH	700	2 *
Si	3500	2 *

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA : FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

MICROBIOLOGY	METHODS
X Membrane Filter	SM9222B
_ Multiple Tube Fermentation	
X Fecal/E. coli	SM9221E
_ MMO-MUG	
_ P/A	

PRIMARY INORGANIC

1. METALS	AA(FUR)	ICP	ICP/MS	OTHER
X ANTIMONY	SM3113B			
X ARSENIC	SM3113B			SM3114B
X BARIUM	SM3113B	200.7		SM3111D
X BERYLLIUM	SM3113B	200.7		
X CADMIUM	SM3113B	200.7		
X CHROMIUM	SM3113B	200.7		
X LEAD	SM3113B			
X MERCURY				245.1
X NICKEL		200.7		SM3111B
X SELENIUM	SM3113B			
X SODIUM		200.7		SM3111B
X THALLIUM	200.9			

2. LEAD AND COPPER				
X LEAD	SM3113B			
X COPPER				SM3111B

3. CYANIDE	IC	ISE	UV-VIS	OTHER
X CYANIDE			4500-CN E	

4. NITRATE AND NITRITE				
X NITRATE	300.0		353.2	
X NITRITE	300.0		353.2	
X TOTAL NO2-NO3	300.0		353.2	

5. FLUORIDE				
X FLUORIDE		SM4500F C		

6. ASBESTOS				
_ ASBESTOS				

SECONDARY INORGANIC

	AA(FUR)	ICP	UV-VIS	OTHER
X ALUMINUM		200.7		
X CHLORIDE				SM4500Cl- D
X COLOR			SM2120B	
X COPPER	SM3113B	200.7		SM3111B
X FLUORIDE				SM4500F C
X FOAMING AGENTS			SM5540C	
X IRON	SM3113B	200.7		SM3111B
X MANGANESE	SM3113B	200.7		SM3111B
X ODOR				SM2150B
X pH				150.1
X SILVER	SM3113B	200.7		SM3111B
X SULFATE				300.0, 375.4
X TDS				SM2540C
X ZINC		200.7		SM3111B

PESTICIDES AND PCB'S	GC	GC/MS	HPLC
1. INSECTICIDES			
X ALACHLOR	505, 507		
X ATRAZINE	505, 507		
X CHLORDANE	505, 508		
X ENDRIN	505, 508		
X HEPTACHLOR	505, 508		
X HEPTACHLOR EPOXIDE	505, 508		
X LINDANE	505, 508		
X METHOXYCHLOR	505, 508		
X TOXAPHENE	505, 508		
X HEXACHLOROBENZENE	505, 508		
X HEXACHLOROCYCLOPENTADIENE	505		
X SIMAZINE	505, 507		
2. HERBICIDES			
X 2,4-D	515.1		
X PENTACHLOROPHENOL	515.1		
X 2,4,5-TP (SILVEX)	515.1		
X DALAPON	515.1		
X DINOSEB	515.1		
X PICLORAM	515.1		
3. CARBAMATES			
X CARBOFURAN			531.1
X OXAMYL (VYDATE)			531.1
4. DISINFECTANT BY-PRODUCTS/VOC'S			
X 1,2-DIBROMO-3-CHLOROPROPANE	504.1		
X ETHYLENE DIBROMIDE	504.1		
5. MISCELLANEOUS SOC'S			
X DIQUAT			549.1
X ENDOTHALL	548.1		
X GLYPHOSATE			547
6. PCB'S			
X AROCHLORS	505		
X DECACHLOROBIPHENYL	508A		
7. ADIPATES AND PHTHALATES			
X DI(2-ETHYLHEXYL) ADIPATE		525.2	
X DI(2-ETHYLHEXYL) PHTHALATE		525.2	
8. PAH			
X BENZO(a)PYRENE			550
DIOXIN			
_ 2,3,7,8-TETRACHLORODIBENZO-p-DIOXIN			

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

OTHER REGULATED CONTAMINANTS

1. VOLATILE ORGANIC COMPOUNDS

	GC	GC/MS
X TRICHLOROETHYLENE	502.2	524.2
X TETRACHLOROETHYLENE	502.2	524.2
X CARBON TETRACHLORIDE	502.2	524.2
X VINYL CHLORIDE	502.2	524.2
X 1,1,1-TRICHLOROETHANE	502.2	524.2
X 1,2-DICHLOROETHANE	502.2	524.2
X BENZENE	502.2	524.2
X p-DICHLOROBENZENE	502.2	524.2
X 1,1-DICHLOROETHYLENE	502.2	524.2
X cis-1,2-DICHLOROETHYLENE	502.2	524.2
X 1,2-DICHLOROPROPANE	502.2	524.2
X ETHYLBENZENE	502.2	524.2
X CHLOROBENZENE	502.2	524.2
X o-DICHLOROBENZENE	502.2	524.2
X STYRENE	502.2	524.2
X TOLUENE	502.2	524.2
X trans-1,2-DICHLOROETHYLENE	502.2	524.2
X TOTAL XYLENES	502.2	524.2
X DICHLOROMETHANE	502.2	524.2
X 1,2,4-TRICHLOROBENZENE	502.2	524.2
X 1,1,2-TRICHLOROETHANE	502.2	524.2

2. TRIHALOMETHANES

X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X CHLORODIBROMOMETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X TOTAL TRIHALOMETHANES	502.2	524.2

GROUP I UNREGULATED CONTAMINANTS

1. CARBAMATES

	GC	GC/MS	HPLC
X ALDICARB			531.1
X ALDICARB SULFOXIDE			531.1
X ALDICARB SULFONE			531.1
X CARBARYL			531.1
X 3-HYDROXYCARBOFURAN			531.1
X METHOMYL			531.1

2. HERBICIDES

X ALDRIN	505, 508	_____	_____
X BUTACHLOR	507	_____	_____
X DICAMBA	515.1	_____	_____
X DIELDRIN	505, 508	_____	_____
X METOLACHLOR	507	_____	_____
X METRIBUZIN	507	_____	_____
X PROPACHLOR	508	_____	_____

GROUP II UNREGULATED CONTAMINANTS

	GC	GC/MS
X BROMOBENZENE	502.2	524.2
X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X BROMOMETHANE	502.2	524.2
X CHLOROETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X CHLOROMETHANE	502.2	524.2
X DIBROMOCHLOROMETHANE	502.2	524.2
X DICHLORODIFLUOROMETHANE	502.2	524.2
X p-CHLOROTOLUENE	502.2	524.2
X DIBROMOMETHANE	502.2	524.2
X 1,1-DICHLOROETHANE	502.2	524.2
X 1,3-DICHLOROPROPENE	502.2	524.2
X 1,3-DICHLOROPROPANE	502.2	524.2
X 2,2-DICHLOROPROPANE	502.2	524.2
X TRICHLOROFLUOROMETHANE	502.2	524.2
X 1,2,3-TRICHLOROPROPANE	502.2	524.2
X m-DICHLOROBENZENE	502.2	524.2
X 1,1,1,2-TETRACHLOROETHANE	502.2	524.2
X 1,1,2,2-TETRACHLOROETHANE	502.2	524.2
X METHYL tert-BUTYL ETHER	502.2	524.2
X 1,1-DICHLOROPROPENE	502.2	524.2
X o-CHLOROTOLUENE	502.2	524.2

GROUP III UNREGULATED CONTAMINANTS

1. BASE/NEUTRAL EXTRACTABLES

X BUTYL BENZYL PHTHALATE	_____	625
X DI-n-BUTYL PHTHALATE	_____	625
X DIETHYL PHTHALATE	_____	625
X DIMETHYL PHTHALATE	_____	625
X 2,4-DINITROTOLUENE	_____	625
X DI-n-OCTYL PHTHALATE	_____	625
X ISOPHORONE	_____	625

2. ACID EXTRACTABLES

X 2-CHLOROPHENOL	_____	625
X 2-METHYL-4,6-DINITROPHENOL	_____	625
X PHENOL	_____	625
X 2,4,6-TRICHLOROPHENOL	_____	625

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

DRINKING WATER 17-550

Client	Address	Phone
UTILITIES INC	200 Weatherfield Ave	869-1919

Public Drinking Water ID #	Public Water System Name:
3350153	Clermont II

Project #	Public Water System Type:
PO #	( )Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L

NOTES:

Turn Around Time

10 Working Days _____

5 Working Days _____

3 Working Days _____

1 Working Days _____

Other _____

WATER QUALITY PARAMETER PLUS LEAD & COPPER

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ___ NO2___ THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. _____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification
14394	#1	E-1 ENTRY POINT LEAD & COPPER
14395	#2	D-1 12809 RIDGE LEAD & COPPER
14396	#3	WATER QUALITY PARAMETER
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:	[signature]	11-28-95	9 AM
Transporters Signature:			
Lab Acceptance By:	[signature]	11/28/95	1250

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

RECEIVED JAN - 5 1996

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Jan 4 1996
Project Number : 3350153
PO Number : Clermont 11
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

For: WATERSAMPLE
Date Sampled:Dec28 1995 Date Received:Dec28 1995 Lab Number : 14865

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14865
Total Alkalinity	mg/L	0.100	109.	.490	82.3
Specific_Conductance	umhos/c	0.200	98.0	.000	210.
pH	pH	0.0100	100.	.580	7.51
Orthophosphate(as P)	mg/L	0.0100	118.	.000	0.139
Calcium	mg/L	0.000500	102.	.380	28.4

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report may not be reproduced in part, results relate only to items tested.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	water sample 14865										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Total Alkalinity	•	mg/L	82.3										EPA310.1	0.1	0.4944487	109.72	EVB	12-29-95
Specific_Conductance	•	umhos/cm	210										EPA120.1	0.2	0	98	EVB	12-29-95
Lab pH (units)	•	pH	7.51										EPA150.1	0.01	0.5895774	100	EVB	01-02-96
Orthophosphate(as P)	•	mg/L	0.139										EPA365.1	0.01	0	118.68	TRB	12-29-95
Calcium	•	mg/L	28.4										EPA200.7	0.0005	0.3897529	102	LSM	01-04-96
			Date Received:		12-28-95		Typed:		01-04-96	Sent:		01-04-96						

Project Number	3350153
PO Number	Clermont II
Date Sampled	1 12-28-95 *
Date Analyzed	0
Compacted	
Format	NormRR
Unit Cost	Exted
wat_qual_par/env	0 1 *

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

MICROBIOLOGY	METHODS
X Membrane Filter	SM9222B
_ Multiple Tube Fermentation	
X Fecal/E. coli	SM9221E
_ MMO-MUG	
_ P/A	

PRIMARY INORGANIC

1. METALS	AA(FUR)	ICP	ICP/MS	OTHER
X ANTIMONY	SM3113B			
X ARSENIC	SM3113B			SM3114B
X BARIUM	SM3113B	200.7		SM3111D
X BERYLLIUM	SM3113B	200.7		
X CADMIUM	SM3113B	200.7		
X CHROMIUM	SM3113B	200.7		
X LEAD	SM3113B			
X MERCURY				245.1
X NICKEL		200.7		SM3111B
X SELENIUM	SM3113B			
X SODIUM		200.7		SM3111B
X THALLIUM	200.9			

2. LEAD AND COPPER				
X LEAD	SM3113B			
X COPPER				SM3111B

3. CYANIDE	IC	ISE	UV-VIS	OTHER
X CYANIDE			4500-CN E	

4. NITRATE AND NITRITE				
X NITRATE	300.0		353.2	
X NITRITE	300.0		353.2	
X TOTAL NO2-NO3	300.0		353.2	

5. FLUORIDE				
X FLUORIDE		SM4500F C		

6. ASBESTOS				
_ ASBESTOS				

SECONDARY INORGANIC

	AA(FUR)	ICP	UV-VIS	OTHER
X ALUMINUM		200.7		
X CHLORIDE				SM4500CI- D
X COLOR			SM2120B	
X COPPER	SM3113B	200.7		SM3111B
X FLUORIDE				SM4500F C
X FOAMING AGENTS			SM5540C	
X IRON	SM3113B	200.7		SM3111B
X MANGANESE	SM3113B	200.7		SM3111B
X ODOR				SM2150B
X pH				150.1
X SILVER	SM3113B	200.7		SM3111B
X SULFATE				300.0, 375.4
X TDS				SM2540C
X ZINC		200.7		SM3111B

PESTICIDES AND PCB'S	GC	GC/MS	HPLC
1. INSECTICIDES			
X ALACHLOR	505, 507		
X ATRAZINE	505, 507		
X CHLORDANE	505, 508		
X ENDRIN	505, 508		
X HEPTACHLOR	505, 508		
X HEPTACHLOR EPOXIDE	505, 508		
X LINDANE	505, 508		
X METHOXYCHLOR	505, 508		
X TOXAPHENE	505, 508		
X HEXACHLOROBENZENE	505, 508		
X HEXACHLOROCYCLOPENTADIENE	505		
X SIMAZINE	505, 507		
2. HERBICIDES			
X 2,4-D	515.1		
X PENTACHLOROPHENOL	515.1		
X 2,4,5-TP (SILVEX)	515.1		
X DALAPON	515.1		
X DINOSEB	515.1		
X PICLORAM	515.1		
3. CARBAMATES			
X CARBOFURAN			531.1
X OXAMYL-(VYDATE)			531.1
4. DISINFECTANT BY-PRODUCTS/VOC'S			
X 1,2-DIBROMO-3-CHLOROPROPANE	504.1		
X ETHYLENE DIBROMIDE	504.1		
5. MISCELLANEOUS SOC'S			
X DIQUAT			549.1
X ENDOTHALL	548.1		
X GLYPHOSATE			547
6. PCB'S			
X AROCHLORS	505		
X DECACHLOROBIPHENYL	508A		
7. ADIPATES AND PHTHALATES			
X DI(2-ETHYLHEXYL) ADIPATE		525.2	
X DI(2-ETHYLHEXYL) PHTHALATE		525.2	
8. PAH			
X BENZO(a)PYRENE			550
DIOXIN			
_ 2,3,7,8-TETRACHLORODIBENZO-p-DIOXIN			

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

OTHER REGULATED CONTAMINANTS

1. VOLATILE ORGANIC COMPOUNDS

	GC	GC/MS
X TRICHLOROETHYLENE	502.2	524.2
X TETRACHLOROETHYLENE	502.2	524.2
X CARBON TETRACHLORIDE	502.2	524.2
X VINYL CHLORIDE	502.2	524.2
X 1,1,1-TRICHLOROETHANE	502.2	524.2
X 1,2-DICHLOROETHANE	502.2	524.2
X BENZENE	502.2	524.2
X p-DICHLOROBENZENE	502.2	524.2
X 1,1-DICHLOROETHYLENE	502.2	524.2
X cis-1,2-DICHLOROETHYLENE	502.2	524.2
X 1,2-DICHLOROPROPANE	502.2	524.2
X ETHYLBENZENE	502.2	524.2
X CHLOROBENZENE	502.2	524.2
X o-DICHLOROBENZENE	502.2	524.2
X STYRENE	502.2	524.2
X TOLUENE	502.2	524.2
X trans-1,2-DICHLOROETHYLENE	502.2	524.2
X TOTAL XYLENES	502.2	524.2
X DICHLOROMETHANE	502.2	524.2
X 1,2,4-TRICHLOROBENZENE	502.2	524.2
X 1,1,2-TRICHLOROETHANE	502.2	524.2

2. TRIHALOMETHANES

X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X CHLORODIBROMOMETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X TOTAL TRIHALOMETHANES	502.2	524.2

GROUP I UNREGULATED CONTAMINANTS

1. CARBAMATES

	GC	GC/MS	HPLC
X ALDICARB			531.1
X ALDICARB SULFOXIDE			531.1
X ALDICARB SULFONE			531.1
X CARBARYL			531.1
X 3-HYDROXYCARBOFURAN			531.1
X METHOMYL			531.1

2. HERBICIDES

X ALDRIN	505, 508	_____	_____
X BUTACHLOR	507	_____	_____
X DICAMBA	515.1	_____	_____
X DIELDRIN	505, 508	_____	_____
X METOLACHLOR	507	_____	_____
X METRIBUZIN	507	_____	_____
X PROPACHLOR	508	_____	_____

GROUP II UNREGULATED CONTAMINANTS

	GC	GC/MS
X BROMOBENZENE	502.2	524.2
X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X BROMOMETHANE	502.2	524.2
X CHLOROETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X CHLOROMETHANE	502.2	524.2
X DIBROMOCHLOROMETHANE	502.2	524.2
X DICHLORODIFLUOROMETHANE	502.2	524.2
X p-CHLOROTOLUENE	502.2	524.2
X DIBROMOMETHANE	502.2	524.2
X 1,1-DICHLOROETHANE	502.2	524.2
X 1,3-DICHLOROPROPENE	502.2	524.2
X 1,3-DICHLOROPROPANE	502.2	524.2
X 2,2-DICHLOROPROPANE	502.2	524.2
X TRICHLOROFLUOROMETHANE	502.2	524.2
X 1,2,3-TRICHLOROPROPANE	502.2	524.2
X m-DICHLOROBENZENE	502.2	524.2
X 1,1,1,2-TETRACHLOROETHANE	502.2	524.2
X 1,1,2,2-TETRACHLOROETHANE	502.2	524.2
X METHYL tert-BUTYL ETHER	502.2	524.2
X 1,1-DICHLOROPROPENE	502.2	524.2
X o-CHLOROTOLUENE	502.2	524.2

GROUP III UNREGULATED CONTAMINANTS

1. BASE/NEUTRAL EXTRACTABLES

X BUTYL BENZYL PHTHALATE	_____	625
X DI-n-BUTYL PHTHALATE	_____	625
X DIETHYL PHTHALATE	_____	625
X DIMETHYL PHTHALATE	_____	625
X 2,4-DINITROTOLUENE	_____	625
X DI-n-OCTYL PHTHALATE	_____	625
X ISOPHORONE	_____	625

2. ACID EXTRACTABLES

X 2-CHLOROPHENOL	_____	625
X 2-METHYL-4,6-DINITROPHENOL	_____	625
X PHENOL	_____	625
X 2,4,6-TRICHLOROPHENOL	_____	625

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Util. Tics Inc Fla	200 Westhenfield Ave	869-1919

Public Drinking Water ID #	Public Water System Name:
3350153	C/Camout II

Project #	Public Water System Type:
PO #	( )Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L	

NOTES:

Turn Around Time
10 Working Days _____
5 Working Days _____
3 Working Days _____
1 Working Days _____
Other _____

WATER QUAL. PARAMETERS
OP, COND, pH, Ca, ALK,

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ___ NO2___ THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. _____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number	Client Sample Identification
[redacted]	#1 ~~Ent Water Plant~~
	#2 ~~Dr Tech Ridge~~
14865	#3 Water Quality Parameter
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
Collectors Signature:	[signature]	12-28-85	
Transporters Signature:		12/28/85	1229
Lab Acceptance By:	[signature]		

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3350153
System Name: Clermont A I.D. #: 628
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1515
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/31/95 Sample Time : 1000
Sample Location (be specific): Cler. 2
Sampler Name and Phone: Doug Aldrich
Samplers Signature: See Chain of Custody Title: Oper Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19168
Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	(X) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature:_____
Title: Technical Director Date: 9/6/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Volatile Organic Analysis
62-550.310(2)(b)
(PWS028)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2378	1,2,4-trichlorobenzene	19168	<0.5	EPA502.2	0.5	70	09-01-95
2380	cis-1,2-Dichloroethylene	19168	<0.5	EPA502.2	0.5	70	09-01-95
2955	Xylenes (total)	19168	<0.5	EPA502.2	0.5	10000	09-01-95
2964	Dichloromethane	19168	<0.5	EPA502.2	0.5	5	09-01-95
2968	O-dichlorobenzene	19168	<0.5	EPA502.2	0.5	600	09-01-95
2969	Para-dichlorobenzene	19168	<0.5	EPA502.2	0.5	75	09-01-95
2976	Vinyl chloride	19168	<0.5	EPA502.2	0.5	1	09-01-95
2977	1,1,-dichloroethylene	19168	<0.5	EPA502.2	0.5	7	09-01-95
2979	Trans-1,2-dichloroethylene	19168	<0.5	EPA502.2	0.5	100	09-01-95
2980	1,2,-dichloroethane	19168	<0.5	EPA502.2	0.5	3	09-01-95
2981	1,1,1-trichloroethane	19168	<0.5	EPA502.2	0.5	200	09-01-95
2982	Carbon tetrachloride	19168	<0.5	EPA502.2	0.5	3	09-01-95
2983	1,2-dichloropropane	19168	<0.5	EPA502.2	0.5	5	09-01-95
2984	Trichloroethylene	19168	<0.5	EPA502.2	0.5	3	09-01-95
2985	1,1,2-trichloroethane	19168	<0.5	EPA502.2	0.5	5	09-01-95
2987	Tetrachloroethylene	19168	<0.5	EPA502.2	0.5	3	09-01-95
2989	Monochlorobenzene	19168	<0.5	EPA502.2	0.5	100	09-01-95
2990	Benzene	19168	<0.5	EPA502.2	0.5	1	09-01-95
2991	Toluene	19168	<0.5	EPA502.2	0.5	1000	09-01-95
2992	Ethylbenzene	19168	<0.5	EPA502.2	0.5	700	09-01-95
2996	Styrene	19168	<0.5	EPA502.2	0.5	100	09-01-95

FLOWERS CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client: Utilities Inc	Address: 200 Westhyfield Ave	Phone: 869-1515
Public Drinking Water ID #: 3354686, [redacted] 3350153	Public Water System Name: Clermont II Crescent Bay	
Project #: 628 661	Public Water System Type:	
PO # - KM071055	(X) Community ( ) Non-Community ( ) Special Non-Community	

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L	
	1			X									X						✓

NOTES:

Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

* Styrofoam Coolers

Composite

Kit Relinquished:	Date / Time: 5-30-95	Kit Recieved	Date / Time
[signature]			

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ____ NO2 ____ THM ____;
Volatile Organics X; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards ____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number	Client Sample Identification
19168	#1 Clermont II Point of Entry
	#2 ~~Crescent Bay Point of Entry~~ Composite n/a.
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
Collectors Signature:	[signature]	8-31-95	10:00
Transporters Signature:	[signature]	8-31-95	10:00
Lab Acceptance By:	[signature]	8/31/95	1307

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES
INCORPORATED

RECEIVED
SEP 08 1995

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 6 1995
Project Number : 628
PO Number : KM071095
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

For: CLER2
Date Sampled:Aug31 1995 Date Received:Aug31 1995 Lab Number : 19168

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	19168
1,2,4-trichlorobenze	ug/L	0.500			<0.500
cis-1,2-dichloroethe	ug/L	0.500			<0.500
Xylene	ug/L	0.500	86.6	2.75	<0.500
Methylene chloride	ug/L	0.500	109.	.790	<0.500
o-dichlorobenzene	ug/L	0.500	94.8	1.03	<0.500
Para-dichlorobenzene	ug/L	0.500	94.4	.900	<0.500
Vinyl chloride	ug/L	0.500			<0.500
1,1-dichloroethene	ug/L	0.500	111.	.350	<0.500
t-1,2-dichloroethene	ug/L	0.500	100.	8.31	<0.500
1,2-dichloroethane	ug/L	0.500	112.	1.79	<0.500
1,1,1-trichloroethan	ug/L	0.500	101.	4.43	<0.500
Carbon tetrachloride	ug/L	0.500	108.	1.72	<0.500
1,2-dichloropropane	ug/L	0.500	107.	.610	<0.500
Trichloroethene	ug/L	0.500	106.	.720	<0.500
1,1,2-trichloroethan	ug/L	0.500	103.	.040	<0.500
Tetrachloroethene	ug/L	0.500	108.	.730	<0.500
Chlorobenzene	ug/L	0.500	99.6	.610	<0.500
Benzene	ug/L	0.500	90.8	1.60	<0.500
Toluene	ug/L	0.500	86.1	3.29	<0.500
Ethylbenzene	ug/L	0.500	86.8	2.73	<0.500
Styrene	ug/L	0.500			<0.500

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report may not be reproduced in part, results relate only to items tested.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	Cler. 2 19168										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
1,2,4-trichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
cis-1,2-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
Xylene	*	ug/L	<0.5										EPA502.2	0.5	2.75	86.6	DO	09-01-95
Methylene chloride	*	ug/L	<0.5										EPA502.2	0.5	0.79	109	DO	09-01-95
o-dichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	1.03	94.8	DO	09-01-95
Para-dichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	0.905	94.4	DO	09-01-95
Vinyl chloride	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
1,1-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.354	111	DO	09-01-95
t-1,2-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5	8.31	100	DO	09-01-95
1,2-dichloroethane	*	ug/L	<0.5										EPA502.2	0.5	1.79	112	DO	09-01-95
1,1,1-trichloroethane	*	ug/L	<0.5										EPA502.2	0.5	4.43	101	DO	09-01-95
Carbon tetrachloride	*	ug/L	<0.5										EPA502.2	0.5	1.72	108	DO	09-01-95
1,2-dichloropropane	*	ug/L	<0.5										EPA502.2	0.5	0.614	107	DO	09-01-95
Trichloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.723	106	DO	09-01-95
1,1,2-trichloroethane	*	ug/L	<0.5										EPA502.2	0.5	0.0495	103	DO	09-01-95
Tetrachloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.736	108	DO	09-01-95
Chlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	0.615	99.6	DO	09-01-95
Benzene	*	ug/L	<0.5										EPA502.2	0.5	1.6	90.8	DO	09-01-95
Toluene	*	ug/L	<0.5										EPA502.2	0.5	3.29	86.1	DO	09-01-95
Ethylbenzene	*	ug/L	<0.5										EPA502.2	0.5	2.73	86.8	DO	09-01-95
Styrene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95

Date Received: 08-31-95 Typed: 09-06-95 Sent: 09-06-95

Project Number	628
PO Number	KM071095
Date Sampled	1 08-31-95 *
Date Analyzed	0
Compacted	1
Format	NormRR
Unit Cost	Exted
VOC93	23000 1 *

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 6, 1995

MICROBIOLOGY	METHODS
X Membrane Filter	SM9222B
_ Multiple Tube Fermentation	
X Fecal/E. coli	SM9221E
_ MMO-MUG	
_ P/A	

PRIMARY INORGANIC

1. METALS	AA(FUR)	ICP	ICP/MS	OTHER
X ANTIMONY	SM3113B			
X ARSENIC	SM3113B			SM3114B
X BARIUM	SM3113B	200.7		SM3111D
X BERYLLIUM	SM3113B	200.7		
X CADMIUM	SM3113B	200.7		
X CHROMIUM	SM3113B	200.7		
X LEAD	SM3113B			
X MERCURY				245.1
X NICKEL		200.7		SM3111B
X SELENIUM	SM3113B			
X SODIUM		200.7		SM3111B
X THALLIUM	200.9			

2. LEAD AND COPPER				
X LEAD	SM3113B			
X COPPER				SM3111B

3. CYANIDE	IC	ISE	UV-VIS	OTHER
X CYANIDE			4500-CN E	

4. NITRATE AND NITRITE				
X NITRATE	300.0		353.2	
X NITRITE	300.0		353.2	
X TOTAL NO2-NO3	300.0		353.2	

5. FLUORIDE				
X FLUORIDE		SM4500F C		

6. ASBESTOS				
_ ASBESTOS				

SECONDARY INORGANIC

	AA(FUR)	ICP	UV-VIS	OTHER
X ALUMINUM		200.7		
X CHLORIDE				SM4500Cl- D
X COLOR			SM2120B	
X COPPER	SM3113B	200.7		SM3111B
X FLUORIDE				SM4500F C
X FOAMING AGENTS			SM5540C	
X IRON	SM3113B	200.7		SM3111B
X MANGANESE	SM3113B	200.7		SM3111B
X ODOR				SM2150B
X pH				150.1
X SILVER	SM3113B	200.7		SM3111B
X SULFATE				300.0, 375.4
X TDS				SM2540C
X ZINC		200.7		SM3111B

PESTICIDES AND PCB'S	GC	GC/MS	HPLC
1. INSECTICIDES			
X ALACHLOR	505, 507		
X ATRAZINE	505, 507		
X CHLORDANE	505, 508		
X ENDRIN	505, 508		
X HEPTACHLOR	505, 508		
X HEPTACHLOR EPOXIDE	505, 508		
X LINDANE	505, 508		
X METHOXYCHLOR	505, 508		
X TOXAPHENE	505, 508		
X HEXACHLOROBENZENE	505, 508		
X HEXACHLOROCYCLOPENTADIENE	505		
X SIMAZINE	505, 507		
2. HERBICIDES			
X 2,4-D	515.1		
X PENTACHLOROPHENOL	515.1		
X 2,4,5-TP (SILVEX)	515.1		
X DALAPON	515.1		
X DINOSEB	515.1		
X PICLORAM	515.1		
3. CARBAMATES			
X CARBOFURAN			531.1
X OXAMYL (VYDATE)			531.1
4. DISINFECTANT BY-PRODUCTS/VOC'S			
X 1,2-DIBROMO-3-CHLOROPROPANE	504.1		
X ETHYLENE DIBROMIDE	504.1		
5. MISCELLANEOUS SOC'S			
X DIQUAT			549.1
X ENDOTHALL	548.1		
X GLYPHOSATE			547
6. PCB'S			
X AROCHLORS	505		
X DECACHLOROBIPHENYL	508A		
7. ADIPATES AND PHTHALATES			
X DI(2-ETHYLHEXYL) ADIPATE		525.2	
X DI(2-ETHYLHEXYL) PHTHALATE		525.2	
8. PAH			
X BENZO(a)PYRENE			550
DIOXIN			
_ 2,3,7,8-TETRACHLORODIBENZO-p-DIOXIN			

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

OTHER REGULATED CONTAMINANTS

1. VOLATILE ORGANIC COMPOUNDS

	GC	GC/MS
X TRICHLOROETHYLENE	502.2	524.2
X TETRACHLOROETHYLENE	502.2	524.2
X CARBON TETRACHLORIDE	502.2	524.2
X VINYL CHLORIDE	502.2	524.2
X 1,1,1-TRICHLOROETHANE	502.2	524.2
X 1,2-DICHLOROETHANE	502.2	524.2
X BENZENE	502.2	524.2
X p-DICHLOROBENZENE	502.2	524.2
X 1,1-DICHLOROETHYLENE	502.2	524.2
X cis-1,2-DICHLOROETHYLENE	502.2	524.2
X 1,2-DICHLOROPROPANE	502.2	524.2
X ETHYLBENZENE	502.2	524.2
X CHLOROBENZENE	502.2	524.2
X o-DICHLOROBENZENE	502.2	524.2
X STYRENE	502.2	524.2
X TOLUENE	502.2	524.2
X trans-1,2-DICHLOROETHYLENE	502.2	524.2
X TOTAL XYLENES	502.2	524.2
X DICHLOROMETHANE	502.2	524.2
X 1,2,4-TRICHLOROBENZENE	502.2	524.2
X 1,1,2-TRICHLOROETHANE	502.2	524.2

2. TRIHALOMETHANES

X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X CHLORODIBROMOMETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X TOTAL TRIHALOMETHANES	502.2	524.2

GROUP I UNREGULATED CONTAMINANTS

1. CARBAMATES

	GC	GC/MS	HPLC
X ALDICARB			531.1
X ALDICARB SULFOXIDE			531.1
X ALDICARB SULFONE			531.1
X CARBARYL			531.1
X 3-HYDROXYCARBOFURAN			531.1
X METHOMYL			531.1

2. HERBICIDES

X ALDRIN	505, 508	_____	_____
X BUTACHLOR	507	_____	_____
X DICAMBA	515.1	_____	_____
X DIELDRIN	505, 508	_____	_____
X METOLACHLOR	507	_____	_____
X METRIBUZIN	507	_____	_____
X PROPACHLOR	508	_____	_____

GROUP II UNREGULATED CONTAMINANTS

	GC	GC/MS
X BROMOBENZENE	502.2	524.2
X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X BROMOMETHANE	502.2	524.2
X CHLOROETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X CHLOROMETHANE	502.2	524.2
X DIBROMOCHLOROMETHANE	502.2	524.2
X DICHLORODIFLUOROMETHANE	502.2	524.2
X p-CHLOROTOLUENE	502.2	524.2
X DIBROMOMETHANE	502.2	524.2
X 1,1-DICHLOROETHANE	502.2	524.2
X 1,3-DICHLOROPROPENE	502.2	524.2
X 1,3-DICHLOROPROPANE	502.2	524.2
X 2,2-DICHLOROPROPANE	502.2	524.2
X TRICHLOROFLUOROMETHANE	502.2	524.2
X 1,2,3-TRICHLOROPROPANE	502.2	524.2
X m-DICHLOROBENZENE	502.2	524.2
X 1,1,1,2-TETRACHLOROETHANE	502.2	524.2
X 1,1,2,2-TETRACHLOROETHANE	502.2	524.2
X METHYL tert-BUTYL ETHER	502.2	524.2
X 1,1-DICHLOROPROPENE	502.2	524.2
X o-CHLOROTOLUENE	502.2	524.2

GROUP III UNREGULATED CONTAMINANTS

1. BASE/NEUTRAL EXTRACTABLES

X BUTYL BENZYL PHTHALATE	_____	625
X DI-n-BUTYL PHTHALATE	_____	625
X DIETHYL PHTHALATE	_____	625
X DIMETHYL PHTHALATE	_____	625
X 2,4-DINITROTOLUENE	_____	625
X DI-n-OCTYL PHTHALATE	_____	625
X ISOPHORONE	_____	625

2. ACID EXTRACTABLES

X 2-CHLOROPHENOL	_____	625
X 2-METHYL-4,6-DINITROPHENOL	_____	625
X PHENOL	_____	625
X 2,4,6-TRICHLOROPHENOL	_____	625

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

3354648, 3351582, 3350152, 3354640

System Name: Amber Hill, Clermont I, Clermont II, Crescent West
I.D. #: 631,628,[redacted],662
Address: 200 Weathersfield Alt.Sprg,FL 32714
Phone #: 407-865-1919
Type (check one): X Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/31/95 Sample Time : 11:00
Sample Location (be specific): AH/CL1/CL2/CW
Sampler Name and Phone: Jerry Aldrich 407-865-1919
Samplers Signature: See Chain of Custody Title: Oper Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
X Distribution entry pt ( )Raw X Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19169

Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature: _____
Title: Technical Director Date: 9/7/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Inorganic Analysis
62-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	19169		EPA206.3	0.0005	0.05	
1010	Barium	19169		EPA208.1	0.01	2	
1015	Cadmium	19169		EPA213.2	0.001	0.005	
1020	Chromium	19169		EPA218.2	0.005	0.1	
1024	Cyanide	19169		EPA335.2	0.005	0.2	
1025	Fluoride	19169		EPA340.1	0.01	4	
1030	Lead	19169		EPA239.2	0.001	0.015	
1035	Mercury	19169		EPA245.2	0.0002	0.002	
1036	Nickel	19169		EPA249.1	0.001	0.1	
1040	Nitrate(as N)	19169	1.52	EPA300.0	0.01	10	09-01-95
1041	Nitrite(as N)	19169	0.0150	EPA300.0	0.01	1	09-01-95
1045	Selenium	19169		EPA270.2	0.0005	0.05	
1052	Sodium	19169		EPA273.1	0.002	160	
1074	Antimony	19169		EPA204.2	0.003	0.006	
1075	Beryllium	19169		EPA210.1	0.0002	0.004	
1085	Thallium	19169		EPA279.2	0.001	0.002	
1094	Asbestos	19169		TEM	1	7	

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Weathersfield Ave Alt Springs, 32714	407-869-1919

Public Drinking Water ID # 3354648, 3351582, 3354684, 3354630 Public Water System Name: See sample ID section.

Project # 631, 628, 661, 662

PO # - KM071055

Public Water System Type: (X) Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
•	5								X									✓

NOTES:

Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

* Styrofoam Coolers

* Composite

Kit Relinquished:	Date / Time: 5-30-95	Kit Recieved	Date / Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 X NO2 X THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification	
	#1	Amber Hill Point of Entry	Composite
	#2	Clermont I Point of Entry	
19169	#3	Clermont II Point of Entry	
	#4	~~Belmont Point of Entry~~	
	#5	Crescent West Point of Entry	
	#6		
	#7		
	#8		
	#9		
	#10		

		Date	Time
Collectors Signature:		5-30-95	11:00
Transporters Signature:		5-31-95	11:00
Lab Acceptance By:		5/31/95	1301

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3350153

System Name: Clermont II I.D. #: 89-628W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1515

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 Sample Time : 1130

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Roger Lavigne

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14964

Date Sample(s) Recieved: 10/3/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate ( ) Nitrite ( ) Asbestos ( ) Trihalomethanes

Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial

Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature: _____

Title: Technical Director Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Secondary Chemical Analysis

62-550.320

(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14964	0.268	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14964	30.1	EPA325.2	0.01	250	10-10-94
1022	Copper	14964	0.00310	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14964	0.145	EPA340.1	0.05	2	
1028	Iron	14964	0.853	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14964	0.0106	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14964	0.000226	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14964	<1	EPA375.4	1	250	10-10-94
1095	Zinc	14964	0.0285	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14964	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14964	<1	EPA140.1	1	3	10-04-94
1925	pH	14964	7.72	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14964	158	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14964	<0.1	EPA425.1	0.1	0.5	10-10-94

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-628W
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14964

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14964
Aluminum	mg/L	0.00200	110.	.000	0.268
Chloride	mg/L	0.0100	99.0	.800	30.1
Copper	mg/L	0.000200	104.	.880	0.00310
Fluoride	mg/L	0.0500	117.	.000	0.145
Iron	mg/L	0.000200	106.	1.08	0.853
Manganese	mg/L	0.0000400	96.6	.730	0.0106
Silver	mg/L	0.000200	97.2	.720	0.000226
Sulfate	mg/L	1.00	96.1	.000	<1.00
Zinc	mg/L	0.000100	107.	1.40	0.0285
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.72
TDS	mg/L	2.50	75.0	1.82	158.
Foaming_Agents	mg/L	0.100	82.4	.000	<0.100

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
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Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14964	QA Method	MDL	Section %RSD	%Rec	Analys	Date
Aluminum	*	mg/L	0.268	EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	30.1	EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.00310	EPA200.7	0.0002	0.888	104	LSM	10-05-94
Fluoride	*	mg/L	0.145	EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.853	EPA200.7	0.0002	1.08	106	LSM	10-05-94
Manganese	*	mg/L	0.0106	EPA200.7	0.00004	0.730	96.6	LSM	10-05-94
Silver	*	mg/L	0.000226	EPA200.7	0.0002	0.726	97.2	LSM	10-05-94
Sulfate	*	mg/L	<1	EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.0285	EPA200.7	0.0001	1.40	107	LSM	10-05-94
Color (color units)	*	PCU	<5	EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1	EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.72	EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissovled Solids	*	mg/L	158	EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	<0.1	EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number	89-628W	
PO Number	KM100394	
Date Sampled	1	10-03-94 *
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
Secs93	19000	1 *
0.00		

INCORPORAT

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83133
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave	407-869-1915
(4) Public Drinking Water ID # 3350153	(5) Public Water System Name. Clermont 2	
(6) Project # 89-628 W	(8) Public Water System Type	
(7) PO # KM100254	(X) Community ( ) Non Community ( ) Special Non-Community	

(16)			Preservative				Plastic Containers						Glass Containers							NOTES:
			HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time:
	1		X								1									10 Working Days:
	1										1									5 Working Days:
																				3 Working Days:
																				1 Working Day :
																				Other:

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

(10) Parameter Group(s) Analyzed: Turbidity ___; Inorganic ___; Trihalomethane ___; Volitile Organic ___;
Organic Chemical ___; Secondary Chemical X; Radiological ___; Unregulated Organic Purgeable ___;
Unregulated Organic Pesticide ___; Unregulated Base Neutral Extractable ___; Unregulated Acid Extractable ___;

(18) Laboratory Number		(11) Client Sample Identification
14964	#1	Point of Entry (Pcs.)
	#2	" " " "
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
(13) Collectors Signature:	[signature]	10/3/94	11:30A
(14) Transporters Signature:	[signature]	10/3/94	4:00P
(15) Lab Acceptance By:	[signature]	10/3/94	1612

Over for numbered instructions

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3550153

System Name: Clermont II I.D. #: 89-628W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/16/94 Sample Time : 1100

Sample Location (be specific): Clermont II

Sampler Name and Phone: Robert Fritsch

Samplers Signature: See chain of custody Title: Oper Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14358

Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( ) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/2/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical:_____

Effective 1/93

Radiological Analysis
17-550.310(5)
(PWS033)

Parameter ID	NAME	Sample Number	Analysis Result(pCi/l)	Analytical Method	Detection Limit (pCi/l)	Analysis Error	Analysis Date
4000	Gross alpha	14358	1.00	EPA900	0.1	0.500	09-02-94
4012	Photon emitters	14358		-	1		09-02-94
4020	Radium-226	14358		EPA903.1	1		09-02-94
4030	Radium-228	14358		EPA904	1		09-02-94
4100	Gross beta	14358		EPA900	1		09-02-94
4101	Man-made beta & photon emitte	14358		-	1		09-02-94
4102	Tritium	14358		-	1		09-02-94
4172	Strontium-89	14358		-	1		09-02-94
4174	Strontium-90	14358		-	1		09-02-94
4264	Iodine-131	14358		-	1		09-02-94
4270	Cesium-134	14358		-	1		09-02-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83129
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs FL	407-869-1919
(4) Public Drinking Water ID # 3350153	(5) Public Water System Name: Element II	
(6) Project # 93-623W	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers						NOTES:
		HNO_3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	(12) Turn Around Time:
																		10 Working Days:
																		5 Working Days:
																		3 Working Days:
																		1 Working Day :
																		Other:
	1	X								X								Request: Turbidity & Inorganics with Acute H.U, Element I Crescent Bay & Crescent West
	1									X								
	3			X								X						
	1	X							X									
	1		X															Request: VOC with Crescent Bay

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
14358	#1 Element II - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Fratsch	8-16	11:00
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

461 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus. (407) 339-5984 Fax (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 2 1994
Project Number : 89-628W
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: CLERMONTII
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14358

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14358
Gross alpha excl. Ra	pCi/L	0.100			1.00
Analysis Error	pCi/L	0.100			0.500
Photon emitters	pCi/L	1.00			-
Analysis_Error(Photo	pCi/L	1.00			-
Radium 226	pCi/L	1.00			-
Analysis_Error(226)	pCi/L	1.00			-
Radium 228	pCi/L	1.00			-
Analysis_Error(228)	pCi/L	1.00			-
Gross_Beta	pCi/L	1.00			-
Analysis_Error(Gb)	pCi/L	1.00			-
Man-made beta & phot	pCi/L	1.00			-
Analysis_Error(beta	pCi/L	1.00			-
Tritium	pCi/L	1.00			-
Analysis_Error(Triti	pCi/L	1.00			-
Strontium-89	pCi/L	1.00			-
Analysis_Error(89)	pCi/L	1.00			-
Strontium-90	pCi/L	1.00			-
Analysis_Error(90)	pCi/L	1.00			-
Iodine-131	pCi/L	1.00			-
Analysis_Error(131)	pCi/L	1.00			-
Cesium-134	pCi/L	1.00			-
Analysis_Error(134)	pCi/L	1.00			-

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson S. Flowers, Ph.D.
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P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
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151

FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	Clermont II 14358										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Gross alpha excl. Ra & U	*	pCi/L	1.00										EPA900	0.1			PL	09-02-94
Analysis_Error(Ga)	*	pCi/L	0.500										EPA900	0.1			PL	09-02-94
Photon emitters	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(Photon)	*	pCi/L	-										-	1.0			PL	09-02-94
Radium-226	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Analysis_Error(226)	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Radium-228	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Analysis_Error(228)	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Gross beta	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Analysis_Error(Gb)	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Man-made beta & photon	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(beta & ph	*	pCi/L	-										-	1.0			PL	09-02-94
Tritium	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(Tritium)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-89	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(89)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-90	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(90)	*	pCi/L	-										-	1.0			PL	09-02-94
Iodine-131	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(131)	*	pCi/L	-										-	1.0			PL	09-02-94
Cesium-134	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis_Error(134)	*	pCi/L	-										-	1.0			PL	09-02-94

Date Received: 08-17-94 Typed: 09-02-94 Sent: 09-02-94

Project Number	89-628W	
PO Number	KM072694	
Date Sampled	1	08-16-94 *
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
GA	3500	1 *

0.00

Turbidity Analysis
17-550.310()
PWS026

Parameter ID	NAME	Sample Number	Analysis Result(NTU)	Analytical Method	Detection Limit (NTU)	MCL	Analysis Date
100	Turbidity	14335	0.300	EPA180.1	0.05	1	08-18-94

Inorganic Analysis
17-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	14335	<0.0005	EPA206.3	0.0005	0.05	08-25-94
1010	Barium	14335	0.00920	EPA200.7	0.00006	2	08-30-94
1015	Cadmium	14335	<0.0001	EPA200.7	0.0001	0.005	08-30-94
1020	Chromium	14335	0.00160	EPA200.7	0.0002	0.1	08-30-94
1024	Cyanide	14335	<0.005	EPA335.2	0.005	0.2	08-29-94
1025	Fluoride	14335	0.110	EPA340.1	0.05	4	08-25-94
1030	Lead	14335	<0.001	EPA239.2	0.001	0.015	08-24-94
1035	Mercury	14335	<0.0002	EPA245.2	0.0002	0.002	08-23-94
1036	Nickel	14335	0.00230	EPA200.7	0.0004	0.1	08-30-94
1038	Total Nitrate+Nitrite	14335	2.54	EPA353.1	0.01	10	08-19-94
1040	Nitrate(as N)	14335	2.54	EPA300.0	0.01	10	08-19-94
1041	Nitrite(as N)	14335	<0.01	EPA300.0	0.01	1	08-18-94
1045	Selenium	14335	<0.0005	EPA270.2	0.0005	0.05	08-26-94
1052	Sodium	14335	7.38	EPA200.7	0.001	160	08-22-94
1074	Antimony	14335	<0.003	EPA204.2	0.003	0.006	08-29-94
1075	Beryllium	14335	<0.0002	EPA210.1	0.0002	0.004	08-29-94
1085	Thallium	14335	<0.001	EPA279.2	0.001	0.002	08-29-94
1094	Asbestos	14335		TEM	1	7	

Secondary Chemical Analysis
17-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14335	0.178	EPA200.7	0.002	0.2	08-23-94
1017	Chloride	14335	17.7	EPA325.2	0.01	250	08-30-94
1022	Copper	14335	0.00900	EPA200.7	0.0002	1	08-30-94
1025	Fluoride	14335	0.110	EPA340.1	0.05	2	08-25-94
1028	Iron	14335	0.0453	EPA200.7	0.0002	0.3	08-22-94
1032	Manganese	14335	0.00520	EPA200.7	0.00004	0.05	08-22-94
1050	Silver	14335	<0.0002	EPA200.7	0.0002	0.1	08-30-94
1055	Sulfate	14335	13.1	EPA375.4	1	250	08-26-94
1095	Zinc	14335	0.0271	EPA200.7	0.0001	5	08-30-94
1905	Color (color units)	14335	<5	EPA110.1	5	15	08-18-94
1920	Odor (total odor number)	14335	<1	EPA140.1	1	3	08-18-94
1925	pH	14335	7.47	EPA150.1	0.01	6.5	08-18-94
1930	Total Dissolved Solids	14335	196	EPA160.1	2.5	500	08-30-94
2905	Foaming Agents	14335	<0.1	EPA425.1	0.1	0.5	08-24-94

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

3354648, 3351587, 3350153
3354686, 3354690

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: Amber Hill, Clermont I, Clermont II, Crescent Bay, Crescent West I.D. #: Composite
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/16/94 Sample Time : 0900 - 1130
Sample Location (be specific): comp 1-5
Sampler Name and Phone: Robert Fritsch
Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____ Groups Analyzed: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14335
Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	(X) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
(X) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 (X) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I, Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.

Signature: _____

Title: Technical Director Date: 8/31/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical: _____

Effective 1/93

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # EE3018
FDHRS Lab # 83139
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs FL	407-869-1919
(4) Public Drinking Water ID # 3350153	(5) Public Water System Name: Clermont II	
(6) Project # 89-623W	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers						NOTES:
		HNO_3	$ZnOAC/NaOH$	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	(12) Turn Around Time:
																		10 Working Days:
																		5 Working Days:
																		3 Working Days:
																		1 Working Day :
																		Other:
	1	X								X								Composite: Turbidity & Inorganics with Amber Hill, Clermont I, Crescent Bay & Crescent West
	1									X								
	3			X								X						
	1	X							X									
	1		X															Composite: VOC with Crescent Bay

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
	#1 Clermont II - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Fratesch	8-16	11:00
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

261 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus. (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354648, 3351582
System Name: Amber Hill Clermont I I.D. #: 631,628
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/31/95 Sample Time : 1015
Sample Location (be specific): AH/CL 1
Sampler Name and Phone: Jay Aldrich
Samplers Signature: See Chain of Custody Title: Oper Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw (X)Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19167
Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	(X) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature:_____
Title: Technical Director Date: 9/6/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Volatile Organic Analysis
62-550.310(2)(b)
(PWS028)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2378	1,2,4-trichlorobenzene	19167	<0.5	EPA502.2	0.5	70	09-01-95
2380	cis-1,2-Dichloroethylene	19167	<0.5	EPA502.2	0.5	70	09-01-95
2955	Xylenes (total)	19167	<0.5	EPA502.2	0.5	10000	09-01-95
2964	Dichloromethane	19167	<0.5	EPA502.2	0.5	5	09-01-95
2968	O-dichlorobenzene	19167	<0.5	EPA502.2	0.5	600	09-01-95
2969	Para-dichlorobenzene	19167	<0.5	EPA502.2	0.5	75	09-01-95
2976	Vinyl chloride	19167	<0.5	EPA502.2	0.5	1	09-01-95
2977	1,1,-dichloroethylene	19167	<0.5	EPA502.2	0.5	7	09-01-95
2979	Trans-1,2-dichloroethylene	19167	<0.5	EPA502.2	0.5	100	09-01-95
2980	1,2,-dichloroethane	19167	<0.5	EPA502.2	0.5	3	09-01-95
2981	1,1,1-trichloroethane	19167	<0.5	EPA502.2	0.5	200	09-01-95
2982	Carbon tetrachloride	19167	<0.5	EPA502.2	0.5	3	09-01-95
2983	1,2-dichloropropane	19167	<0.5	EPA502.2	0.5	5	09-01-95
2984	Trichloroethylene	19167	<0.5	EPA502.2	0.5	3	09-01-95
2985	1,1,2-trichloroethane	19167	<0.5	EPA502.2	0.5	5	09-01-95
2987	Tetrachloroethylene	19167	<0.5	EPA502.2	0.5	3	09-01-95
2989	Monochlorobenzene	19167	<0.5	EPA502.2	0.5	100	09-01-95
2990	Benzene	19167	<0.5	EPA502.2	0.5	1	09-01-95
2991	Toluene	19167	<0.5	EPA502.2	0.5	1000	09-01-95
2992	Ethylbenzene	19167	<0.5	EPA502.2	0.5	700	09-01-95
2996	Styrene	19167	<0.5	EPA502.2	0.5	100	09-01-95

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Weathersfield Ave	869-1919

Public Drinking Water ID # 3354648, 3351582 — Public Water System Name: Amber Hill, Clermont I

Project # 631, 628

PO # - KM07109S5

Public Water System Type:
X Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
				X									X					

NOTES:
Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

* Styrofoam Coolers

Composite

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time
	5-30-95		

Parameters: Prim. Inorganics w/o asbestos ___; Asbestos ___; NO3 ___ NO2 ___ THM ___;
Volatile Organics X; Pesticides&PCB's (w/o dioxin) ___; Radiological ___; Secondary Standards ___;
Group I Unreg. ___; Group II Unreg. ___; Group III Unreg. ___; Lead & Copper ___.

Laboratory Number		Client Sample Identification
19167	#1	Amber Hill Point of Entry } Composite
	#2	Clermont I Point of Entry }
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:		8-31-95	10:15
Transporters Signature:		8-31-95	10:15
Lab Acceptance By:		8/31/95	1397

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

3354648, 3351582, 3350152, 3354690

System Name: Amber Hill, Clermont I, Clermont II, Crescent West
I.D. #: 631,628,[redacted],662
Address: 200 Weathersfield Alt.Sprg,FL 32714
Phone #: 407-869-1919
Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/31/95 Sample Time : 1100
Sample Location (be specific): AH/CL1/CL2/CW
Sampler Name and Phone: Jerry Aldrich 407-869-1919
Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
XDistribution entry pt ( )Raw XComposite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

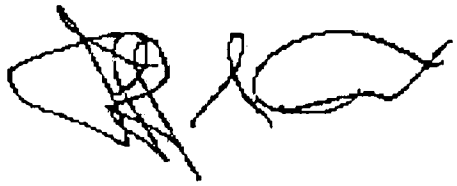
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19169

Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature: _____
Title: Technical Director Date: 9/7/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Inorganic Analysis

62-550.310(1)

(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	19169		EPA206.3	0.0005	0.05	
1010	Barium	19169		EPA208.1	0.01	2	
1015	Cadmium	19169		EPA213.2	0.001	0.005	
1020	Chromium	19169		EPA218.2	0.005	0.1	
1024	Cyanide	19169		EPA335.2	0.005	0.2	
1025	Fluoride	19169		EPA340.1	0.01	4	
1030	Lead	19169		EPA239.2	0.001	0.015	
1035	Mercury	19169		EPA245.2	0.0002	0.002	
1036	Nickel	19169		EPA249.1	0.001	0.1	
1040	Nitrate(as N)	19169	1.52	EPA300.0	0.01	10	09-01-95
1041	Nitrite(as N)	19169	0.0150	EPA300.0	0.01	1	09-01-95
1045	Selenium	19169		EPA270.2	0.0005	0.05	
1052	Sodium	19169		EPA273.1	0.002	160	
1074	Antimony	19169		EPA204.2	0.003	0.006	
1075	Beryllium	19169		EPA210.1	0.0002	0.004	
1085	Thallium	19169		EPA279.2	0.001	0.002	
1094	Asbestos	19169		TEM	1	7	

FLOWER

CHEMICAL LABORATORY INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Westerfield Ave Alt Springs, 32714	407-869-1919

Public Drinking Water ID # 3354648, 3351582, 3354684, 3354610 (3350513)

Public Water System Name: See sample ID section.

Project # 631, 628, 661, 662

PO # - KM071095

Public Water System Type: (X) Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
	5								X									

NOTES:

Turn Around Time

10 Working Days _____

5 Working Days _____

3 Working Days _____

1 Working Days _____

Other _____

* Styrofoam Coolers

* Composite

Kit Relinquished:	Date Time: 5-30-95	Kit Recieved	Date Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 X NO2 X THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification	
	#1	Amber Hill Point of Entry	Composite
	#2	Clermont I Point of Entry	
19169	#3	Clermont II Point of Entry	
	#4	~~Astatula Hwy Point of Entry~~	N/A
	#5	Crescent West Point of Entry	
	#6		
	#7		
	#8		
	#9		
	#10		

		Date	Time
Collectors Signature:		8-31-95	11:00
Transporters Signature:		8-31-95	11:00
Lab Acceptance By:		9/31/95	1301

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Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS

CHEMICAL
LABORATORIES
INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 7 1995
Project Number : 631,628,661,662
PO Number : KM071095
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

RECEIVED
SEP 12 1995

For: AHCL1CL2CW
Date Sampled:Aug31 1995 Date Received:Aug31 1995 Lab Number : 19169

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	19169
Arsenic	mg/L	0.000500			-
Barium	mg/L	0.0100			-
Cadmium	mg/L	0.00100			-
Chromium	mg/L	0.00500			-
Cyanide	mg/L	0.00500			-
Fluoride	mg/L	0.0100			-
Lead	mg/L	0.00100			-
Mercury	mg/L	0.000200			-
Nickel	mg/L	0.00100			-
Nitrate(as N)	mg/L	0.0100	91.6	5.57	1.52
Nitrite(as N)	mg/L	0.0100	95.8	7.26	0.0150
Selenium	mg/L	0.000500			-
Sodium	mg/L	0.00200			-
Antimony	mg/L	0.00300			-
Beryllium	mg/L	0.000200			-
Thallium	mg/L	0.00100			-
Asbestos	MF/L	1.00			-

Data Release Authorization

Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report may not be reproduced in part, results relate only to items tested.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Jefferson L. Flowers, Ph.D
Jefferson S. Flowers, Ph.D
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FLORIDA 32715 - 0597
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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	AH/CL1/CL2/ 19169										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Arsenic	*	mg/L											EPA206.3	0.0005				
Barium	*	mg/L											EPA208.1	0.01				
Cadmium	*	mg/L											EPA213.2	0.001				
Chromium	*	mg/L											EPA218.2	0.005				
Cyanide	*	mg/L											EPA335.2	0.005				
Fluoride	*	mg/L											EPA340.1	0.01				
Lead	*	mg/L											EPA239.2	0.001				
Mercury	*	mg/L											EPA245.2	0.0002				
Nickel	*	mg/L											EPA249.1	0.001				
Nitrate(as N)	*	mg/L	1.52										EPA300.0	0.01	5.5738049	91.68	TRB	09-01-95
Nitrite(as N)	*	mg/L	0.0150										EPA300.0	0.01	7.2623465	95.8	TRB	09-01-95
Selenium	*	mg/L											EPA270.2	0.0005				
Sodium	*	mg/L											EPA273.1	0.002				
Antimony	*	mg/L											EPA204.2	0.003				
Beryllium	*	mg/L											EPA210.1	0.0002				
Thallium	*	mg/L											EPA279.2	0.001				
Asbestos	*	MF/L											TEM	1				

Date Received: 08-31-95 Typed: 09-07-95 Sent: 09-07-95

Project Number	631,628,661,662
PO Number	KM071095
Date Sampled	1 08-31-95 *
Date Analyzed	0
Compacted	1
Format	NormRR
Unit Cost	Exted
NO2:NO3	4350 1 *

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 6, 1995

MICROBIOLOGY

MICROBIOLOGY	METHODS
X Membrane Filter	SM9222B
_ Multiple Tube Fermentation	
X Fecal/E. coli	SM9221E
_ MMO-MUG	
_ P/A	

PRIMARY INORGANIC

1. METALS

	AA(FUR)	ICP	ICP/MS	OTHER
X ANTIMONY	SM3113B			
X ARSENIC	SM3113B			SM3114B
X BARIUM	SM3113B	200.7		SM3111D
X BERYLLIUM	SM3113B	200.7		
X CADMIUM	SM3113B	200.7		
X CHROMIUM	SM3113B	200.7		
X LEAD	SM3113B			
X MERCURY				245.1
X NICKEL		200.7		SM3111B
X SELENIUM	SM3113B			
X SODIUM		200.7		SM3111B
X THALLIUM	200.9			

2. LEAD AND COPPER

X LEAD	SM3113B			
X COPPER				SM3111B

3. CYANIDE

	IC	ISE	UV-VIS	OTHER
X CYANIDE			4500-CN E	

4. NITRATE AND NITRITE

X NITRATE	300.0		353.2	
X NITRITE	300.0		353.2	
X TOTAL NO2-NO3	300.0		353.2	

5. FLUORIDE

X FLUORIDE		SM4500F C		

6. ASBESTOS

_ ASBESTOS				

SECONDARY INORGANIC

	AA(FUR)	ICP	UV-VIS	OTHER
X ALUMINUM		200.7		
X CHLORIDE				SM4500CI- D
X COLOR			SM2120B	
X COPPER	SM3113B	200.7		SM3111B
X FLUORIDE				SM4500F C
X FOAMING AGENTS			SM5540C	
X IRON	SM3113B	200.7		SM3111B
X MANGANESE	SM3113B	200.7		SM3111B
X ODOR				SM2150B
X pH				150.1
X SILVER	SM3113B	200.7		SM3111B
X SULFATE				300.0, 375.4
X TDS				SM2540C
X ZINC		200.7		SM3111B

PESTICIDES AND PCB'S

	GC	GC/MS	HPLC
1. INSECTICIDES			
X ALACHLOR	505, 507		
X ATRAZINE	505, 507		
X CHLORDANE	505, 508		
X ENDRIN	505, 508		
X HEPTACHLOR	505, 508		
X HEPTACHLOR EPOXIDE	505, 508		
X LINDANE	505, 508		
X METHOXYCHLOR	505, 508		
X TOXAPHENE	505, 508		
X HEXACHLOROBENZENE	505, 508		
X HEXACHLOROCYCLOPENTADIENE	505		
X SIMAZINE	505, 507		
2. HERBICIDES			
X 2,4-D	515.1		
X PENTACHLOROPHENOL	515.1		
X 2,4,5-TP (SILVEX)	515.1		
X DALAPON	515.1		
X DINOSEB	515.1		
X PICLORAM	515.1		
3. CARBAMATES			
X CARBOFURAN			531.1
X OXAMYL (VYDATE)			531.1
4. DISINFECTANT BY-PRODUCTS/VOC'S			
X 1,2-DIBROMO-3-CHLOROPROPANE	504.1		
X ETHYLENE DIBROMIDE	504.1		
5. MISCELLANEOUS SOC'S			
X DIQUAT			549.1
X ENDOTHALL	548.1		
X GLYPHOSATE			547
6. PCB'S			
X AROCHLORS	505		
X DECACHLOROBIPHENYL	508A		
7. ADIPATES AND PHTHALATES			
X DI(2-ETHYLHEXYL) ADIPATE		525.2	
X DI(2-ETHYLHEXYL) PHTHALATE		525.2	
8. PAH			
X BENZO(a)PYRENE			550
DIOXIN			
_ 2,3,7,8-TETRACHLORODIBENZO-p-DIOXIN			

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

OTHER REGULATED CONTAMINANTS

1. VOLATILE ORGANIC COMPOUNDS

	GC	GC/MS
X TRICHLOROETHYLENE	502.2	524.2
X TETRACHLOROETHYLENE	502.2	524.2
X CARBON TETRACHLORIDE	502.2	524.2
X VINYL CHLORIDE	502.2	524.2
X 1,1,1-TRICHLOROETHANE	502.2	524.2
X 1,2-DICHLOROETHANE	502.2	524.2
X BENZENE	502.2	524.2
X p-DICHLOROBENZENE	502.2	524.2
X 1,1-DICHLOROETHYLENE	502.2	524.2
X cis-1,2-DICHLOROETHYLENE	502.2	524.2
X 1,2-DICHLOROPROPANE	502.2	524.2
X ETHYLBENZENE	502.2	524.2
X CHLOROBENZENE	502.2	524.2
X o-DICHLOROBENZENE	502.2	524.2
X STYRENE	502.2	524.2
X TOLUENE	502.2	524.2
X trans-1,2-DICHLOROETHYLENE	502.2	524.2
X TOTAL XYLENES	502.2	524.2
X DICHLOROMETHANE	502.2	524.2
X 1,2,4-TRICHLOROBENZENE	502.2	524.2
X 1,1,2-TRICHLOROETHANE	502.2	524.2

2. TRIHALOMETHANES

X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X CHLORODIBROMOMETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X TOTAL TRIHALOMETHANES	502.2	524.2

GROUP I UNREGULATED CONTAMINANTS

1. CARBAMATES

	GC	GC/MS	HPLC
X ALDICARB			531.1
X ALDICARB SULFOXIDE			531.1
X ALDICARB SULFONE			531.1
X CARBARYL			531.1
X 3-HYDROXYCARBOFURAN			531.1
X METHOMYL			531.1

2. HERBICIDES

X ALDRIN	505, 508	_____	_____
X BUTACHLOR	507	_____	_____
X DICAMBA	515.1	_____	_____
X DIELDRIN	505, 508	_____	_____
X METOLACHLOR	507	_____	_____
X METRIBUZIN	507	_____	_____
X PROPACHLOR	508	_____	_____

GROUP II UNREGULATED CONTAMINANTS

	GC	GC/MS
X BROMOBENZENE	502.2	524.2
X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X BROMOMETHANE	502.2	524.2
X CHLOROETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X CHLOROMETHANE	502.2	524.2
X DIBROMOCHLOROMETHANE	502.2	524.2
X DICHLORODIFLUOROMETHANE	502.2	524.2
X p-CHLOROTOLUENE	502.2	524.2
X DIBROMOMETHANE	502.2	524.2
X 1,1-DICHLOROETHANE	502.2	524.2
X 1,3-DICHLOROPROPENE	502.2	524.2
X 1,3-DICHLOROPROPANE	502.2	524.2
X 2,2-DICHLOROPROPANE	502.2	524.2
X TRICHLOROFLUOROMETHANE	502.2	524.2
X 1,2,3-TRICHLOROPROPANE	502.2	524.2
X m-DICHLOROBENZENE	502.2	524.2
X 1,1,1,2-TETRACHLOROETHANE	502.2	524.2
X 1,1,2,2-TETRACHLOROETHANE	502.2	524.2
X METHYL tert-BUTYL ETHER	502.2	524.2
X 1,1-DICHLOROPROPENE	502.2	524.2
X o-CHLOROTOLUENE	502.2	524.2

GROUP III UNREGULATED CONTAMINANTS

1. BASE/NEUTRAL EXTRACTABLES

X BUTYL BENZYL PHTHALATE	_____	625
X DI-n-BUTYL PHTHALATE	_____	625
X DIETHYL PHTHALATE	_____	625
X DIMETHYL PHTHALATE	_____	625
X 2,4-DINITROTOLUENE	_____	625
X DI-n-OCTYL PHTHALATE	_____	625
X ISOPHORONE	_____	625

2. ACID EXTRACTABLES

X 2-CHLOROPHENOL	_____	625
X 2-METHYL-4,6-DINITROPHENOL	_____	625
X PHENOL	_____	625
X 2,4,6-TRICHLOROPHENOL	_____	625

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3351582

System Name: Clermont I I.D. #: 89-628W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-1187

Type (check one): ( )Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 Sample Time : 1130

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Bryan Lavoie

Samplers Signature: See Chain of Custody Title: Op's Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14963

Date Sample(s) Recieved: 10/3/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____

Title: Technical Director Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Secondary Chemical Analysis
62-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14963	0.141	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14963	19.1	EPA325.2	0.01	250	10-10-94
1022	Copper	14963	0.0129	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14963	0.170	EPA340.1	0.05	2	
1028	Iron	14963	0.136	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14963	0.00805	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14963	<0.0002	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14963	28.3	EPA375.4	1	250	10-10-94
1095	Zinc	14963	0.147	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14963	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14963	<1	EPA140.1	1	3	10-04-94
1925	pH	14963	7.40	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14963	216	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14963	<0.1	EPA425.1	0.1	0.5	10-10-94

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-628W
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14963

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14963
Aluminum	mg/L	0.00200	110.	.000	0.141
Chloride	mg/L	0.0100	99.0	.800	19.1
Copper	mg/L	0.000200	104.	.880	0.0129
Fluoride	mg/L	0.0500	117.	.000	0.170
Iron	mg/L	0.000200	106.	1.08	0.136
Manganese	mg/L	0.0000400	96.6	.730	0.00805
Silver	mg/L	0.000200	97.2	.720	<0.000200
Sulfate	mg/L	1.00	96.1	.000	28.3
Zinc	mg/L	0.000100	107.	1.40	0.147
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.40
TDS	mg/L	2.50	75.0	1.82	216.
Foaming_Agents	mg/L	0.100	82.4	.000	<0.100

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14963										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Aluminum	*	mg/L	0.141										EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	19.1										EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.0129										EPA200.7	0.0002	0.888	104	LSM	10-05-94
Fluoride	*	mg/L	0.170										EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.136										EPA200.7	0.0002	1.08	106	LSM	10-05-94
Manganese	*	mg/L	0.00805										EPA200.7	0.00004	0.730	96.6	LSM	10-05-94
Silver	*	mg/L	<0.0002										EPA200.7	0.0002	0.726	97.2	LSM	10-05-94
Sulfate	*	mg/L	28.3										EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.147										EPA200.7	0.0001	1.40	107	LSM	10-05-94
Color (color units)	*	PCU	<5										EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1										EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.40										EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissovled Solids	*	mg/L	216										EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	<0.1										EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number 89-628W

PO Number KM100394

Date Sampled 1 10-03-94 *

Date Analyzed 0

Compacted 1

Format NormRR

Unit Cost Exted

Secs93 19000 1 *

0.00

ENTHALPY ANALYTICAL INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

EDEN Lab # E03018
EDMS Lab # 83133
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	300 Wellington Ave	704-896-4141

(4) Public Drinking Water ID # 3351582 (5) Public Water System Name: Clermont I

(6) Project # 88-628 W (8) Public Water System Type

(7) PO # KM100364 (X) Community ( ) Non Community ( ) Special Non-Community

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Wmn-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time:
(16)	1	X								1									10 Working Days:
	1									1									5 Working Days:
																			3 Working Days:
																			1 Working Day :
																			Other:

(17) Kit Relinquished: (17) Date (17) Time (9) Kit Received (9) Date (9) Time

(10) Parameter Group(s) Analyzed: Turbidity __; Inorganic __; Trihalomethane __; Volitile Organic __; Organic Chemical __; Secondary Chemical X; Radiological __; Unregulated Organic Purgeable __; Unregulated Organic Pesticide __; Unregulated Base Neutral Extractable __; Unregulated Acid Extractable __;

(18) Laboratory Number: 14963

(11) Client Sample Identification

#1 Point of Entry
#2 " " " Pres.
#3
#4
#5
#6
#7
#8
#9
#10

		Date	Time
(13) Collectors Signature:	[signature]	10/3/94	11:30A
(14) Transporters Signature:	[signature]	10/3/94	4:50P
(15) Lab Acceptance By:	[signature]	10/3/94	1612

Over for numbered instructions

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Clermont I I.D. #: 89-628W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/16/94 Sample Time : 1115

Sample Location (be specific): Clermont I

Sampler Name and Phone: Robert Fritsch

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14357

Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( ) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.

Signature: _____

Title: Technical Director Date: 9/2/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical: _____

Effective 1/93

Radiological Analysis
17-550.310(5)
(PWS033)

Parameter ID	NAME	Sample Number	Analysis Result(pCi/l)	Analytical Method	Detection Limit (pCi/l)	Analysis Error	Analysis Date
4000	Gross alpha	14357	2.40	EPA900	0.1	1.00	09-02-94
4012	Photon emitters	14357		-	1		09-02-94
4020	Radium-226	14357		EPA903.1	1		09-02-94
4030	Radium-228	14357		EPA904	1		09-02-94
4100	Gross beta	14357		EPA900	1		09-02-94
4101	Man-made beta & photon emitte	14357		-	1		09-02-94
4102	Tritium	14357		-	1		09-02-94
4172	Strontium-89	14357		-	1		09-02-94
4174	Strontium-90	14357		-	1		09-02-94
4264	Iodine-131	14357		-	1		09-02-94
4270	Cesium-134	14357		-	1		09-02-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83139
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave. Alt Springs	407-869-1919
(4) Public Drinking Water ID # 3351582	(5) Public Water System Name: Clermont I	
(6) Project # 89-628W	(8) Public Water System Type	
(7) PO # KM072694	X Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO_3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time: 10 Working Days: 5 Working Days: 3 Working Days: 1 Working Day : Other:
	1	X								X									Composite: Turbidity & Inorganics with Amber Hill, Clermont II, Crescent Bay, Clermont II & Crescent West
	1									X									
	3			X								X							
	1	X							X										
	3			X								X							
	1																X		Composite: VOC with Amber Hill
																			[redacted]

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I X (Six New Ones); Group II X; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
14357	#1
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Fratsch	8-16	11:15 AM
(14) Transporters Signature:			
(15) Lab Acceptance By:	[signature]	8/16/94	1622

Over for numbered instructions.

481 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)
System Name: Clermont E I.D. #: 3351582
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 869-1919
Type (check one): X Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 11/15/94 Sample Time : 1200
Sample Location (be specific): POE
Sampler Name and Phone: Bill Secoy
Samplers Signature: See Chain of Custody Title: Oper Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
X Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 15397
Date Sample(s) Recieved: 11/15/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 (X) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature: _____
Title: Technical Director Date: 11/30/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Unregulated Group 1 Analysis
62-550.405
(PWS035)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2021	Carbaryl	15397	<2	EPA531.1	2		11-28-94
2022	Methomyl	15397	<2	EPA531.1	2		11-28-94
2043	Aldicarb sulfoxide	15397	<2	EPA531.1	2		11-28-94
2044	Aldicarb sulfone	15397	<2	EPA531.1	2		11-28-94
2045	Metolachlor	15397		EPA507	0.75		
2047	Aldicarb	15397	<1	EPA531	1		11-28-94
2066	3-Hydroxycarbofuran	15397	<2	EPA531	2		11-28-94
2076	Butachlor	15397	<0.4	EPA507	0.4		11-30-94
2077	Propachlor	15397	<0.5	EPA505	0.5		11-30-94
2356	Aldrin	15397		EPA505	0.08		
2364	Dieldrin	15397		EPA505	0.02		
2440	Dicamba	15397		EPA515.1	0.08		
2595	Metribuzin	15397	<0.15	EPA507	0.15		11-30-94

FLOWERS
CHEMICAL
LABORATORIES
INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Nov30 1994
Project Number : 3351582
PO Number : 89-628W
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Nov15 1994 Date Received:Nov15 1994 Lab Number : 15397

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	15397
Carbaryl	ug/L	2.00	90.2	4.70	<2.00
Methomyl	ug/L	2.00	107.	5.29	<2.00
Aldicarb sulfoxide	ug/L	2.00	107.	3.97	<2.00
Aldicarb Sulfone	ug/L	2.00	96.4	5.28	<2.00
Metolachlor	ug/L	0.750			-
Aldicarb	ug/L	1.00	91.4	3.79	<1.00
3-Hydroxycarbofuran	ug/L	2.00	105.	3.38	<2.00
Butachlor	ug/L	0.400			<0.400
Propachlor	ug/L	0.500			<0.500
Aldrin	ug/L	0.0800			-
Dieldrin	ug/L	0.0200			-
Dicamba	ug/L	0.0800			-
Metribuzin	ug/L	0.150			<0.150

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	POE 15397	QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Carbaryl	*	ug/L	<2	EPA531.1	2	4.70	90.2	RAK	11-28-94
Methomyl	*	ug/L	<2	EPA531.1	2	5.29	107	RAK	11-28-94
Aldicarb Sulfoxide	*	ug/L	<2	EPA531.1	2	3.97	107	RAK	11-28-94
Aldicarb Sulfone	*	ug/L	<2	EPA531.1	2	5.28	96.4	RAK	11-28-94
Metolachlor	*	ug/L		EPA507	0.75				
Aldicarb	*	ug/L	<1	EPA531	1	3.79	91.4	RAK	11-28-94
3-Hydroxycarbofuran	*	ug/L	<2	EPA531	2	3.38	105	RAK	11-28-94
Butachlor	*	ug/L	<0.4	EPA507	0.4			CJG	11-30-94
Propachlor	*	ug/L	<0.5	EPA505	0.5			CJG	11-30-94
Aldrin	*	ug/L		EPA505	0.08				
Dieldrin	*	ug/L		EPA505	0.02				
Dicamba	*	ug/L		EPA515.1	0.08				
Metribuzin	*	ug/L	<0.15	EPA507	0.15			CJG	11-30-94

Date Received: 11-15-94 Typed: 11-30-94 Sent: 11-30-94

Project Number	3351582		
PO Number	89-628W		
Date Sampled	1	11-15-94	*
Date Analyzed	0		
Compacted	1		
Format	NormRR		
Unit Cost	Exted		
Grp1-6	31500	1	*

0.00

FLOWER

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc.	200 Weathersfield Ave	407-869-1919

Public Drinking Water ID # 3351582 | Public Water System Name: Clermont 1

Project # 87-628W | PO # Clermont I

Public Water System Type: (X) Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
	1																X	

NOTES:
Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

Kit Relinquished:	Date 11-08-94 Time 11:08	Kit Recieved	Date Time

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 ____ NO2____ THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. X; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.
(Six new contamts, Only)

Laboratory Number		Client Sample Identification
15397	#1	Point of Entry
	#2	
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:	Bill Spencer	11/15/94	
Transporters Signature:	By K B	11/15/94	3:00pm
Lab Acceptance By:	Amarelle/FCL	11/15/94	1500

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Clermont I — I.D. #: ~~0051582~~ 3351582

Address: 200 Weathersfield Ave. Altamonte Springs,FL 32714 — Phone #: 869-1919

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 08/16/94 — Sample Time : 1115

Sample Location (be specific): POE/dist.

Sampler Name and Phone: Robert Fritsch

Samplers Signature: See Chain of Custody — Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. — HRS# 83139 — Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 — Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) — Lab Number: 14326

Date Sample(s) Recieved: 08/16/94 — Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	(X) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature: _____

Title: Technical Director — Date: 08/17/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ — Sample Analysis Satisfactory: _____

Resample Request for: _____ — Reason: _____

Person notified to resample: _____ Date notified: ____/____/____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Unregulated Group II
62-550.410
(PWS034)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2210	Chloromethane	14326	<0.5	EPA502.2	0.5		08-17-94
2212	Dichlorodifluoromethane	14326	<0.5	EPA502.2	0.5		08-17-94
2214	Bromomethane	14326	<0.5	EPA502.2	0.5		08-17-94
2216	Chloroethane	14326	<0.5	EPA502.2	0.5		08-17-94
2218	Trichlorofluoromethane	14326	<0.5	EPA502.2	0.5		08-17-94
2251	Methyl-tert-butyl-ether	14326	<0.5	EPA502.2	0.5		08-17-94
2408	Dibromomethane	14326	<0.5	EPA502.2	0.5		08-17-94
2410	1,1-dichloropropylene	14326	<0.5	EPA502.2	0.5		08-17-94
2412	1,3-dichloropropane	14326	<0.5	EPA502.2	0.5		08-17-94
2413	1,3-dichloropropene	14326	<0.5	EPA502.2	0.5		08-17-94
2414	1,2,3-trichloropropane	14326	<0.5	EPA502.2	0.5		08-17-94
2416	2,2-dichloropropane	14326	<0.5	EPA502.2	0.5		08-17-94
2941	Chloroform	14326	5.01	EPA502.2	0.5		08-17-94
2942	Bromoform	14326	<0.5	EPA502.2	0.5		08-17-94
2943	Bromodichloromethane	14326	1.47	EPA502.2	0.5		08-17-94
2944	Dibromochloromethane	14326	<0.5	EPA502.2	0.5		08-17-94
2965	o-chlorotoluene	14326	<0.5	EPA502.2	0.5		08-17-94
2966	p-chlorotoluene	14326	<0.5	EPA502.2	0.5		08-17-94
2967	m-dichlorobenzene	14326	<0.5	EPA502.2	0.5		08-17-94
2978	1,1-dichloroethane	14326	<0.5	EPA502.2	0.5		08-17-94
2986	1,1,1,2-tetrachloroethane	14326	<0.5	EPA502.2	0.5		08-17-94
2988	1,1,2,2-tetrachloroethane	14326	<0.5	EPA502.2	0.5		08-17-94
2993	Bromobenzene	14326	<0.5	EPA502.2	0.5		08-17-94

CHEMIC LABORATORY INCORPORAT

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83[illegible]
FDHRS Lab # 82[illegible]
NCDEHNR Lab # 29[illegible]
SCDHEC Lab # 98[illegible]

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Westmonfield Ave Alt Springs	407-869-1919
(4) Public Drinking Water ID # 3351582	(5) Public Water System Name: Clermont I	
(6) Project # 89-6286	(8) Public Water System Type	
(7) PO # KM072664	X Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers						NOTES:
		HNO3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	(12) Turn Around Time: 10 Working Days: ____ 5 Working Days: ____ 3 Working Days: ____ 1 Working Day : ____ Other: ____
	1	X								X								Composite: Turbidity & Inorganics
	1									X								with Amber Hill, Clermont II,
	3			X								X						Crescent Bay, Clermont II & Greenleaf
	1	X							X									
	3			X								X						
	1																X	Composite: VOC with Amber Hill
																		[redacted]

(17) Kit Relinquished:	(17) Date (17) Time	(9) Kit Received	(9) Date (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ____; Prim. Organic: Trihalomethane ____;
Volatile Organic Compounds X; Pesticides & PCB's ____; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I X (Six New Ones); Group II X; NO_3 ____ NO_2 ____ Lead & Copper ____

(16) Laboratory Number	(11) Client Sample Identification
[redacted]	#1
14326	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Fantach	8-16	11:15 AM
(14) Transporters Signature:			
(15) Lab Acceptance By:	[signature]	8/16/94	1622

Over for numbered instructions.

451 Newburyport Ave. (P.O. Box 150-597
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-61[illegible]

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

3354648, 3351582, 3350153, 3354690

System Name: Amber Hill, Clermont I, Clermont II, Crescent West
I.D. #: 631,628, [redacted],662
Address: 200 Weathersfield Alt.Sprg,FL 32714
Phone #: 407-869-1919
Type (check one): X Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/31/95 Sample Time : 11:00
Sample Location (be specific): AH/CL1/CL2/CW
Sampler Name and Phone: Jerry Aldrich 407-869-1919
Samplers Signature: See Chain of Custody Title: Oper Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
X Distribution entry pt ( )Raw X Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19169

Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite •

• Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature: _____
Title: Technical Director Date: 9/7/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Inorganic Analysis
62-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	19169		EPA206.3	0.0005	0.05	
1010	Barium	19169		EPA208.1	0.01	2	
1015	Cadmium	19169		EPA213.2	0.001	0.005	
1020	Chromium	19169		EPA218.2	0.005	0.1	
1024	Cyanide	19169		EPA335.2	0.005	0.2	
1025	Fluoride	19169		EPA340.1	0.01	4	
1030	Lead	19169		EPA239.2	0.001	0.015	
1035	Mercury	19169		EPA245.2	0.0002	0.002	
1036	Nickel	19169		EPA249.1	0.001	0.1	
1040	Nitrate(as N)	19169	1.52	EPA300.0	0.01	10	09-01-95
1041	Nitrite(as N)	19169	0.0150	EPA300.0	0.01	1	09-01-95
1045	Selenium	19169		EPA270.2	0.0005	0.05	
1052	Sodium	19169		EPA273.1	0.002	160	
1074	Antimony	19169		EPA204.2	0.003	0.006	
1075	Beryllium	19169		EPA210.1	0.0002	0.004	
1085	Thallium	19169		EPA279.2	0.001	0.002	
1094	Asbestos	19169		TEM	1	7	

FLOWER

CHEMICAL LABORATORY INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD

DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Westhustfield Ave Alt Springs 32714	407-869-1919

Public Drinking Water ID # 3354648, 3351582, 3354684, 3354610 (3350013) Public Water System Name: See sample ID section.

Project # 631, 628, 661, 662

PO # ~ KM071055

Public Water System Type:

[X] Community [ ] Non-Community [ ] Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L
	5								X									✓

NOTES:

Turn Around Time

10 Working Days _____

5 Working Days _____

3 Working Days _____

1 Working Days _____

Other _____

* Styrofoam Coolers

☆ Composite

Kit Relinquished:	Date / Time	Kit Recieved	Date / Time
	5-30-95		

Parameters: Prim. Inorganics w/o asbestos ____; Asbestos ____; NO3 X NO2 X THM ____;
Volatile Organics ____; Pesticides&PCB's (w/o dioxin) ____; Radiological ____; Secondary Standards____;
Group I Unreg. ____; Group II Unreg. ____; Group III Unreg. ____; Lead & Copper ____.

Laboratory Number		Client Sample Identification	
	#1	Amber Hall Point of Entry	
	#2	Clermont 1 Point of Entry	
19169	#3	Clermont 2 Point of Entry	Composite
	#4	~~Belmont Point of Entry~~	N/A
	#5	Crescent West Point of Entry	
	#6		
	#7		
	#8		
	#9		
	#10		

		Date	Time
Collectors Signature:		5-30-95	11:00
Transporters Signature:		5-31-95	11:00
Lab Acceptance By:		5/31/95	1301

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354648

System Name: Amber Hill I.D. #: 89-631W

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 8/16/94 Sample Time : 1130

Sample Location (be specific): Amber Hill

Sampler Name and Phone: Robert Fritsch

Samplers Signature: See Chain of Custody Title: Ops Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: HRS84252 Groups Analyzed: RAD

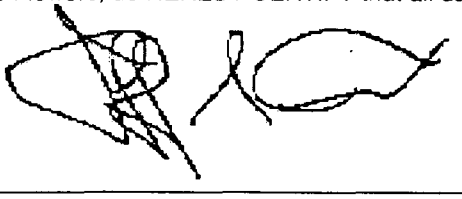
ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14361

Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
( ) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 ( ) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	(X) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.



Signature:_____

Title: Technical Director Date: 9/2/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical:_____

Radiological Analysis
17-550.310(5)
(PWS033)

Parameter ID	NAME	Sample Number	Analysis Result(pCi/l)	Analytical Method	Detection Limit (pCi/l)	Analysis Error	Analysis Date
4000	Gross alpha	14361	4.40	EPA900	0.1	0.600	09-02-94
4012	Photon emitters	14361		-	1		09-02-94
4020	Radium-226	14361		EPA903.1	1		09-02-94
4030	Radium-228	14361		EPA904	1		09-02-94
4100	Gross beta	14361		EPA900	1		09-02-94
4101	Man-made beta & photon emitte	14361		-	1		09-02-94
4102	Tritium	14361		-	1		09-02-94
4172	Strontium-89	14361		-	1		09-02-94
4174	Strontium-90	14361		-	1		09-02-94
4264	Iodine-131	14361		-	1		09-02-94
4270	Cesium-134	14361		-	1		09-02-94

ELCWEBS

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83129
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs Fl	407-869-1919
(4) Public Drinking Water ID # 3354648	(5) Public Water System Name: Amber Hill	
(6) Project # 89-631W	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers						NOTES:
		HNO_3	$ZnOAC/NaOH$	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L	(12) Turn Around Time:
																		10 Working Days:
																		5 Working Days:
																		3 Working Days:
																		1 Working Day :
																		Other:
	1	X								X								Composite: Turbidity & Inorganics with Element 1, Element 2 Creek Bay & Crescent West
	1									X								
	3			X								X						
	1	X							X									
	1		X															Composite: VOC with Element 1

(17) Kit Relinquished:	(17) Date	(9) Kit Received	(9) Date
	(17) Time		(9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___;
Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X;
Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
14361	#1 Amber Hill - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Fintock	8-16	1130
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions

461 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Ph. (407) 339-5364 Fax (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 2 1994
Project Number : 89-631W
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: AMBERHILL
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14361

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14361
Gross alpha excl. Ra	pCi/L	0.100			4.40
Analysis Error	pCi/L	0.100			0.600
Photon emitters	pCi/L	1.00			-
Analysis_Error(Photo	pCi/L	1.00			-
Radium 226	pCi/L	1.00			-
Analysis_Error(226)	pCi/L	1.00			-
Radium 228	pCi/L	1.00			-
Analysis_Error(228)	pCi/L	1.00			-
Gross_Beta	pCi/L	1.00			-
Analysis_Error(Gb)	pCi/L	1.00			-
Man-made beta & phot	pCi/L	1.00			-
Analysis_Error(beta	pCi/L	1.00			-
Tritium	pCi/L	1.00			-
Analysis_Error(Triti	pCi/L	1.00			-
Strontium-89	pCi/L	1.00			-
Analysis_Error(89)	pCi/L	1.00			-
Strontium-90	pCi/L	1.00			-
Analysis_Error(90)	pCi/L	1.00			-
Iodine-131	pCi/L	1.00			-
Analysis_Error(131)	pCi/L	1.00			-
Cesium-134	pCi/L	1.00			-
Analysis_Error(134)	pCi/L	1.00			-

Data Release Authorization

Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

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President/Technical Director

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Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	Amber Hill 14361										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Gross alpha excl. Ra & U	*	pCi/L	4.40										EPA900	0.1			PL	09-02-94
Analysis Error(Ga)	*	pCi/L	0.600										EPA900	0.1			PL	09-02-94
Photon emitters	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(Photon)	*	pCi/L	-										-	1.0			PL	09-02-94
Radium-226	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Analysis Error(226)	*	pCi/L	-										EPA903.1	1.0			PL	09-02-94
Radium-228	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Analysis Error(228)	*	pCi/L	-										EPA904	1.0			PL	09-02-94
Gross beta	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Analysis Error(Gb)	*	pCi/L	-										EPA900	1.0			PL	09-02-94
Man-made beta & photon	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(beta & phc	*	pCi/L	-										-	1.0			PL	09-02-94
Tritium	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(Tritium)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-89	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(89)	*	pCi/L	-										-	1.0			PL	09-02-94
Strontium-90	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(90)	*	pCi/L	-										-	1.0			PL	09-02-94
Iodine-131	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(131)	*	pCi/L	-										-	1.0			PL	09-02-94
Cesium-134	*	pCi/L	-										-	1.0			PL	09-02-94
Analysis Error(134)	*	pCi/L	-										-	1.0			PL	09-02-94

Date Received: 08-17-94 Typed: 09-02-94 Sent: 09-02-94

Project Number	89-631W	
PO Number	KM072694	
Date Sampled	1	08-16-94 *
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
GA	3500	1 *

0.00

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354648, 3351582, 3350153 3354686, 3354690
System Name: Amber Hill, Clermont I, Clermont II, Crescent Bay, Crescent West I.D. #: Composite
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919
Type (check one): XCommunity ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/16/94 Sample Time : 0900 - 1130
Sample Location (be specific): comp 1-5
Sampler Name and Phone: Robert Fritsch
Samplers Signature: See Chain of Custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
XDistribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____ Groups Analyzed: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14335
Date Sample(s) Recieved: Group(s) Analyzed & Results attached for compliance with 17-550, F.A.C.:

(X) Nitrate	(X) Nitrite	( ) Asbestos	(X) Turbidity
Inorganics	Trihalomethanes	Volatile Organics	Secondaries
(X) All 18 ( ) Partial	( ) All 4 ( ) Partial	( ) All 21 ( ) Partial	( ) All 14 (X) Partial
Pesticides & PCBs	Group I Unregulateds	Group II Unregulateds	Radiochemicals
( ) All 29 ( ) Partial	( ) All 13 ( ) Partial	( ) All 37 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all data submitted are correct.

Signature: _____

Title: Technical Director Date: 8/31/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DER /ACPHU Reviewing Offical: _____

Effective 1/93

Turbidity Analysis
17-550.310()
PWS026

Parameter ID	NAME	Sample Number	Analysis Result(NTU)	Analytical Method	Detection Limit (NTU)	MCL	Analysis Date
100	Turbidity	14335	0.300	EPA180.1	0.05	1	08-18-94

Inorganic Analysis
17-550.310(1)
(PWS030)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1005	Arsenic	14335	<0.0005	EPA206.3	0.0005	0.05	08-25-94
1010	Barium	14335	0.00920	EPA200.7	0.00006	2	08-30-94
1015	Cadmium	14335	<0.0001	EPA200.7	0.0001	0.005	08-30-94
1020	Chromium	14335	0.00160	EPA200.7	0.0002	0.1	08-30-94
1024	Cyanide	14335	<0.005	EPA335.2	0.005	0.2	08-29-94
1025	Fluoride	14335	0.110	EPA340.1	0.05	4	08-25-94
1030	Lead	14335	<0.001	EPA239.2	0.001	0.015	08-24-94
1035	Mercury	14335	<0.0002	EPA245.2	0.0002	0.002	08-23-94
1036	Nickel	14335	0.00230	EPA200.7	0.0004	0.1	08-30-94
1038	Total Nitrate+Nitrite	14335	2.54	EPA353.1	0.01	10	08-19-94
1040	Nitrate(as N)	14335	2.54	EPA300.0	0.01	10	08-19-94
1041	Nitrite(as N)	14335	<0.01	EPA300.0	0.01	1	08-18-94
1045	Selenium	14335	<0.0005	EPA270.2	0.0005	0.05	08-26-94
1052	Sodium	14335	7.38	EPA200.7	0.001	160	08-22-94
1074	Antimony	14335	<0.003	EPA204.2	0.003	0.006	08-29-94
1075	Beryllium	14335	<0.0002	EPA210.1	0.0002	0.004	08-29-94
1085	Thallium	14335	<0.001	EPA279.2	0.001	0.002	08-29-94
1094	Asbestos	14335		TEM	1	7	

Secondary Chemical Analysis
17-550.320
(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14335	0.178	EPA200.7	0.002	0.2	08-23-94
1017	Chloride	14335	17.7	EPA325.2	0.01	250	08-30-94
1022	Copper	14335	0.00900	EPA200.7	0.0002	1	08-30-94
1025	Fluoride	14335	0.110	EPA340.1	0.05	2	08-25-94
1028	Iron	14335	0.0453	EPA200.7	0.0002	0.3	08-22-94
1032	Manganese	14335	0.00520	EPA200.7	0.00004	0.05	08-22-94
1050	Silver	14335	<0.0002	EPA200.7	0.0002	0.1	08-30-94
1055	Sulfate	14335	13.1	EPA375.4	1	250	08-26-94
1095	Zinc	14335	0.0271	EPA200.7	0.0001	5	08-30-94
1905	Color (color units)	14335	<5	EPA110.1	5	15	08-18-94
1920	Odor (total odor number)	14335	<1	EPA140.1	1	3	08-18-94
1925	pH	14335	7.47	EPA150.1	0.01	6.5	08-18-94
1930	Total Dissolved Solids	14335	196	EPA160.1	2.5	500	08-30-94
2905	Foaming Agents	14335	<0.1	EPA425.1	0.1	0.5	08-24-94

CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

FDER Lab # E83018
FDHRS Lab # 83129
NCDEHNR Lab # 295
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Weathersfield Ave Alt Springs FL	407-869-1919
(4) Public Drinking Water ID # 3354648	(5) Public Water System Name: Amber Hill	
(6) Project # 89-631W	(8) Public Water System Type	
(7) PO # KM0726694	☒ Community ( ) Non-Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO3	ZnOAC/NaOH	$Na_2S_2O_3$	H_2SO_4	60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time: 10 Working Days: 5 Working Days: 3 Working Days: 1 Working Day : Other:
	1	X								X									
	1									X									Composite: Turbidity & Inorganics with Element 1, Element 2 Crescent Bay & Crescent West
	3			X								X							
	1	X							X										
	1		X																Composite: VOA with Element 1

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

Parameters: Turbidity X; Prim. Inorganic w/o asbestos X; Asbestos ___; Prim. Organic: Trihalomethane ___; Volatile Organic Compounds X; Pesticides & PCB's ___; Radiological X; Secondary Standards X; Unregulated Organic Contaminants: Group I ___; Group II ___; NO_3 ___ NO_2 ___ Lead & Copper ___

(18) Laboratory Number	(11) Client Sample Identification
	#1 Amber Hill - Point of Entry
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	Robert Fintock	8-16	1130
(14) Transporters Signature:			
(15) Lab Acceptance By:		8/16/94	1621

Over for numbered instructions.

461 Newburyport Ave. (P.O. Box 150-597)
Altamonte Springs, FL 32701 (32715)
Fax (407) 260-6110

FLOWERS

CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Aug31 1994
Project Number : Composite
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: COMP15
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14335

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14335
Turbidity	NTU	0.0500	108.	1.79	0.300
Arsenic	mg/L	0.000500	103.	.640	<0.000500
Barium	mg/L	0.0000600	94.3	.440	0.00920
Cadmium	mg/L	0.000100	100.	1.25	<0.000100
Chromium	mg/L	0.000200	91.8	.660	0.00160
Cyanide	mg/L	0.00500	109.	.000	<0.00500
Fluoride	mg/L	0.0500	79.6	.000	0.110
Lead	mg/L	0.00100	90.5	3.22	<0.00100
Mercury	mg/L	0.000200	108.	6.69	<0.000200
Nickel	mg/L	0.000400	85.0	2.86	0.00230
NO3+NO2(as N)	mg/L	0.0100			2.54
Nitrate(as N)	mg/L	0.0100	102.	2.56	2.54
Nitrite(as N)	mg/L	0.0100	86.9	.520	<0.0100
Selenium	mg/L	0.000500	118.	7.07	<0.000500
Sodium	mg/L	0.00100	92.0	.000	7.38
Antimony	mg/L	0.00300	113.	3.47	<0.00300
Beryllium	mg/L	0.000200	107.	1.80	<0.000200
Thallium	mg/L	0.00100	103.	7.13	<0.00100
Asbestos	MF/L	1.00			-
Aluminum	mg/L	0.00200	113.	.130	0.178
Chloride	mg/L	0.0100	89.4	1.27	17.7
Copper	mg/L	0.000200	102.	2.41	0.00900
Fluoride	mg/L	0.0500			0.110
Iron	mg/L	0.000200	100.	.430	0.0453
Manganese	mg/L	0.0000400	104.	.000	0.00520
Silver	mg/L	0.000200	86.3	.920	<0.000200

Data Release Authorization

Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

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President/Technical Director

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Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Aug31 1994
Project Number : Composite
PO Number : KM072694
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: COMP15
Date Sampled:Aug16 1994 Date Received:Aug17 1994 Lab Number : 14335

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14335
Sulfate	mg/L	1.00	114.	.000	13.1
Zinc	mg/L	0.000100	96.0	2.23	0.0271
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	100.	.860	7.47
TDS	mg/L	2.50	86.5	20.7	196.
Foaming_Agents	mg/L	0.100	92.3	.020	<0.100

Data Release Authorization
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151

FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	comp 1-5 14335	QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Turbidity	*	NTU	0.300	EPA180.1	0.05	1.79	108	EVB	08-18-94
Arsenic	*	mg/L	<0.0005	EPA206.3	0.0005	0.640	103	LSM	08-25-94
Barium	*	mg/L	0.00920	EPA200.7	0.00006	0.440	94.3	LSM	08-30-94
Cadmium	*	mg/L	<0.0001	EPA200.7	0.0001	1.25	100	LSM	08-30-94
Chromium	*	mg/L	0.00160	EPA200.7	0.0002	0.664	91.8	LSM	08-30-94
Cyanide	*	mg/L	<0.005	EPA335.2	0.005	0.000	109	TRB	08-29-94
Fluoride	*	mg/L	0.110	EPA340.1	0.05	0.000	79.6	IMC	08-25-94
Lead	*	mg/L	<0.001	EPA239.2	0.001	3.22	90.5	LSM	08-24-94
Mercury	*	mg/L	<0.0002	EPA245.2	0.0002	6.69	108	LSM	08-23-94
Nickel	*	mg/L	0.00230	EPA200.7	0.0004	2.86	85.0	LSM	08-30-94
Total Nitrate+Nitrite	*	mg/L	2.5404	EPA353.1	0.01			ALA	08-19-94
Nitrate(as N)	*	mg/L	2.54	EPA300.0	0.01	2.56	102	ALA	08-19-94
Nitrite(as N)	*	mg/L	<0.01	EPA300.0	0.01	0.529	86.9	ALA	08-18-94
Selenium	*	mg/L	<0.0005	EPA270.2	0.0005	7.07	118	LSM	08-26-94
Sodium	*	mg/L	7.38	EPA200.7	0.001	0.000	92.0	LSM	08-22-94
Antimony	*	mg/L	<0.003	EPA204.2	0.003	3.47	113	LSM	08-29-94
Beryllium	*	mg/L	<0.0002	EPA210.1	0.0002	1.80	107	LSM	08-29-94
Thallium	*	mg/L	<0.001	EPA279.2	0.001	7.13	103	LSM	08-29-94
Asbestos		MFL		TEM	1				
Aluminum	*	mg/L	0.178	EPA200.7	0.002	0.135	113	LSM	08-23-94
Chloride	*	mg/L	17.7	EPA325.2	0.01	1.27	89.4	ALA	08-30-94
Copper	*	mg/L	0.00800	EPA200.7	0.0002	2.41	102	LSM	08-30-94
Fluoride	*	mg/L	0.110	EPA340.1	0.05			IMC	08-25-94
Iron	*	mg/L	0.0453	EPA200.7	0.0002	0.434	100	LSM	08-22-94
Manganese	*	mg/L	0.00520	EPA200.7	0.00004	0.000	104	LSM	08-22-94
Silver	*	mg/L	<0.0002	EPA200.7	0.0002	0.923	86.3	LSM	08-30-94
Sulfate	*	mg/L	13.1	EPA375.4	1	0.000	114	IMC	08-26-94
Zinc	*	mg/L	0.0271	EPA200.7	0.0001	2.23	96.0	LSM	08-30-94
Color (color units)	*	PCU	<5	EPA110.1	5			EVB	08-18-94
Odor (total odor number)	*	TON	<1	EPA140.1	1	0.000		EVB	08-18-94
pH (units)	*	pH	7.47	EPA150.1	0.01	0.863	100	EVB	08-18-94
Total Dissovled Solids	*	mg/L	196	EPA160.1	2.5	20.7	86.5	TDB	08-30-94
Foaming Agents	*	mg/L	<0.1	EPA425.1	0.1	0.027	92.3	TRB	08-24-94

Date Received: 08-17-94 Typed: 08-31-94 Sent: 08-31-94

Project Number	Composite	
PO Number	KM072694	
Date Sampled	1	08-16-94 *
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
INO93_WO_Asb	27000	1 *
Sec93	19000	1 *

0.00

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab)

System Name: Amber Hill I.D. #: 89-631

Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-862-2111

Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): 10/3/94 Sample Time : 1100

Sample Location (be specific): P.O.E.

Sampler Name and Phone: Bryan George

Samplers Signature: See Chain of Custody Title: Oper. Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample

( )Clearance ( ) Thm Max Res Time ( )Plant Tap

(X)Distribution entry pt ( )Raw ( )Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION

Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/95

Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984

Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 14966

Date Sample(s) Recieved: 10/3/94 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	( ) All 21 ( ) Partial	(X) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.

Signature: _____

Title: Technical Director Date: 10/11/94

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical: _____

Effective 9/94

Secondary Chemical Analysis

62-550.320

(PWS031)

Parameter ID	NAME	Sample Number	Analysis Result(mg/l)	Analytical Method	Detection Limit (mg/l)	MCL	Analysis Date
1002	Aluminum	14966	0.128	EPA200.7	0.002	0.2	10-04-94
1017	Chloride	14966	20.1	EPA325.2	0.01	250	10-10-94
1022	Copper	14966	0.00630	EPA200.7	0.0002	1	10-05-94
1025	Fluoride	14966	0.164	EPA340.1	0.05	2	
1028	Iron	14966	0.0461	EPA200.7	0.0002	0.3	10-05-94
1032	Manganese	14966	0.00785	EPA200.7	0.00004	0.05	10-05-94
1050	Silver	14966	<0.0002	EPA200.7	0.0002	0.1	10-05-94
1055	Sulfate	14966	33.4	EPA375.4	1	250	10-10-94
1095	Zinc	14966	0.0322	EPA200.7	0.0001	5	10-05-94
1905	Color (color units)	14966	<5	EPA110.1	5	15	10-04-94
1920	Odor (total odor number)	14966	<1	EPA140.1	1	3	10-04-94
1925	pH	14966	7.37	EPA150.1	0.01	6.5	10-04-94
1930	Total Dissolved Solids	14966	236	EPA160.1	2.5	500	10-10-94
2905	Foaming Agents	14966	<0.1	EPA425.1	0.1	0.5	10-10-94

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Oct11 1994
Project Number : 89-631
PO Number : KM100394
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
A2LA Number : 0312-01
NCDEHNR Number : 296
SCDHEC Number : 96019

For: POE
Date Sampled:Oct 3 1994 Date Received:Oct 3 1994 Lab Number : 14966

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	14966
Aluminum	mg/L	0.00200	110.	.000	0.128
Chloride	mg/L	0.0100	99.0	.800	20.1
Copper	mg/L	0.000200	104.	.880	0.00630
Fluoride	mg/L	0.0500	117.	.000	0.164
Iron	mg/L	0.000200	106.	1.08	0.0461
Manganese	mg/L	0.0000400	96.6	.730	0.00785
Silver	mg/L	0.000200	97.2	.720	<0.000200
Sulfate	mg/L	1.00	96.1	.000	33.4
Zinc	mg/L	0.000100	107.	1.40	0.0322
Color (color units)	PCU	5.00			<5.00
Odor (total odor num	TON	1.00			<1.00
pH	pH	0.0100	99.8	.190	7.37
TDS	mg/L	2.50	75.0	1.82	236.
Foaming_Agents	mg/L	0.100	82.4	.000	<0.100

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report of Analysis may not be reproduced in part.

Jefferson S. Flowers, Ph.d.
President/Technical Director

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Jefferson L. Flowers, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	P.O.E. 14966										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
Aluminum	*	mg/L	0.128										EPA200.7	0.002	0.0	110	LSM	10-04-94
Chloride	*	mg/L	20.1										EPA325.2	0.01	0.809	99.0	ALA	10-10-94
Copper	*	mg/L	0.00630										EPA200.7	0.0002	0.888	104	LSM	10-05-94
Fluoride	*	mg/L	0.164										EPA340.1	0.05	0.000	117	IMC	
Iron	*	mg/L	0.0461										EPA200.7	0.0002	1.08	106	LSM	10-05-94
Manganese	*	mg/L	0.00785										EPA200.7	0.00004	0.730	96.6	LSM	10-05-94
Silver	*	mg/L	<0.0002										EPA200.7	0.0002	0.726	97.2	LSM	10-05-94
Sulfate	*	mg/L	33.4										EPA375.4	1	0.000	96.1	IMC	10-10-94
Zinc	*	mg/L	0.0322										EPA200.7	0.0001	1.40	107	LSM	10-05-94
Color (color units)	*	PCU	<5										EPA110.1	5			EVB	10-04-94
Odor (total odor number)	*	TON	<1										EPA140.1	1	0.000		EVB	10-04-94
pH (units)	*	pH	7.37										EPA150.1	0.01	0.191	99.8	EVB	10-04-94
Total Dissovled Solids	*	mg/L	236										EPA160.1	2.5	1.82	75.0	TDB	10-10-94
Foaming Agents	*	mg/L	<0.1										EPA425.1	0.1	0.000	82.4	TRB	10-10-94

Date Received: 10-03-94 Typed: 10-11-94 Sent: 10-11-94

Project Number	89-631	
PO Number	KM100394	
Date Sampled	1	10-03-94 *
Date Analyzed	0	
Compacted	1	
Format	NormRR	
Unit Cost	Exted	
Secs93	19000	1 *

0.00

ANALYTICAL & CONSULTING CHEMISTS
CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

EPA Lab # 883018
EDMS Lab # 83133
NCDEHNR Lab # 296
SCDHEC Lab # 96019

(1) Client	(2) Address	(3) Phone
Utilities Inc	200 Westhurfield Ave	407-869-1915
(4) Public Drinking Water ID # 3354648	(5) Public Water System Name: Amber Hill	
(6) Project # 89-631	(8) Public Water System Type	
(7) PO # KM100394	(X) Community ( ) Non Community ( ) Special Non-Community	

		Preservative				Plastic Containers						Glass Containers							NOTES:
		HNO3	ZnOAC/NaOH			60ml	125ml	250ml	500ml	1L	Whirl-Pac Bag	40ml	250ml	500ml	1L	2L	4L		(12) Turn Around Time:
(16)																			10 Working Days:
	1	X								1									5 Working Days:
	1									1									3 Working Days:
																			1 Working Day :
																			Other:

(17) Kit Relinquished:	(17) Date / (17) Time	(9) Kit Received	(9) Date / (9) Time

(10) Parameter Group(s) Analyzed: Turbidity __; Inorganic __; Trihalomethane __; Volitile Organic __; Organic Chemical __; Secondary Chemical X; Radiological __; Unregulated Organic Purgeable __; Unregulated Organic Pesticide __; Unregulated Base Neutral Extractable __; Unregulated Acid Extractable __;

(18) Laboratory Number	(11) Client Sample Identification
14966	#1 Point of Entry (Pres.)
	#2
	#3
	#4
	#5
	#6
	#7
	#8
	#9
	#10

		Date	Time
(13) Collectors Signature:	[signature]	10/3/94	11:00A
(14) Transporters Signature:	[signature]	10/3/94	4:00p
(15) Lab Acceptance By:	[signature]	10/3/94	1613

Over for numbered instructions

FLOWERS CHEMICAL LABORATORIES INCORPORATED

ANALYTICAL & CONSULTING CHEMISTS

CHAIN OF CUSTODY RECORD
DRINKING WATER 17-550

Client	Address	Phone
Utilities Inc	200 Weathersfield Ave	862-1919

Public Drinking Water ID # 3354648, 3351582 — Public Water System Name: Amber Hill, Clermont I

Project # 631, 628

PO # - KM07105'5

Public Water System Type: (X) Community ( ) Non-Community ( ) Special Non-Community

Per Site	Total	Preservative: HNO_3	NaOH	$Na_2S_2O_3$	H_2SO_4	Plastic Containers: 60mL	125mL	250mL	500mL	1L	2L	Whirl-Pak Bag	Glass Containers: 40mL Vial	250mL	500mL	1L	2L	4L	
				X									X						

NOTES:

Turn Around Time
10 Working Days ____
5 Working Days ____
3 Working Days ____
1 Working Days ____
Other ____

* Styrofoam Coolers

Composite

Kit Relinquished: [signature] — Date/Time 5-30-95

Kit Recieved — Date — Time

Parameters: Prim. Inorganics w/o asbestos ___; Asbestos ___; NO3 ___ NO2 ___ THM ___;
Volatile Organics X; Pesticides&PCB's (w/o dioxin) ___; Radiological ___; Secondary Standards ___;
Group I Unreg. ___; Group II Unreg. ___; Group III Unreg. ___; Lead & Copper ___.

Laboratory Number		Client Sample Identification
19167	#1	Amber Hill Point of Entry } Composite
	#2	Clermont I Point of Entry }
	#3	
	#4	
	#5	
	#6	
	#7	
	#8	
	#9	
	#10	

		Date	Time
Collectors Signature:	[signature]	8-31-95	10:15
Transporters Signature:	[signature]	8-31-95	10:15
Lab Acceptance By:	[signature]	8/31/95	1397

481 Newburyport Ave. (PO Box 150-597)
Altamonte Springs, FL 32701 (32715)
Bus: (407) 339-5984 Fax: (407) 260-6110

FLOWERS
CHEMICAL LABORATORIES INCORPORATED

RECEIVED SEP 08 1995

Received From:
Utilities Inc.
200 Weathersfield
Alt.Sprg,FL 32714

Date Reported : Sep 6 1995
Project Number : 631,628
PO Number : KM071095
FDHRSDW Number : 83139
FHRS ENVNumber : E83018
FDER COMQAPNum : 86-0008G
LDHH Number : 94-23
NCDEHNR Number : 296
SCDHEC Number : 96019

For: AHCL1
Date Sampled:Aug31 1995 Date Received:Aug31 1995 Lab Number : 19167

REPORT OF ANALYSIS

Parameter	Unit	Method Detection Limit	%ACC	%PRC	19167
1,2,4-trichlorobenze	ug/L	0.500			<0.500
cis-1,2-dichloroethe	ug/L	0.500			<0.500
Xylene	ug/L	0.500	86.6	2.75	<0.500
Methylene chloride	ug/L	0.500	109.	.790	<0.500
o-dichlorobenzene	ug/L	0.500	94.8	1.03	<0.500
Para-dichlorobenzene	ug/L	0.500	94.4	.900	<0.500
Vinyl chloride	ug/L	0.500			<0.500
1,1-dichloroethene	ug/L	0.500	111.	.350	<0.500
t-1,2-dichloroethene	ug/L	0.500	100.	8.31	<0.500
1,2-dichloroethane	ug/L	0.500	112.	1.79	<0.500
1,1,1-trichloroethan	ug/L	0.500	101.	4.43	<0.500
Carbon tetrachloride	ug/L	0.500	108.	1.72	<0.500
1,2-dichloropropane	ug/L	0.500	107.	.610	<0.500
Trichloroethene	ug/L	0.500	106.	.720	<0.500
1,1,2-trichloroethan	ug/L	0.500	103.	.040	<0.500
Tetrachloroethene	ug/L	0.500	108.	.730	<0.500
Chlorobenzene	ug/L	0.500	99.6	.610	<0.500
Benzene	ug/L	0.500	90.8	1.60	<0.500
Toluene	ug/L	0.500	86.1	3.29	<0.500
Ethylbenzene	ug/L	0.500	86.8	2.73	<0.500
Styrene	ug/L	0.500			<0.500

Data Release Authorization
Sample integrity and reliability certified by Lab personnel prior to analysis.
Methods of analysis in accordance with FCL QA and EPA approved methodology.
This Report may not be reproduced in part, results relate only to items tested.

Jefferson S. Flowers, Ph.d.
President/Technical Director

Serving Your Analytical and Environmental Needs Since 1957

Jefferson L. Flower, Ph.D.
Jefferson S. Flowers, Ph.D.
481 NEWBURYPORT
P.O. BOX 150-597
ALTAMONTE SPRINGS
FLORIDA 32715-0597
BUS: (407) 339-5984
FAX: (407) 260-6110

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FLOWERS CHEMICAL LABORATORIES

ANALYTICAL RESULTS FORM HRS Number 83139

Parameter	Symbol	Unit	AH/CL 1 19167										QA Method	QA MDL	Section %RSD	Section %Rec	Analys	Date
1,2,4-trichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
cis-1,2-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
Xylene	*	ug/L	<0.5										EPA502.2	0.5	2.75	86.6	DO	09-01-95
Methylene chloride	*	ug/L	<0.5										EPA502.2	0.5	0.79	109	DO	09-01-95
o-dichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	1.03	94.8	DO	09-01-95
Para-dichlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	0.905	94.4	DO	09-01-95
Vinyl chloride	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95
1,1-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.354	111	DO	09-01-95
t-1,2-dichloroethene	*	ug/L	<0.5										EPA502.2	0.5	8.31	100	DO	09-01-95
1,2-dichloroethane	*	ug/L	<0.5										EPA502.2	0.5	1.79	112	DO	09-01-95
1,1,1-trichloroethane	*	ug/L	<0.5										EPA502.2	0.5	4.43	101	DO	09-01-95
Carbon tetrachloride	*	ug/L	<0.5										EPA502.2	0.5	1.72	108	DO	09-01-95
1,2-dichloropropane	*	ug/L	<0.5										EPA502.2	0.5	0.614	107	DO	09-01-95
Trichloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.723	106	DO	09-01-95
1,1,2-trichloroethane	*	ug/L	<0.5										EPA502.2	0.5	0.0495	103	DO	09-01-95
Tetrachloroethene	*	ug/L	<0.5										EPA502.2	0.5	0.736	108	DO	09-01-95
Chlorobenzene	*	ug/L	<0.5										EPA502.2	0.5	0.615	99.6	DO	09-01-95
Benzene	*	ug/L	<0.5										EPA502.2	0.5	1.6	90.8	DO	09-01-95
Toluene	*	ug/L	<0.5										EPA502.2	0.5	3.29	86.1	DO	09-01-95
Ethylbenzene	*	ug/L	<0.5										EPA502.2	0.5	2.73	86.8	DO	09-01-95
Styrene	*	ug/L	<0.5										EPA502.2	0.5			DO	09-01-95

Date Received: 08-31-95 Typed: 09-06-95 Sent: 09-06-95

Project Number	631,628
PO Number	KM071095
Date Sampled	1 08-31-95 *
Date Analyzed	0
Compacted	1
Format	NormRR
Unit Cost	Exted
VOC93	23000 1 *

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

MICROBIOLOGY	METHODS
X Membrane Filter	SM9222B
_ Multiple Tube Fermentation	
X Fecal/E. coli	SM9221E
_ MMO-MUG	
_ P/A	

PRIMARY INORGANIC

1. METALS	AA(FUR)	ICP	ICP/MS	OTHER
X ANTIMONY	SM3113B			
X ARSENIC	SM3113B			SM3114B
X BARIUM	SM3113B	200.7		SM3111D
X BERYLLIUM	SM3113B	200.7		
X CADMIUM	SM3113B	200.7		
X CHROMIUM	SM3113B	200.7		
X LEAD	SM3113B			
X MERCURY				245.1
X NICKEL		200.7		SM3111B
X SELENIUM	SM3113B			
X SODIUM		200.7		SM3111B
X THALLIUM	200.9			

2. LEAD AND COPPER				
X LEAD	SM3113B			
X COPPER				SM3111B

3. CYANIDE	IC	ISE	UV-VIS	OTHER
X CYANIDE			4500-CN E	

4. NITRATE AND NITRITE				
X NITRATE	300.0		353.2	
X NITRITE	300.0		353.2	
X TOTAL NO2-NO3	300.0		353.2	

5. FLUORIDE				
X FLUORIDE		SM4500F C		

6. ASBESTOS				
_ ASBESTOS				

SECONDARY INORGANIC

	AA(FUR)	ICP	UV-VIS	OTHER
X ALUMINUM		200.7		
X CHLORIDE				SM4500Cl- D
X COLOR			SM2120B	
X COPPER	SM3113B	200.7		SM3111B
X FLUORIDE				SM4500F C
X FOAMING AGENTS			SM5540C	
X IRON	SM3113B	200.7		SM3111B
X MANGANESE	SM3113B	200.7		SM3111B
X ODOR				SM2150B
X pH				150.1
X SILVER	SM3113B	200.7		SM3111B
X SULFATE				300.0, 375.4
X TDS				SM2540C
X ZINC		200.7		SM3111B

PESTICIDES AND PCB'S	GC	GC/MS	HPLC
1. INSECTICIDES			
X ALACHLOR	505, 507		
X ATRAZINE	505, 507		
X CHLORDANE	505, 508		
X ENDRIN	505, 508		
X HEPTACHLOR	505, 508		
X HEPTACHLOR EPOXIDE	505, 508		
X LINDANE	505, 508		
X METHOXYCHLOR	505, 508		
X TOXAPHENE	505, 508		
X HEXACHLOROBENZENE	505, 508		
X HEXACHLOROCYCLOPENTADIENE	505		
X SIMAZINE	505, 507		
2. HERBICIDES			
X 2,4-D	515.1		
X PENTACHLOROPHENOL	515.1		
X 2,4,5-TP (SILVEX)	515.1		
X DALAPON	515.1		
X DINOSEB	515.1		
X PICLORAM	515.1		
3. CARBAMATES			
X CARBOFURAN			531.1
X OXAMYL (VYDATE)			531.1
4. DISINFECTANT BY-PRODUCTS/VOC'S			
X 1,2-DIBROMO-3-CHLOROPROPANE	504.1		
X ETHYLENE DIBROMIDE	504.1		
5. MISCELLANEOUS SOC'S			
X DIQUAT			549.1
X ENDOTHALL	548.1		
X GLYPHOSATE			547
6. PCB'S			
X AROCHLORS	505		
X DECACHLOROBIPHENYL	508A		
7. ADIPATES AND PHTHALATES			
X DI(2-ETHYLHEXYL) ADIPATE		525.2	
X DI(2-ETHYLHEXYL) PHTHALATE		525.2	
8. PAH			
X BENZO(a)PYRENE			550
DIOXIN			
_ 2,3,7,8-TETRACHLORODIBENZO-p-DIOXIN			

STATE OF FLORIDA
DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

LABORATORY: FLOWERS CHEMICAL LABORATORIES CERTIFICATION NUMBER: 83139 EPA: FL00091
DATE: APRIL 19, 1995
SUPERSEDES PREVIOUS ANALYTE SHEET DATED: APRIL 5, 1995

OTHER REGULATED CONTAMINANTS

1. VOLATILE ORGANIC COMPOUNDS

	GC	GC/MS
X TRICHLOROETHYLENE	502.2	524.2
X TETRACHLOROETHYLENE	502.2	524.2
X CARBON TETRACHLORIDE	502.2	524.2
X VINYL CHLORIDE	502.2	524.2
X 1,1,1-TRICHLOROETHANE	502.2	524.2
X 1,2-DICHLOROETHANE	502.2	524.2
X BENZENE	502.2	524.2
X p-DICHLOROBENZENE	502.2	524.2
X 1,1-DICHLOROETHYLENE	502.2	524.2
X cis-1,2-DICHLOROETHYLENE	502.2	524.2
X 1,2-DICHLOROPROPANE	502.2	524.2
X ETHYLBENZENE	502.2	524.2
X CHLOROBENZENE	502.2	524.2
X o-DICHLOROBENZENE	502.2	524.2
X STYRENE	502.2	524.2
X TOLUENE	502.2	524.2
X trans-1,2-DICHLOROETHYLENE	502.2	524.2
X TOTAL XYLENES	502.2	524.2
X DICHLOROMETHANE	502.2	524.2
X 1,2,4-TRICHLOROBENZENE	502.2	524.2
X 1,1,2-TRICHLOROETHANE	502.2	524.2

2. TRIHALOMETHANES

X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X CHLORODIBROMOMETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X TOTAL TRIHALOMETHANES	502.2	524.2

GROUP I UNREGULATED CONTAMINANTS

1. CARBAMATES

	GC	GC/MS	HPLC
X ALDICARB			531.1
X ALDICARB SULFOXIDE			531.1
X ALDICARB SULFONE			531.1
X CARBARYL			531.1
X 3-HYDROXYCARBOFURAN			531.1
X METHOMYL			531.1

2. HERBICIDES

X ALDRIN	505, 508	_____	_____
X BUTACHLOR	507	_____	_____
X DICAMBA	515.1	_____	_____
X DIELDRIN	505, 508	_____	_____
X METOLACHLOR	507	_____	_____
X METRIBUZIN	507	_____	_____
X PROPACHLOR	508	_____	_____

GROUP II UNREGULATED CONTAMINANTS

	GC	GC/MS
X BROMOBENZENE	502.2	524.2
X BROMODICHLOROMETHANE	502.2	524.2
X BROMOFORM	502.2	524.2
X BROMOMETHANE	502.2	524.2
X CHLOROETHANE	502.2	524.2
X CHLOROFORM	502.2	524.2
X CHLOROMETHANE	502.2	524.2
X DIBROMOCHLOROMETHANE	502.2	524.2
X DICHLORODIFLUOROMETHANE	502.2	524.2
X p-CHLOROTOLUENE	502.2	524.2
X DIBROMOMETHANE	502.2	524.2
X 1,1-DICHLOROETHANE	502.2	524.2
X 1,3-DICHLOROPROPENE	502.2	524.2
X 1,3-DICHLOROPROPANE	502.2	524.2
X 2,2-DICHLOROPROPANE	502.2	524.2
X TRICHLOROFLUOROMETHANE	502.2	524.2
X 1,2,3-TRICHLOROPROPANE	502.2	524.2
X m-DICHLOROBENZENE	502.2	524.2
X 1,1,1,2-TETRACHLOROETHANE	502.2	524.2
X 1,1,2,2-TETRACHLOROETHANE	502.2	524.2
X METHYL tert-BUTYL ETHER	502.2	524.2
X 1,1-DICHLOROPROPENE	502.2	524.2
X o-CHLOROTOLUENE	502.2	524.2

GROUP III UNREGULATED CONTAMINANTS

1. BASE/NEUTRAL EXTRACTABLES

X BUTYL BENZYL PHTHALATE	_____	625
X DI-n-BUTYL PHTHALATE	_____	625
X DIETHYL PHTHALATE	_____	625
X DIMETHYL PHTHALATE	_____	625
X 2,4-DINITROTOLUENE	_____	625
X DI-n-OCTYL PHTHALATE	_____	625
X ISOPHORONE	_____	625

2. ACID EXTRACTABLES

X 2-CHLOROPHENOL	_____	625
X 2-METHYL-4,6-DINITROPHENOL	_____	625
X PHENOL	_____	625
X 2,4,6-TRICHLOROPHENOL	_____	625

PUBLIC DRINKING WATER ANALYSIS REPORTING FORMAT

PUBLIC WATER SYSTEM INFORMATION (to be completed by system or lab) 3354648, 3351582
System Name: Amber Hill Element I I.D. #: 631,628
Address: 200 Weathersfield Alt.Sprg,FL 32714 Phone #: 407-869-1919
Type (check one): (X)Community ( )Nontransient Noncommunity ( )Noncommunity

SAMPLE INFORMATION (to be completed by sampler)
Sample Date (MMDDYY): 8/31/95 Sample Time : 1015
Sample Location (be specific): AH/CL 1
Sampler Name and Phone: Jay Aldrich
Samplers Signature: See Chain of Custody Title: Opr Manager

Check Type (s): ( )Distribution ( )Recheck of MCL ( )Resample of Lab Invalidated Sample
( )Clearance ( ) Thm Max Res Time ( )Plant Tap
(X)Distribution entry pt ( )Raw (X)Composite of Multiple Sites-Attach a format for each site

LABORATORY CERTIFICATION INFORMATION
Lab Name: Flowers Chemical Laboratories Inc. HRS# 83139 Expiration Date 6/30/96
Address: PO Box 150-0597 Altamonte Springs, Florida 32715-0597 Phone #: (407) 339-5984
Subcontracted Lab HRS #: _____

ANALYSIS INFORMATION (to be completed by lab) Lab Number: 19167
Date Sample(s) Recieved: 8/31/95 Group(s) Analyzed & Results attached for compliance with 62-550, F.A.C.:

( ) Nitrate	( ) Nitrite	( ) Asbestos	( ) Trihalomethanes
Inorganics	Volatile Organics	Secondaries	Pesticides & PCBs
( ) All 17 ( ) Partial	(X) All 21 ( ) Partial	( ) All 14 ( ) Partial	( ) All 30 ( ) Partial
Group I Unregulateds	Group II Unregulateds	Group III Unregulateds	Radiochemicals
( ) All 13 ( ) Partial	( ) All 23 ( ) Partial	( ) All 11 ( ) Partial	( ) Single Sample
			( ) Qtrly Composite *

* Provide radiochemical sample dates & locations for each quarter

I , Dr. Jefferson S Flowers, do HEREBY CERTIFY that all attached analytical data submitted are correct.



Signature:_____
Title: Technical Director Date: 9/6/95

COMPLIANCE INFORMATION (to be completed by State)

Sample Collection Satisfactory: _____ Sample Analysis Satisfactory: _____

Resample Request for: _____ Reason: _____

Person notified to resample: _____ Date notified: _____/_____/_____

DEP /ACPHU Reviewing Offical:_____

Effective 9/94

Volatile Organic Analysis
62-550.310(2)(b)
(PWS028)

Parameter ID	NAME	Sample Number	Analysis Result(ug/l)	Analytical Method	Detection Limit (ug/l)	MCL	Analysis Date
2378	1,2,4-trichlorobenzene	19167	<0.5	EPA502.2	0.5	70	09-01-95
2380	cis-1,2-Dichloroethylene	19167	<0.5	EPA502.2	0.5	70	09-01-95
2955	Xylenes (total)	19167	<0.5	EPA502.2	0.5	10000	09-01-95
2964	Dichloromethane	19167	<0.5	EPA502.2	0.5	5	09-01-95
2968	O-dichlorobenzene	19167	<0.5	EPA502.2	0.5	600	09-01-95
2969	Para-dichlorobenzene	19167	<0.5	EPA502.2	0.5	75	09-01-95
2976	Vinyl chloride	19167	<0.5	EPA502.2	0.5	1	09-01-95
2977	1,1,-dichloroethylene	19167	<0.5	EPA502.2	0.5	7	09-01-95
2979	Trans-1,2-dichloroethylene	19167	<0.5	EPA502.2	0.5	100	09-01-95
2980	1,2,-dichloroethane	19167	<0.5	EPA502.2	0.5	3	09-01-95
2981	1,1,1-trichloroethane	19167	<0.5	EPA502.2	0.5	200	09-01-95
2982	Carbon tetrachloride	19167	<0.5	EPA502.2	0.5	3	09-01-95
2983	1,2-dichloropropane	19167	<0.5	EPA502.2	0.5	5	09-01-95
2984	Trichloroethylene	19167	<0.5	EPA502.2	0.5	3	09-01-95
2985	1,1,2-trichloroethane	19167	<0.5	EPA502.2	0.5	5	09-01-95
2987	Tetrachloroethylene	19167	<0.5	EPA502.2	0.5	3	09-01-95
2989	Monochlorobenzene	19167	<0.5	EPA502.2	0.5	100	09-01-95
2990	Benzene	19167	<0.5	EPA502.2	0.5	1	09-01-95
2991	Toluene	19167	<0.5	EPA502.2	0.5	1000	09-01-95
2992	Ethylbenzene	19167	<0.5	EPA502.2	0.5	700	09-01-95
2996	Styrene	19167	<0.5	EPA502.2	0.5	100	09-01-95

ORIGINAL
FILE COPY

Lake Utility Services, Inc.

Docket No. 960444-WU

Engineering Schedules
Book 2 of 3

Test Year Ended December 31, 1995

DOCUMENT NUMBER-DATE
06109 JUN-3 96
FPSC-RECORDS/REPORTING

Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Wate and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0359N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Amber Hill PWS Identification No.: 3354648
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
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- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
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- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 10-6-95
Signature and Date

H.J. Aldrich C-6368
Name and Certificate Number (please type or print)

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Wate and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0359N

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- System Owner
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  Address: 200 Weathersfield Ave.
  City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  Address: 200 Weathersfield Ave.
  City: Altamonte Springs State: FL Zip Code: 32714
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- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCT 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

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11-6-95
Signature and Date

H. J. Alpuch C-6368
Name and Certificate Number (please type or print)

Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Wate and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0359N

I GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

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- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov. 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

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H J Weber 12-1-95
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Wate and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0359N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Amber Hill PWS Identification No.: 3354648
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd: • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95: See Page 2

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

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[signature] 1-12-96
Signature and Date

H.S. Arnold C-6368
Name and Certificate Number (please type or print)

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0359N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Amber Hill PWS Identification No.: 3354648
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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H. J. Aldrich — Signature and Date

H. J. Aldrich C-6368 — Name and Certificate Number (please type or print)

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0359N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Amber Hill PWS Identification No.: 3354648
- System Owner
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  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
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  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

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H J Aldrich 7-10-95
Signature and Date

H.J. Aldrich C-6368
Name and Certificate Number (please type or print)

CUP# 2-069-0359N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

CUP# 2-069-0359N

PWS ID No. 3359648 PWS Name Amber Hill Location: City or S/D Clermont
Owned by Utilities Inc. of Florida Phone No. (407) 869-1914 Reporting Month Feb 95
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 34 No of People Served at End of Month
Design Flow 0.396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	1537000	25							26.8	21.6		
Average	54893	0.9							1.1	0.9		
Maximum	192000	2							1.4	1.1		
Minimum	1000	0.5							1.0	0.8		
1	.146	2							1.0	0.8		
2	.000	0							1.0	0.8		
3	.049	1							1.1	0.8		
4	.034	0.5										
5	.033	0.5							1.1	1.0		
6	.087	2							1.2	1.0		
7	.072	2							1.4	1.1		BACT-TS
8	.057	2							1.1	1.0		
9	.128	4							1.0	0.8		
10	.065	2							1.2	1.1		
11	.012	0.5										
12	.013	0.5							1.0	0.8		
13	.000	0							1.0	0.8		
14	.000	0							1.0	0.8		
15									1.2	1.0		
16	.117	2							1.3	1.0		
17	.182	2							1.4	1.1		
18	.001	0.5							1.3	1.1		
19	.000	0										
20	.000	0							1.0	0.8		
21	.000	0							1.0	0.8		
22	.160	1							1.2	0.8		
23	.001	0.5							1.0	0.8		
24	.082	1							1.0	0.8		
25	.083	0.5										
26	.083	0.5							1.1	0.8		
27	.192	1							1.0	0.8		
28	.000	0							1.2	1.0		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(9/92)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Amberhill

Month/Year Feb 95

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
2-24-95	30	25		1:00-1:30	750	Hydrant bottom Amber Ave

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

CUP# 2-069-0359N

PWS ID No. 3354648 PWS Name Amber Hill Location: City or S/D Clermont

Owned by Utilities Inc. of Florida Phone No (407)869-1914 Reporting Month March 95

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 34 No of People Served at End of Month 102

Design Flow 0.396 MGD Remarks (Use reverse side)

Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2813,000	43.5							26.2	19.4		
Average	90741	1.4							0.8	0.6		
Maximum	313,000	4							1.4	1.0		
Minimum	3 000	0.5							0.5	0.4		
1	.000	0							1.0	0.8		
2	.000	0							1.0	0.8		
3	.015	0.5							1.1	1.0		
4	.199	2										
5	199	2							0.4	0.4		
6	148	2							1.0	0.8		
7	.176	2							0.8	0.6		
8	.000	0							1.2	1.0		
9	.090	1							1.0	0.8		
10	.087	1							1.1	0.8		
11	.003	0.5										
12	.004	0.5							1.1	0.8		
13	.000	0							1.0	0.8	3	BACT-Ts
14	.096	1							1.0	0.8		
15	.094	1							1.0	0.8		
16	.000	0							1.0	0.8		
17	.210	4							1.2	0.8		
18	.161	3							1.0	0.8		
19	.191	4										
20	.191	4							1.0	0.8		
21	.000	0							1.0	0.8		
22	.160	3							1.4	1.0		
23	.130	2							1.0	0.8		
24	.094	1							1.0	0.8		
25	.060	1										
26	.060	1							0.9	0.6		
27	.092	1							1.0	0.7		
28	.047	1							1.0	0.6		
29	.042	1							0.7	0.6		
30	.313	4							0.5	0.5		
31	.000								0.8	0.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/92)
Effective 11/1/88

Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Wate and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0359N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Amber Hill PWS Identification No.: 3354648
- System Owner

Name: Utilities, Inc, of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant

Name: Utilities, Inc, of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 9-14-95
Signature and Date

H.J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submission per F.A.C. Form 62-555.910(3)

System PWS Identification Number 3354648

Treatment Plant Name: Amber Hill

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		.124	1.4	1.0			
2		.110	1.2	1.0			
3		.103	1.2	0.8			
4		.000	1.0	0.8			
5		.166					
6		.167	1.1	0.8			
7		.233	1.6	1.1			
8		.193	1.5	1.0			
9		.184	1.8	1.1	3	1.0	
10		.132	1.5	1.0			
11		.066	1.5	1.0			
12		.262	1.8	1.0			
13		.261					
14		.222	1.8	1.0			
15		.157	1.5	1.0			
16		.274	1.4	1.0			
17		.241	1.4	1.0			
18		.257	1.5	1.0			
19		.207					
20		.201	1.4	1.0			
21		.246	1.5	1.0			
22		.050	1.5	1.0			
23		.063	1.8	1.0			
24		.166	1.5	1.0			
25		.144	1.5	1.0			
26		.129					
27		.129	1.6	1.1			
28		.210	1.4	1.0			
29		.243	1.4	1.0			
30		.075	1.0	0.8			
31		.027	0.8	0.8			
Total	XXXXXX	5,049,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	162,870	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	297,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectan concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire o telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

631-Amber Hill Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	2.290	61.5	.074	.173		0.186	
February	1.537	25	.055	.192	.001	1.310	
March	2.813	43.5	.091	.313			
April	3.383	-	.113	.361		2.765	
May	4.533	-	.146	.356			
June	6.636	-	.221	.304		2.944	
July	6.137	-	.198	.300			
August	5.049	-	.163	.297		2.085	
September	5.545	-	.191	.295			
October	4.387	-	.142	.278		1.884	
November	5.568	-	.186	.245			
December	4.377	-	.141	.301		1.719	
Total	52.255	130	.143	.361	.001	12.893	52.254

PERCENTAGE
25%

Year-end Information

These three systems interconnected.

	Pumped Less Flushed	Sold
Amber Hill	52.254	12.893
Clermont I	12.768	42.081
Lake Ridge	33.212	37.349
Totals	98.234	92.323

PERCENTAGE
94%

CUP# 2-069-0359N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

CUP# 2-069-0359N

PWS ID No. 3354648 PWS Name Amber Hill Location: City or S/D Clermont
Owned by Utilities Inc. of Florida Phone No (407)869-1919 Reporting Month JAN 95
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 34 No of People Served at End of Month
Design Flow 0.396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2290 000	61.5							29.4	24		
Average	73870	1.9							1.0	.8		
Maximum	173 000	4							1.4	1.0		
Minimum	3000	1							1.0	0.8		
1	.140	3							1.3	1.0		
2	.173	3							1.3	1.0		
3	.173	3							1.1	1.0		
4	.000	0							1.1	1.0		
5	.008	0							1.0	0.8		
6	.000	0							1.0	0.8		
7	.121	3										
8	.121	3							1.2	1.0		
9	.137	3							1.1	1.0		
10	.000	0							1.0	0.8		
11	.000	0							1.1	0.8		
12	.000	0							1.0	0.8		
13	.141	3							1.1	1.0		
14	.102	4										
15	.103	4							1.3	1.0		
16	.104	3							1.2	1.0		
17	.115	3							1.1	1.0		
18	.105	4							1.2	1.0		
19	1.26	4							1.3	1.0		
20	.106	2							1.2	1.0		
21	.029	1							1.4	1.0		
22	.043	1										
23	.043	1							1.2	1.0		
24	.003	0.5							1.0	0.8		
25	.057	1							1.0	0.8		
26	.000	0							1.0	0.8		
27	.000	0							1.0	0.8		
28	.100	4										
29	.100	4							1.2	1.0		
30	.136	4							1.0	0.8		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9/92)
Previous Editions

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0359N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Amber Hill PWS Identification No.: 3354648
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Aldrich 6-9-95
Signature and Date

H.J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354648

Treatment Plant Name: Amber Hill

Reporting Month/Year:

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

631-Amber Hill Drinking Water Report

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	1.901	74	.061	.164	.000	0.400		
February	2.171	79	.078	.202				
March	1.911	81	.061	.221	.100	1.269		
April	3.364	109	.112	.300				
May	6.034	216	.195	.367		2.216		
June	2.892	110	.096	.216				
July	2.341	90	.076	.211	0.2	1.927		
August	2.040	75	.066	.152	.000			
September	2.707	106	.090	.267		1.050		
October	1.948	73	.063	.193	.000			
November	2.381	78	.079	.256		1.063		
December	3.387	64	.113	.240	.050	0.557		
Total	33.077	1155	.091	.367	.350	8.481		32.727
								PERCENTAGE
								26%
			These three systems		Amber Hill	32.727	8.481	
			interconnected.		Clermont I	15.194	34.960	
					Lake Ridge	22.487	21.318	
						70.408	64.759	
								PERCENTAGE
								92%

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC. OF FL Phone No. (407)869-1919 Reporting Month Jan 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 32 No. of People Served at End of Month 112
Design Flow 3.96 Remarks (Use reverse side)
Provide Name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Mike Gaveletz C5642
Bryon Gongre B 6568 Phillip Story C 5986 Ken Miller B4239

I certify this report is correct Robert D. Fritsch (Lead Operator's Signature) C (Cert. Level) 6146 (Cert. No.)

Days of Month	Total Water treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.901	74		4.7					35.7	27.9		
Average	.061	2.4		4.7					1.4	1.1		
Maximum	.164	7		5.1					3.0	2.5		
Minimum	.000	0		0.0					0.0	.6		
1	.000											
2	.000											
3	.001								1.2	.7		
4	.600								1.2	.7		
5	.003								3.0	2.5		
6	.000								1.2	1.5		
7	.151	8		6.2					1.8	1.4		
8	.150	6		5.8					1.5	1.6		
9	.097	3		2.6								
10	.135	3		2.6					.6	.6		
11	.002								1.5	1.6		
12	.600								2.0	1.4		
13	.000								1.4	1.0	3	
14	.074	3		4.8					1.2	1.6		
15	.065	2		3.7					1.7	.9		
16	.099	5		6.1								
17	.098	5		6.1					.8	1.4		
18	.107	4		4.5					.7	.9		
19	.045	1		2.7					3.0	2.0		
20	.043	1		2.8					1.4	1.9		
21	.089	4		5.4					1.4	1.4		
22	.102	2		2.3					1.5	1.2		
23	.115	7		7.2								
24	.115	7		7.2					1.4	1.0		
25	.111	5		5.4					1.3	.8		
26	.104	4		4.4					1.8	1.4		
27	.041	2		5.8					1.8	1.1		
28	.002								.9	.7		
29	.001								1.1	.8		
30	.000											
31	.000								1.1	.7		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(8)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Amber Hill

Month/Year Jan 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
						No flushing this period !!
						R 7 2-8-94

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month Feb 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 32 No. of People Served at End of Month 112
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lamphere C7253
Bryan Gongre B6568 Mike Gavelete C6542
I certify this report is correct Robert D. Fritsch C6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	2.171	79		4.3					29.2	28.6		
Average	.078	2.8		4.3					1.3	1.0		
Maximum	.202	9		5.0					3.5	3.6		
Minimum	.000	0		0.0					.4	.4		
1	.093	4		5.2					1.7	1.2		
2	.118	5		5.6					1.3	1.1		
3	.112	5		5.4					2.0	1.6		
4	.137	6		5.2					.8	.4		
5	000											
6	001											
7	000								.6	.6		
8	.106	6		6.8					1.4	1.0		
9	.174	7		4.8					1.3	1.0	3	
10	.063	3		9.3					1.5	1.1		
11	.069	4		6.1					1.5	1.2		
12	.161	6		4.5								
13	.161	6		4.5					1.4			
14	.151	3		2.9					.4	1.0		
15	.079	1		1.5					.5	.4		
16	.199	6		3.6					1.7	1.3		
17	000								1.1	.7		
18	.001								.7	.5		
19	000											
20	001											
21	000								.7	.5		
22	.002								1.0	0.5		
23	000								.9	.5		
24	000								1.8	1.2		
25	000								1.6	1.3		
26	.150	4		3.2								
27	.150	4		3.2					1.8			
28	.202	9		5.3					3.5	3.0		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 1/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month March 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 33 No. of People Served at End of Month 116
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Lanphere C725
Bryan Gongre B 6566

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.911	81		5.1					41.8	24.2		
Average	.061	2.6		5.1					1.5	1.1		
Maximum	.221	10		5.9					3.5	3.0		
Minimum	.000	0		0.0					.4	.3		
1	.166	7		5.1					2.2	1.6		
2	.146	6		4.9					1.3	.9		
3	.033	2		7.3					1.4	1.6		
4	000								1.4	1.6		
5	000	0										
6	.001	0							1.8			
7	004								1.6	1.0		
8	172	8		5.4					.8	.8		
9	.149								0.4	0.3		
10	027								1.0	.7		
11	.000								2.5	1.3		
12	.000											
13	.000								1.9			
14	.000								2.0	1.3		
15	.169	6		2.1					2.0	1.1		
16	.172	7		8.4					1.6	1.0		
17	.180	5		5.3					1.5	1.0	3	
18	.202	10		5.9					1.6	1.6		
19	.000											
20	.001								1.2			
21	000								1.3	.9		
22	000								1.0	.6		
23	.130	7		6.4					1.4	1.0		
24	.141	8		6.4					3.5	3.0		
25	129	6		5.6					1.5	1.2		
26	.221	2		1.1								
27	.221			1.1					1.5			
28	.001								1.1	.7		
29	.055	2		4.3					.8	.6		
30	000								1.5	1.0		
31	001								1.8	1.2		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/21)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month APRIL 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 28 No. of People Served at End of Month 96
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Fretsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3.364	109		3.9					38.6	26.6		
Average	.112	3.6		3.9					1.5	1.3		
Maximum	.300	15		6.6					3.5	3.6		
Minimum	.000	0		0.0					.5	.4		
1	000								1.3	.8		
2	.237	10		5.1								
3	.238	11		5.5					1.6			
4	.300	15		6.0					3.0	2.5		
5	.220	10		5.4					3.5	3.0		
6	095								1.4	1.1		
7	001								1.4	1.1	3	
8	000								1.8	1.2		
9	000	0										
10	000	0							1.6			
11	.000								1.6	1.0		
12	.003								0.8	0.7		
13	.000								1.3	1.0		
14	.279	4		1.7					0.5	0.4		
15	.252	4		1.9					1.0	0.8		
16	.283	7		3.0								
17	.283	8		3.4					0.8			
18	.143	3		2.5					1.0	.7		
19	.000								2.0	1.7		
20	000								1.2	1.0		
21	.147	4		3.6					.8	1.0		
22	.059	1		2.6					1.2	1.0		
23	.000	0										
24	.000	0							1.0			
25	000								1.4	1.0		
26	.114	5		5.3					1.4	1.0		
27	.100	3		3.6					1.1	2.0		
28	.201	7		4.0					3.0	1.8		
29	.235	9		4.6					2.8	1.8		
30	.251	8		3.8								
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month May 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 333 No. of People Served at End of Month 1116
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lamphere C-7253
Bryan Gongre B6568 Chuck Schwades C 6877
I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	6.031	216		4.3					41.3	23.9		
Average	.195	7		4.3					1.5	1.0		
Maximum	.367	17		5.5					3.5	2.2		
Minimum	.000	0		0.0					.9	.6		
1	.251	9		4.3					1.2			
2	.322	14		5.2					3.5	2.2		
3	.250	11		5.3					2.8	1.9		
4	.189	8		5.1					1.0	0.7	3	
5	.175	5		3.4					0.7	0.7		
6	.193	6		3.7					1.5	1.0		
7	.275	10		4.8								
8	.28	11		5.2					1.9			
9	.312	7		2.7					1.1	0.7		
10	.174	5		3.1					1.5	0.8		
11	.000	0							1.2	0.7		
12	.155	5		3.9					2.1	1.0		
13	.207	3		1.7					1.4	0.9		
14	.250	8		3.8								
15	.250	7		3.3					1.5			
16	.359	11		3.7					1.1	.8		
17	.042	2		5.7					0.9	.6		
18	.022	1		5.6					1.4	1.0		
19	.001	0							1.1	.7		
20	.000	0							1.1	.7		
21	.000	0										
22	.000	0							1.0			
23	.000								1.6	.8		
24	.297	9		3.6					.9	.6		
25	.336	12		4.3					2.0	1.4		
26	.367	17		5.5					1.8	1.0		
27	.280	12		4.5					2.0	1.4		
28	.278	10		4.3								
29	.277	10		4.3					1.7			
30	.245	14		6.4					1.8	1.4		
31	.212	9		5.1					1.8	1.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UN

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month 98
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 28 No. of People Served at End of Month
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J LAMPHERE C7253
BRYAN GONSKE B6568 PHIL STORY
I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.892	110		4.5					34.4	25.9		
Average	.096	3.7		4.6					1.3	1.1		
Maximum	.216	10		5.5					2.5	2.0		
Minimum	.000	0		0.0					.4	.5		
1	.185	7		4.5					1.5	1.0		
2	.079	4		6.1					1.5	1.0		
3	.000	0							1.8	1.2		
4	.000											
5	.000								0.4	1.0		
6	.215	9		5.0					1.3	.8		
7	.199	6		3.6					1.5	1.4		
8	.155	5		3.9					0.5	1.6		
9	.188	5		3.2					.6	1.0		
10	.078	6		9.2					.6	1.0		
11	.168	6		4.3								
12	.169	6		4.2					0.8			
13	.216	10		5.5					1.3	1.0		
14	.121	6		5.9					1.0	1.6		
15	.170	8		5.4					1.2	.9		
16	.115	2		2.1					.6	.8		
17	.000								2.0	1.6		
18	.000											
19	.000	0							1.6			
20	000								1.4	1.0		
21	000								1.4	1.6		
22	000								1.2	.6		
23	.060	2		4.0					2.0	1.6		
24	.055	3		6.5					1.8	1.4		
25	.123	5		4.9								
26	.124	5		4.9					1.4			
27	.181	9		6.0					2.5	2.0		
28	.168	6		4.3					1.2	.9		
29	.000	0							0.6	0.5		
30	.000	0							2.5	1.7		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form [illegible]
Effective [illegible]

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UN

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month JULY - 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 33 No. of People Served at End of Month 116
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Jeff Longhere C-7253
Robert Fritsch C-6140, Brian Cangre B-6568

I certify this report is correct Robert D Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in MG	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.341	90		~~91.4~~ 486					45.1	26.2	3	
Average	.076	3.0		4.5					1.7	1.2		
Maximum	.211	13		7.4					2.8	2.1		
Minimum	.000	0		~~3.8~~					.8	.5		
1	.000	0							2.0	1.3		
2	.010	0										
3	.000	0							1.5			
4	.000	0							~~2.6~~	1.2		
5	.000	0							~~1.0~~	1.1		
6	.000	0							~~2.2~~	~~1.0~~		
7	000	0							~~2.8~~	2.0		
8	.157	8		3.9					1.8	1.2		
9	.153	6		4.1								
10	.153	7		5.5					2.1			
11	.211	13		7.4					2.5	2.1		
12	.122	5		4.9					1.5	1.1		
13	.000								2.0	1.4		
14	.000	0							2.5	1.7		
15	000								2.0	1.4		
16	.000											
17	.000								1.8			
18	000								.8	.7		
19	.162	6		4.4					1.5	1.1	3	
20	.199	8		4.6					1.5	1.1		
21	.053	3		6.8					1.6	1.1		
22	.173	5		3.5					1.6	1.2		
23	.165	5										
24	.165	5		~~4.8~~					1.8			
25	.157	6		6.1					.8	.5		
26	.117	4		4.1					1.2	.8		
27	.035	1		3.5					.8	.8		
28	.146	7		5.7					2.5	2.0		
29	.110	4		4.4					1.0	1.3		
30	.081											
31	.082								4.2			

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(9/92)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Amber Hill

Month/Year August 1994

TEST DATE	FLUSHING TIME (MIN)	ACTIVATED WITH	BY	LINE FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING FOUND OR LINE BREAK
NO FLUSHING TO REPORT AT THIS PERIOD!						

CUP# 2-069-0359 WM

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354648 PWS Name Amber Hill Location: City or S/D Clermont
Owned by Utilities Inc. of Florida Phone No (407) 869-1919 Reporting Month August 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 28 No. of People Served at End of Month 98
Design Flow .396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568, Robert Fritsch C-6140, Jeff Lamphere C-7253, Ken Miller B 4239

I certify this report is correct Bry K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.040	15		131.9					41.3	26.4	3	
Average	.066	2.4		4.3					1.5	1.1		
Maximum	.152	9		20.0					3.0	2.4		
Minimum	.000	0.5		0					0.5	0.5		
1	.095	4		5.0					1.8	1.4		
2	.003	0.5		20.0					0.7	0.7		
3	.012	1.5		15.0					0.9	0.7		
4	.000	0		0					2.5	2.0		
5	.000	0		0					1.8	1.9		
6	.000	0		0								
7	.000	0		0					1.9			
8	.000	0		0					0.8	0.6		
9	.000	0		0					0.9	0.6		
10	.000	0		0					1.5	1.0	3	
11	.142	6		5.1					1.6	1.2		
12	.127	5		4.7					3.0	2.4		
13	.103	4		4.7								
14	.104	4		4.6					2.2			
15	.152	9		7.1					1.6	1.2		
16	.140	6		5.1					1.6	1.2		
17	.116	6		6.2					2.2	1.6		
18	.144	6		5.0					1.8	1.2		
19	.128	3		2.9					1.5	1.0		
20	.100	2		2.4								
21	.090	2		2.7								
22	.090	1		1.3					1.1	0.7		
23	.024	1		5.0					0.5	0.5		
24	.000	0		0					1.9	1.2		
25	.035	1		3.4					1.2	0.8		
26	.043	2		5.6					1.6	0.9		
27	.050	2		4.8					1.5	1.0		
28	.062	3		5.8								
29	.062	2		3.9					1.4	0.9		
30	.091	5		6.6					2.0	1.2		
31	.117	5		5.1					1.8	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

CUP # 2-069-0359 N

PWS ID No 3354648 PWS Name Amber Hill Location: City or S/D Clermont

Owned by Utilities Inc of Florida Phone No (407) 869-1989 Reporting Month September 1994

Plant Effluent pH (Avg) 7.6 No of Services at End of Month 33 No of People Served at End of Month 116

Design Flow 0.396 MGD Remarks (Use reverse side)

Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Jeff Lamphere C7253

I certify this report is correct Bryan K Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.707	106		82.4					54.1	26.9		
Average	.090	3.5		2.7					2.1	1.2		
Maximum	.267	10		8.9					2.5	1.6		
Minimum	.000	0		0					1.5	0.6		
1	.140	7		6.0					2.0	1.2		
2	.153	6		4.7					2.0	1.1		
3	.000	0		0					1.8	1.0		
4	.000	0		0								
5	.000	0		0					1.5	1.0		
6	.221	10		5.4					2.0	1.2		
7	.228	10		5.3					2.2	1.4		
8	.267	10		4.5					2.5	1.1		
9	.163	6		4.4					2.0	1.2		
10	.164	4		2.9								
11	.164	4		2.9					2.3	~~1.6~~		
12	.226	10		5.3					2.5	~~1.6~~ 1.6	3	
13	.152	5		3.9					2.2	1.8		
14	.115	4		4.2					2.5	1.3		
15	.141	5		4.3					2.5	1.2		
16	.108	8		8.9					2.3	1.3		
17	.100	4		4.8								
18	.100	4		4.8					2.5			
19	.188	6		3.8					2.5	1.2		
20	.057	3		6.3					1.8	1.0		
21	.000	0		0					1.6	1.0		
22	.000	0		0					0.8	0.6		
23	.000	0		0					2.0	1.2		
24	.000	0		0					1.5			
25	.000	0		0								
26	.000	0		0					2.5	1.3		
27	.000	0		0					2.3	1.2		
28	.000	0		0					2.5	1.4		
29	.000	0		0					2.2	1.2		
30	.000	0		0					1.6	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.901(2)
Effective 1/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month October 1999
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 33 No. of People Served at End of Month 116
Design Flow .396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Gongre, B6568
Ken Miller B4239, Jeff Lanphere C-7253, Chuck Schwades C6873

I certify this report is correct Bryan K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.948	73		249.1 600.0					47.4	25.5	3	
Average	.063	2		60.8					1.8	1.2		
Maximum	0.193	7		60.0					2.4	1.7		
Minimum	0	0		0					0.8	0.3		
1	.094	3		3.8								
2	.094	4		5.1					2.3			
3	.095	3		3.8					2.4	1.4		
4	.103	4		4.7					2.4	1.3		
5	.079	3		4.6					2.3	1.4		
6	.100	4		4.8					2.2	1.0		
7	.054	3		6.7					0.8	0.3		
8	.000	0		0								
9	.000	0		0					1.3			
10	.000	0		0					0.7	0.5		
11	.148	5		4.1					2.3	1.7		
12	.105	4		4.6					2.0	1.3		
13	.119	5		5.0					2.2	1.4		
14	.148	6		4.9					1.8	1.2		
15	.143	5		4.2								
16	.143	5		4.2					1.6			
17	.153	7		5.5					2.0	1.4		
18	.164	4		2.9					1.8	1.2		
19	.193	5		3.1					2.0	1.4		
20	.007	1		17.1					2.0	1.4		
21	.000	0		0					1.8	1.3		
22	.000	0		0								
23	.000	0		0					1.6			
24	.000	0		0					2.0	1.6	3	
25	.003	1		40.0					1.8	1.2		
26	.000	0		0					2.0	1.4		
27	.000	0		0					1.5	1.0		
28	.000	0		0					1.6	1.1		
29	.001	0.5		60.0								
30	.001	0.5		60.0					1.4			
31	.000	0		0					1.6	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DEP Form 17-555(9/92)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Amber Hill

Month/Year Oct. 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
		NO FLUSHING TO REPORT				

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month November 1994
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	23810∞	78							43.3	28.2		
Average	79366	2.6							1.6	1.0		
Maximum	256000	8							2.1	1.3		
Minimum	4000	0.5							1.0	0.7		
1	.000	0		0					2.0	1.3		
2	.000	0		0					1.8	1.2		
3	.219	5							2.0	1.3		
4	.197	6							2.0	1.3		
5	.194	6										
6	.200	6							2.1	1.1		
7	.256	8							2.0	1.0		
8	.004	0							1.8	1.1		
9	.000	0							1.5	1.1		
10	.050	1							1.0	0.7		
11	.267	8							1.8	1.1		
12	.146	5										
13	.146	5							1.4	1.1		
14	.156	6							1.8	1.2		
15	.000	2							1.5	1.0		
16	.000	0							1.8	1.2		
17	.000	0							1.6	1.0		
18	.000	0							1.8	1.2		
19	.093	4										
20	.093	3							2.0	1.2		
21	.063	3							1.8	1.2		
22	.000	0							1.5	1.1		
23	.167	1							1.6	1.1		
24	.012	0.5							1.5	0.7		
25	.014	0.5							1.2	0.8		
26	.021	1										
27	.021	1							1.1	0.8		
28	.000	0							1.5	1.1		
29	.162	6							1.8	1.2		
30	0	0							1.5	1.1		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(92)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 UM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354648 PWS Name AMBERHILL Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month Dec 84
Plant Effluent pH (Avg) _____ No. of Services at End of Month 29 No. of People Served at End of Month 29
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6361
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3,387,000	64							31.7		24	
Average	112,900	2.1							1.0		0.8	
Maximum	240,000	7							1.7		1.2	
Minimum	42,000	1							0.9		0.7	
1	.240	5							1.5		1.0	
2	.142	7							1.6		1.1	
3	.167	5										
4	.162	5							1.7		1.1	
5	.141	6							1.5		1.0	
6	.000	0							1.4		1.0	
7	.000	0							1.2		1.0	
8	.000	0							1.0		0.8	
9	.000	0							1.0		0.8	
10	.000	0										
11	.000	0							0.9		0.8	
12	.000	0							1.0		0.8	
13	.172	6							1.2		0.8	
14	.135	4							1.3		0.8	
15	.163	5							1.3		0.8	
16	.169	6							1.4		1.0	
17	.000	0										
18	.000	0							1.2		1.0	
19	.000	0							1.0		0.8	
20	.047	1							1.0		0.8	
21	.127	5							1.2		1.0	
22	.000	0							1.2		1.0	
23	.000	0							1.6		0.8	
24	.000	0							1.1		1.0	
25	.000	0										
26	.000	0							1.0		0.7	
27	.000	0							1.0		0.8	
28	.149	3							1.0		1.0	
29	.136	3							1.5		1.1	
30	.168	4							1.5		1.2	
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(27)
Effective 11/1/88

631-Amber Hill Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	2.290	61.5	.074	.173		0.186	
February	1.537	25	.055	.192	.001	1.310	
March	2.813	43.5	.091	.313			
April	3.383	-	.113	.361		2.765	
May	4.533	-	.146	.356			
June	6.636	-	.221	.304		2.944	
July	6.137	-	.198	.300			
August	5.049	-	.163	.297		2.085	
September	5.545	-	.191	.295			
October	4.387	-	.142	.278		1.884	
November	5.568	-	.186	.245			
December	4.377	-	.141	.301		1.719	
Total	52.255	130	.143	.361	.001	12.893	52.254

PERCENTAGE
25%

Year-end Information

These three systems interconnected.

	Pumped Less Flushed	Sold
Amber Hill	52.254	12.893
Clermont I	12.768	42.081
Lake Ridge	33.212	37.349
Totals	98.234	92.323

PERCENTAGE
94%

CUP# 2-069-0359N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

CUP# 2-069-0359N

PWS ID No. 3359648 PWS Name Amber Hill Location: City or S/D Clermont
Owned by Utilities Inc. of Florida Phone No (407)869-1919 Reporting Month JAN 95
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 34 No of People Served at End of Month
Design Flow 0.396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No (s) for all Certified Operators working at the plant for month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No)

Days of Month	Total Water Treated in Gals.	Chlorine								Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	2290000	61.5								29.4	24		
Average	73870	1.9								1.0	.8		
Maximum	173000	4								1.4	1.0		
Minimum	3000	1								1.0	0.8		
1	.140	3								1.3	1.0		
2	.173	3								1.3	1.0		
3	.173	3								1.1	1.0		
4	.000	0								1.1	1.0		
5	.008	0								1.0	0.8		
6	.000	0								1.0	0.8		
7	.121	3											
8	.121	3								1.2	1.0		
9	.137	3								1.1	1.0		
10	.000	0								1.0	0.8		
11	.000	0								1.1	0.8		
12	.000	0								1.0	0.8		
13	.141	3								1.1	1.0		
14	.102	4											
15	.103	4								1.3	1.0		
16	.104	3								1.2	1.0		
17	.115	3								1.1	1.0		
18	.105	4								1.2	1.0		
19	1.26	4								1.3	1.0		
20	.106	2								1.2	1.0		
21	.029	1								1.4	1.0		
22	.043	1											
23	.043	1								1.2	1.0		
24	.003	0.5								1.0	0.8		
25	.057	1								1.0	0.8		
26	.000	0								1.0	0.8		
27	.000	0								1.0	0.8		
28	.100	4											
29	.100	4								1.2	1.0		
30	.136	4								1.0	0.8		
31													

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.901(2)
Effective 11/1/88

CUP# 2-069-0359N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

CUP# 2-069-0359N

PWS ID No. 3359648 PWS Name Amber Hill Location: City or S/D Clermont
Owned by Utilities Inc. of Florida Phone No. (407) 869-1914 Reporting Month Feb 95
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 34 No. of People Served at End of Month
Design Flow 0.396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1537000	25							26.8	21.6		
Average	54892	0.9							1.1	0.9		
Maximum	192000	2							1.4	1.1		
Minimum	1000	0.5							1.0	0.8		
1	.146	2							1.0	0.8		
2	.000	0							1.0	0.8		
3	.049	1							1.1	0.8		
4	.034	0.5										
5	.033	0.5							1.1	1.0		
6	.087	2							1.2	1.0		
7	.072	2							1.4	1.1		BACT-TS
8	.057	2							1.1	1.0		
9	.128	4							1.0	0.8		
10	.065	2							1.2	1.1		
11	.012	0.5										
12	.013	0.5							1.0	0.8		
13	.000	0							1.0	0.8		
14	.000	0							1.0	0.8		
15									1.2	1.0		
16	.117	2							1.3	1.0		
17	.182	2							1.4	1.1		
18	.001	0.5							1.3	1.1		
19	.000	0										
20	.000	0							1.0	0.8		
21	.000	0							1.0	0.8		
22	.160	1							1.2	0.8		
23	.001	0.5							1.0	0.8		
24	.082	1							1.0	0.8		
25	.083	0.5										
26	.083	0.5							1.1	0.8		
27	.192	1							1.0	0.8		
28	.000	0							1.2	1.0		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(9)(27)
Effective 11/11/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Amberhill

Month/Year Feb 85

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
2-24-85	30	25		1:00-1:30	750	Hydrant bottom Amber Ave

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

CUP# 2-069-0359N

PWS ID No. 3359648 PWS Name Amber Hill Location: City or S/D Clermont

Owned by Utilities Inc. of Florida Phone No (407)869-1914 Reporting Month March 95

Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 34 No. of People Served at End of Month 102

Design Flow 0.396 MGD Remarks (Use reverse side)

Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2813,000	43.5							26.2	19.4		
Average	90741	1.4							0.8	0.6		
Maximum	313,000	4							1.4	1.0		
Minimum	3000	0.5							0.5	0.4		
1	.000	0							1.0	0.8		
2	.000	0							1.0	0.8		
3	.015	0.5							1.1	1.0		
4	.199	2										
5	199	2							0.4	0.4		
6	148	2							1.0	0.8		
7	.176	2							0.8	0.6		
8	.000	0							1.2	1.0		
9	.090	1							1.0	0.8		
10	.087	1							1.1	0.8		
11	.003	0.5										
12	.004	0.5							1.1	0.8		
13	.000	0							1.0	0.8	3	BACT-Ts
14	.096	1							1.0	0.8		
15	.094	1							1.0	0.8		
16	.000	0							1.0	0.8		
17	.210	4							1.2	0.8		
18	.161	3							1.0	0.8		
19	.191	4										
20	.191	4							1.0	0.8		
21	.000	0							1.0	0.8		
22	.160	3							1.4	1.0		
23	.130	2							1.0	0.8		
24	.099	1							1.0	0.8		
25	.060	1										
26	.060	1							0.9	0.6		
27	.088	1							1.0	0.7		
28	.047	1							1.0	0.6		
29	.042	1							0.7	0.6		
30	.313	4							0.5	0.5		
31	.000								0.8	0.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10)(2)
Effective 11/1/88

Department of
Environmental Protection

Alternate/Substitute (DEP Form 62-555.910(3))

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0359N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Amber Hill PWS Identification No.: 3354648
- System Owner

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H. J. Aldrich
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number ~~3350153~~ 3351582

Treatment Plant Name Clermont IX

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.014	1.0	0.6			
2		.014	1.1	0.8			
3		.005					
4		.004	0.9	0.6			
5		.003	1.0	0.6			
6		.008	1.0	0.6			
7		.008	1.0	0.6			
8		.015	1.2	0.8			
9		.013	1.0	0.6			
10		.014					
11		.013	1.2	0.6			
12		.015	1.0	0.6			
13		.012	1.0	0.6	4	0.6	
14		.011	1.0	0.8			
15		.089	1.2	0.8			
16		.089	1.0	0.7			
17		.072					
18		.073	1.0	0.6			
19		.091	0.8	0.5			
20		.085	1.0	0.6			
21		.073	1.3	0.8			
22		.123	1.2	0.8			
23		.075	1.2	0.8			
24		.043	1.1	0.7			
25		.030					
26		.030	1.0	0.7			
27		.024	1.0	0.7			
28		.023	1.3	0.8			
29		.016	1.0	0.8			
30		.041	1.0	0.7			
31							
Total	XXXXXX	1,131,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	37,700	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	123,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# ~~2-069-0446N~~ 2-069-0447N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont I X — PWS Identification No.: 3351582 ~~3350153~~
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .071MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H.J. Aldrich 7-10-95
Signature and Date

H.J. Aldrich C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3351582

Treatment Plant Name Clermont I

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		.002	1.0	0.7			
2		002					
3		003	1.0	0.7			
4		020	1.0	0.8			
5		024	1.0	0.8			
6		024	2.0	1.1			
7		003	1.8	1.0			
8		006	1.6	1.0			
9		006					
10		006	1.5	1.0			
11		018	1.2	1.0			
12		020	1.2	1.0			
13		013	1.2	1.0			
14		026	1.0	0.8			
15		025	1.2	0.8			
16		020	1.1	08			
17		016					
18		016	1.0	0.8			
19		043	1.2	0.8			
20		042	1.2	0-8			
21		033	1.0	0.8			
22		043	1.0	0.8	4	0.8	
23		033					
24		034	1.0	0.8			
25		009	1.0	0.8			
26		020	1.0	0.8			
27		011	1.0	0.8			
28		012	1.0	0.8			
29		013	0.8	0-8			
30							
31							
Total	XXXXXX	543,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	18,724	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	43,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectan concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire c telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

(model)

Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0447N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont I — PWS Identification No.: 3351582
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .115MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 10-6-95
Signature and Date

H. T. Arnold C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3351582

Treatment Plant Name Clermont I

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCT 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		037	0.7	0.6			
2		123	0.6	0.4			
3		131	2.5	1.0			
4		006	2.0	1.0			
5		037	1.8	1.0			
6		003	1.8	1.0			
7		003					
8		003	1.6	1.0			
9		003	1.8	1.0			
10		013	1.3	0.8			
11		000	1.0	0.6			
12		005	1.0	0.6	4		
13		002	0.8	0.6			
14		001					
15		002	0.8	0.5			
16		001	1.0	0.6			
17		006	1.0	0.6			
18		004	1.0	0.6			
19		001	1.0	0.6			
20		002					
21		002	0.9	0.6			
22		010	1.0	0.6			
23		000	1.0	0.6			
24		021	1.0	0.6			
25		020	1.0	0.6			
26		040	1.0	0.6			
27		045	1.3	0.8			
28		050					
29		050	1.2	0.8			
30		054	1.2	0.8			
31		052	1.0	0.8			
Total	XXXXXX	748,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	24,129	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX		XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0447N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont I PWS Identification No.: 3351582
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: ____; • Total Population Served at End of Reporting Month: ____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .115MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OcT 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

11-6-95
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3351582

Treatment Plant Name Clermont I

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		017	1.0	0.6			
2		043	1.3	0.8			
3		044	1.3	0.8			
4		041					
5		041	1.2	0.8			
6		037	1.0	0.6			
7		034	1.0	0.6	4	0.6	
8		032	1.4	1.0			
9		032	1.5	0.8			
10		043	1.5	0.7			
11		035					
12		036	1.3	0.8			
13		043	1.5	1.0			
14		039	1.3	1.0			
15		040	1.3	1.0			
16		054	1.8	1.0			
17		028					
18		033	1.5	1.0			
19		034	1.4	1.0			
20		033	1.2	0.8			
21		034	1.0	0.8			
22		032	1.2	0.8			
23		030	2.0	1.3			
24		030					
25		025	1.6	1.0			
26		025	1.4	1.0			
27		042	1.2	0.8			
28		044	1.0	0.8			
29		039	1.0	0.8			
30		040	1.0	0.8			
31							
Total	XXXXXX	1080000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	36,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	54,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0447N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont I PWS Identification No.: 3351582
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: X community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .115MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF NOV 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

R J Aldrich 12-1-95
Signature and Date

H.J. ALDRICH C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3351582

Treatment Plant Name Clermont I

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		45	1.0	0.6			
2		30	0.9	0.6			
3		33					
4		40	1.0	0.6			
5		27	1.0	0.6			
6		23	1.0	0.6			
7		30	1.2	0.6			
8		25	1.0	0.6			
9		22					
10		23	1.1	0.8			
11		17	1.0	0.7	4	0.7	
12		33	1.0	0.7			
13		55	1.8	1.0			
14		41	2.0	1.0			
15		34	1.8	1.0			
16		42					
17		42	1.5	0.8			
18		46	1.2	0.8			
19		20	1.5	0.8			
20		26	1.5	0.8			
21		57	1.2	0.8			
22		17	1.2	0.8			
23		23					
24		23	1.2	0.8			
25		22	1.3	0.8			
26		8	1.0	0.6			
27		15	1.0	0.6			
28		18	1.0	0.6			
29		30	1.2	0.8			
30		34					
31		34	1.0	0.6			
Total	XXXXXX	931,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	30,032	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	57,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

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Environmental Protection

Alternate/Substitute DEP Form 62-555.910(1)

Monthly Operation Report for Public Water Systems that Use Ground Wate and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0447N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont I — PWS Identification No.: 3351582
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .115MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95: See Page

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAININ EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

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- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 1-12-96
Signature and Date

R T Branch C-6361
Name and Certificate Number (please type or print)

628-Clermont I

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	1.271	28	.041	.117		1.102	
February	1.201	22	.043	.138	.001	5.612	
March	1.138	29	.037	.178			
April	1.186	-	.040	.097		8.773	
May	0.897	-	.029	.099			
June	1.131	-	.038	.123		8.727	
July	1.838	-	.063	.104			
August	0.805	-	.026	.104		5.962	
September	0.543	-	.019	.043			
October	0.748	-	.024	.131		6.489	
November	1.080	-	.036	.054			
December	0.931	-	.030	.057		5.417	
Total	12.769	79	.035	.178	.001	42.081	12.768

PERCENTAGE
330%

Year-end information

These three systems interconnected.

	Pumped Less Flushed	Sold
Amber Hill	52.254	12.893
Clermont I	12.768	42.081
Lake Ridge	33.212	37.349
Totals	98.234	92.323

PERCENTAGE
94%

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D SUB.
Owned by U.P. LTD. INC. Phone No: 869-1919 Reporting Month JAN 95
Plant Effluent pH (Avg) _____ No. of Services at End of Month 106 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6388
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.271.000	28							29.1	22.8		
Average	41.000	0.9							1.0	.8		
Maximum	117.000	3							1.8	1.2		•
Minimum	2.000	2							0.8	0.7		
1	.028								0.9	0.7		
2	.020								0.8	0.7		
3	.033	2							1.0	0.8		
4	.045								1.0	0.8		
5	.040								1.0	0.8		
6	.055	3							1.0	0.8		
7	.043											
8	.040								0.9	0.7		
9	.026	2							1.0	0.8		
10	.036								1.0	0.8		
11	.117	2							1.0	0.8		
12	.105	2							1.0	0.8		
13	.036	2							1.1	0.8		
14	.008											
15	.008								0.9	0.7		
16	.002	2							1.0	0.8		
17	.016								1.1	1.0		
18	.014	2							1.0	0.8		
19	.013								1.1	0.8		
20	.010	2							1.0	0.8		
21	.071								0.8	0.8		
22	.051											
23	.091	3							1.0	0.8		
24	.042								1.2	1.0		
25	.029	2							1.8	1.2		
26	.005								1.8	1.2		
27	.006	2							1.3	1.0		
28	.085											
29	.085								1.4	1.1		
30	.054	2							1.0	0.8		
31	.018								1.0	0.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(8)(b)(2)
Effective 11/1/88

CUP # 2-069-0447N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name Clermont I Location: City or S/D Clermont
Owned by Utilities Inns Fla Phone No: 869-1919 Reporting Month Feb 95
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 106 No. of People Served at End of Month
Design Flow Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1201000		22						25.7	20.7		
Average	42892		0.7						1.0	0.8		
Maximum	138 000		2						1.4	1.1		
Minimum	6000		0						0.8	0.6		
1	.044		2						1.1	1.0		
2	.049								1.2	1.0		
3	.021		2						1.0	0.8		
4	.123											
5	.123								0.9	0.7		
6	.120		2						0.9	0.7		
7	.138								1.4	1.1		BACT-TS
8	.115		2						1.2	1.0		
9	.063								1.1	0.8		
10	.105		2						0.8	0.6		
11	.021											
12	.021								1.0	0.8		
13	.013		2						0.8	0.6		
14	.006								1.2	1.0		
15	.102		2						1.5	1.1		
16	.027								1.2	1.0		
17	.032		2						1.4	1.1		
18	.006								1.2	1.0		
19	.000											
20	.000		2						1.0	0.8		
21	.000								0.8	0.6		
22	.030		2						1.0	0.8		
23	.015								1.2	1.0		
24	.010		2						1.2	1.0		
25	.000											
26	.000		0						1.0	0.8		
27	.011								1.0	0.8		
28	.006		0						0.8	0.6		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.900(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Clermont F

Month/Year Feb 85

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
2-22-85	30	25		1:30-2:00	750	Hydrant at bottom of Anderson H. II

CUP
2-069-0447W

State of Florida
Department of Environmental Regulation

CUP
2-069-0447W

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name Clermont I Location City or S/D Clermont

Owned by Utilities Inc Fla Phone No. 865-1919 Reporting Month March 95

Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 106 No. of People Served at End of Month 318

Design Flow 1115 Remarks (Use reverse side)

Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1138000		29						27.7	21.6		
Average	36709		0.9						1.0	0.8		
Maximum	178 000		5						1.6	1.1		
Minimum	8000		2						0.4	0.7		
1	.008		2						1.1	0.8		
2	.016								1.2	1.0		
3	.036		2						1.2	1.0		
4	.027											
5	.027								1.0	0.8		
6	.043		2						1.0	0.8		
7	.039								1.2	0.8		
8	.034		2						1.0	0.8		
9	.014								1.0	0.8		
10	.008		2						1.0	0.8		
11	.044											
12	.044								0.9	0.8		
13	.044		2						1.0	0.8	4	BACT-TS
14	.135								1.2	0.9		
15	.073		2						1.4	1.1		
16	.178								1.0	0.8		
17	.037		2						1.1	0.8		
18	.008								1.1	0.8		
19	.008											
20	.007		2						1.1	0.8		
21	.026								1.0	0.8		
22	.039		2						1.2	1.0		
23	.032								1.0	0.8		
24	.033		2						1.0	0.8		
25	.021											
26	.022								1.0	0.8		
27	.022								0.7	0.7		
28	.035		5						0.4	0.7		
29	.021								1.3	0.8		
30	.032								1.6	0.9		
31	.025		2									

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.900(2)
Effective 11/1/88

Department of
Environmental Protection

Alternate Substitute DEP Form 62 555 910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0447N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont I — PWS Identification No.: 3351582
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .115MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF _____: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Aldrich 5-5-95
Signature and Date

H. J ALDRICH C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittals: DEP Form 62-555.910(3)

System PWS Identification Number 3351582

Treatment Plant Name Clermont 1

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF APRIL 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000	1.1	0.8			
2		.002	1.0	0.8			
3		.011	1.4	0.8			
4		.030	1.4	0.8			
5		.000	1.0	0.7			
6		.000	1.1	0.8			
7		.000					
8		.003	1.0	0.6			
9		.003	0.8	0.6			
10		.000	1.2	0.8			
11		.028	1.2	0.8			
12		.036	1.4	1.0			
13		.049	1.2	0.8	2		
14		.047					
15		.044	0.9	0.6			
16		.043	1.0	0.7			
17		.082	1.0	0.7			
18		.054	0.8	0.6			
19		.086	1.2	0.8			
20		.090	1.0	0.6			
21		.097					
22		.075	0.9	0.6			
23		.075	1.0	0.6			
24		.068	1.0	0.6			
25		.092	1.0	0.6			
26		.042	1.2	0.8			
27		.035	1.2	0.8			
28		.016					
29		.039	1.1	0.8			
30		.039	1.0	0.7			
31							
Total	XXXXXX	1186000	XXXXXXXXXXXX	XXXXXXXXXX	2	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	39533	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	97000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0447N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont I — PWS Identification No.: 3351582
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .115MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Aldrich 6-9-95
Signature and Date

H.J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submission for DEP Form No. 555 910(3)

System PWS Identification Number 3351582

Treatment Plant Name: Clermont I

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.023	1.0	0.6			
2		.010	0.8	0.6			
3		.030	1.0	0.8			
4		.023	1.0	0.6			
5		.022	1.2	0.8			
6		.020					
7		.020	1.0	0.8			
8		.024	1.1	0.8			
9		.026	0.6	0.4			
10		.099	1.0	0.6			
11		.081	1.0	0.7			
12		.028	0.8	0.6			
13		.071					
14		.072	0.9	0.6			
15		.044	0.8	0.5			
16		.054	0.8	0.5	4	0.6	
17		.090	1.0	0.6			
18		.030	1.0	0.8			
19		.000	1.0	0.6			
20		.000					
21		.000	0.9	0.6			
22		.000	1.0	0.6			
23		.014	2.0	1.0			
24		.016	1.0	0.6			
25		.013	1.2	0.8			
26		.011					
27		011	1.0	0.8			
28		.011	1.0	0.8			
29		.007	1.0	0.8			
30		.028	1.0	0.8			
31		.019	1.3	0.8			
Total	XXXXXX	897,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	28935	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	99000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3351582
Treatment Plant Name: Clermont 1
Reporting Month/Year:

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3351582

Treatment Plant Name Clermont 1

Reporting Month/Year: _____

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete/submit this part only for the reporting month of December each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant)

- Is any polymer containing the monomer acrylamide used at the treatment plant? No If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm*	Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? No If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm*	Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? No If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

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 = _____ mg/L as SiO_2.[1]

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

[1] *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

Department of
Environmental Protection

Alternate Substitute DEP Form 62 555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0447N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont I PWS Identification No.: 3351582
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869--1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .115MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Aldrich 8-8-95
Signature and Date

H.J. ALDRICH C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3351582

Treatment Plant Name: Clermont 1

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.013	1.0	0.8			
2		.079					
3		.079	0.2	0.2			
4		.104	2.0	1.0			
5		.088	1.5	0.8			
6		.096	1.0	0.6			
7		.067	1.0	0.6			
8		.076	1.0	0.6			
9		.076					
10		.076	1.0	0.6			
11		.114	1.0	0.5			
12		.060	1.2	0.7	4	0.6	
13		.089	1.0	0.6			
14		.081	1.0	0.6			
15		.050					
16		.050	0.9	0.6			
17		.062	1.0	0.6			
18		.045	1.2	0.6			
19		.054	1.0	0.6			
20		.078	1.2	0.8			
21		.030	1.0	0.8			
22		.050					
23		.050	0.9	0.6			
24		.058	1.0	0.6			
25		.042	1.2	0.8			
26		.014	1.0	0.6			
27		.011	1.0	0.6			
28		.016	1.0	0.6			
29		.074					
30		.073	0.9	0.5			
31		.041	1.0	0.6			
Total	XXXXXX	1,838,000	XXXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	62,516	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	104,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	0.939	18	.030	.102	.000	1.494		
February	1.109	29	.040	.146				
March	3.072	49	.099	.268	.025	4.936		
April	3.032	63	.101	.351				
May	1.457	48	.047	.158		9.373		
June	1.037	26	.035	.136	.050			
July	0.992	28	.032	.143		5.843		
August	0.999	37	.032	.129				
September	1.01	34	.034	.148	.050	5.027		
October	0.419	13	.014	.097				
November	0.696	29	.023	.095		5.253		
December	0.657	25	.022	.037	.100	3.036		
Total	15.419	399	.042	.268	.225	34.960		15.194
								PERCENTAGE
								230%
			These three systems		Amber Hill	32.727	8.481	
			interconnected.		Clermont I	15.194	34.960	
					Lake Ridge	22.487	21.318	
						70.408	64.759	
								PERCENTAGE
								92%

State of Florida
Department of Environmental Regulation

CUP#2-069-0359 AUM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month Jan 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 103 No. of People Served at End of Month 361
Design Flow .115 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Mike Gaveletz C5642
Bryan Gongre B6568 Phillip Story C5986 Ken Miller B4239

I certify this report is correct Robert D. Zutsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	.937		18	2.3					50.6	44.5		
Average	.030		.6	2.4					2.0	1.8		
Maximum	.102		5	5.9					3.5	3.5		
Minimum	.000		1	0.0					0.5	.4		
1	.058											
2	.059											
3	.059								.5	.4		
4	.102								1.0	.6		
5	.079								1.1	.7		
6	.020		4						3.5	3.5		
7	.014								.9	1.5		
8	.012								1.3	.9		
9	.014								.0	.0		
10	.014								.9	.6		
11	.038		5						.8	.6		
12	.018								3.3	3.0		
13	.016								3.5	3.0	4	
14	.008								3.0	2.6		
15	.000								1.5	.7		
16	.002											
17	.007								3.5	2.5		
18	.008								3.5	2.5		
19	.079		2						.8	.6		
20	.010								3.5	3.0		
21	.009								3.0	2.5		
22	.021								3.0	3.0		
23	.013											
24	.014								2.0	1.6		
25	.075		5						.6	1.2		
26	.029								3.5	3.5		
27	.045		1						.7	1.8		
28	.038		1						.6	1.0		
29	.010								2.8	2.0		
30	.008											
31	.009								1.4	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Clermont I

Month/Year Jan 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
						No flushing this period
						R7 2-8-94

State of Florida
Department of Environmental Regulation

CUP# 2-069-0359 AUM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month Feb 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 10'3 No. of People Served at End of Month 361
Design Flow .115 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Langhere C 7253
Bryan Grogre B 6568 Mike Gaveletz C 6542 Ken Miller B 4237

I certify this report is correct Robert D. Futsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine lbs used	Chlorine gals used	Chlorine mg/l		mg/l		mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency main line breaks, meter calibrations)
Monthly Total	1.104		29	31					29.4	21.1		
Average	.040		1	36					1.3	1.0		
Maximum	.146		5	40					3.5	3.0		
Minimum	.000		0	00					.4	.3		
1	.007		2						.7	.4		
2	.000								0.6	0.3		
3	.002		1						.6	.4		
4	.009		3						.5	.4		
5	.051											
6	.051											
7	.052								1.0	.6		
8	.046		4						3.5	3.0		
9	.051								1.5	1.3	4	
10	.129								1.0	.8		
11	.146		5						.5	.3		
12	.011											
13	.011								.7			
14	.001								.6	.4		
15	.062		5						.4	.7		
16	.010								1.5	1.0		
17	.003								1.6	0.8		
18	.007								1.5	1.0		
19	.011								[illegible]	[illegible]		
20	.099		2						[illegible]	[illegible]		
21	.114		5						.4	.6		
22	.010								2.2	1.7		
23	.011								3.5	3.8		
24	.011		2						3.3	3.0		
25	.043								1.5	1.4		
26	.031											
27	.031								2.1			
28			2						.5	.6		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.901(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP#2-069-0359 AUM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month MARCH 94
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 103 No of People Served at End of Month 361
Design Flow .115 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Canphere C 7253
Bryan Gonsre B 6568

I certify this report is correct Robert D. Futsch C 6140
(Lead Operator's Signature) (Cert Level) (Cert No)

Days of Month	Total Water Treated in Gals	Chlorine lbs used	Chlorine gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
					lbs used	mg/l	lbs used	mg/l				
Monthly Total	3.672		49						28.0	18.9		
Average	.089		1.6						1.0	.8		
Maximum	.268		5						3.2	2.8		
Minimum	.001		0						.2	.2		
1	.016								1.7	1.4		
2	.001								.8	1.0		
3	.076								.8	1.0		
4	.087		5						.8	1.0		
5	.140											
6	.140								.6			
7	.254		5						.4	1.0		
8	.054								1.6	1.2		
9	.033		5						0.9	0.7		
10	.063								3.2	2.8		
11	.016								1.5	1.0		
12	.023											
13	.023								1.3			
14	.069		5						0.2	0.2		
15	.036								D.S	D.2		
16	.044								2.1	1.0		
17	.045								1.5	1.0	4	
18	.052		5						1.0	.7		
19	.170											
20	.171		4						1.2			
21	.268								1.0	.7		
22	.133		5						.8	.4		
23	.094								.9	.6		
24	.095								.6	.4		
25	.117		5						.8	.5		
26	.148											
27	.148								1.0			
28	.177		5						.7	.4		
29	.119								1.0	.6		
30	.120								1.7	.9		
31	.136		5						.7	.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/2)
Effective 11/1/88

CUP#2-069-0359 AUM

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month April 94
Plant Effluent pH (Avg) 7.6 No of Services at End of Month 103 No of People Served at End of Month 361
Design Flow .115 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Futsch (Lead Operator's Signature) C (Cert Level) 6140 (Cert No)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3.032		63	2.45					41.2	27.5		
Average	.101		2.1	2.5					1.6	1.3		
Maximum	.351		11	3.7					3.5	2.5		
Minimum	.002		2	125.0					.4	.4		
1	.152		5						.6	.5		
2	.031											
3	.031								.8			
4	.043								1.1	.8		
5	.037								1.1	.7		
6	.118		7						.6	.8		
7	.181		5						.7	.7	3	
8	.051		3						.8	.6		
9	.052											
10	.057								.8			
11	.069								0.4	0.4		
12	.063		2						3.5	2.1		
13	.058								3.5	2.0		
14	.044								1.3	.7		
15	.033								2.3	1.5		
16	.002											
17	.003								1.7			
18	.351		11						.6	.5		
19	.190								3.0	2.5		
20	.237		10						1.7	.8		
21	.208		5						2.4	1.9		
22	.257		5						1.4	1.0		
23	.113											
24	.113								1.6			
25	.114		5						1.4	1.0		
26	.145								2.5	2.6		
27	.140		5						2.5	2.0		
28	.038								3.0	2.5		
29	.032								2.9	2.5		
30	.035											
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP#2-069-0359 AUM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No. (407)869-1919 Reporting Month May 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 103 No. of People Served at End of Month 361
Design Flow 115 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lamphere C7725
Bryan Gongre B6568 Chuck Schwabes C6877
I certify this report is correct Robert D. Futsch C 6140
(Lead Operator's Signature) (Cert Level) (Cert No.)

Days of Month	Total Water Treated in Gals	Chlorine								Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	1.467		48	4.0						48.9	27.9		
Average	.047	.047	1.5	3.8						1.8	1.3		
Maximum	.158		5	.4						3.5	3.5		
Minimum	.010		2	24.1						1.0	.5		
1	.035	0								2.0			
2	.040	0	5							1.5	1.0		
3	.045									1.7	1.0		
4	.010									3.0	2.5		
5	.055	0	5							3.0	2.5		
6	.037									2.0	1.5		
7	.044	0											
8	.044	0								1.7			
9	.048		3							1.8	1.0		
10	.158		5							0.7	0.5		
11	.012									3.5	1.5		
12	.114									1.5	0.9		
13	.123		5							1.4	0.7		
14	.047												
15	.047									1.6			
16	.065		5							2.4	1.8		
17	.031									3.5	3.5		
18	.029									1.8	1.7		
19	.075									1.5	1.1		
20	.059		3							1.0	.8		
21	.016												
22	.016		0							1.2			
23	.041									1.1	.8		
24	.041		5							1.2	.9		
25	.006		5							.7	.9		
26	.062		2							2.1	1.3		
27	.050									2.2	1.4		
28	.040		0										
29	.041		0							1.8			
30	.024									1.6	1.2		
31	.035		5							1.4	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP#2-069-0359 AUM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month June 94
Plant Effluent pH (Avg) 7.5 No. of Services at End of Month 103 No. of People Served at End of Month 361
Design Flow .115 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Lamphere C7253
BRYAN Gonsre B6568 Phil Story

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	1.037		26	2.3					.28	18.9		
Average	.035		.7	2.4					1.2	.8		
Maximum	.134		5	4.4					3.5	3.6		
Minimum	.000		2	0					.4	.2		
1	.024								.6	1.6		
2	.003								1.0	1.0		
3	.004								1.0	0.7		
4	.001											
5	.000								1.6	0.9		
6	.024		2						.6	.8		
7	.015								1.6	1.2		
8	.002								1.0	.8		
9	005								1.5	1.0		
10	000								1.8	1.3		
11	.005											
12	.005								1.4			
13	.040								1.0	.6		
14	.007		2						1.0	.5		
15	004								1.5	1.0	4	
16	.021								.8	.6		
17	.000								.8	.6		
18	.035											
19	.036								1.0			
20	.032		5						.6	.4		
21	.068								1.2	.8		
22	.109		5						.8	.6		
23	.092								.8	.8		
24	.090		5						.7	.4		
25	.135											
26	.136								.9			
27	.103								.5	.3		
28	.076								.6	.4		
29	.032								0.4	0.2		
30	.028								3.5	3.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form [illegible]

State of Florida
Department of Environmental Regulation

CUP#2-069-0359 AUM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month July
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 103 No. of People Served at End of Month 361
Design Flow .115 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month JEFF Lanphere C-7253
Robert Fritsch C-6140, Brian B-6568

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in MGD	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	.992		28						38	26	4	
Average	.032		5						1.5	1.2		
Maximum	.143		8						3.5	3.0		
Minimum	.000		0						0.2	.5		
1	.035			~~3.5~~					3.5	3.0		
2	.019								2.7			
3	.019			~~2.7~~					0.2	0.3		
4	.065		8						3.0	2.0		
5	.038		2						1.0	0.6		
6	.010								.7	.5		
7	.019		3						1.3	1.6		
8	.010											
9	.003		0						1.2			
10	.004		0						.6	.8		
11	.018								.8	.8		
12	.111								1.0	.8		
13	.004								2.0	1.3		
14	.001								2.0	1.3		
15	000											
16	.008								1.7			
17	.008								.8	.5		
18	.047		~~8~~						1.0	.7	4	
19	.015								1.4	1.0		
20	000								1.0	.8		
21	.143		5						.8	.8		
22	.129		5									
23	.039								1.0			
24	.034								.6	.6		
25	.065		5						~~.5~~ 3.5	3.0		
26	.006								0.8	1.5		
27	.005								3.5	3.0		
28	.014								.8	1.5		
29	.038											
30	.042								.9			
31	.042											

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Clermont I

Month/Year August 1994

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
NO FLUSHING TO REPORT AT THIS PERIOD!						

State of Florida
Department of Environmental Regulation

CUP#2-069-0359 AUM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month August 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 100 No. of People Served at End of Month 350
Design Flow 0.115 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568, Robert Fritsch C-6140, Jeff Lamphere C-7253, Ken Miller B4239

I certify this report is correct Bryan K. Dmg (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	0.999		37						31.8	19.0	4	
Average	0.032		3.7						1.1	0.8		
Maximum	0.129		5						2.5	2.0		
Minimum	.000		2						0.4	0.2		
1	.105		5						.6	.6		
2	.090		3						0.4	0.5		
3	.129		2						.6	.6		
4	.046		5						1.4	1.0		
5	.078		3						.9	.6		
6	.078		0									
7	.077		2						.8			
8	.105		5						.7	.5		
9	.109		5						.9	.6		
10	.092		2						2.5	2.0	4	
11	.015		0						2.0	1.5		
12	.007		0						1.6	1.3		
13	.000		0									
14	.000		0						1.4			
15	.000		0						1.4	1.0		
16	.001		0						1.2	.6		
17	.001		0						1.0	0.8		
18	.011		0						1.1	0.7		
19	.008		0						1.0			
20	.000		0						0.9			
21	.000		0						0.9			
22	.018		0						1.0	0.8		
23	.000		0						0.5	0.4		
24	.013		0						1.7	1.0		
25	.000		0						1.6	1.0		
26	.000		0						1.5	0.9		
27	.003		0						1.5	1.0		
28	.004		0									
29	.004		0						1.5	0.9		
30	.007		0						0.5	0.2		
31	.012		5						0.5	0.3		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.900(2)
Effective 11/1/88

CUP#2-069-0359 AUM

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month September 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 102 No. of People Served at End of Month 357
Design Flow .115MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Jeff Lamphere C-7253

I certify this report is correct Bryan K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.010		34						33.1	18.1	4	
Average	.034		2.8						1.3	0.8		
Maximum	.148		5						2.3	1.5		
Minimum	.000		1						0.5	0.2		
1	.035		3						0.9	0.5		
2	.011		2						0.8	0.5		
3	.066		3						0.8	0.7		
4	.139											
5	.140		5						0.5	0.2		
6	.082		5						0.5	0.3		
7	.061								3.0	1.5		
8	.058		3						1.5	0.8		
9	.031		1						1.7	0.8		
10	.010											
11	.078								1.4			
12	.030		3						0.7	0.5	4	
13	.028								2.5	1.5		
14	.010								2.0	1.1		
15	.018		1						2.3	1.0		
16	.006								2.0	0.9		
17	.000											
18	.002								1.8			
19	.010								1.5	0.9		
20	.078								1.5	0.8		
21	.012								1.1	0.6		
22	.017		3						0.6	0.9		
23	.022		2						0.9	0.7		
24	.001								1.2			
25	.023											
26	.023		3						0.6	0.5		
27	.012								1.4	0.7		
28	.007								0.5	0.7		
29	.008								0.8	1.0		
30	.002								0.6	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

CUP#2-069-0359 AUM

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No. (407)869-1919 Reporting Month October 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 102 No. of People Served at End of Month 357
Design Flow .115 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568, Jeff Lanphere C7253, Ken Miller B4239, Chuck Schwades C6873

I certify this report is correct Bryan K Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.419		13						35.4	19.1	4	
Average	.014		3.25						1.4	0.9		
Maximum	.097		5						2.4	1.3		
Minimum	.000		2						0.5	0.6		
1	.000								1.4			
2	.000											
3	.000								1.7	0.9		
4	.001								1.8	0.8		
5	.001								1.0	0.8		
6	.000								1.1	1.3		
7	.097		5						0.9	0.6		
8	.003											
9	.002								1.0			
10	.000								0.5	0.7		
11	.029								1.7	1.2		
12	.000								1.4	0.8		
13	.001								2.4	1.0		
14	.001								2.0	1.2		
15	.015											
16	.015								1.6			
17	.008								2.0	1.3		
18	.022		4						1.3	0.9		
19	.031								1.4	0.8		
20	.030								1.2	0.8		
21	.024								1.2	0.8		
22	.023											
23	.024								1.1			
24	.025		2						1.5	0.9	4	
25	.022		2						1.0	0.8		
26	.009								2.0	1.1		
27	.012								1.6	1.2		
28	.006								1.6	1.0		
29	.000											
30	.003											
31	.005								1.0	0.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Clermont I

Month/Year Oct. '94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	BILL	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
		NO FLUSHING				
		TO REPORT				

CUP#2-069-0359 AUM

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month November 1994
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	696 000		29						39	26.3		
Average	23200		.96						1.5	1.0		
Maximum	95000		5						2.0	1.4		
Minimum	1000		0						0.5	0.6		
1	.004		0						2.0	1.2		
2	.014		2						0.7	0.8		
3	.038		0						1.0	0.8		
4	.037		2						1.0	0.8		
5	.017		0						r			
6	.017		0						1.2	1.0		
7	.034		2						2.0	1.0		
8	.073		2						1.5	1.0		
9	.008		0						2.5	1.2		
10	.033		2						1.0	^8		
11	.007		0						1.0	0.8		
12	.027		0									
13	.028		0						0.9	0.6		
14	.027		4						1.0	06		
15	.015		0						2.0	1.2		
16	.003		2						1.8	1.2		
17	.002		0						2.0	1.2		
18	.001		2						2.0	1.2		
19			0									
20	.000		0						1.9	1.0		
21	.044		0						2.0	1.2		
22	.095		5						1.0	1.2		
23	.006		3						2.2	1.4		
24	.030		0						0.5	0.8		
25	.011		0						1.5	0.9		
26	.013		0									
27	.013		0						1.3	1.0		
28	.026		3						1.5	1.0		
29	.041		0						1.5	1.1		
30	.032		0						2.0	1.3		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(27)
Effective 11/1/88

CUP#2-069-0359 AUM

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3351582 PWS Name CLERMONT I Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month Dec. 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 100 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	657 000	25							33.1	24.7		
Average	21900	0.8							1.1	0.8		
Maximum	37,000	3							2.0	1.2		
Minimum	8000	2							0.8	0.6		
1	.018	0							1.5	1.2		
2	.033	3							1.5	1.2		
3	.031	0							1.3	1.1		
4	.032	0							1.0	1.0		
5	.008	2							2.0	1.2		
6	.012	0							1.5	1.1		
7	.008	0							1.2	1.0		
8	.008	2							1.8	1.2		
9	.026	0							1.8	1.1		
10	.029	0										
11	.029	0							1.0	0.8		
12	.032	2							1.0	0.8		
13	.037	0							1.4	1.0		
14	.017	2							1.3	1.0		
15	.024	0							1.3	0.8		
16	.038	2							1.3	1.0		
17	.027	0										
18	.027	0							1.0	0.8		
19	.034	2							1.0	0.8		
20	.029	0							1.0	0.7		
21	.003	2							0.8	1.0		
22	.013	0							1.3	1.0		
23	.018	2							1.2	1.0		
24	.011	0							1.0	0.8		
25	.020	0										
26	.026	2							1.1	0.9		
27	.016	0							1.0	1.0		
28	.002	0							1.0	0.8		
29	.028	2							0.8	0.6		
30	.028	2							1.0	0.8		
31												

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DER Form 17-555.910(2)
Effective 11/1/90

628-Clermont II

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	0.287	29	.009	.020	.000	.160		
February	0.271	25	.010	.017	.020			
March	0.619	48	.020	.039	.000	.569		
April	0.726	53	.024	.046	.010			
May	0.701	66	.023	.042	.020	1.128		
June	0.366	53	.012	.033	.000			
July	0.378	39	.012	.020	.020	.736		
August	0.376	59	.012	.018	.000			
September	0.455	46	.015	.035	.020	.748		
October	0.481	62	.016	.039	.000			
November	0.487	44	.016	.060	.040	.616		
December	0.404	31	.013	.020	.020	.659		
Total	5.551	555	.015	.060	.150	4.615		5.401
								PERCENTAGE
								85%

OK
not OK

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month Jan 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 27 No. of People Served at End of Month 102
Design Flow .071 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Mike Gavelek C-56
Bryan Gongre B65668 Philip Story C5986 Ken Miller B4233

I certify this report is correct Robert D. Futsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.287		29	12.1					46.9	37.8		
Average	.009		.9	12.6					1.9	1.5		
Maximum	.620		8	48.0					3.5	3.0		
Minimum	.004		2	60.0					.6	.3		
1	.009											
2	.009											
3	.009								2.0	1.6		
4	.011		5						1.0	.6		
5	.012								2.5	2.0		
6	.012								2.5	2.0		
7	.005		3						1.0	1.4		
8	.011		2						.6	.3		
9	.009											
10	.009		3						1.2	0.5		
11	.008								3.5	3.0		
12	.006								3.5	3.6		
13	.009								3.5	3.0		
14	.009								3.5	3.0		
15	.010								2.3	1.5		
16	.010											
17	.009		2						.8	.4		
18	.020								2.0	1.6		
19	.005								2.5	2.0		
20	.010								2.0	1.7		
21	.004								1.6	1.2		
22	.008								.9	.9		
23	.009											
24	.010		4						.6	.3		
25	.016								3.5	3.0		
26	.011		2						1.8	1.4		
27	.010								1.4	.4		
28	.007		2						.9	.4		
29	.006								2.2	1.4		
30	.006											
31	.005		2						.8	.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9/92)
Effective 11/1/88

★ flows figured from time clocks 1-22 thru 1-31-9

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Clermont II

Month/Year Jan 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
						No flushing this period
						RF 2-8-94

State of Florida
Department of Environmental Regulation

CUP # 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month Feb 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 29 No. of People Served at End of Month 102
Design Flow .071 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Langhere C7253
Bryan Gongre B6568 Mike Gaveletz C654 Ken Miller B4239

I certify this report is correct Robert D. Futsch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	.271		25	11.1					47.3	35.4		
Average	.010		.9	10.9					2.1	1.6		
Maximum	.017		6	42.2					3.5	3.0		
Minimum	.004		2	60.6					.8	.4		
1									3.5	3.0		
2	.004								3.0	2.1		
3	.009								2.4	1.5		
4	.006		4						.8	1.9		
5	.006											
6	.009											
7	.013								2.0	1.6		
8	.011		3						1.1	.8		
9	.009								2.5	2.0	4	
10	.016								2.5	2.0		
11	.017		4						2.2	1.4		
12	.010											
13	.009								1.9			
14	.010								3.5	3.0		
15	.014								2.0	1.8		
16	.009		6						.6	1.0		
17	.013								3.5	3.0		
18	.007								3.5	3.0		
19	.009											
20	.009											
21	.007		2						1.0	.6		
22	.013		2						1.0	0.4		
23	.009								1.8	1.4		
24	.010								3.0	2.4		
25	.007		4						2.2	1.8		
26	.011											
27	.011								1.7			
28	.012								1.6	1.2		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No (407)869-1919 Reporting Month March 94
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 29 No of People Served at End of Month 102
Design Flow .021 Remarks (Use reverse side)
Provide name(s) and Operator Certification No (s) for all Certified Operators working at the plant for month S Lamphere C T2
BRYAN LAMPHERE B6568

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert Level) (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.607		48						50.4	31.2		
Average	.020		1.5						1.9	1.4		
Maximum	.039		7						3.5			
Minimum	.007		0						.5			
1	.020		5						1.8	.8		
2	.007								3.5	3.0		
3	.009								2.5	2.6		
4	.007								3.5	3.0		
5	.010											
6	.010								2.9			
7	.017		5						.7	.5		
8	.014								2.8	2.2		
9	.018								2.0	1.0		
10	.020		4						.8	.5		
11	.012								1.8	1.0		
12	.015											
13	.015											
14	.021		5						0.6	0.3		
15	.019								3.0	2.8		
16	.037		2						0.5	0.2		
17	.030								1.0	.4		
18	.029		7						.5	.2		
19	.026											
20	.026								.7			
21	.030								1.0	.6		
22	.032		7						.7	.3		
23	.039								1.4	1.0		
24	.028		6						.9	.6		
25	.027								3.5	3.6		
26	.021											
27	.021								2.0			
28	.022		7						1.9	.4		
29	.025								3.5	3.5		
30	.026								3.0	2.5		
31	.014								1.6	1.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(21)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No (407)869-1919 Reporting Month APRIL 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 27 No. of People Served at End of Month 105
Design Flow .071 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals. MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.726		53	8.7					34.2	23.6		
Average	.024		1.8	9.0					1.4	1.1		
Maximum	.046		6	56					3.5	3.0		
Minimum	.009		1	3.3					0.4	.2		
1	.018		5						1.0	.6		
2	.027											
3	.027								0.8			
4	.028								.8	.5		
5	.020		6						.7	.4		
6	.033		3						.8	.5		
7	.037		5						1.0	.7	4	
8	.016		2						.9	.6		
9	.020											
10	.020								.6			
11	.040		2						1.7	0.9		
12	.026								1.7	0.9		
13	.035		2						0.8	0.5		
14	.026								0.4	0.2		
15	.025								1.4	0.8		
16	.027											
17	.027		1						1.1			
18	.046		5						1.0	.7		
19	.034		5						.7	.4		
20	.021								3.5	3.0		
21	.030		2						.8	.6		
22	.016								1.8	1.4		
23	.009											
24	.009								1.5			
25	.013		8						0.8	0.7		
26	.013								3.5	3.0		
27	.010								3.5	3.0		
28	.024		5						0.4	0.2		
29	.018		5						3.0	2.6		
30	.031											
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.900(21)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP # 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No (407)869-1919 Reporting Month May 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 29 No. of People Served at End of Month 102
Design Flow .071 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C 7253
Bryan Gongre D6568 Chuck Schwabes C6873

I certify this report is correct Robert D. Futsch (Lead Operator's Signature) C (Cert. Level) 6140 (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	.701		66	11.3					44.4	24.7		
Average	.023		2.1	10.9					1.6	1.1		
Maximum	.042		10	28.5					3.5	3.0		
Minimum	.007		2	34.4					0.3	0.2		
1	.032								1.8			
2	.040		10						0.6	0.3		
3	.031								1.5	0.2		
4	.010								2.3	1.5		
5	.011		5						1.2	0.7		
6	.017		2						3.0	2.2		
7	.030											
8	.030								2.0			
9	.029		5						0.3	0.3		
10	.023								3.0	1.8		
11	.017								3.5	1.7		
12	.022								0.3	0.2		
13	.026		6						1.2	0.5		
14	.023											
15	.026								1.6			
16	.030		8						.8	.5		
17	.016								3.5	3.0		
18	.012								3.5	3.0		
19	.010								1.3	1.3		
20	.007		2						1.7	1.4		
21	.016											
22	.017		0						1.4			
23	.032		5						1.0	.6		
24	.031								1.7	1.2		
25	.042		8						1.0	.6		
26	.035								2.1	1.0		
27	.021		5						.8	1.0		
28	.020											
29	.020		0						1.3			
30	.014		3						.8	.5		
31	.011		7						1.0	.6		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11-1-88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month June 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 29 No. of People Served at End of Month 105
Design Flow .071 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C 725
Bryan Gongre B6568 Phil Storey

I certify this report is correct Robert D. Fritsch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine lbs used	Chlorine gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	.366		53	17.3					42.6	33.3		
Average	.012		1.8	18.0					1.6	1.4		
Maximum	.033		10	36.4					3.5	3.0		
Minimum	.005		2	48.6					.4	.3		
1	.007								3.5	3.0		
2	.010								3.5	3.0		
3	.006								3.5	3.0		
4	.009											
5	.010								2.7	1.6		
6	.008		3						.7	1.2		
7	.012								.4	1.2		
8	.007		5						.5	.5		
9	.008								1.6	.6		
10	.007		3						1.0	.6		
11	.010											
12	.010								0.8			
13	.021		5						.7	.5		
14	.016								3.5	3.0		
15	.008		8						3.0	2.5	4	
16	.010								2.0	1.6		
17	.008		3						.8	.8		
18	.006											
19	.006								.7			
20	.010		2						.5	.3		
21	.012								1.0	.6		
22	.005		5						.7	.4		
23	.010		5						.9	.6		
24	.010		5						.5	.6		
25	.016											
26	.016								.8			
27	.029		10						.6	.4		
28	.033								3.5	3.0		
29	.029		4						2.0	1.6		
30	.013								3.5	2.3		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No (407)869-1919 Reporting Month JULY
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 29 No. of People Served at End of Month 95
Design Flow .071 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month JEFF Laughere C-7253
Robert Fritsch C-6140, Brian Gongre - B-6568

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MG0	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.378		39	12.4					49.8	33.4	4	
Average	.012		1.3	13.0					1.9	1.6		
Maximum	.020		8	48.0					3.0	3.0		
Minimum	.007		2	34.5					.7	.3		
1	.13			~~2.3~~					2.3	2.0		
2	.016											
3	.016			~~1.9~~					1.9			
4	.011		8	~~0.6~~					0.6	0.3		
5	.013			~~3.0~~					3.0	2.2		
6	.010			~~3.0~~					3.0	2.1		
7	.017			~~3.0~~					3.0	2.5		
8	.007			~~3.0~~					3.0	2.5		
9	.011		0									
10	.011		0						2.6			
11	.020		7						.8	1.4		
12	.018								3.5	3.0		
13	.011								3.5	3.6		
14	.008								2.7	2.0		
15	.009		4						.8	1.4		
16	.014											
17	.014								1.5			
18	.013		5						.7	.4		
19	.009								1.6	1.2	4	
20	.010								1.2	1.8		
21	.011		5						1.1			
22	.007		7						1.6	1.1		
23	.013											
24	.014								1.2			
25	.013		5						1.2	.8		
26	.007								1.8	1.4		
27	.010								2.0	1.6		
28	.010								2.0	1.6		
29	.010		3						1.7	1.4		
30	.009											
31	.009								1.5			

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.900(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Clermont II

Month/Year August 1994

DATE	FLUSHING SYSTEM (MIN.)	APPROX. FLOW RATE	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING FOR OR LINE BREAK
NO FLUSHING TO REPORT AT THIS PERIOD!						

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month Aug 94
Plant Effluent pH (Avg) 7.9 No. of Services at End of Month 34 No. of People Served at End of Month 119
Design Flow .071 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Jeff Lamphere C7253
Bryan K. Gongre B6568, Robert Fritsch C6140, Ken Miller B4239

I certify this report is correct B K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.376		59						35.6	20.2	4	
Average	.012		3.9						1.3	0.9		
Maximum	.018		8						2.8	2.2		
Minimum	.010		2						0.5	0.2		
1	.012		2						1.0	.6		
2	.012		3						0.6	0.4		
3	.018		2						0.9	0.6		
4	.015		5						1.7	.4		
5	.016		3						1.1	.8		
6	.014		Ø									
7	.014		Ø						1.0			
8	.016		5						.9	.6		
9	.011		Ø						2.6	2.2		
10	.010		Ø						2.8	2.2	4	
11	.011		Ø						2.5	2.0		
12	.013		5						1.5	1.2		
13	.010		Ø									
14	.010		Ø						1.7			
15	.013		3						1.9	.6		
16	.012		2						1.8	1.5		
17	.008		3						0.5	0.2		
18	.011		4						0.9	0.5		
19	.010		Ø						1.4			
20	.010		Ø									
21	.011		Ø						1.2			
22	.015		8						0.5	0.2		
23	.010		Ø						2.0	1.1		
24	.012		Ø						1.5	1.0		
25	.013		Ø						1.5	0.9		
26	.008		4						1.2	0.7		
27	.011		3						0.7	0.3		
28	.012		Ø									
29	.012		7						0.5	0.4		
30	.014		Ø						2.2	1.5		
31	.016		Ø						2.5	1.3		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(9/92)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month September 1994
Plant Effluent pH (Avg) 7.9 No. of Services at End of Month 35 No. of People Served at End of Month 123
Design Flow .071 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Jeff Lanphere C7253

I certify this report is correct Bryc K. Dong (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.		Chlorine						Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.455		46						51.7	26.1	4	
Average	.015		3.3						2.1	1.1		
Maximum	.035		8						3.0	2.2		
Minimum	.008		1						0.5	0.3		
1	.025		5						1.7	1.0		
2	.027								3.0	2.2		
3	.015								3.0	2.0		
4	.019		-									
5	.018		7						0.6	0.3		
6	.035		2						2.2	1.1		
7	.018								3.0	2.2		
8	.025		3						3.0	2.0		
9	.013								2.6	1.3		
10	.015											
11	.015								2.3			
12	.023		8						0.6	0.3	4	
13	.016								2.5	1.3		
14	.016		1						2.0	1.1		
15	.015								2.3	1.3		
16	.008		1						2.0	1.0		
17	.011											
18	.011								1.8			
19	.013		5						1.0	0.6		
20	.010								2.0	0.8		
21	.011		1						2.3	0.9		
22	.010		1						2.0	1.0		
23	.011		1						2.0	1.1		
24	.010											
25	.012											
26	.012		8						0.5	0.3		
27	.011								2.3	1.0		
28	.009		1						2.5	1.1		
29	.011								2.3	1.0		
30	.010		2						2.2	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month October 1994
Plant Effluent pH (Avg) 7.9 No. of Services at End of Month 35 No. of People Served at End of Month 123
Design Flow .071 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Ken Miller B-4239, Jeff Lanphere C7253, Chuck Shwades C6813

I certify this report is correct Bry K. Song (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	481		62						35.3	15.3	4	
Average	16		3.3						1.4	0.7		
Maximum	39		9						2.5	1.4		
Minimum	9		1						0.4	0.2		
1	~~#~~10											
2	~~#~~9		2						1.6			
3	14								2.0	0.8		
4	10		3						1.8	0.8		
5	11		2						1.2	1.0		
6	10		3						1.4	1.0		
7	15		3						1.5	0.8		
8	11											
9	11								1.2			
10	25		7						1.3	0.7		
11	20		1						2.5	1.3		
12	11								2.3	1.4		
13	10		2						2.4	1.3		
14	9		3						0.7	0.3		
15	19											
16	20		2						0.6			
17	22		3						1.0	0.5		
18	22		5						1.0	0.4		
19	14		3						1.0	0.5		
20	16								1.0	0.4		
21	18		2						1.0	0.4		
22	17											
23	17								0.9			
24	39		9						0.4	0.2	4	
25	22		2						1.6	0.8		
26	10								2.0	0.9		
27	18		5						0.6	0.2		
28	11		3						1.6	0.8		
29	14											
30	13											
31	12		2						1.4	0.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(10/21)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Clermont II

Month/Year Oct '94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK

NO FLUSHING TO REPORT

State of Florida
Department of Environmental Regulation

CUP#2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No (407)869-1919 Reporting Month November 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	487 000		44						35.9	21.8		
Average	16233		1.5						1.2	0.7		
Maximum	60,000		5						2.5	1.1		
Minimum	1000		0						0.9	0.4		
1	.015		2						1.5	0.7		
2	.013		3						1.0	0.5		
3	.020		5						1.0	0.4		
4	.006		2						1.0	0.5		
5	.015		0						0.9			
6	.014		0						1.5	1.0		
7	.019		3						2.0	1.1		
8	.021		0						1.3	1.0		
9	.015		2						1.0	0.8		
10	.021		2						1.2	0.6		
11	.066		2									
12	.015		0						1.1	0.8		
13	.016		0						1.0	0.6		
14	.015		4						2.2	0.7		
15	.014		0						1.5	1.0		
16	.013		2						1.0	0.7		
17	.015		3						2.0	1.1		
18	.033		0									
19	.001		0									
20	.001		0						2.0	1.4		
21	.014		0						1.1	0.8		
22	.012		4						1.3	1.0		
23	.014		3						2.5	1.7		
24	.019		1						2.0	1.2		
25	.017		3									
26	.010		0						1.5	1.1		
27	.010		0						1.3	1.0		
28	.019		3						1.5	1.0		
29	.015		0						1.5	1.1		
30	.015		0									
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(21)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month Dec 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 34 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	404 000		31						28.4	23.2		
Average	13,466		1.0						0.9	0.7		
Maximum	20,000		4						1.5	1.1		
Minimum	10,000		2						0.8	0.6		
1	.015								1.2	1.0		
2	.014		3						1.0	1.0		
3	.016		0									
4	.016		0						1.0	1.0		
5	.020		2						1.0	0.8		
6	.015		4						1.0	0.8		
7	.010		0						1.5	1.1		
8	.012		2						1.5	1.0		
9	.010		0						1.3	1.0		
10	.013		0									
11	.013		0						1.4	1.1		
12	.017		2						1.0	1.0		
13	.014		0						1.2	1.0		
14	.017		0						1.0	0.8		
15	.011		2						1.0	0.6		
16	.013		2						1.3	1.0		
17	.012		0									
18	.012		0						1.2	1.0		
19	.015		2						1.0	0.8		
20	.011		0						1.0	0.8		
21	.011		0						1.0	0.8		
22	.018		2						1.0	0.8		
23	.013		2						1.2	1.0		
24	.010		0						1.1	1.0		
25	.010		0									
26	.010		2						0.8	0.8		
27	.011		0						1.0	0.8		
28	.013		2						1.1	1.0		
29	.016		2						0.8	0.6		
30	.016		2						0.8	0.6		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/1/88

628-Clermont II

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	.450	25	.015	.022	0.075	.220	
February	.475	24	.017	.036		.863	
March	.522	35	.017	.037	0.05		
April	.577	-	.019	.044		1.101	
May	.855	-	.028	.038	0.1		
June	.624	-	.021	.042		1.176	
July	.671	-	.022	.039	0.075		
August	.531	-	.017	.031		.837	
September	.488	-	.017	.033	0.05		
October	.435	-	.014	.026		.725	
November	.537	-	.018	.031	0.05		
December	.489	-	.016	.034		.595	
Total	6.654	84	.018	.044	.400	5.516	6.254
							PERCENTAGE
							88%

0.2 per 1ac

628-Clermont II

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	.450	25	.015	.022	.075	.220	
February	.475	24	.017	.036		.863	
March	.522	35	.017	.037	.050		
April	.577	-	.019	.044		1.101	
May	.855	-	.028	.038	.100		
June	.624	-	.021	.042		1.176	
July	.671	-	.022	.039	.075		
August	.531	-	.017	.031		.837	
September	.488	-	.017	.033	.050		
October	.435	-	.014	.026		.725	
November	.537	-	.018	.031	.050		
December	.489	-	.016	.034		.595	
Total	6.654	84	.018	.044	.000	5.516	6.654
							PERCENTAGE 83%

VOL

State of Florida
Department of Environmental Regulation

CUP# 2-069-0446 NM

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month JAN 95
Plant Effluent pH (Avg) _____ No. of Services at End of Month 35 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	450,000		25						30.9	23.2		
Average	14516		.8						1.14	0.8		
Maximum	22000		3						1.4	1.4		
Minimum	10,000		2						0.8	0.6		
1	.016								0.9	0.7		
2	.015								0.8	0.6		
3	.019		2						0.8	0.6		
4	.013								1.0	0.7		
5	.017		2						0.8	0.7		
6	.011								1.0	0.8		
7	.013											
8	.013								0.9	0.7		
9	.018		2						1.0	0.8		
10	.012								1.1	0.9		
11	.013		2						1.0	0.8		
12	.013		2						1.2	1.0		
13	.015								2.0	1.4		
14	.010											
15	.011								1.6	1.2		
16	.015		2						1.2	1.0		
17	0.12								1.1	0.8		
18	.010		2						1.0	0.8		
19	.016								1.2	1.0		
20	.014		2						1.2	1.0		
21	.012								1.2			
22	.022											
23	.022		2						1.0	0.8		
24	.012								1.2	1.0		
25	.022		3						1.0	0.8		
26	.013								1.5	1.1		
27	.018		2						1.2	1.0		
28	.012											
29	.012								1.4	1.0		
30	.015		2						1.2	1.0		
31	.012								1.4	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.901(2)
Effective 11/1/88

CUP# 2-069-0446N

CUP# 2-069-0446 NM

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name CLERMONT II Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month FEB 95
Plant Effluent pH (Avg) 7.3 No. of Services at End of Month 35 No. of People Served at End of Month
Design Flow Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	475,000		24						24.7	19.5		
Average	16,964		0.85						1.0	0.8		
Maximum	36,000		2						1.2	1.0		
Minimum	8000		0						0.8	0.6		
1	.012		2						1.2	0.8		
2	.017								1.0	0.8		
3	.020		2						1.0	0.8		
4	.011											
5	.011								1.0	0.8		
6	.022		2						1.0	0.8		
7	.021								1.2	1.0		BACT-TS
8	.014		2						1.0	0.8		
9	.036								1.0	0.8		
10	.016		2						1.0	0.8		
11	.017											
12	.017								0.9	0.7		
13	.020								0.8	0.6		
14	.010		2						1.1	0.8		
15	.015								1.0	0.8		
16	.018		2						1.2	1.0		
17	.008		2						1.0	0.8		
18	.010								1.1	0.8		
19	.024											
20	.024		2						1.0	0.8		
21	.014								1.2	1.0		
22	.013		2						0.8	0.6		
23	.012								1.2	1.0		
24	.020		2						1.2	1.0		
25	.014											
26	.014								1.0	0.8		
27	.021		2						0.8	0.6		
28	.020								1.0	0.8		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Clermont #1

Month/Year Feb 95

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3350153 PWS Name Clermont II Location: City or S/D Clermont
Owned by UTILITIES Inc. Fl. Phone No. 867-1919 Reporting Month March 95
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 35 No. of People Served at End of Month 105
Design Flow .071 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	522,000		35						30.5	21.1		
Average	16838		1.1						1.0	0.7		
Maximum	37,000		5						3.0	1.8		
Minimum	11,000		2						0.6	0.3		
1	.011		2						1.1	0.8		
2	.012								1.1	0.8		
3	.014		2						1.1	1.0		
4	018											
5	.018								1.2	1.0		
6	028		2						1.2	1.0		
7	.025								1.2	1.0		
8	.021		2						1.2	0.8		
9	.021								1.0	0.8		
10	.021		2						1.0	0.8		
11	.012											
12	.011								0.9	0.6		
13	.020		2						1.0	0.6	4	BACT-TS
14	.015								1.2	0.8		
15	.017		2						1.4	1.0		
16	.014								1.2	1.0		
17	.012		2						1.0	0.8		
18	012								0.9	0.6		
19	.013											
20	.013		2						1.0	0.8		
21	.020								1.0	0.8		
22	.010		2						1.2	0.8		
23	.017								1.0	0.8		
24	.026		2						1.0	0.8		
25	.011											
26	.011								0.9	0.6		
27	.037		5						0.6	0.3		
28	.019		3						3.0	1.8		
29	.019								2.5	1.5		
30	.030		5						0.6	0.3		
31	.011								0.8	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (10/87)
Effective 11/1/88

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0446N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont II — PWS Identification No.: 3350153
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .071MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 95 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 5-5-95
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal: DEP Form 62-555.910(3)

System PWS Identification Number 3350153

Treatment Plant Name: Clermont II

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.012	0.9	0.6			
2		.013	1.0	0.7			
3		.017	1.0	0.8			
4		.022	2.5	1.5			
5		.015	2.0	1.3			
6		.012	1.7	1.0			
7		.010					
8		.014	1.4	1.0			
9		.014	1.2	0.8			
10		.014	1.3	0.8			
11		.018	1.2	0.8			
12		.009	1.2	0.8			
13		.017	1.2	0.8	2		
14		.046					
15		.010	1.1	0.8			
16		.010	1.0	0.8			
17		.022	1.0	0.6			
18		.020	0.8	0.6			
19		.017	1.0	0.8			
20		.039	1.0	0.6			
21		.030					
22		.025	0.9	0.6			
23		.044	1.0	0.6			
24		.018	1.0	0.8			
25		.018	1.2	0.8			
26		.015	1.4	0.8			
27		.013	1.0	0.6			
28		.019	1.0	0.6			
29		.019					
30		.025	0.9	0.6	2		
31							
Total	XXXXXX	577000	XXXXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	19233	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	44,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0446N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont II — PWS Identification No.: 3350153
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .071MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

6-12-95
Signature and Date

H. J. Alonch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3350153

Treatment Plant Name: Clermont II

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.029	1.2	0.8			
2		.037	1.0	0.6			
3		.036	1.0	0.8			
4		.028	1.0	0.6			
5		.029	1.0	0.6			
6		.029					
7		.030	1.0	0.7			
8		.034	1.0	0.7			
9		.030	0.4	0.2			
10		.033	1.0	0.6			
11		.034	1.2	0.8			
12		.015	1.0	0.6			
13		.019					
14		.020	1.0	0.7			
15		.038	1.0	0.6			
16		.022	1.0	0.6	4	0.6	
17		.032	0.8	0.6			
18		.030	1.0	0.6			
19		.035	1.2	0.8			
20		.016					
21		.017	1.0	0.7			
22		.024	1.2	0.6			
23		.018	1.0	0.6			
24		.027	1.0	0.6			
25		.021	3.0	2.0			
26		.027	2.5	1.5			
27		.026					
28		.026	2.0	1.2			
29		.015	1.5	1.0			
30		.053	1.3	0.8			
31		.025	1.3	0.8			
Total	XXXXXX	855,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	27 580	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	38,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3350153

Treatment Plant Name Clermont II

Reporting Month/Year

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3350153

Treatment Plant Name Clermont II

Reporting Month/Year

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete/submit this part only for the reporting month of December each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant)

- Is any polymer containing the monomer acrylamide used at the treatment plant? No If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm*	Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? No If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm*	Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? No* If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

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 = _____ mg/L as SiO_2.[1]

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

[1] *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62 556 910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# ~~2-069-0447N~~ 2-069-0446N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont II — PWS Identification No.: 3350153 ~~3351582~~
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869--1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .115MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Aldrich 7-10-95
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number ~~3351582~~ 3350153

Treatment Plant Name: Clermont II

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.0.25	1.0	0.8			
2		.021	1.2	0.8			
3		.014					
4		.015	1.0	0.6			
5		.020	0.8	0.6			
6		.016	1.0	0.6			
7		.019	1.0	0.6			
8		.026	1.1	0.6			
9		.026	1.0	0.6			
10		.018					
11		.017	1.0	0.6			
12		.038	1.0	0.6			
13		.04	1.0	0.6	4	0.6	
14		.014	1.0	0.6			
15		.022	1.2	0.8			
16		.014	1.0	0.6			
17		.021					
18		.021	0.9	0.6			
19		.036	1.0	0.6			
20		.025	1.4	0.8			
21		.042	1.2	0.8			
22		.032	1.2	0.8			
23		.017	1.0	0.6			
24		.024	1.1	0.7			
25		.013					
26		.012	1.0	0.7			
27		.014	1.0	0.7			
28		.012	1.2	0.7			
29		.023	1.0	0.7			
30		.025	1.0	0.6			
31							
Total	XXXXXX	624,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	20,800	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	42,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate Substitute DEP Form 62-555.310(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0446N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont II — PWS Identification No.: 3350153
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .071MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

N J Colelli 8-9-95
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3350153

Treatment Plant Name: Clermont II

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		.018	1.0	0.7			
2		.024					
3		.025	0.2	0.2			
4		.024	1.7	0.9			
5		.027	1.5	0.8			
6		.037	0.8	0.6			
7		.023	1.0	0.6			
8		.023	1.0	0.6			
9		.039					
10		.039	0.8	0.6			
11		.035	1.0	0.5			
12		.022	1.0	0.6	4	0.6	
13		.019	1.0	0.6			
14		.015	1.0	0.6			
15		.022					
16		.022	1.0	0.7			
17		.031	1.0	0.6			
18		.015	1.4	0.8			
19		.010	1.2	0.8			
20		.026	1.2	0.8			
21		.022	1.0	0.6			
22		.018					
23		.018	0.9	0.6			
24		.027	1.0	0.6			
25		.013	1.0	0.6			
26		.012	1.0	0.6			
27		.013	1.0	0.6			
28		.009	1.0	0.6			
29		.013					
30		.013	1.0	0.6			
31		.017	1.0	0.6			
Total	XXXXXX	671,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	21,645	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	39,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0446N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont II PWS Identification No.: 3350153
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .071MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 9-14-95
Signature and Date

H. J. AIDRICH C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal (DEP Form 62-555.910(3))

System PWS Identification Number: 3350153

Treatment Plant Name: Clermont II

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.009	1.0	0.6			
2		.006	1.0	0.6			
3		.011	0.8	0.6			
4		.010	1.0	0.6			
5		.010					
6		.010	0.8	0.6			
7		.019	1.0	0.6			
8		.016	1.2	0.8			
9		.023	1.0	0.6			
10		.018	1.2	0.8	4	0.8	
11		.031	1.0	0.7			
12		.020	1.0	0.6			
13		.027					
14		.027	1.0	0.7			
15		.023	1.0	0.7			
16		.016	1.2	0.5			
17		.029	1.0	0.9			
18		.031	1.2	0.8			
19		.020					
20		.021	1.1	0.8			
21		.019	1.0	0.8			
22		.015	1.6	0.6			
23		.014	1.6	1.0			
24		.013	1.5	1.0			
25		.013	1.2	0.8			
26		.011					
27		.011	1.4	1.0			
28		.021	1.2	1.0			
29		.018	1.0	0.7			
30		.007	1.0	0.7			
31		.012	1.2	0.8			
Total	XXXXXX	531,000	XXXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	17129	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	31,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0446N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont II — PWS Identification No.: 3350153
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .071MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 10-6-95
Signature and Date

H.J. Arnold C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3350153

Treatment Plant Name: Clermont II

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		009	1.2	0.8			
2		024					
3		024	1.0	0.7			
4		017	1.0	0.8			
5		018	1.2	0.8			
6		013	1.2	0.8			
7		011	1.7	1.0			
8		009	1.2	1.0			
9		009					
10		009	1.1	0.7			
11		020	1.0	0.8			
12		017	1.0	0.6			
13		011	1.2	0.8			
14		014	1.0	0.8			
15		014	1.0	0.8			
16		012	1.0	0.7			
17		013					
18		013	1.0	0.7			
19		033	1.0	0.8			
20		029	1.2	1.0			
21		024	1.0	0.8			
22		026	1.0	0.8	4	0.8	
23		018					
24		018	1.0	0.8			
25		024	1.0	0.8			
26		020	1.0	0.8			
27		014	1.0	0.7			
28		016	1.0	0.7			
29		009	1.0	0.7			
30							
31							
Total	XXXXXX	488,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	16 827	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	33 000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

(none)

Department of Environmental Protection

Alternate/Substitute DEP Form 62-555.210(1)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0446N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Clermont II — PWS Identification No.: 3350153
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .071MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Oct 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

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- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

11-6-95
Signature and Date

H.J. Alonch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal (EPA Form 62-555.910(3))

System PWS Identification Number: 3350153

Treatment Plant Name: Clermont II

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Oct 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		019	1.0	0.6			
2		027	1.0	0.6			
3		019	0.8	0.5			
4		016	0.8	0.5			
5		01	0.8	0.5			
6		011	1.5	1.0			
7		011					
8		011	1.2	0.8			
9		014	1.4	0.8			
10		013	1.2	08			
11		011	1.2	08			
12		009	1.0	08	4		
13		008	1.0	0.6			
14		012					
15		012	0.9	0.6			
16		015	1.5	1.0			
17		010	1.8	1.0			
18		010	1.3	1.0			
19		010	1.2	0.8			
20		013	1.0	0.8			
21		010					
22		011	1.0	0.6			
23		026	1.0	0.7			
24		013	1.0	0.7			
25		015	1.0	0.6			
26		017	1.0	0.7			
27		012	1.5	1.0			
28		017					
29		018	1.2	0.6			
30		017	1.2	0.8			
31		017	1.5	1.0			
Total	XXXXXX	435 000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	14032	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	26,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

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Enclosure 1

Department of Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0446N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

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- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____ ; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .071MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

12-7-95
Signature and Date

H. J. Alnuch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3350153

Treatment Plant Name: Clermont II

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995

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				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		15	1.0	0.6			
2		12	1.0	0.6			
3		24	1.0	0.6			
4		14					
5		14	0.9	0.6			
6		19	1.0	0.6			
7		20	1.0	0.6	4	0.6	
8		24	1.0	1.0			
9		14	1.8	0.8			
10		8	2.0	1.2			
11		24					
12		25	1.6	1.0			
13		22	1.2	0.8			
14		14	1.0	0.6			
15		13	1.2	0.6			
16		12	1.0	0.6			
17		21	1.0	0.6			
18		14					
19		14	1.5	0.8			
20		31	1.4	1.0			
21		28	0.6	0.3			
22		12	1.7	0.9			
23		18	1.2	0.9			
24		17	1.0	0.5			
25		11					
26		10	0.9	0.6			
27		29	1.0	0.6			
28		17	1.5	0.8			
29		20	1.2	0.8			
30		21	1.2	0.8			
31							
Total	XXXXXX	537,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	17,900	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	31,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

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Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0446N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

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- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .071MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V D
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

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- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 1-12-96
Signature and Date

H. J. Atonick C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3350153

Treatment Plant Name: Clermont II

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
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4		19	1.0	0.5			
5		14	0.8	0.5			
6		16	1.0	0.6			
7		34	1.0	0.6			
8		17	1.8	1.0			
9		15					
10		16	1.5	1.0			
11		18	1.2	0.8	4	0.8	
12		31	1.5	1.0			
13		17	2.0	1.2			
14		11	2.0	1.2			
15		16	1.5	1.0			
16		15					
17		16	1.4	1.0			
18		25	1.0	0.6			
19		27	1.2	0.8			
20		7	1.0	0.8			
21		10	1.0	0.8			
22		7	1.0	0.8			
23		7					
24		7	1.0	0.8			
25		27	0.5	0.5			
26		9	1.0	0.6			
27		24	1.0	0.6			
28		13	1.5	1.0			
29		11	1.5	1.0			
30		14					
31		14	1.3	1.0			
Total	XXXXXX	489,000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	15,774	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	34,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

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634-Lake Ridge Drinking Water Report

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	2.161	41	.070	.179	.000	0.610		
February	1.264	14	.045	.197				
March	1.559	28	.050	.214	.100	2.869		
April	1.996	38	.067	.305				
May	2.285	34	.074	.274		4.986		
June	1.590	32	.053	.309	.050			
July	2.170	51	.070	.228		3.948		
August	1.403	65.8	.045	.170	.000			
September	1.495	40	.050	.157		3.097		
October	2.992	62	.097	.262	.000			
November	2.366	43.5	.079	.228		3.445		
December	1.556	28	.111	.164	.200	2.363		
Total	22.837	477.3	.068	.309	.350	21.318		22.487
								PERCENTAGE
								95%
			These three systems		Amber Hill	32.727	8.481	
			interconnected.		Clermont I	15.194	34.960	
					Lake Ridge	22.487	21.318	
						70.408	64.759	
								PERCENTAGE
								92%

State of Florida
Department of Environmental Regulation

CUP# 2-069-0843N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No (407)869-1919 Reporting Month Jan 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 28 No. of People Served at End of Month 98
Design Flow .468 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Mike Gavelda C564; Bryan Gongre B6568 Phillip Story C5986 Ken Miller B4239

I certify this report is correct Robert D. Futsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.161	41		2.3					33.7	23.8		
Average	.070	1.3		2.2					1.3	.9		
Maximum	.179	4		3.3					2.5	2.0		
Minimum	.000	0		0.0					.8	.5		
1	.107	2		2.2								
2	.107	3		3.4								
3	.107	3		3.4					1.4	[illegible]		
4	.024	1		50					1.4	[illegible]		
5	.068	1		1.8					1.5	1.6		
6	.103	2		2.3					1.8	1.3		
7	.000								1.4	1.1		
8	.000								1.3	.8		
9	.000											
10	.000								.8	.5		
11	.116	2		2.1					1.8	1.2		
12	.152	4		3.4					2.5	2.0		
13	.179	4		3.3					1.6	1.3	3	
14	.066	1		1.8					1.2	.8		
15	.040	[illegible]		[illegible]					1.0	.6		
16	.049	1		1.4								
17	.049	1		2.4					1.4	1.0		
18	.034	1		3.5					1.2	.9		
19	.029	1		4.1					1.4	1.0		
20	.072	1		1.6					1.4	1.0		
21	.049	1		2.4					1.4	.9		
22	.055	1		2.1					1.4	1.2		
23	.024											
24	.025	1		2.4					1.6	1.1		
25	.002								1.4	1.6		
26	.034	1		3.5					1.3	1.0		
27	.091	1		1.3					1.2	.8		
28	.150	2		1.6					1.1	.8		
29	.137	1		.9					1.2	.8		
30	.100	2		2.4								
31	.101	2		2.4					1.3	.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(10/87)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Lake Ridge Club

Month/Year Jan 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	BILL	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
						No flushing this period
						R7 2-8-99

State of Florida
Department of Environmental Regulation

CUP# 2-069-0843N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No (407)869-1919 Reporting Month Feb 94
Plant Effluent pH (Avg) 7.3 No of Services at End of Month 28 No of People Served at End of Month 96
Design Flow .464 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lamphere C7253
Bryan Gongre B6568 Mike Gaudet C6542
I certify this report is correct Robert D. Futsch (Lead Operator's Signature) C (Cert. Level) 6146 (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1264	14		1.3					28.1	18.6		
Average	.045	.5		1.3					1.3	.8		
Maximum	.197	3		1.8					3.0	2.4		
Minimum	.000	0		0.0					.4	.7		
1									1.6	1.6		
2	.000								1.5	0.9		
3	.000								2.0	1.3		
4	.000								1.4	1.0		
5	.110	1		1.1								
6	.110	1		1.1								
7	.134	1		.9					.6	.3		
8	.000								1.3	.8		
9	.000								1.7	1.5	3	
10	.000								1.8	1.3		
11	.005								1.1	0.7		
12	.000											
13	.000								1.0			
14	.000								.6	1.0		
15	.000								.4	.9		
16	.000								1.6	1.0		
17	.112	1		1.1					.5	.5		
18	.069	1		1.7					.6	.4		
19	.020											
20	.020											
21	.041								.4	.5		
22	.176	1		.5					1.1	0.7		
23	.197	3		1.4					1.0	.6		
24	.177	3		2.0					1.8	1.4		
25	.093	2		2.6					1.8	1.4		
26	.000											
27	.000								1.3			
28	000								3.0	2.4		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(10/92)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0843N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month March 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 28 No. of People Served at End of Month 98
Design Flow .466 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Canphere C 7253
Bryan Gongre B6568

I certify this report is correct Bryan K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.559	28		2.1					46.9	24.4		
Average	.050	.9		2.1					1.5	1.1		
Maximum	.214	3		1.7					3.7	2.8		
Minimum	.000	0		0.0					.7	.3		
1	000								2.0	1.4		
2	000								1.4	1.0		
3	000								1.4	1.2		
4	010								1.3	1.0		
5	024	1		3.5								
6	024	1		5.6					1.2			
7	.034	1		3.5					1.4	1.0		
8	000								1.7	1.6		
9	.001								0.4	0.3		
10	.025	2		2.5					1.5	1.0		
11	.129	3		2.8					2.5	1.2		
12	.130	1		.9								
13	.130	2		1.8					2.0			
14	.214	3		1.7					2.0	1.5		
15	.000								1.8	1.5		
16	.000								1.5	1.0		
17	.000								1.6	1.0	3	
18	000											
19	.086	2		2.8					[redacted]			
20	.086	2		2.8					1.5			
21	.136	3		2.6					1.6	1.3		
22	.131	3		2.7					1.3	.9		
23	.000								1.6	1.3		
24	000								3.2	2.8		
25	000								1.4	1.0		
26	.020											
27	.020								1.8			
28	.064	1		1.1					1.2	.7		
29	.030	1		4.0					1.3	.8		
30	.046	1		2.6					1.5	1.0		
31	.069	1		1.7					1.8	1.2		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(10/87)
Effective 10/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0843N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location City or S/D CLERMONT
Owned by UTILITIES, INC OF FL. Phone No (407)869-1919 Reporting Month April 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 25 No. of People Served at End of Month 98
Design Flow .468 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.996	38		2.3					35.6	23.4		
Average	.067	1.3		2.3					1.4	1.1		
Maximum	.305	7		2.7					3.0	2.5		
Minimum	.000	0		0.0					0.5	0.6		
1	.074	2		3.2					1.4	.9		
2	.000	0										
3	.000	0							1.2			
4	.000								2.6	2.2		
5	.000								3.0	2.5		
6	.066	1		1.8					1.5	1.2		
7	.122	2		2.6					1.4	1.0	3	
8	.165	4		2.9					1.6	1.2		
9	.175	2		1.4								
10	.175	2		1.4					1.4			
11	.305	7		2.7					1.5	1.0		
12	.204	4		2.3					1.3	0.8		
13	.280	6		3.0					1.3	0.9		
14	.000	0							0.5	0.6		
15	.000	0							0.8	0.6		
16	.002	0										
17	.002	0							1.0			
18	.080	2		1.9					2.0	1.7		
19	.123	2		1.9					1.6	1.3		
20	.084								.8	.8		
21	.000								1.2	.8		
22	.020	1		4.4								
23	.027	1		4.3					1.4			
24	.054	2		2.5					1.4	1.6		
25	.094								1.4	1.6		
26	.000								1.4	1.8		
27	.000								1.4	1.8		
28	.000	-							1.5	1.0		
29	.010								1.1	0.9		
30	.004	0							1.4			
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/92)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0843N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month May 94
Plant Effluent pH (Avg) 7.5 No. of Services at End of Month 28 No. of People Served at End of Month 98
Design Flow .468 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month D Lamphere C-7253
BRYAN GEORGE B6568 Chuck Schwabes C6873

I certify this report is correct Robert D. Zutsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.285	34		1.9					33.1	19.4		
Average	.074	1.1		1.8					1.2	.8		
Maximum	.274	5		2.2					1.6	1.2		
Minimum	.000	0		0.0					.8	0.5		
1	.004	0							1.4			
2	0								1.2	0.8		
3	.016								1.2	0.8		
4	.017	1		3.2					1.1	0.8	3	
5	.041	1		2.9					0.9	0.8		
6	.0	-							.8	.7		
7	.000	0										
8	.000	0							0.9			
9	.000	0							1.0	0.5		
10	.000	0							1.3	0.8		
11	.274	3		1.3					1.5	1.0		
12	.039	1		3.1					1.0	0.7		
13	.049	1		2.4					1.2	0.6		
14	.005	0										
15	.005	0							1.1			
16	000								.8	.5		
17	.225	4		2.1					1.5	1.0		
18	.221	5		2.7					1.5	1.1		
19	.247	2		1.0					1.3	.9		
20	.172	3		2.1					1.3	.9		
21	.215	2		1.1								
22	.215	2		1.1					1.6			
23	.367	5		1.6					1.5	1.0		
24	.013								.9	.5		
25	.042	1		2.7					1.5	1.2		
26	.028	1		4.3					1.5	1.0		
27	.029	1		4.1					1.3	.9		
28	.024											
29	.024	1		4.7					1.1			
30	.001								1.4	1.0		
31	.010								1.3	.9		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.900(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0843N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month June 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 28 No. of People Served at End of Month 98
Design Flow 1468 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lampkee C 7253
Bryan Gongre B6568 Phil Story
I certify this report is correct Robert D. Fritsch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.590	32		2.4					35.6	230		
Average	.053	1		2.5					1.4	1.0		
Maximum	.309	4		1.5					2.5	1.5		
Minimum	000	0		0					0.6	0.5		
1	.022								1.0	.8		
2	.089	2		2.2					1.1	.8		
3	.170	3		2.1					1.9	1.1		
4	.183	3		1.9								
5	.183	4		2.3					0.7	1.0		
6	.001								1.1	.8		
7	.007	1		17.7					1.5	1.5		
8	.001								1.5	1.0		
9	.006								1.7	1.6		
10	.006								1.4	1.8		
11	.001	0										
12	.001	0							1.3			
13	.001								1.2	.9		
14	.000								.8	.6		
15	600								1.3	.9	3	
16	000								.6	.6		
17	101	4		4.5					2.0	1.6		
18	.075	1		1.6								
19	.075	1		1.6					1.6			
20	.106	3		3.4					1.5	1.0		
21	.020								1.5	1.0		
22	.020	1		3.0					1.5	1.0		
23	.002								1.5	1.2		
24	000								1.5	1.2		
25	.000											
26	.000								1.2			
27	.001								1.8	1.4		
28	.080	3		1.4					1.2	.9		
29	.309	2		1.2					1.0	0.5		
30	.132	4		3.6					2.5	1.3		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0843N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month July 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 28 No. of People Served at End of Month 98
Design Flow .144 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month JEFF Lanpher C-7253
Robert Fritsch C-6140 Brian Gongre B-6568

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in MG	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.17	51		37					38	21		
Average	.0700	4		2.6					1.6	1.0		
Maximum	.228	2		3.8					2.8	2.0		
Minimum	.000	7		1.0					.8	.4		
1	.117	3		2.7					2.2	1.5		
2	.095	2		2.5								
3	.095	2		2.5					2.0			
4	.226	4		3.8					2.3	1.5		
5	.100	3		3.6					2.2	1.3		
6	.220	7		3.8					2.5	1.3		
7	.173	5		3.5					2.8	2.0		
8	.006								1.4	1.0		
9	.000											
10	.000								1.4			
11	.000								1.6	1.3		
12	.000								1.2	.8		
13	.1688	4		2.7					2.0	1.8		
14	.149	4		3.2					2.5	1.8		
15	.188	6		3.8					2.0	1.2		
16	.170	2		1.4								
17	.170	2		1.4					1.9			
18	.228	2		1.6					.8	.8		
19	.001								.8	.5	3	
20	.000								.8	.6		
21	.000								1.0	.6		
22	.000								1.2	.8		
23	.000											
24	.000								1.1			
25	.000								.8	.6		
26	.000								1.2	.7		
27	.149	4		2.1								
28	.000								.8	.4		
29	.000								1.0	.6		
30	.000											
31	.000			NO					1.0			

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/21)
Effective 11/1/88

CUP # 2-069-0843N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354384 PWS Name Lake Ridge Location: City or S/D Clermont
Owned by Utilities Inc. of Florida Phone No. (407) 869-1919 Reporting Month August 1994
Plant Effluent pH (Avg) 7.3 No. of Services at End of Month 27 No. of People Served at End of Month 95
Design Flow 0.468 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Conger B6568, Robert Fritsch C-6140, Jeff Lamphere C 7253, Ken Miller B 4239

I certify this report is correct Bry K. Conger (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1403	41		65.8					44.5	27.3	3	
Average	.045	1.3		2.1					1.6	1.1		
Maximum	.170	4		5.8					3.0	2.5		
Minimum	.000	Ø		Ø					0.7	0.5		
1	.000	Ø		Ø					1.4	1.0		
2	.036	0.5		1.7					0.7	0.5		
3	.019	0.5		3.2					0.8	0.6		
4	.093	4		5.2					3.0	2.5		
5	.077	2		4.0					2.2	1.8		
6	.048	0.5		1.2								
7	.048	0.5		1.2					2.0			
8	.112	2		2.1					1.0	0.7		
9	.039	1		3.1					1.1	0.7		
10	.062	2		3.9					2.0	1.5	3	
11	.000	Ø		Ø					1.8	1.4		
12	.000	Ø		Ø					1.6	1.2		
13	.000	Ø		Ø								
14	.000	Ø		Ø					1.3			
15	.000	Ø		Ø					1.3	1.0		
16	.000	Ø		Ø					1.2	0.9		
17	.000	Ø		Ø					2.0	1.6		
18	.000	Ø		Ø					2.0	1.7		
19	.000	Ø		Ø					1.0	0.6		
20	.000	Ø		Ø								
21	.000	Ø		Ø					1.0			
22	.170	3		2.1					1.1	0.8		
23	.092	3		3.9					1.6	0.9		
24	.126	4		3.8					2.2	1.6		
25	.071	2		3.4					2.0	1.2		
26	.060	3		4.5					1.9	1.2		
27	.068	3		5.3					2.1	1.3		
28	.075	3		4.8								
29	.075	2		3.2					2.0	1.1		
30	.071	2		3.4					2.2	1.3		
31	.041	2		5.8					2.0	1.2		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Lake Ridge

Month/Year August 1994

DATE	FLUSHING TIME (MIN.)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING FOR OR LINE BREAK
	NO	FLUSHING	TO	REPORT		
	AT	THIS	PERIOD!			

2-069-0359 AUM 2

CUP# ~~2-069-0843N~~

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month September 1994
Plant Effluent pH (Avg) 7.7 No. of Services at End of Month 35 No. of People Served at End of Month 123
Design Flow .468 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Jeff Lanphere C7253

I certify this report is correct Bry K. Gong (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.495	40		78.2					31.1	22.9	3	
Average	0.050	1.3		2.6					1.4	1.0		
Maximum	.157	6		30.0					2.5	1.3		
Minimum	.000	0		1.0					0.5	0.6		
1	.075	2		3.2					1.8	1.0		
2	.042	1		2.9					2.0	0.9		
3	.137	4		3.5					2.0	1.1		
4	.048	2		5.0								
5	.059	1		2.0					1.5	1.0		
6	.006	0		0					1.6	0.9		
7	.000	0		0					1.4	1.0		
8	.000	0		0					1.4	0.9		
9	.000	0		0					0.8	1.3		
10	.000	0		0								
11	.000	0		0					1.2			
12	.004	1		30.0					1.5	1.0	3	
13	.000	0		0					1.3	0.9		
14	.000	0		0					1.0	1.1		
15	.000	0		0					0.8	1.0		
16	.000	0		0					0.6	1.1		
17	.000	0		0								
18	.000	0		0					0.9			
19	.000	0		0					0.5	0.9		
20	.000	0		0					0.5	0.8		
21	.096	1		1.2					1.2	0.7		
22	.120	1		1.0					0.8	0.6		
23	.149	3		2.4					2.3	1.3		
24	.157	6		4.6					2.0			
25	.129	4		3.7								
26	.129	4		3.7					2.3	1.2		
27	.101	2		2.4					2.0	1.1		
28	.074	4		6.5					2.2	1.2		
29	.086	3		4.2					2.5	1.3		
30	.083	2		2.9					1.0	0.6		cleaned Cl_2 injector
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

359 AUM 2

CUP # 2-069-0843N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT

Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month October 1994

Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 35 No. of People Served at End of Month 123

Design Flow .468 MGD Remarks (Use reverse side)

Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Gonge B6568, Ken Miller B4239, Jeff Lanphere C7253, Chuck Schwades C6873

I certify this report is correct Bryan K. Gonge (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.992	62		36.0					35.1	24.6	3	
Average	0.097	2		1.2					1.3	1.2		
Maximum	0.262	9		5.2					2.5	1.6		
Minimum	.000	0		0					0.6	0.3		
1	.000	0		0								
2	.000	0		0					2.0			
3	.000	0		0					1.8	1.3		
4	.000	0		0					2.0	1.4		
5	.000	0		0					1.8	1.4		
6	.000	0		0					1.5	1.4		
7	.000	0		0					0.6	0.4		
8	.139	1		0.9								
9	.138	1		0.9					1.1			
10	.228	1		0.5					0.8	0.3		
11	.000	0		0					1.0	1.1		
12	.000	0		0					0.7	1.5		
13	.000	0		0					0.8	1.3		
14	.000	0		0					0.8	1.2		
15	.000	0		0								
16	.000	0		0					1.0			
17	.000	0		0					0.9	1.1		
18	.000	0		0					0.8	1.0		
19	.000	0		0					0.8	1.0		
20	.222	2		1.1					0.6	0.8		
21	.262	6		2.7					0.6	0.8		
22	.247	6		2.9								
23	.248	6		2.9					1.1			
24	.368	9		3.5					2.1	1.5	3	
25	.218	7		3.9					2.5	1.6		
26	.210	4		2.3					1.8	1.2		
27	.164	4		2.9					2.0	1.3		
28	.195	4		2.5					2.1	1.5		
29	.126	2		1.9								
30	.126	2		1.9					1.9			
31	.160	7		5.2					2.0	1.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(27)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Lake Ridge

Month/Year Oct. '94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK

NO FLUSHING TO REPORT

0359 AWM2

CUP # 2-069-~~0843N~~

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT

Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month November 1994

Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____

Design Flow _____ Remarks (Use reverse side)

Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2366000	43.5							37.9	25.9		
Average	78866	1.45							1.4	1.0		
Maximum	228000	4							1.8	1.2		
Minimum	3000	0.5							1.0	0.8		
1	.164	2							1.8	1.2		
2	.172	4							1.6	1.1		
3	001	0							1.5	1.0		
4	0	0							1.0	0.8		
5	0	0										
6	0	0							1.2	1.0		
7	0	0							1.0	0.8		
8	.205	1							1.4	1.0		
9	.228	1							1.0	0.8		
10	.201	1							1.0	0.8		
11	.006	0.5							1.0	0.8		
12	0	0										
13	0	0							1.1	1.1		
14	0	0							1.5	0.8		
15	.121	3							1.6	1.2		
16	.094	1							1.6	1.1		
17	.086	2							1.5	1.0		
18	.089	2							1.5	1.0		
19	.003	0.5							1.4			
20	.003	0.5							1.4	1.0		
21	.016	1							1.5	1.0		
22	.057	1							1.4	1.0		
23	.003	1							1.4	1.0		
24	.138	3							1.8	1.0		
25	.173	5							1.5	1.1		
26	.120	3										
27	.120	3							1.5	1.1		
28	.167	5							1.9	1.2		
29	.000	0							1.3	1.0		
30	.199	4							1.1	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(b)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0843N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month Oct 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 28 No. of People Served at End of Month 28
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1,556,000	28							31.1	25.1		
Average	111142	2							1.0	.8		
Maximum	164,000	3							1.3	1.1		
Minimum	60,000	1							1.0	0.8		
1	.000	0							1.0	0.8		
2	.000	0							1.0	0.8		
3												
4	.000	0							1.1	1.0		
5	.000	0							1.0	1.0		
6	.111	3							1.6	1.1		
7	.123	3							1.2	1.0		
8	.164	2							1.1	0.8		
9	.164	2							1.0	0.8		
10	.135	2							1.0	0.8		
11	.135	2							1.2	1.0		
12	.120	2							1.2	1.0		
13	.000	0							1.2	1.0		
14	.000	0							1.2	1.0		
15	.000	0							1.1	1.0		
16	.000	0							1.0	0.8		
17	.118	1.5							1.0	0.8		
18	.119	1.5							1.0	0.8		
19		1							1.0	0.8		
20	.000	0							1.0	0.8		
21	.000	0							1.0	0.8		
22	.000	0							1.0	0.8		
23	.111	1							1.3	1.0		
24	.082	1							1.2	1.0		
25	.061	2										
26	.060	2							1.2	1.0		
27	.103	2							1.3	1.0		
28	.000	0							1.0	0.8		
29	.000	0							1.2	0.8		
30	.000	0							1.0	0.8		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(10/2)
Effective 11/1/88

634-Lake Ridge Club Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	1.155	29.5	.037	.158		0.788	
February	2.530	35.5	.090	.232	.002		
March	3.020	68.5	.097	.363		4.030	
April	4.309	-	.144	.351			
May	6.987	-	.225	.427		6.393	
June	1.404	-	.047	.116			
July	1.830	-	.059	.145		7.779	
August	2.326	-	.075	.233			
September	1.874	-	.064	.204		7.052	
October	1.897	-	.061	.290			
November	2.162	-	.072	.238		5.598	
December	3.719	-	.119	.287		5.710	
Total	33.213	133.5	.091	.427	.002	37.349	33.212

PERCENTAGE
112%

End of Year

These three systems interconnected.

	Pumped Less Flushed	Sold
Amber Hill	52.254	12.893
Clermont I	12.768	42.081
Lake Ridge	33.212	37.349
Totals	98.234	92.323

PERCENTAGE
94%

State of Florida
Department of Environmental Regulation

CUP# 2-069-0843N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name LAKE RIDGE Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month JAN 95
Plant Effluent pH (Avg) _____ No. of Services at End of Month 42 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1155000	29.5							28.3	23.8		
Average	37258	0.9							0.9	0.7		
Maximum	158 000	3							1.4	1.0		
Minimum	2000	0.5							0.9	0.6		
1	.000	0							1.0	0.8		
2	.000	0							1.0	0.8		
3	.000	0							1.0	0.8		
4	.137	3							1.4	1.0		
5	.052	2							1.3	1.0		
6	.091	2							1.3	1.0		
7	.000	0										
8	.000	0							1.2	1.0		
9	.006	0							1.0	0.8		
10	.036	2							1.2	1.0		
11	.020	2							1.1	1.0		
12	.068	3							1.2	1.0		
13	.000	0							1.0	0.8		
14	.000	0										
15	.000	0							1.3	1.0		
16	.000	0							1.1	1.0		
17	.119	3							1.0	0.8		
18	.000	0							1.0	0.8		
19	.000	0							1.0	0.8		
20	.002	0.5							1.1	1.0		
21	.000	0							0.9	0.6		
22	.000	0										
23	.000	0							0.9	0.6		
24	.103	3							1.1	1.0		
25	.158	3							1.0	0.8		
26	.149	2							1.1	1.0		
27	.090	2							1.0	0.8		
28	.090	2										
29	.000	0							1.2	1.0		
30	.000	0							1.1	0.8		
31	.000	0							1.0	0.6		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555 910(2)
Effective 11/1/88

CUPH

2-069-0843N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354884 PWS Name Lake Ridge Club Location: City or S/D Clermont

Owned by UTILITIES INC FLA. Phone No.: 869-1919 Reporting Month Feb 95

Plant Effluent pH (Avg) 7.3 No. of Services at End of Month 42 No. of People Served at End of Month

Design Flow Remarks (Use reverse side)

Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine								Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	2,530,000	35.5								27	21.2		
Average	90357	1.2								1.1	0.8		
Maximum	232,000	3								1.4	1.1		
Minimum	17000	0.5								0.8	0.6		
1	.000	0								1.0	0.8		
2	.027	1								1.1	0.8		
3	.033	1								1.2	1.0		
4	.021	0.5											
5	.021	0.5								1.0	0.8		
6	.000	0								1.0	0.8		
7	.017	0.5								1.1	1.0		BAST-TS
8	.000	0								1.0	0.8		
9	.000	0								1.0	0.8		
10	.000	0								0.8	0.6		
11	.189	3											
12	.190	3								0.9			
13	.155	3								1.2	1.0		
14	.166	3								1.4	1.1		
15	.000	0								1.2	1.0		
16	.000	0								1.0	0.8		
17	.000	0								1.0	0.8		
18	.108	2								1.2	1.0		
19	.232	2											
20	.232	3								1.3	1.1		
21	.232	3								1.2	1.1		
22	.000	0								1.0	0.8		
23	.200	2								1.3	1.0		
24	.194	2								1.3	1.0		
25	.116	1											
26	.117	1								1.2	1.0		
27	.121	1								1.2	1.0		
28	.159	3								1.4	1.1		
29													
30													
31													

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (10/87)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Lake Ridge

Month/Year Feb 85

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
2-22-85	30	25			750	Lake Ridge Circle - Overlook point
2-22-85	30	25			750	Lake Ridge Circle - Lake Ridge Drive

ST. JOHNS RIVER

WATER MANAGEMENT DISTRICT

Henry Dean, Executive Director
John R. Wehle, Assistant Executive Director
Charles T. Myers III, Deputy Assistant Executive Director

POST OFFICE BOX 1429 PALATKA, FLORIDA 32178-1429
TELEPHONE 904/329-4500 SUNCOM 904/860-4500
TDD 904/329-4450 TDD SUNCOM 860-4450
FAX (EXECUTIVE/LEGAL) 329-4125 (PERMITTING) 329-4315 (ADMINISTRATION/FINANCE) 329-4508

FIELD STATION

618 E. South Street
Orlando, Florida 32801
407/897-4300
TDD 407/897-5960

7775 Baymeadows Way
Suite 102
Jacksonville, Florida 32256
904/730-6270
TDD 904/730-2900

PERMITTING:
305 East Drive
Melbourne, Florida 32904
407/984-4940
TDD 407/722-5368

OPERATIONS:
2133 N. Wickham Road
Melbourne, Florida 32935-8109
407/254-1762
TDD 407/253-1203

September 19, 1994

Dear Permittee: Ken/Margaret

In an effort to help us process your compliance submittals in a more timely manner, we are asking that you include your permit number on these submittals. Below we have listed your PWS ID Number, Project Name, and Permit Number. Thank you for your assistance in this matter.

Sincerely,

Vicki Meeks

Vicki W. Meeks, Data Management Supervisor
Division of Permit Data Services

VWM:s

cc: Gloria Lewis
Larry Lee

RECEIVED
SEP 26 1994

PWS ID #	Project Name	Permit Number
3354884	Lake Ridge	2-069-0843N has been changed to 2-069-0359AUM2 - Please use this number from now on. Thank you.

Patricia T. Harden, CHAIRMAN SANFORD
Lenore N. McCullagh, VICE CHAIRMAN ORANGE PARK
Jesse J. Parrish, III, TREASURER TITUSVILLE
William Segal, SECRETARY MAITLAND
Reid Hughes DAYTONA BEACH
Dan Roach FERNANDINA BEACH
Denise M. Prescod JACKSONVILLE
Joe E. Hill LEESBURG
James H. Williams OCALA

P# -069-6843N

CUP 2-069-6843N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354834 PWS Name Lake Ridge Club Location: City or S/D Clermont
Owned by UTILITIES Inc FLA Phone No. 869-1919 Reporting Month MARCH 95
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 28 No. of People Served at End of Month 84
Design Flow .468 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct N J [illegible] (Lead Operator's Signature(s)) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine								Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	3,020,000	68.5								28.4	21.7		
Average	97,419	2.2								1.0	0.8		
Maximum	363,000	7								1.6	1.0		
Minimum	2,000	0.5								0.6	0.5		
1	.000	0								1.2	1.0		
2	.000	0								1.2	1.0		
3	.154	4								1.0	0.8		
4	.000	0								1.0	0.8		
5	.000	0											
6	.094	2								1.0	0.8		
7	.111	3								1.2	1.0		
8	.131	3								1.4	1.0		
9	.113	2								1.2	1.0		
10	.116	2								1.2	1.0		
11	.095	2											
12	.096	2								1.1	0.8		
13	.157	3								1.2	1.0	3	BACT-I S
14	.125	3								1.0	0.8		
15	.090	2								1.2	1.0		
16	.094	2								1.2	1.0		
17	.000	0								1.0	0.8		
18	.000	0								0.9	0.6		
19	.000	0											
20	.000	0								0.8	0.6		
21	.197	3								1.0	0.8		
22	.002	0.5								1.0	0.8		
23	.037	1								1.0	0.8		
24	.224	9								1.0	0.8		
25	.170	5											
26	.170	5								1.2	0.8		
27	.259	7								1.6	1.0		
28	.231	5								1.2	0.6		
29	.363	7								1.0	0.5		
30	.012	1								0.6	0.6		
31													

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (10/27)
Effective 11/7/88

Department of
Environmental Protection

Alternate Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0843N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Ridge PWS Identification No.: 3354884
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .468 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354884

Treatment Plant Name: Lake Ridge

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		,162	0.7	0.6			
2		,162	0.7	0.6			
3		,263	1.2	0.8			
4		,006	1.0	0.8			
5		.205	1.5	0.8			
6		.137	1.5	1.0			
7		.127	2.0	1.2			
8		.165					
9		,165	1.4	1.0			
10		.253	1.5	1.0			
11		.118	2.0	1.0			
12		.179	2.5	1.2			
13		.029	1.5	1.0	2		
14		.200	1.5	1.0			
15		.004					
16		.004	1.4	1.0			
17		.006	1.2	1.0			
18		.055	1.2	0.8			
19		300	1.8	1.0			
20		266	1.8	1.0			
21		274	1.5	1.0			
22		.120					
23		,120	1.2	0.8			
24		.351	2.5	1.2			
25		.006	1.2	0.8			
26		.270	1.4	0.8			
27		,184	2.5	1.4			
28		,134	2.0	1.0			
29		.025					
30		025	1.3	1.0			
31							
Total	XXXXXX	4,309,000	XXXXXXXXXXXXX	XXXXXXXXXX	2	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	143,633	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	351,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0843N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Ridge PWS Identification No.: 3354884
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .468 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 6-12-95
Signature and Date

H. J. Alonch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354884

Treatment Plant Name: Lake Ridge

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.327	2.0	1.3			
2		333	2.3	1.3			
3		453	2.5	1.4			
4		436	2.0	1.0			
5		396	2.3	1.2			
6		427					
7		427	2.3	1.5			
8		427	0.9	0.7			
9		307	1.8	1.1			
10		264	1.2	0.8			
11		325	1.0	0.8			
12		016	1.2	0.8			
13		228					
14		227	1.2	0.8			
15		026	1.0	0.8			
16		182	2.3	1.3	3	0.8	
17		245	2.0	1.3			
18		254	2.0	1.2			
19		294	1.5	1.0			
20		180					
21		180	12	0.8			
22		237	1.0	0.6			
23		090	1.0	0.8			
24		023	1.1	0.8			
25		109	1.1	0.8			
26		112	1.3	1.0			
27		113					
28		113	1.1	0.8			
29		104	1.2	0.8			
30		106	1.0	0.8			
31		028	1.0	0.8			
Total	XXXXXX	6987000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	225,387	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	427,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

...ity Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354884

Treatment Plant Name: Lake Ridge

Reporting Month/Year:

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

onthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

stem PWS Identification Number 3354884

eatment Plant Name Lake Ridge

eporting Month/Year

I. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete/submit this part only for the reporting month of December each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant)

- Is any polymer containing the monomer acrylamide used at the treatment plant? No If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm*	Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? No If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm*	Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? No If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

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 = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0843N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Ridge PWS Identification No.: 3354884
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .468 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
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- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

R J Arbit 7-12-95
Signature and Date

H.T. Allen c-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354884

Treatment Plant Name: Lake Ridge

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000	0.8	0.8			
2		.000	0.8	0.8			
3		.000					
4		.000	0.7	0.7			
5		.000	0.7	0.7			
6		.043	0.8	0.7			
7		.030	0.8	0.7			
8		.037	1.0	0.8			
9		.090	1.0	0.8			
10		.095					
11		.095	1.3	1.0			
12		.116	1.0	0.8			
13		.000	1.0	0.8	3	0.8	
14		.011	1.0	0.8			
15		.015	1.0	0.8			
16		.090	1.2	0.8			
17		.041					
18		.061	1.0	0.8			
19		.073	0.8	0.8			
20		.080	0.8	0.8			
21		.115	0.8	0.8			
22		.091	0.8	0.8			
23		.000	0.8	0.8			
24		.000	0.8	0.8			
25		.000					
26		.000	0.8	0.8			
27		.062	0.8	0.8			
28		.060	0.8	0.8			
29		.069	0.8	0.8			
30		.110	1.0	0.8			
31							
Total	XXXXXX	1,404,000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	46,800	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	116,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(1)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0843N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Ridge PWS Identification No.: 3354884
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
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- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .468 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

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- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

8-9-95
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354884

Treatment Plant Name: Lake Ridge

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.024	0.8	0.8			
2		.024					
3		.035	0.2	0.2			
4		.082	0.2	0.2			
5		.084	0.8	0.8			
6		.082	0.8	0.8			
7		.096	1.0	0.8			
8		.079	0.8	0.6			
9		.080					
10		.087	1.0	0.8			
11		.064	1.0	0.6			
12		.100	1.0	0.6	3	0.6	
13		.100	1.0	0.6			
14		.025	1.0	0.6			
15		.026					
16		.073	1.0	0.8			
17		.010	1.0	0.8			
18		.034	0.8	0.8			
19		.062	1.0	0.8			
20		.041	1.0	0.8			
21		.041	1.2	0.8			
22		.041					
23		.101	1.0	0.8			
24		.020	1.0	0.8			
25		.145	1.0	0.8			
26		.110	1.2	1.0			
27		.124	1.0	0.8			
28		0	1.0	0.8			
29		0					
30		0	1.1	0.8			
31		.040	1.0	0.6			
Total	XXXXXX	1830.000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	59.032	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	145.000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(1)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0843N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Ridge PWS Identification No.: 3354884
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .468 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF _____: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 9-19-95
Signature and Date

H.J. Alonick C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354884

Treatment Plant Name: Lake Ridge

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		047	1.0	0.8			
2		052	1.2	0.8			
3		040	1.0	0.6			
4		074	1.0	0.8			
5		003					
6		004	1.2	0.8			
7		000	1.0	0.8			
8		090	1.0	0.8			
9		052	1.0	0.6			
10		093	1.0	0.8	3	0.8	
11		167	1.2	0.8			
12		052	1.0	0.7			
13		037					
14		037	1.0	0.8			
15		205	1.0	0.8			
16		090	1.2	0.8			
17		109	1.0	0.8			
18		111	0.8	0.8			
19		052					
20		052	1.2	0.8			
21		090	1.0	0.8			
22		233	1.0	0.6			
23		210	1.0	0.6			
24		035	0.8	0.5			
25		.000	0.8	0.8			
26		.000					
27		.000	0.8	0.6			
28		.000	1.0	0.6			
29		.151	1.0	0.8			
30		.140	1.0	0.6			
31		.100	1.2	0.8			
Total	XXXXXX	2326,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	75032	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	233,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(1)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0843N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Ridge — PWS Identification No.: 3354884
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .468 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

A.J. Alonch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(1)

System PWS Identification Number: 3354884

Treatment Plant Name: Lake Ridge

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		067	1.0				
2		020					
3		023	1.1	0.8			
4		077	1.0	0.8			
5		078	1.0	0.8			
6		096	1.0	0.8			
7		049	1.1	0.6			
8		048	1.0	0.8			
9		000					
10		000	1.3	0.9			
11		102	1.0	0.8			
12		093	1.0	0.7			
13		091	1.0	0.7			
14		094	1.0	0.7			
15		094	1.0	0.7			
16		0					
17		070	1.1	0.8			
18		071	1.0	0.7			
19		083	1.0	0.8			
20		118	1.0	0.8			
21		000	1.0	0.8			
22		.204	1.0	0.8	3		
23		.091					
24		.092	1.0	0.8			
25		.000	0.8	0.8			
26		.073	0.8	0.8			
27		.099	0.8	0.8			
28		.077	1.0	0.8			
29		.058	1.0	0.8			
30		.000					
31							
Total	XXXXXX	1,874,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	64,620	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	204,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0843N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Ridge PWS Identification No.: 3354884
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .468 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF _____: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

11-6-95
Signature and Date

H. J. Alonck C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354884

Treatment Plant Name: Lake Ridge

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Oct 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.036	1.1	0.8			
2		.002	1.0	0.6			
3		.003	0.8	0.5			
4		.020	0.8	0.6			
5		.155	1.0	0.6			
6		.000	1.5	0.8			
7		.000					
8		.000	1.2	0.8			
9		.000	1.0	0.8			
10		.004	1.0	0.8			
11		.000	0.8	0.8			
12		.100	0.8	0.8	0.8	0.8	
13		.000	0.8	0.8			
14		.000					
15		.000	0.9	0.6			
16		.050	0.9	0.6			
17		.089	1.1	0.8			
18		.086	1.0	0.6			
19		.051	0.8	0.5			
20		.118	1.0	0.8			
21		.118					
22		.118	1.0	0.6			
23		.290	1.0	0.6			
24		.073	1.0	0.6			
25		.060	1.0	0.6			
26		.217	0.8	0.5			
27		.083	1.0	0.6			
28		.002					
29		.001	1.0	0.6			
30		.000	1.0	0.6			
31		.221	1.0	0.6			
Total	XXXXXX	1,897,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	61,193	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	290,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0843N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Ridge PWS Identification No.: 3354884
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .468 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 12-1-95
Signature and Date

H.J. Alonck C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354884

Treatment Plant Name Lake Ridge

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		035	0.8	0.8			
2		009	0.8	0.6			
3		039	0.8	0.6			
4		001					
5		002	1.2	0.8			
6		046	1.0	0.8			
7		014	0.8	0.8	3	0.8	
8		100	0.8	0.6			
9		142	0.8	0.6			
10		000	1.0	0.6			
11		000					
12		000	1.1	0.6			
13		038	1.0	0.6			
14		030	1.0	0.6			
15		109	1.0	0.6			
16		103	1.0	0.6			
17		090	1.0	0.6			
18		095					
19		095	1.0	0.6			
20		107	1.4	0.8			
21		065	1.0	0.6			
22		143	1.2	0.6			
23		122	1.2	0.6			
24		074	1.0	0.6			
25		135					
26		135	1.1	0.8			
27		131	1.0	0.6			
28		064	1.0	0.6			
29		238	1.0	0.6			
30		000	1.0	0.6			
31							
Total	XXXXXX	2,162,000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	72,066	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	238,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0843N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Ridge PWS Identification No.: 3354884
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .468 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

1-12-96
Signature and Date

H. J. Aldrich C 6388
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354884

Treatment Plant Name: Lake Ridge

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		0	1.0	0.8			
2		0	1.0	0.8			
3		0					
4		28	1.0	0.8			
5		48	1.0	0.8			
6		72	0.8	0.8			
7		62	0.8	0.8			
8		45	0.8	0.8			
9		265					
10		265	1.0	0.8			
11		258	1.0	0.8			
12		183	1.0	0.8	3	0.8	
13		35	1.0	0.8			
14		25	1.0	0.8			
15		284	1.0	0.8			
16		29					
17		25	1.1	0.8			
18		64	1.0	0.8			
19		287	1.0	0.8			
20		156	0.9	0.6			
21		198	1.0	0.8			
22		208	1.2	0.8			
23		220					
24		220	1.1	0.8			
25		263	1.5	1.0			
26		180	1.5	1.0			
27		50	1.0	0.8			
28		128	1.4	1.0			
29		0	1.2	0.8			
30		33					
31		33	1.0	0.8			
Total	XXXXXX	3719000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	119967	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	287,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

632-Highland Point Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	0.920	25	.030	.122		0.181	
February	1.542	33	.055	.200	.002	1.029	
March	2.086	32.5	.067	.383			
April	1.683	-	.056	.126		1.749	
May	3.235	-	.104	.310			
June	3.085	-	.103	.213	.006	1.617	
July	2.783	-	.090	.291			
August	2.721	-	.088	.203		1.191	
September	2.034	-	.070	.159			
October	1.788	-	.058	.217		1.335	
November	2.691	-	.090	.245			
December	1.592	-	.051	.284		0.960	
Total	26.160	90.5	.072	.383	.008	8.062	26.152

PERCENTAGE
31%

End of Year

These systems are interconnected.

	Pumped Less Flushed	Sold
Crescent Bay	-0.003	4.763
Crescent West	51.427	30.215
Lake Crescent Hills	37.932	30.773
Highland Point	26.152	8.062
South Clermont (EDB)	-0.017	17.222
Preston Cove	-0.002	7.945
Totals	115.489	98.980

PERCENTAGE
85.71%

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month JAN 95
Plant Effluent pH (Min) _____ No. of Services at End of Month 28 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	920 000	25							26.1	19.2		
Average	29 677	0.8							0.9	0.7		
Maximum	122 000	4							1.2	1.0		
Minimum	1 900	0.5							0.7	0.6		
1	.015	0.5							1.0	0.8		
2	.017	0.5							1.0	0.8		
3	.018	0.5							1.0	0.8		
4	.015	0.5							1.1	0.8		
5	.001	0.5							1.0	0.8		
6	.024	0.5							1.2	1.0		
7	.009	0.5										
8	.009	0.5							1.1	1.0		
9	.027	0.5							1.1	1.0		
10	.004	0.5							1.1	0.8		
11	.001	0							1.0	0.8		
12	.000	0							0.8	0.6		
13	.000	0							0.8	0.6		
14	.000	0										
15	.000	0							0.7	0.6		
16	.000	0							0.8	0.6		
17	.000	0							0.8	0.6		
18	.000	0							0.8	0.6		
19	.000	0							0.8	0.6		
20	.000	0							0.8	0.6		
21	.117	4							1.1	0.8		
22	.025	1										
23	.025	1							1.2	1.0		
24	.055	1							0.8	0.6		
25	.043	1							0.8	0.6		
26	.047	1							0.8	0.6		
27	.055	1							1.0	0.8		
28	.083	2										
29	.084	2							1.2			
30	.104	2							1.1	1.0		
31	.122	4							1.2	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9/87)
Effective 11/1/88

CUP # 2-069-0830N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name Highland PT Location: City or S/D Clermont
Owned by UTILITIES INC FLA Phone No: 869-1919 Reporting Month FEB 95
Plant Effluent pH (Avg) 7.3 No. of Services at End of Month 28 No. of People Served at End of Month
Design Flow Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1542000	33							26.5	21.1		
Average	55071	1.1							1.1	0.8		
Maximum	200,000	4							1.4	1.1		
Minimum	1,000	0.5							0.8	0.6		
1	.060	2							1.2	1.0		
2	.059	2							1.4	1.1		
3	.184	4										
4	.063	0.5							1.3	1.0		
5	.003	0.5							1.1	0.8		
6	.006	0.5							0.8	0.6		
7	.013	0.5							0.8	0.6		BACT-TS
8	.000	0							1.4	1.1		
9	.049	1							1.0	0.8		
10	.008	0.5							1.0	0.8		
11	.008	0.5										
12	.004	0.5							1.2	1.0		
13	.000	0							1.0	0.8		
14	.003	0.5							0.8	0.6		
15	.000	0							1.2	1.0		
16	.001	0.5							1.0	0.8		
17	.080	2							1.2	1.0		
18	.049	1							1.2	1.0		
19	.069	2										
20	.070	3							1.1	0.9		
21	.131	3							1.3	1.0		
22	.002	0.5							1.1	0.8		
23	.000	0							1.0	0.8		
24	.058	1							1.0	0.8		
25	.200	1.5										
26	.199	1.5							1.1	0.8		
27	.165	2							1.2	1.0		
28	.119	2							1.2	1.0		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555-910(2)
Effective 11/1/88

FLUSHING RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Highland Pt

Month/Year Feb 1995

DATE	PRESSURE (PSI)	FLUSHING TIME (MIN)	ESTIMATED GPM	FLUSH POINT SIZE	TIME FLUSHED	TOTAL GALLONS FLUSHED	LOCATION OF FLUSHING POINT
2-14-95	65	30	25			750	Clair Drive
2-14-95	65	30	25			750	Parkway Drive

CUP #
2-069-0830-W

CUP #
2-069-0830-W

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354852 PWS Name Highland Pk Location City or S/D Clermont
Owned by Utilities Inc of Fla Phone No. 869-1919 Reporting Month March 95
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 28 No. of People Served at End of Month 84
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (ie backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2086000	32.5							30.3	22.3		
Average	67290	1.0							1.0	0.7		
Maximum	383000	6							1.8	1.1		
Minimum	5000	0.5							0.7	0.4		
1	[illegible]	0							1.0	0.8		
2	[illegible]	0							1.0	0.8		
3	[illegible]	0							1.2	1.0		
4	[illegible]	0										
5	[illegible]	0							1.0	0.8		
6	[illegible]	0							1.1	0.8		
7	.005	0.5							1.1	0.8		
8	.214	6							1.8	1.1		
9	.127	2							1.5	1.0		
10	.005	0.5							1.2	1.0		
11	[illegible]	0										
12	[illegible]	0							1.1	0.8		
13	[illegible]	0							1.0	0.8	3	BACT-TS
14	.052	1							1.0	0.8		
15	.160	3							1.0	0.8		
16	.011	2							1.1	0.8		
17	[illegible]	0							1.0	0.8		
18	.002	0.5							1.0	0.8		
19	[illegible]	0							1.0	0.8		
20	.179	2							1.4	1.0		
21	.092	2							1.2	0.8		
22	.015	2							1.4	1.0		
23	[illegible]	0							1.0	0.8		
24	.178	3										
25	.173	1							1.0	0.8		
26	.173	1							1.1	0.8		
27	.383	5							1.6	1.1		
28	.000	0							1.1	0.6		
29	.000	0							0.7	0.4		
30	.111	1							0.7	0.5		
31	.118	1							0.7	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 910(2)
Effective 11/1/88

Department of
Environmental Protection

Alternate Substitute DEP Form 62 555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0830N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Highland Point — PWS Identification No.: 3354652
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

H.J. Alcott C-6365
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354652

Treatment Plant Name Highland Point

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		.052	1.0	0.8			
2		051	0.7	0.6			
3		.126	1.0	0.8			
4		.057	1.0	0.8			
5		.068	1.5	1.0			
6		.055	1.5	1.0			
7		.055	1.2	0.9			
8		.072					
9		.071	1.4	1.0			
10		.038	1.3	1.0			
11		.069	1.3	1.0			
12		.054	1.3	0.8			
13		.109	1.5	1.0	2		
14		.035	1.5	1.0			
15		.074					
16		.075	1.3	0.8			
17		.089	1.2	0.8			
18		.079	1.3	1.0			
19		.072	1.5	1.0			
20		.084	1.2	0.8			
21		1080	1.2	0.8			
22		.020					
23		.020	0.9	0.6			
24		.024	1.0	0.8			
25		.031	1.0	0.8			
26		.058	1.0	0.8			
27		000	1.0	0.8			
28		001	1.0	0.8			
29		.002					
30		.002	0.9	0.6			
31							
Total	XXXXXX	1683000	XXXXXXXXXXXX	XXXXXXXXXX	2	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	56100	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	126000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0830N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Highland Point PWS Identification No.: 3354652
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date: 6-9-95

Name and Certificate Number (please type or print): H.J. Aldrich C-6368

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal: DEP Form 62-555.910(3)

System PWS Identification Number: 3354652

Treatment Plant Name: Highland Point

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		.000	1.5	0.8			
2		.033	1.5	1.0			
3		.271	1.8	1.1			
4		.142	1.0	0.8			
5		.206	1.2	0.8			
6		.020					
7		.020	1.2	0.8			
8		.042	1.0	0.8			
9		.056	1.0	0.7			
10		.059	1.0	0.7			
11		.087	1.0	0.7			
12		.077	1.4	1.0			
13		.116					
14		.117	1.2	0.8			
15		.180	1.5	1.0			
16		.138	1.5	1.1	3	0.8	
17		213	1.2	0.8			
18		.048	1.0	0.7			
19		.043	1.0	0.7			
20		.073					
21		.033	1.0	0.7			
22		.093	1.2	0.8			
23		.132	1.0	0.6			
24		.310	1.0	0.6			
25		.085	1.8	1.0			
26		.084	1.5	1.0			
27		.076					
28		.076	1.2	0.8			
29		.045	1.0	0.8			
30		.177	1.3	1.0			
31		.143	1.5	1.0			
Total	XXXXXX	3,235,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	104354	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	310,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354652
Treatment Plant Name Highland Point
Reporting Month/Year

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

System PWS Identification Number 3354652
Treatment Plant Name Highland Point
Reporting Month/Year

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete/submit this part only for the reporting month of December each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant)

- Is any polymer containing the monomer acrylamide used at the treatment plant? No If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose - _____ ppm*	Acrylamide Level - _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? No If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose - _____ ppm*	Epichlorohydrin Level - _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? No If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

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 - _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3) ✓

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0830N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Highland Point PWS Identification No.: 3354652
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: X community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 7-12-95
Signature and Date

H. J. AIDRICH
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354652

Treatment Plant Name Highland Point

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.212	1.5	1.0			
2		.101	1.3	0.8			
3		.034					
4		.034	1.4	1.0			
5		.065	1.3	1.0			
6		.006	1.0	0.8			
7		.013	1.0	0.8			
8		.037	1.2	0.8			
9		.123	1.4	0.8			
10		.174					
11		.174	1.3	0.8			
12		.213	1.3	1.0			
13		.118	1.0	0.7	3	0.7	
14		.111	1.0	0.8			
15		113	1.2	0.8			
16		.144	1.2	0.8			
17		.120					
18		.121	1.1	0.8			
19		.179	1.3	0.8			
20		.156	1.4	0.8			
21		.171	1.2	0.8			
22		.143	1.2	0.8			
23		.131	1.2	0.8			
24		.112	1.4	0.8			
25		.050					
26		.050	1.4	1.0			
27		.028	1.3	1.0			
28		.045	1.2	0.8			
29		.044	1.3	0.8			
30		.063	1.2	0.8			
31							
Total	XXXXXX	3,085,000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	102 830	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	213,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Highland Point

Month/Year June 1995

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
6-16		100	2	30 MIN	3000	Blow off on Burton ST
6-19		100	2	10 MIN	1000	Blow off on Elbert ST
6-26		100	2	5 MIN	500	Blow off on Burton ST
6-26		130	2 1/2	5 MIN	650	F/H on Parkway & ST Clair
6 26		130	2 1/2	5 MIN	650	F/H on Parkway & ST Clair
6-26		130	2 1/2	5 MIN	650	F/H on PT overlook

6,450 = .006

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0830N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Highland Point PWS Identification No.: 3354652
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: X community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 8-9-95
Signature and Date

H.J. Allnach C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal (DEP Form 62-555.9)

System PWS Identification Number 3354652

Treatment Plant Name Highland Point

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.080	1.4	1.0			
2		.105					
3		.104	1.5	1.0			
4		.108	1.4	0.9			
5		.171	1.4	0.9			
6		.125	1.5	1.0			
7		.164	1.4	1.0			
8		.112	1.4	1.0			
9		.290					
10		.291	2.0	1.2			
11		.140	2.0	1.4			
12		.105	1.5	1.0	3	0.8	
13		.128	1.5	1.0			
14		.149	1.3	1.0			
15		.059					
16		.060	1.5	1.0			
17		.103	1.2	0.8			
18		.016	1.0	0.8			
19		.030	1.0	0.8			
20		.030	1.0	0.8			
21		.023					
22		.010	0.9	0.6			
23		.010	1.0	0.8			
24		.018	1.0	0.8			
25		.000	1.2	1.0			
26		.079	1.0	0.8			
27		.044	1.2	1.0			
28		.091					
29		.028	1.1	0.8			
30		.028	1.0	0.8			
31		.082	1.2	0.8			
Total	XXXXXX	2783,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	89,774	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	291,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0830N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Highland Point — PWS Identification No.: 3354652
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

M J Aldrich 9-14-95
Signature and Date

M. J Aldrich C 6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.9x

System PWS Identification Number: 3354652

Treatment Plant Name: Highland Point

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		0.37	1.5	1.0			
2		.005	1.3	0.8			
3		.004	1.3	0.8			
4		.005	1.5	1.0			
5		.000					
6		.003	1.3	1.0			
7		.077	1.2	0.8			
8		.092	1.2	0.8			
9		.146	1.2	0.8			
10		.156	1.2	0.8	3	0.8	
11		.126	1.4	1.0			
12		.166	1.4	1.0			
13		.191					
14		.190	1.2	0.8			
15		.203	1.5	1.0			
16		.138	1.6	1.0			
17		.203	1.5	1.0			
18		.274	1.4	1.0			
19		.051	1.3	0.8			
20		.052	1.3	0.8			
21		143	1.3	1.0			
22		.102	1.2	0.8			
23		.174	1.2	0.8			
24		.070	1.0	0.7			
25		.009	1.0	0.7			
26		.000					
27		.000	1.1	0.8			
28		.000	1.2	0.8			
29		.002	1.0	0.7			
30		.054	1.0	0.7			
31		.046	1.0	0.7			
Total	XXXXXX	2721000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	87,774	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	203,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0830N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Highland Point PWS Identification No.: 3354652
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: X community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept. 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

10-6-95
Signature and Date

H.J. ALDRICH C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems ... Ground Water and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354652

Treatment Plant Name Highland Point

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF SEPT 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		084	1.0	0.8			
2		118					
3		118	1.2	0.8			
4		102	1.0	0.8			
5		102	1.0	0.8			
6		000	1.0	0.8			
7		045	1.2	0.9			
8		000	1.1	1.0			
9		027					
10		027	1.2	0.8			
11		096	1.0	0.8			
12		086	1.0	0.8			
13		060	1.0	0.8			
14		122	1.0	0.8			
15		121	1.0	0.8			
16		000	1.0	0.8			
17		068					
18		069	1.0	0.7			
19		103	1.2	1.0			
20		137	1.0	0.7			
21		121	1.0	0.7			
22		159	1.2	1.0	3	1.0	
23		159					
24		159	1.2	0.8			
25		004	0.8	0.8			
26		073	0.8	0.8			
27		010	1.0	0.7			
28		078	1.0	0.7			
29		000	1.0	0.7			
30							
31							
Total	XXXXXX	2034000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	70,137	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	159,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectan concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire o telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

(north)

Environmental Protection

Alternate/Substitute DEP Form 62-555 910(1)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0830N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Highland Point PWS Identification No.: 3354652
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: X community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCT 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Aldrich 11-6-95
Signature and Date

H J Aldrich C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354652

Treatment Plant Name Highland Point

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Oct 1995

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		000	0.7	0.5			
2		010	0.8	0.5			
3		121	1.0	0.5			
4		056	1.0	0.6			
5		027	1.0	0.6			
6		033	1.2	0.8			
7		003					
8		002	1.1	0.8			
9		025	1.0	0.7			
10		025	1.0	0.7			
11		050	1.5	0.9			
12		021	1.3	0.8	3		
13		055	1.0	0.8			
14		028					
15		028	1.0	0.6			
16		033	1.0	0.8			
17		113	1.2	0.8			
18		106	1.2	0.8			
19		092	1.2	0.8			
20		085	1.2	0.8			
21		106					
22		106	1.1	0.8			
23		175	1.5	1.0			
24		217	1.5	1.0			
25		111	1.4	1.0			
26		160	1.4	1.0			
27		0	1.0	0.8			
28		0					
29		0	1.0	0.6			
30		0	1.0	0.6			
31		0	1.0	0.6			
Total	XXXXXX	1788000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	57677	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	217,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

(none)

Environmental Protection

Alternate/Continuation DEP Form 62-555.910(1)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0830N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Highland Point PWS Identification No.: 3354652
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: X community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

12-7-95

Signature and Date

H. J. Aiuch C-6368

Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354652

Treatment Plant Name Highland Point

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		0	1.0	0.8			
2		52	0.8	0.6			
3		48	1.2	0.8			
4		0					
5		0	1.0	0.8			
6		232	1.3	0.8			
7		134	1.2	0.8	3	0.8	
8		88	1.0	0.6			
9		70	1.0	0.6			
10		0	1.1	0.7			
11		0					
12		0	1.0	0.6			
13		100	1.0	0.6			
14		140	1.0	0.6			
15		245	1.4	1.0			
16		163	1.5	1.0			
17		163	1.5	1.0			
18		77					
19		78	1.2	1.0			
20		170	1.4	1.0			
21		62	1.2	0.7			
22		102	2.0	1.2			
23		97	2.0	1.0			
24		102	1.8	1.0			
25		92					
26		96	1.6	1.0			
27		145	1.5	1.0			
28		120	2.0	1.2			
29		92	1.5	1.0			
30		19	1.0	0.8			
31							
Total	XXXXXX	2,691,000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	89,700	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	245,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

(month)

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0830N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Highland Point PWS Identification No.: 3354652
- System Owner

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- System Type: X community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 1-12-96
Signature and Date

H. T. Alonso C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354652

Treatment Plant Name Highland Point

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		100	1.0	0.6			
2		59					
3		130	1.0	0.6			
4		71	1.0	0.6			
5		269	1.5	1.0			
6		284	1.5	1.0			
7		0	1.0	0.6			
8		0	1.0	0.6			
9		0					
10		0	0.9	0.6			
11		82	1.2	0.8	3	0.8	
12		0	1.0	0.8			
13		0	1.0	0.6			
14		0	1.0	0.6			
15		0	1.0	0.6			
16		0					
17		0	1.0	0.6			
18		0	1.0	0.6			
19		3	1.0	0.6			
20		20	1.0	0.3			
21		6	1.0	0.5			
22		84	1.0	0.6			
23		38					
24		38	1.0	0.6			
25		207	0.9	0.6			
26		86	1.0	0.6			
27		76	1.0	0.6			
28		0	1.0	0.6			
29		33	1.2	0.8			
30		3					
31		3	1.0	0.6			
Total	XXXXXX	1592000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	~~284,000~~ 51,354	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	284,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

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632-Highland Point Drinking Water Report

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	0.540	12	.017	.031	.000	0.289		
February	0.405	8	.014	.026				
March	0.661	11	.021	.045		1.017		
April	1.092	3	.036	.067				
May	1.349	31	.044	.071		2.106		
June	0.563	13	.019	.043				
July	0.714	14	.023	.041		1.377		
August	0.521	13	.017	.036	.000			
September	0.514	22	.017	.042		1.036		
October	0.579	11	.019	.049	.006			
November	0.548	23	.018	.057		1.003		
December	0.438	5.75	.015	.026		0.542		
Total	7.924	166.75	.022	.071	.006	7.370		7.9185
								PERCENTAGE
								93%

OK

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month JAN 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 26 No. of People Served at End of Month 91
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Mike Gavaldo C5647
Bryan Gonsec B6568 Phillip Story C5986 Ken Miller B4239

I certify this report is correct Robert D. Fritsch (Lead Operator's Signature) C (Cert. Level) 6140 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.540	12		2.7					28.6	18.4		
Average	.017	.4		2.6					1.1	.7		
Maximum	.031	1		2.8					1.8	1.2		
Minimum	.006	0		0					.6	.4		
1	.018	1		3.4								
2	.018											
3	.028	1		3.3					.8	.4		
4	.012								.8	.6		
5	.015								1.5	1.8		
6	.015	1		2.8					1.3	.8		
7	.021	1		2.8					1.4	1.0		
8	.010								1.4	1.0		
9	.016											
10	.016								1.1	0.7		
11	.014	1		2.1					1.4	.9		
12	.018	1		6.6					1.3	.9		
13	.029	1		4.1					1.4	1.0	3	
14	.011								.8	.4		
15	.014								1.4	1.0		
16	.016											
17	.016	1		2.1					1.8	1.0		
18	.011								1.0	.7		
19	.013								.6	.3		
20	.011								.8	.4		
21	.20	1		2.2					1.0	.6		
22	.007								1.2	1.2		
23	.022											
24	.025	1		2.1					.8	.4		
25	.028								1.9	.5		
26	.024	1		2.3					1.2	.8		
27	.023								1.0	.7		
28	.016								.9	.6		
29	.008								1.1	.6		
30	.013											
31	.013	1		1.6					1.0	.6		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Highland Pt

Month/Year Jan 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
						No flushing this period
						RT 2-1-94

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month Feb 94
Plant Effluent pH (Avg) 7.5 No of Services at End of Month 26 No of People Served at End of Month 91
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Langhere C7253
Bryan Grogre B6568 Mike Gwelatz C6542
I certify this report is correct Robert D. Fritsch (Lead Operator's Signature) C 6146 (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.405	8		2.4					24.6	14.5		
Average	.014	.3		2.6					1.1	.5		
Maximum	.026	1		4.0					1.8	1.0		
Minimum	.009	0		0.0					.8	.5		
1	.009								1.0	.6		
2	.011								1.0	0.7		
3	.012								.9	.6		
4	.012	1		2.7					1.0	.6		
5	.018											
6	.019											
7	.015	1		2.3					.9	.6		
8	.021								1.0	.6		
9	.022								.8	.5	3	
10	.016	1		2.3					1.0	.6		
11	.029								1.1	0.7		
12	.017											
13	.018								1.0			
14	.026	1		1.4					1.1	.7		
15	.020	1		6.0					1.2	.8		
16	.010								1.3	1.0		
17	.014								1.3	1.0		
18	.008	1		3.2					1.2	.8		
19	.012											
20	.012	1		5.0								
21	.009								1.2	.8		
22	.011								1.1	0.6		
23	.014								1.3	.7		
24	.013								1.3	.8		
25	.010								1.3	.8		
26	.009											
27	.009								1.2			
28	.014	1		1.2					1.21	1.0		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month March 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 26 No. of People Served at End of Month 91
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C 7253
Ken Miller B 4239 Bryan Gongre B 6568
I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.661	11		2.0					30.3	16.7		
Average	.021	.4		2.3					1.1	.7		
Maximum	.045	1		1.4					1.8	1.3		
Minimum	.008	0		0.0					.7	.4		
1	.019								1.3	1.6		
2	.009								.9	.6		
3	.012								.9	.5		
4	.013								1.0	.6		
5	.008											
6	.009								1.0			
7	.029								.7	.4		
8	.020	1		1.0					.8	.4		
9	.012								0.7	0.6		
10	.015								1.0	.6		
11	.015								1.1	0.7		
12	.013											
13	.013								0.9			
14	.029	1		1.0					1.9	0.7		
15	.029								1.3	0.8		
16	.023								1.0	0.7	3	
17	.026	1		1.0					1.0	.6		
18	.033	1		3.6					1.1	.7		
19	.020											
20	.020								1.0			
21	.045	1		1.4					0.9	0.6		
22	.029	1		4.1					.9	.5		
23	.056								.7	.4		
24	.032	1		1.8					1.2	.8		
25	.032	1		3.7					1.5	1.1		
26	.016											
27	.016	1		3.7					1.6			
28	.042	1		2.0					1.8	1.3		
29	.013								1.5	1.1		
30	.017								1.5	1.6		
31	.019	1		2.4					1.6	1.0		

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DER Form 17-555(9)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month APRIL 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 26 No. of People Served at End of Month 91
Design Flow .346 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Futch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine lbs used	Chlorine mg/l gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	1.092	27	3.0						42.8	26.9		
Average	.036	.9	3.0						1.4	1.3		
Maximum	.067	2	3.6						2.5	2.0		
Minimum	.018	0	6						1.2	1.1		
1	.024								1.4	1.0		
2	.027	1										
3	.028	1	2.2						1.5			
4	.042	1	2.8						2.5	2.0		
5	.026	1	4.6						2.0	1.5		
6	.039	1	3.1						1.8	1.7		
7	.038	1	3.1						2.4	2.0	3	
8	.024	1	5.0						1.8	1.4		
9	.025											
10	.025	1	2.4						1.4			
11	.067	1	1.6						1.6	1.1		
12	.043	1	2.6						1.3	0.9		
13	.031	1	3.9						1.7	0.9		
14	.052	2	4.6						1.7	0.9		
15	.051	2	4.4						1.6	1.0		
16	.042	1	2.8									
17	042	1	2.8						0.9			
18	.056	2	4.3						1.2	.7		
19	[illegible]	1	2.8						2.5	2.0		
20	.049	1	2.4						2.0	1.6		
21	.049	1	2.4						1.8	1.4		
22	.018								1.8	1.4		
23	.018											
24	.018	1	2.2						1.9			
25	.047	1	2.5						2.0	1.6		
26	.025	1	4.6						1.6	1.4		
27	.033	1	3.6						1.6	1.1		
28	.024	1	5.0						1.4	1.0		
29	.047	1	2.5						1.4	.9		
30	.040	0										
31												

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DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month MAY 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 26 No. of People Served at End of Month 91
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C-7253
Brynn Gonsre B6568 Chuck Schwabes C6873
I certify this report is correct Robert D. Futch C6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.349	31		2.8					31.9	19.6		
Average	.044	1		2.7					1.2	.9		
Maximum	.071	3		5.1					1.6	1.2		
Minimum	.027	0		0.0					.8	.5		
1	.040	0							1.0			
2	.064	3		3.5					1.4	1.6		
3	.027	1		4.4					1.4	1.0		
4	.033	1		3.6					1.0	.7	3	
5	.027	1		4.4					1.0	.8		
6	.043	1		3.0					1.0	.8		
7	.045	.5		1.3								
8	.045	.5		1.3					0.9			
9	.071	2		3.4					1.5	0.8		
10	.034	2		7.1					1.6	0.9		
11	.045	1		2.7					0.9	0.6		
12	.041	2		2.9					1.7	1.0		
13	.057	1		2.1					1.8	1.2		
14	.049	.5		1.3								
15	.048	.5		1.3					1.5			
16	.091	2		2.6					1.6	1.6		
17	.031			3.9					1.4	1.0		
18	.030	1		4.0					1.6	1.3		
19	.031	1		3.9					1.4	1.6		
20	.031								1.4	1.9		
21	.038	.5		.9								
22	.038	.5		1.6					1.3			
23	.050	1		2.4					1.3	.7		
24	.063	2		3.8					1.2	.8		
25	.043	1		3.0					1.1	.7		
26	.045	1		2.7					1.5	1.0		
27	.028	1		1.8					1.4	1.0		
28	.031	0										
29	.031	1		1.9					1.0			
30	.033	1		3.7					1.3	.8		
31	.028								1.8	1.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/92)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month June 94
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 26 No of People Served at End of Month 91
Design Flow .1396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Lanphere C7253
BRYAN GONSRE B6568 Phil Story
I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.563	13		2.8					45.6	27.9		
Average	.019	.4		2.5					1.7	1.3		
Maximum	.043	1		2.8					3.0	2.4		
Minimum	.004	0		0.0					.8	.2		
1	.034	1		2.0					1.8	1.4		
2	.017								2.0	1.5		
3	.004	1		5.7					1.5	1.1		
4	.024											
5	.024	1		2.5					1.6	1.0		
6	.009								1.4	1.0		
7	.017								2.1	0.2		
8	.017	1		2.6					1.8	1.4		
9	.010								1.5	1.2		
10	.011								1.4			
11	.015	0										
12	.015	0							1.6			
13	.043	1		1.3					.8	.6		
14	.025	1		4.8					1.0	.6		
15	.027	1		4.4					1.2	.8		
16	.013								3.0	2.7 3		
17	.023	0							2.5	2.0		
18	.014	.5		1.5					[illegible]			
19	.014	1.5		4.3					2.8	[illegible]		
20	.015	0							2.0	1.6		
21	.012								2.0	1.6		
22	.012	1		3.1					2.0	1.5		
23	.012								2.0	1.5		
24	.013								1.8	1.4		
25	.017											
26	.018	1		2.0					1.7			
27	.028	1		4.3					1.6	1.2		
28	.030	1		4.0					1.6	1.2		
29	.029								1.6	1.0		
30	.022	1		2.4					2.2	1.7		
31												

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DER Form 17-555(10/2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month July 1994
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 26 No. of People Served at End of Month 91
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month JEFF LANPHERE C-7253
Robert Fritsch C-6140, Brian Gongne B-6568

I certify this report is correct Robert D. Fritsch
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.714	14		46					38	22	3	
Average	.023	.7		3.3					1.5	1.1		
Maximum	.041	1		5.7					2.0	1.6		
Minimum	.011	0		1.4					.8	.5		
1	.019	0							2.0	1.6		
2	.015	0										
3	.015	0							1.6			
4	.024	1		1.4					1.7	1.0		
5	.021	1		5.7					1.5	1.1		
6	.022	1		5.5					1.6	1.0		
7	.014								.8	.5		
8	.015	1		4.1					1.4	1.0		
9	.017	0										
10	.017	0							1.2			
11	.024	1		2.1					1.2	.8		
12	.030	1		3.6					1.3	.9		
13	.017								1.2	.8		
14	.020								2.0	1.3		
15	.040								2.0	1.4		
16	.024	1		1.5								
17	.024	1		5.0					1.9			
18	.044	1		2.7					1.1	.8		
19	.032								.8	.5	3	
20	.030	1		1.9					2.0	1.6		
21	.036	1		3.1					1.2	.9		
22	.041	1		2.9					1.3	.9		
23	.037											
24	.038								1.0			
25	.031	1		3.8					1.3	.9		
26	.011								2.0	1.6		
27	.019	1		2.2					1.7	1.4		
28	.026								1.6	1.3		
29	.014								1.4	1.1		
30	.012											
31	.017								1.5			

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DER Form 17-555.910(2)
Effective 11/1/88

CUP #2-069-0830N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354652 PWS Name Highland Point Location: City or S/D Clermont
Owned by Utilities Inc. of Florida Phone No (407) 869-1919 Reporting Month August 1994
Plant Effluent pH (Avg) 7.7 No. of Services at End of Month 26 No. of People Served at End of Month 91
Design Flow 0.396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan Gongre B6568, Robert Fritsch C6140, Jeff Lamphere C-7253, Ken Miller B4239

I certify this report is correct Bryan K Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	0.521	13.0		81.9					48.5	32.7	3	
Average	0.017	0.4		2.6					1.9	1.4		
Maximum	0.036	1.0		5.5					3.0	3.0		
Minimum	0.010	0.25		1.2					1.0	0.8		
1	.025	1.0		4.8					1.3	1.0		
2	.014	0.25		2.1					2.2	1.8		
3	.013	0.25		2.3					1.0	0.8		
4	.036	1.0		3.3					3.5	3.0		
5	.017	0.25		1.8					3.0	2.8		
6	.010	0.25		3.0								
7	.010	0.25		3.0					2.6			
8	.024	1.0		5.0					3.0	2.6		
9	.014	0.25		2.1					2.0	1.6		
10	.013	0.25		2.3					1.5	1.2	3	
11	.017	0.25		1.8					1.6	1.2		
12	.012	0.25		1.2					1.6	1.2		
13	.016	0.25		1.9								
14	.016	0.25		1.9					1.2			
15	.022	0.5		2.7					1.6	1.2		
16	.016	0.25		1.9					1.6	1.2		
17	.012	0.25		1.2					1.7	1.2		
18	.013	0.25		2.3					1.7	1.1		
19	.011	0.25		2.7								
20	.010	0.25		3.0								
21	.010	0.25		3.0					1.3			
22	.018	0.5		3.3					1.3	1.0		
23	.010	0.25		3.0					2.0	1.5		
24	.012	0.25		1.2					1.9	1.5		
25	.012	0.25		1.2					2.0	1.3		
26	.022	1.0		5.5					1.8	1.2		
27	.027	1.0		4.4					1.8	1.0		
28	.019	0.25		1.6								
29	.019	0.25		1.6					1.8	1.2		
30	.024	0.75		3.1					1.7	1.0		
31	.029	0.75		3.1					1.8	1.1		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month Sept. 1994
Plant Effluent pH (Avg) 7.7 No. of Services at End of Month 27 No. of People Served at End of Month 95
Design Flow .396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Jeff Lamphere C7253

I certify this report is correct Bry K. Bongre B 6568
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.514	22.0		172.8					58.5	32.1	3	
Average	.017	0.7		5.8					2.3	1.4		
Maximum	.042	1.0		13.3					2.5	2.0		
Minimum	.009	0.25		1.1					0.8	1.0		
1	.042	1		2.9					0.8	1.0		
2	.035	1		8.0					2.5	2.0		
3	.020	1		6.0					2.3	1.7		
4	.021	1		5.7								
5	.021	1		5.7					2.5	01.3		
6	.026	1		4.6					2.3	1.1		
7	.028	1		4.3					2.2	1.2		
8	.024	1		5.0					2.5	1.7		
9	.017	0.25		1.8					2.0	1.1		
10	.015	0.25		2.0								
11	.015	0.25		2.0					1.6			
12	.027	0.25		1.1					2.0	1.3	3	
13	.009	0.5		6.7					2.2	1.5		
14	.012	0.5		5.0					2.2	1.3		
15	.020	1		6.0					2.0	1.2		
16	.013	1		9.2					2.5	1.5		
17	.012	0.5		5.0								
18	.012	0.5		5.0					2.0			
19	.019	1		6.3					2.5	1.6		
20	.013	0.5		4.6					2.5	1.5		
21	.011	0.5		5.5					2.3	1.5		
22	.014	0.5		8.6					2.5	1.3		
23	.018	0.5		3.3					2.4	1.5		
24	.009	0.5		6.7					2.2			
25	.018	0.5		3.3								
26	.018	0.5		3.3					2.4	1.3		
27	.009	1.0		13.3					2.5	1.6		
28	.009	1.0		13.3					2.5	1.4		
29	.012	1.0		10.0					2.3	1.2		
30	.014	1.0		8.6					2.6	1.3		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month October 1994
Plant Effluent pH (Avg) 7.7 No. of Services at End of Month 27 No. of People Served at End of Month 95
Design Flow .396M6D Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Gonge B6568, Jeff Lanphere C7253, Ken Miller B4239, Chuck Schwedes C-6873

I certify this report is correct Bryan K. Gonge (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.579	11		82.6					50.4	27.0	3	
Average	.019	0.35		2.7					1.9	1.3		
Maximum	.049	1.		7.0					2.5	1.7		
Minimum	.010	0.25		~~2.0~~ 0.9					1.5	0.9		
1	.010	0.25		3.0								
2	.010	0.25		3.0					2.4			
3	.017	0.50		3.5					2.0	1.4		
4	.012	0.50		5.0					2.4	1.3		
5	.012	0.50		5.0					2.3	1.3		
6	.013	0.25		2.3					2.0	1.5		
7	.012	0.25		2.5					1.8	1.2		
8	.014	0.25		2.1								
9	.014	0.25		2.1					1.9			
10	.030	1.0		4.0					2.2	1.6		
11	.019	0.5		3.2					2.3	1.7		
12	.010	0.25		3.0					2.5	1.6		
13	.010	0.25		3.0					2.4	1.4		
14	.017	0.25		1.8					2.0	1.3		
15	.020	0.25		1.5								
16	.020	0.25		1.5					1.9			
17	.019	0.25		1.6					1.8	1.2		
18	.017	0.25		1.8					1.5	1.0		
19	.016	0.25		1.9					1.6	1.2		
20	.021	0.25		1.4					1.6	1.0		
21	.027	0.25		1.1					1.6	1.0		
22	.034	0.25		0.9								
23	.034	0.25		0.9					1.6			
24	.049	0.50		1.2					1.5	0.9	3	
25	.021	1.0		7.0					1.7	1.1		
26	.035	≤0.5		1.7					2.0	1.4		
27	.016	0.5		3.7					1.6	1.2		
28	.011	0.25		2.7					2.2	1.5		
29	.011	0.25		2.7								
30	.011	0.25		2.7					1.8			
31	.017	0.25		1.8					1.8	1.2		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Highland Point

Month/Year October 1994

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
10-18-94		25 GPM		90 m	2250	Overlook Point. Dr.
10-18-94		25 GPM		90m	2250	Parkway & Lk Clair
10.18.94		200 GPM		5m	1000	Lot 1 Parkway

5,500 = .0055

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month November 1999
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.		Chlorine						Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	548 000	23							48.8	32.6		
Average	18246	0.7							1.8	1.2		
Maximum	57,000	1							2.3	1.6		
Minimum	9000	0.5							1.4	1.0		
1	.014	0.5							2.0	1.5		
2	.009	0.5							2.2	1.6		
3	.018	1							2.3	1.5		
4	.017	1							2.0	1.5		
5	.017	1							2.1	1.5		
6	.018	1							2.1	1.0		
7	.057	1							1.5	1.3		
8	.036	1							2.2	1.5		
9	.038	1							2.0	1.0		
10	.025	1							1.7	1.0		
11	.022	1							1.6	1.1		
12	.016	1							1.5	1.1		
13	.017	0.5							1.5	1.1		
14	.018	0.5							1.7	1.2		
15	.043	1							1.5	1.0		
16	.010	0.5							1.8	1.5		
17	.013	0.5							2.3	1.5		
18	.009	1							2.3	1.6		
19	.011	1										
20	.012	0.5							2.0	1.0		
21	.016	0.5							1.8	1.1		
22	.016	1							1.5	1.0		
23	.017	0.5							1.5	1.0		
24	.013	0.5							1.6	1.2		
25	.025	0.5							1.7	1.2		
26	.010	0.5										
27	.009	0.5							1.5	1.0		
28	.023	1							1.6	1.1		
29	.012	0.5							1.4	1.0		
30	.017	1							1.4	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (10/27)
Effective 11/1/98

State of Florida
Department of Environmental Regulation

CUP# 2-069-0830N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354652 PWS Name HIGHLAND POINT Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month Dec 97
Plant Effluent pH (As) _____ No. of Services at End of Month 21 No. of People Served at End of Month 31
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	438 000	5.75							35.1	26.7		
Average	14,600	.19							1.1	.89		
Maximum	26,000	1							1.6	1.1		
Minimum	6000	0.5							1.0	0.8		
1	.014	0.5							1.5	1.1		
2	.014	1							1.6	1.1		
3	.012	0.5							1.4	1.0		
4	.012	0.5							1.5	1.1		
5	.022	1							1.4	1.0		
6	.012	0.5							1.4	1.1		
7	.012	0.5							1.3	1.0		
8	.014	0.5							1.2	1.0		
9	.014	0.5							1.5	1.1		
10	.014	0.5										
11	.014	0.5							1.2	1.0		
12	.019	0.5							1.2	1.0		
13	.023	1							1.4	1.0		
14	.034	0.5							1.3	1.0		
15	.013	0.5							1.0	0.8		
16	.013	0.5							1.1	1.0		
17	.013	0.5										
18	.013	0.5							1.2	1.0		
19	.020	1							1.4	1.0		
20	.010	0.5							1.2	1.0		
21	.008	0.5							1.0	0.8		
22	.008	0.5							1.1	1.0		
23	.014	0.5							1.0	1.0		
24	.006	0.5							1.0	0.8		
25	.013	0.5										
26	.013	0.5							1.3	1.0		
27	.010	0.5							1.0	0.8		
28	.014	0.5							1.1	1.0		
29	.014	0.5							1.2	1.0		
30	.026	0.5							1.1	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/2)
Effective 11/1/88

662-Crescent West Drinking Water Report

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	2.779	25	.089	.197	.000	0.805		
February	1.914	24	.068	.185				
March	2.481	27	.080	.171		2.288		
April	4.049	56	.135	.342				
May	4.914	96	.158	.260		6.033		
June	3.506	61	.117	.331				
July	3.162	42	.102	.270		4.060		
August	1.228	20	.040	.209	.000			
September	2.501	36	.083	.289	.009	3.428		
October	3.328	48	.107	.340	.009			
November	3.318	32	.110	.226		3.165		
December	1.468	9.9	.049	.110		2.069		
Total	34.648	476.9	.091	.342	.018	21.848		34.630
								PERCENTAGE
								63%
	These systems are		Crescent Bay		.000	4.693		
	interconnected.		Crescent West		34.648	21.848		
			Lake Crescent Hills		53.930	25.117		
					68.578	51.658		PERCENTAGE
								75%

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3356690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month Jan 96
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 46 No. of People Served at End of Month 161
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Mike Gavelotz C5642
Bryan Gongre B 6568 Phillip Story C5986 Ken Miller B4239

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.779	25		1.1					36.9	23.7		
Average	.089	.8		1.1					1.5	.9		
Maximum	.197	3		1.8					2.0	1.2		
Minimum	.000	0		0					.6	.2		
1	.185	1		.6								
2	.185	1		.6								
3	.185	1		.6								
4	.002								1.2	.8		
5	.000								1.6	.9		
6	.000								1.5	.9		
7	.000								1.4	.9		
8	.000								1.6	1.3		
9	.140											
10	.190	1		.4					1.4	0.8		
11	.165	2		1.4					1.6	1.2		
12	.130	2		1.8					1.4	1.0		
13	.167	2		1.4					1.5	1.1	3	
14	.132	1		.9					1.7	1.0		
15	.135	1		.9					2.0	1.2		
16	.146	2		1.6								
17	.147	2		1.6					1.4	1.0		
18	.000								1.4	1.0		
19	.000								1.6	1.0		
20	.000								1.6	1.1		
21	.000								1.6	1.2		
22	.015								1.7	0.2		
23	.000											
24	.000								1.5	1.6		
25	.100	3		1.9					1.6	1.1		
26	.182	2		1.3					1.5	1.0		
27	.156	2		1.5					1.3	.8		
28	.197	2		1.2					1.6	1.0		
29	.001								1.4	.9		
30	.000											
31	.000								1.5	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(1)(a)(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant: Crescent West

Month/Year: Jan 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
						No flushing this Period !!
						RT 2-1-94

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month Feb 94
Plant Effluent pH (Avg) 7.3 No. of Services at End of Month 46 No. of People Served at End of Month 161
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Umphere C 7253
Bryan Gonsre B 6568 Mike Gaveletz
I certify this report is correct Robert D. Fritsch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.914	24		1.5					36.5	24.2		
Average	.068	.9		1.6					1.7	1.1		
Maximum	.185	3		1.9					3.0	2.5		
Minimum	.004	0		0					.6	.3		
1	005								1.5	1.0		
2	.127								1.8	1.1		
3	133	2		.9					1.7	1.2		
4	139	2		1.7					1.5	1.0		
5	000											
6	000											
7	000								Xe	.3		
8	000								2.0	1.6		
9	.185	2		1.3					1.5	1.2	3	
10	.176	2		1.4					1.6	1.7		
11	.181	2		1.3					1.3	1.0		
12	.145	1		.8								
13	.146	1		.8					1.2			
14	.185	2		1.3					1.3	.9		
15	000								2.5	1.5		
16	000								1.5	1.2		
17	000								1.5	1.1		
18	000								1.4	1.0		
19	.004											
20	.004											
21	.030								1.7	1.2		
22	.167	2		1.2					1.8	1.1		
23	.143	2		1.7					1.7	1.2		
24	.145	3		2.5					3.0	2.5		
25	.134	3		2.7					1.7	1.4		
26	.000											
27	.000								1.9			
28	.000								1.8	1.2		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month March 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 46 No. of People Served at End of Month 161
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Lanphear C-7253
Ken Miller B 4239 Bryan Gonger B 6568
I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals. MG	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	2.48	27		1.3					38.0	22.3		
Average	.080	.9		1.3					1.4	.9		
Maximum	.188	3		2.0					1.9	1.2		
Minimum	.000	0		0.0					1.0	.7		
1	.171	3		2.1					1.4	1.0		
2	.132	2		1.8					1.3	.9		
3	.177	2		1.9					1.0	.8		
4	.140	2		1.7					1.4	1.0		
5	.050											
6	.050								1.2			
7	.088	1		.6					1.3	.7		
8	.070	1		1.7					1.3	.8		
9	.063								1.5	1.1		
10	.025	1		1.4					1.8	1.2		
11	.048								1.9	1.1		
12	.058											
13	.058								1.5			
14	.015	1		.7					1.5	1.1		
15	.123	2		1.9					1.7	1.3		
16	.095	1		1.6					1.7	1.0	3	
17	.104	1		1.4					1.7	1.7		
18	.085	1		1.4					1.7	1.2		
19	.100	1		1.2								
20	.100	1		1.2					1.3			
21	.165	2		1.4					1.5	1.0		
22	.157	2		1.5					1.7	1.6		
23	.124	1		1.0					1.6	1.2		
24	.000								1.8	1.2		
25	.083	1		1.4					1.0	.6		
26	.035											
27	.035								1.2			
28	.023	1		1.3					1.0	.7		
29	.019								1.0	.7		
30	.022								1.1	.8		
31	.016								1.2	.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.(407)869-1919 Reporting Month April 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 48 No. of People Served at End of Month 164
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in ~~Gals~~ MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	4.049	56		1.5					35.5	22.0		
Average	.135	1.9		1.7					1.4	1.0		
Maximum	.342	8		2.8					1.8	1.4		
Minimum	.008	0		0.0					0.6	.3		
1	.017	0							.6	.3		
2	.185	2		1.3								
3	.185	2		1.3					1.0			
4	.272	3		1.3					1.6	.6		
5	.190	3		1.9					1.8	1.4		
6	.255	4		1.9					1.8	1.4		
7	.214	3		1.7					1.7	1.4	3	
8	.189	3		1.9					1.8	1.4		
9	.192	2		1.2								
10	.191	2		1.2					1.6			
11	.342	8		2.8					1.2	0.8		
12	.029								1.6	1.1		
13	.029	1		2.1					1.5	1.0		
14	.037								1.6	0.9		
15	.033	1		1.8					1.6	1.0		
16	.031											
17	.031								1.3			
18	.037	1		1.5					1.4	1.6		
19	.031	1		3.9					1.8	1.8		
20	.012								1.3	1.0		
21	.003								1.3	.9		
22	.008	1		5.7					1.3	.9		
23	.008	1		14.9								
24	.008	2		29.6					1.5			
25	.218	4		2.2					1.5	1.2		
26	.165	2		1.5					1.5	1.2		
27	.178	3		2.0					1.4	1.0		
28	.150	3		2.7					1.5	1.0		
29	.129	2		1.8					1.5	1.1		
30	.194	2		1.2								
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month MAY 1994
Plant Effluent pH (Avg) 7.4 No of Services at End of Month 48 No of People Served at End of Month 168
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Lanphere C-7253
Bryan Gonsre B6566 Chuck Schwabes C 6873
I certify this report is correct Robert D. Fritsen C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine lbs used	Chlorine gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
					lbs used	mg/l	lbs used	mg/l				
Monthly Total	4.914	96		2.3					39.7	22.5		
Average	.158	3.1		2.3					1.5	1.1		
Maximum	.260	17		7.8					3.5	3.5		
Minimum	.000	0		0.0					.8	.4		
1	.194	2		1.2					1.3			
2	.218	5		2.7					1.4	1.0		
3	.256	4		1.9					1.2	1.0		
4	.187	3		1.9					1.5	1.8	3	
5	.192	4		2.5					1.1	.9		
6	.208	4		2.3					1.0	.9		
7	.232	3		1.5								
8	.232	3		1.5					1.3			
9	.256	6		2.8					1.3	1.0		
10	.233	3		1.0					1.6	1.2		
11	.260	5		2.3					1.5	1.0		
12	.112	5		5.3					1.5	0.9		
13	.246	2		1.0					1.3	0.8		
14	.174	.5		.3								
15	.174	.5		.3					1.1			
16	.243	3		1.5					.8	.8		
17	.153	2		1.6					.8	.8		
18	.153	3		2.3					1.5	1.0		
19	.240	17		8.5					3.5	3.5		
20	.012	0							1.8	1.4		
21	.000	0										
22	.000	0							1.6			
23	.000								1.5	1.0		
24	.000								.6	.4		
25	.000								1.0	.6		
26	.214	5		2.6					2.5	1.7		
27	.166	4		3.0					1.0	.8		
28	.069	0										
29	.069	1		.9					1.3			
30	.132	3		2.1					1.2			
31	.246	4		1.9					.6	.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(a)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month June 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 46 No. of People Served at End of Month 161
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C7253
Bryan Gongre B6568 Phil Story
I certify this report is correct Robert D. Fustock C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3.506	61		1.8					36	24.4		
Average	.117	2.0		1.9					1.4	1.1		
Maximum	.331	10		3.6					3.0	2.5		
Minimum	.000	0		0					1.0	.6		
1	.331	10		3.6					3.0	2.5		
2	.199	4		3.4					1.7	1.2		
3	.171	4		2.8					1.8	1.2		
4	.196	3		1.8								
5	.195	4		2.5					1.6	1.1		
6	.194	4		3.6					1.4	1.2		
7	.189	3		1.9					1.5	1.5		
8	.191	4		2.6					1.8	1.4		
9	.149	4		3.2					1.3	1.0		
10	.192	3		1.9					1.3	1.0		
11	.000											
12	.001								1.0			
13	000								1.5	1.0		
14	169	2		1.4					1.7	1.8		
15	174	2		1.3					1.3	1.0	3	
16	166	2		1.4					1.4	1.0		
17	.007								1.2	.8		
18	.075	.8										
19	.035	.4		1.5					1.0			
20	.149	2		1.6					1.2	.8		
21	.089	1		1.5					1.0	.8		
22	.107	3		3.3					1.5	1.0		
23	.048	1		2.5					1.5	1.0		
24	.060	1		2.0					1.5	1.0		
25	.000											
26	.000								1.4			
27	001								1.3	1.1		
28	000								1.1	0.8		
29	.221	2		1.1					1.0	0.7		
30	.170	1		1.7					1.0	0.6		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9/92)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month July
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month ~~July~~ 48 No. of People Served at End of Month 168
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Jeff Langhere C-7253
Robert Fritsch C-6140, Brian Cougre B-6568

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in MG	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	3.162	42		30					35	22	3	
Average	.102	2		1.8					1.3	1.0		
Maximum	.270	8		4.7					2.0	1.4		
Minimum	000	0		.8					.8	.6		
1.	.139	1		.9					1.2	0.8		
2	.130	1		.9								
3	.131	1		.9					1.3			
4	.159	1		.8					1.0	0.7		
5	.126	1		1.0					1.1	0.8		
6	.179	1		1.0					1.0	0.7		
7	.107	3		3.5					1.0	.7		
8	.001	0							.8	1.6		
9	.000	0										
10	.000	0							.8			
11	.001								1.2	.8		
12	.002								1.2	.8		
13	000								1.8	1.8		
14	.000	0							1.5	1.0		
15	000	0							1.3	1.0		
16	000	0										
17	000	0							1.1			
18	000								.8	1.2		
19	.232	4		2.1					1.8	1.2	3	
20	.282	5		2.3					2.0	1.4		
21	.269	5		2.2					2.0	1.4		
22	206	8		4.7					1.8	1.4		
23	.270	4		1.8								
24	.270	4		1.8					1.6			
25	.229	3		1.6					1.4	1.6		
26	000								1.4	1.6		
27	000								1.8	1.2		
28	000								1.8	1.4		
29	000								2.0	1.4		
30	.180	3		2.0								
31	.180	3		2.0					1.6			

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida

CUP #2-069 0128WM2 Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354640 PWS Name Crescent West Location: City or S/D Clermont

Owned by Utilities Inc of Florida Phone No (407) 869-1919 Reporting Month August 94

Plant Effluent pH (Avg) 8.0 No of Services at End of Month 43 No of People Served at End of Month 151

Design Flow 0.432 MGD Remarks (Use reverse side)

Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan Gongre B6568, Robert Fritsch C-6140, Jeff Lamphere C-7253, Ken Miller B4239

I certify this report is correct Bryan K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No)

Days of Month	Total Water Treated in Gals	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	1.228	20		53.5					42.9	28.1	3	
Average	.040	1.1		3.0					1.6	1.2		
Maximum	.209	2		5.0					1.8	1.4		
Minimum	.000	0		0					1.2	0.9		
1	.209	2		9.5					1.3	1.0		
2	.104	1.5		1.7					1.7	1.4		
3	.175	2		1.4					1.2	1.0		
4	.141	1.5		1.3					1.8	1.4		
5	.223	2		1.1					1.6	1.0		
6	.027	1		4.4								
7	.028	1		4.3					1.3			
8	.040	1		3.0					1.5	1.0		
9	.032	1		3.7					1.6	1.2		
10	.024	0.5		2.5					1.6	1.2	3	
11	.032	1		3.1					1.6	1.2		
12	.039	1		3.7					1.6	1.2		
13	.023	0.5		2.6								
14	.024	1		5.0					1.5			
15	.029	1		4.1					1.5	1.2		
16	.017	0.5		3.5					1.8	1.3		
17	.029	1		4.1					1.7	1.4		
18	.026	0.5		2.3					1.5	1.3		
19	0	0		0					1.3	0.9		
20	0	0		0								
21	0	0		0					1.6			
22	0	0		0					1.8	1.2		
23	0	0		0					1.8	1.3		
24	0	0		0					1.9	1.2		
25	0	0		0					1.5	1.3		
26	0	0		0					1.6	1.1		
27	0	0		0					1.5	1.1		
28	0	0		0								
29	.001	0		0					1.6	1.0		
30	0	0		0					1.7	1.0		
31	0	0		0					1.8	1.2		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(2)
Effective 1/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, leaks, etc.

Plant Crescent West

Month/Year August 1994

TIME OF CALL	FLUSHING DURATION (MIN)	ESTIMATED GALLONS	SIZE	LINE FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING FOR OR LINE BREAK

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month September 1994
Plant Effluent pH (Avg) 8.0 No. of Services at End of Month 56 No. of People Served at End of Month 196
Design Flow .432 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Jeff Lanphere C7257

I certify this report is correct Bry K. Gong (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.501	36		35.4					52.1	26.6	3	
Average	.083	1.2		1.2					2.0	1.2		
Maximum	.289	7		4.4					2.7	1.5		
Minimum	.000	0		0					1.2	0.8		
1	.000	0		0					1.7	1.0		
2	.003	0		0					1.8	1.1		
3	.173	1		1.0					2.0	1.3		
4	.183	2		1.3								
5	.182	2		1.3					1.8	1.0		
6	.190	4		2.5					2.0	1.2		
7	.289	4		1.7					1.9	1.0		
8	.263	3		1.8					2.2	1.8		
9	.117	2		2.0					2.5	1.5		
10	.134	1		0.9								
11	.134	2		1.8					2.0			
12	.191	7		4.4					2.2	1.3	3	
13	.088	2		2.7					2.7	1.0		
14	.071	1		1.7					2.0	1.3		
15	.052	1		2.3					2.1	1.2		
16	.055	0.5		1.1					2.0	1.0		
17	.026	0.25		0.1								
18	.026	0.25		0.1					1.7			
19	.000	0		0					2.0	1.3		
20	.000	0		0					2.7	1.5		
21	.000	0		0					2.5	1.2		
22	.000	0		0					2.4	1.3		
23	.000	0		0					2.5	1.1		
24	089	1		1.3					1.8			
25	.085	0.5		0.7								
26	.085	0.5		0.7					1.5	0.9		
27	.054	0.5		1.1					1.5	1.1		
28	.027	0.5		2.2					1.4	1.2		
29	.044	1.0		2.7					1.2	0.8		
30	.000	0		0					2.0	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month October 1994
Plant Effluent pH (Avg) 8.0 No. of Services at End of Month 56 No. of People Served at End of Month 196
Design Flow .432MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Ken Miller B4239, Jeff Lanphere C7253, Chuck Schwades C6873

I certify this report is correct Bryan K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3.328	48		52.4					52.1	27.3	3	
Average	.107	1.5		1.7					2.0	1.3		
Maximum	.340	7		15.0					2.5	1.6		
Minimum	.000	0		0					0.9	0.5		
1	.000	0		0								
2	.000	0		0					1.9			
3	.000	0		0					1.8	1.4		
4	.000	0		0					2.0	1.3		
5	.000	0		0					2.0	1.3		
6	.002	0.25		15.0					2.3	1.5		
7	.010	0.25		3.0					0.9	0.5		
8	.000	0		0					~~1.2~~			
9	.000	0		0					1.2			
10	.000	0		0					1.8	0.9		
11	.000	0		0					1.7	1.1		
12	.033	0.5		1.8					2.3	1.5		
13	.138	2		1.7					2.4	1.3		
14	.185	3		1.9					2.5	1.5		
15	.110	1		1.1								
16	.111	1		1.1					1.9			
17	.142	2		1.7					2.1	1.3		
18	.123	2		1.9					1.8	1.4		
19	.170	1		0.7					2.0	1.4		
20	.189	5		3.2					2.2	1.2		
21	.337	3		1.1					2.0	1.2		
22	.250	3		1.4								
23	.250	3		1.4					2.1			
24	.340	7		2.5					2.2	1.6	3	
25	.232	3		1.6					2.3	1.5		
26	.197	3		1.8					2.2	1.5		
27	.075	1		1.6					2.0	1.3		
28	.129	2		1.9					2.0	1.2		
29	.102	1		1.2								
30	.102	1		1.2					2.1			
31	.099	3		3.6					2.4	1.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9/92)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Crescent West

Month/Year Oct - 1994

DATE	FLUSHING RATE (GPM)	ESTIMATED PSI	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING FOR LINE BREAK
						1st Hydrant Lake Hill Dr. S-E.
10/18/94	25 GPM			90 m.	2250	1096
10-18-94	200 GPM			5 m.	1000	12208 Lake Hill NW
10-18-94	200 GPM			5 m.	1000	Lot 71 Lake Hill DR
10-18-94	200 GPM			5 m.	1000	Lot 66 Lake Hill DR
10-18-94	200 GPM			5 m.	1000	Lot 62 Lake Hill DR
10-18-94	200 GPM			5 m.	1000	12616 Lake Hill DR
10-18-94	200 GPM			5 m.	1000	Lake Hill & Willowood
10-18-94	200 GPM			5 m.	1000	Lake Hill & Lantana

9250 = .009

FLUSHING & WATER LOSS RECORD

Crescent Wtr per Don

Include service lines, mains, hydrants, tanks, etc.

Plant EOB - ?

Month/Year 10-94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
10-6-94		25		90 min	2225	Silver Glenn Blvd
10-13-94		25		90 MIN	2225	" " "
10-20-94		25		90 MIN	2225	" " "
10-25-94		25		90 min	2225	" " "

8900 = .0089

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No(407)869-1919 Reporting Month November 1994
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3,318,000	32							43.2	27.9		
Average	110,000	11							1.6	1.07		
Maximum	226,000	3							2.0	1.4		
Minimum	46,000	0.5							1.4	0.9		
1	.101	1							2.0	1.3		
2	.114	1							1.8	1.1		
3	.152	3							2.2	1.4		
4	.146	1							2.0	1.2		
5	.181	1										
6	.181	1							1.8	1.2		
7	.226	2							1.5	1.0		
8	.178	1							1.5	1.5		
9	.090	1							1.8	1.1		
10	.145	1							1.8	1.2		
11	.150	1							1.6	1.0		
12	.121	1										
13	.121	1							1.4	1.1		
14	.143	1							1.5	1.0		
15	.106	0.5							1.5	1.0		
16	.058	0.5							1.5	1.0		
17	.046	1							1.8	1.1		
18	.052	1							1.8	1.0		
19	.068	1										
20	.069	1							1.5	1.0		
21	.080	1							1.5	1.1		
22	.082	1							1.5	1.0		
23	.093	1							1.7	1.1		
24	.073	1							1.6	0.9		
25	.108	1							1.2	0.9		
26	.081	1										
27	.082	1							1.4	1.0		
28	.082	1							1.7	1.1		
29	.085	1							1.8	1.1		
30	.064	1							1.8	1.1		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name CRESCENT WEST Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407) 869-1919 Reporting Month Dec 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 44 No. of People Served at End of Month 44
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1468000	9.9							32.3	26		
Average	48933	.3							1.0	0.8		
Maximum	110,000	1							1.6	1.2		
Minimum	8000	0.5							1.0	0.8		
1	.095	1							1.3	1.0		
2	.066	1							1.5	1.1		
3	.018	1							1.2	1.0		
4	.078	0.5							1.2	1.0		
5	.047	1							1.3	1.0		
6	.040	1							1.3	1.0		
7	.052	1							1.6	1.2		
8	.041	1							1.5	1.0		
9	.072	1							1.6	1.2		
10	.054	0.5										
11	.054	0.5							1.4	1.1		
12	.035	0.5							1.3	1.0		
13	.047	1							1.4	1.0		
14	.046	0.5							1.3	1.0		
15	.067	0.5							1.4	1.0		
16									1.4	1.0		
17	.043	0.5										
18	.043	1							1.1			
19	.054	0.5							1.0	0.8		
20	.044	0.5							1.2	1.0		
21	.036	0.5							1.0	1.0		
22	.027	0.5							1.1	1.0		
23	.110	0.5							1.0	1.0		
24	.008	0.5							1.1	1.0		
25	.018	0.5										
26	.017	0.5							1.0	1.0		
27	.037	0.5							1.1	1.0		
28	.050	0.5							1.0	0.8		
29	.047	0.5							1.0	0.8		
30	.042	0.5										
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (1)(b)21
Effective 11/1/88

662-Crescent West Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	1.183	28	.038	.144		0.690		
February	2.001	44.5	.071	.200	.002	3.642		
March	2.999	60.5	.097	.184				
April	3.650	-	.122	.393		5.988		
May	8.492	-	.274	.390				
June	4.257	-	.142	.360		6.980		
July	3.715	-	.120	.232	.002			
August	5.156	-	.166	.293		4.575		
September	4.769	-	.164	.294				
October	2.825	-	.091	.363		4.725		
November	5.960	-	.199	.350				
December	6.424	-	.207	.405		3.615		
Total	51.431	133	.124	.405	.004	30.215		51.427
								PERCENTAGE 59%

These systems are interconnected.

	Pumped Less Flushed	Sold
Crescent Bay	-0.003	4.763
Crescent West	51.427	30.215
Lake Crescent Hills	37.932	30.773
Highland Point	26.152	8.062
South Clermont (EDB)	-0.017	17.222
Preston Cove	-0.002	7.945
Totals	115.489	98.980

PERCENTAGE 85.71%

CUP# 2-069-0128N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name Crescent West Location: City or S/D Clermont
Owned by Utilities Inc Fla. Phone No. 869-1919 Reporting Month Jan 95
Plant Effluent pH (Avg) _____ No. of Services at End of Month 60 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct [signature] C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1183000	28							27.6	21.9		
Average	38161	0.9							1.0	0.8		
Maximum	144000	4							1.8	1.2		
Minimum	4000	0.5							0.7	0.6		
1	.045	0.5							0.7	0.7		
2	.060	0.5							0.8	0.8		
3	.042	0.5							1.0	0.8		
4	.051	0.5							1.0	0.8		
5	.000	0							1.0	0.8		
6	.004	0.5							1.0	0.8		
7	.009	0.5							5			
8	.010	0.5							1.0	0.8		
9	.000	0							1.0	0.8		
10	.000	0							1.0	0.8		
11	.054	1							0.8	0.8		
12	.055	1							1.0	0.7		
13	.057	1							1.0	0.7		
14	.036	0.5										
15	.036	0.5							0.9	0.7		
16	.036	0.5							0.8	0.7		
17	.100	2							1.0	0.8		
18	.036	1							1.0	0.8		
19	.035	1							1.1	0.8		
20	.024	0.5							1.0	0.8		
21	.000	0							1.0	0.8		
22	.110	4										
23	.110	4							1.4	1.0		
24	.000	0							1.0	0.8		
25	.000	0							0.8	0.6		
26	.144	3							1.8	1.2		
27	.112	3							1.2	1.0		
28	.047	0.5										
29	.047	0.5							1.1	0.8		
30	.039	0.5							1.0	0.8		
31	.000	0							1.2	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (9/87)
Effective 11/1/88

CUP# 2-069-0128N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354690 PWS Name Crescent West Location: City or S/D Clermont

Owned by Utilities Inc Fla Phone No. 869-1919 Reporting Month Feb 95

Plant Effluent pH (Avg) 7.5 No. of Services at End of Month 48 No. of People Served at End of Month

Design Flow Remarks (Use reverse side)

Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct (Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2001,000	44.5							29.7	22.6		
Average	71464	1.5							1.2	0.9		
Maximum	209,000	5							2.2	1.5		
Minimum	40000	0.5							1.0	0.8		
1	.068	2							2.2	1.5		
2	.000	0							1.5	1.2		
3	.064	2							1.2	1.0		
4	.000	0										
5	.000	0							1.1	0.8		
6	.174	3							1.0	0.8		
7	.200	4							1.2	1.0		BACT-TS
8	.166	3							1.4	1.0		
9	.000	0							1.5	1.1		
10	.174	3							1.0	0.8		
11	.176	3										
12	.170	3							1.2	1.0		
13	.064	2							1.2	1.0		
14	.004	0.5							1.2	1.0		
15	.186	4							1.0	0.8		
16	.044	1							1.4	1.1		
17	.000	0							1.3	1.0		
18	.000	0							1.3	1.0		
19	.000	0										
20	.000	0							1.0	0.8		
21	.000	0							1.0	0.8		
22	.165	5							1.2	1.0		
23	.185	5							1.4	1.1		
24	.042	1							1.2	1.0		
25	.600	0										
26	.000	0							1.0			
27	.020	1							1.0	0.8		
28	.097	2							1.2	1.0		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Crescent West

Month/Year Feb 1995

DATE	PRESSURE (PSI)	FLUSHING TIME (MIN)	ESTIMATED GPM	FLUSH POINT SIZE	TIME FLUSHED	TOTAL GALLONS FLUSHED	LOCATION OF FLUSHING POINT
2-20-95	68	30 min	25			750	Lake Hill + Willow Ct
2-20-95	68	30	25			750	Lake Hill + Bi Hea Rt Circle

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3554690 PWS Name CRESCENT WEST Location City or S/D CLERMONT
Owned by UTILITIES INC. FLA Phone No. 869-1919 Reporting Month MARCH 95
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 42 No. of People Served at End of Month 126
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2999000	60.5							33.5	25.2		
Average	96741	2.0							1.2	0.9		
Maximum	184000	4							1.9	1.2		
Minimum	13000	0.5							0.8	0.6		
1	.071	2							1.0	0.8		
2	.133	3							1.4	1.1		
3	.022	1							1.2	1.0		
4	.179	2										
5	.179	3							1.1	0.8		
6	.104	4							1.1	1.0		
7	.143	4							1.4	1.2		
8	.000	0							1.2	1.0		
9	.000	0							1.5	1.2		
10	.035	1							1.4	1.2		
11	.050	1										
12	.055	1							1.0	0.8		
13	.109	3							1.0	0.8	3	BACT-TS
14	.133	3							1.2	0.8		
15	.080	3							1.2	1.0		
16	.129	3							1.4	1.1		
17	.163	3							1.8	1.2		
18	.145	3							1.9	1.2		
19	.151	3										
20	.151	3							1.2	1.0		
21	.155	3							1.4	1.1		
22	.065	1							1.2	1.0		
23	.062	1							1.0	0.8		
24	.021	0.5							0.8	0.6		
25	.013	1										
26	.013	0.5							0.9	0.6		
27	.005	0.5							1.2	0.8		
28	.153	2							1.6	1.0		
29	.158	2							1.7	1.0		
30	.184	3							1.7	1.1		
31	.132	2							1.5	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

Department of
Environmental Protection

Alternate Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent West PWS Identification No.: 3354690
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

H.J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354690

Treatment Plant Name: Crescent West

I SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF APRIL 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		132	1.0	0.8			
2		.106	1.2	0.8			
3		.115	1.2	0.8			
4		.137	1.4	1.0			
5		.053	2.5	1.6			
6		.017	2.0	1.0			
7		.015	2.0	1.2			
8		.015					
9		.016	1.6	1.0			
10		.035	1.5	1.0			
11		.116	1.3	1.0			
12		.132	1.2	0.8			
13		.158	2.0	1.0	2		
14		.187	2.3	1.2			
15		.187					
16		233	2.0	1.2			
17		.167	1.8	1.1			
18		.184	2.3	1.2			
19		.393	1.8	1.2			
20		.275	1.5	1.2			
21		.048	2.0	1.4			
22		.048					
23		.075	1.6	1.0			
24		.226	1.5	1.0			
25		.000	1.5	1.0			
26		.000	1.5	1.0			
27		.275	1.0	0.8			
28		.101	1.4	1.0			
29		.101					
30		.123	1.3	1.0			
31							
Total	XXXXXX	3650000	XXXXXXXXXXXXX	XXXXXXXXXX	2	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	121666	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	393001	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent West PWS Identification No.: 3354690
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H. J. Aldrich 6-12-95
Signature and Date

H. J. Aldrich c-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354690

Treatment Plant Name: Crescent West

I SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.127	1.5	1.0			
2		330	1.8	1.2			
3		.320	1.5	1.1			
4		.340	1.5	1.1			
5		.300	1.6	1.2			
6		.300	1.8	1.2			
7		.391					
8		.391	1.0	0.7			
9		.380	1.5	0.7			
10		.472	1.5	0.7			
11		.380	1.3	1.0			
12		.053	2.0	1.2			
13		.244					
14		.244	1.6	1.1			
15		.354	2.0	1.2			
16		.261	1.8	1.2	3	0.8	
17		.290	1.6	1.0			
18		.062	2.4	1.0			
19		.081	2.0	1.0			
20		.266					
21		.267	1.5	1.0			
22		.158	1.5	1.0			
23		.100	1.2	0.8			
24		.083	2.5	1.0			
25		.295	2.3	1.3			
26		.390	2.0	1.3			
27		.390					
28		1390	1.8	1.1			
29		.230	1.5	1.0			
30		.312	1.5	1.0			
31		.311	2.0	1.2			
Total	XXXXXX	8 492 000	XXXXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	273 935	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	390,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

System PWS Identification Number 3354690
Treatment Plant Name Crescent West
Reporting Month/Year

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

System PWS Identification Number 3354690
Treatment Plant Name Crescent West
Reporting Month/Year

I. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete/submit this part only for the reporting month of December each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant)

- Is any polymer containing the monomer acrylamide used at the treatment plant? No If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm*	Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? No If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm*	Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? No If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

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 = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

Department of
Environmental Protection

Alternate Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent West PWS Identification No.: 3354690
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

A J Alcid 7-12-95
Signature and Date

H.J Alcid C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354690

Treatment Plant Name: Crescent West

I SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.010	1.8	1.2			
2		.216	1.5	1.0			
3		.187					
4		.188	1.0	0.8			
5		.234	1.3	1.0			
6		.200	1.4	1.0			
7		.360	1.5	1.0			
8		.329	1.5	1.0			
9		188	1.2	0.8			
10		.146					
11		146	1.0	0.8			
12		.189	1.4	1.0			
13		.093	1.4	1.0	3	1.0	
14		.087	1.4	1.0			
15		.092	1.3	1.0			
16		.141	1.2	1.0			
17		.158					
18		.158	1.0	0.8			
19		.172	1.3	1.0			
20		148	1.0	0.8			
21		.183	1.0	0.8			
22		150	1.0	0.8			
23		.120	1.0	0.8			
24		.106					
25		.000	1.0	0.8			
26		.056	1.0	0.8			
27		.009	1.0	0.8			
28		.033	1.2	0.8			
29		.038	1.0	0.8			
30		.120	1.0	0.8			
31							
Total	XXXXXX	4.257	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	.142	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	.360	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Crescent West

Month/Year June 1995

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
6-8-95		130	2 1/2"	3 min	390	Corner Lake Hill & W Hollywood
6-5-95		130	2 1/2	3 min	390	Lake Hill
6-28-95		130	2 1/2	3 min	390	Lake Hill
6-28-95		130	2 1/2	3 min	390	Lake Hill
6-28-95		130	2 1/2	3 min	390	Lake Hill & Willowwood.

1,950 = .0019

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent West PWS Identification No.: 3354690
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 8-10-95
Signature and Date

H. J. ALDRICH C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354690

Treatment Plant Name: Crescent West

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		132	1.2	0.8			
2		115					
3		115	1.1	0.7			
4		165	1.4	1.0			
5		149	1.4	1.0			
6		041	1.5	1.0			
7		128	1.4	0.8			
8		124	1.4	0.8			
9		132					
10		132	2.0	1.2			
11		156	1.6	1.2			
12		081	1.5	1.0	3	1.0	
13		075	1.3	1.0			
14		088	1.2	1.0			
15		007					
16		006	1.1	0.8			
17		000	1.0	0.8			
18		158	2.5	1.5			
19		191	1.5	1.0			
20		189	1.0	0.8			
21		149	1.2	0.8			
22		140					
23		140	1.4	1.0			
24		189	1.4	1.0			
25		140	1.3	1.0			
26		083	1.4	1.0			
27		075	1.3	1.0			
28		066	1.0	0.8			
29		159					
30		159	1.0	0.8			
31		232	1.5	1.0			
Total	XXXXXX	3715,000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	119,838	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	232,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent West PWS Identification No.: 3354690
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

9-14-95
Signature and Date

H.J. ALDRICH C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form No. 62-555.910(3)

System PWS Identification Number: 3354690

Treatment Plant Name: Crescent West

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		125	1.5	1.0			
2		147	1.5	1.0			
3		152	1.6	1.1			
4		113	1.6	1.1			
5		150					
6		141	1.5	1.0			
7		220	2.0	1.2			
8		189	2.0	1.2			
9		207	1.8	1.0			
10		182	1.5	1.0	3	1.0	
11		182	1.8	1.0			
12		171	1.5	1.0			
13		194					
14		194	1.5	1.0			
15		204	1.5	1.0			
16		271	1.6	1.0			
17		221	1.5	1.0			
18		259	1.4	1.0			
19		242					
20		242	1.1	0.8			
21		293	1.2	0.8			
22		156	1.8	1.0			
23		115	1.5	1.0			
24		112	1.4	1.0			
25		112	1.2	0.8			
26		096					
27		097	1.4	1.0			
28		163	1.3	1.0			
29		176	1.5	1.0			
30		030	1.0	0.8			
31		.000	1.0	0.8			
Total	XXXXXX	5156000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	166,322	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	293,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent West PWS Identification No.: 3354690
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 95: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

10-2-95
Signature and Date

H.J. Alonck C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground ...
and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354690

Treatment Plant Name Crescent West

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF SEPT 95

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Residual Disinfectant in Distribution System: Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System: Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Residual Disinfectant in Distribution System: Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Residual Disinfectant in Distribution System: Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	Reported Emergency or Abnormal Operating Conditions
1		.084	1.2	0.8			
2		.060					
3		.061	1.0	0.8			
4		.083	1.0	0.8			
5		.084	1.2	0.8			
6		.294	2.0	1.2			
7		.098	1.8	1.0			
8		.121	1.6	1.0			
9		.099					
10		.100	1.5	1.1			
11		.154	1.5	1.0			
12		.203	1.4	1.0			
13		.154	1.5	1.0			
14		.194	1.3	1.0			
15		.194	1.3	1.0			
16		.140	1.2	1.0			
17		.136					
18		.136	1.4	1.0			
19		.283	1.2	1.0			
20		.283	1.2	1.0			
21		.030	1.2	1.0			
22		.197	1.4	1.0	3	1.0	
23		.248					
24		.248	1.2	1.0			
25		.228	0.8	0.8			
26		.151	1.0	0.8			
27		.239	1.5	1.0			
28		.262	1.3	1.0			
29		.205	1.3	0.8			
30							
31							
Total	XXXXXX	4769,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXX
Avg.	XXXXXX	164,448	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXX
Max.	XXXXXX	294,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.900(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent West PWS Identification No.: 3354690
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCT 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

11-6-95
Signature and Date

H.J. Aiuch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal (see Rule 62-555.910(3))

System PWS Identification Number: 3354690

Treatment Plant Name: Crescent West

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Oct 1985

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		190	1.3	1.0			
2		317	1.3	1.0			
3		100	1.8	1.1			
4		005	1.5	1.0			
5		161	1.5	1.0			
6		075	1.3	1.0			
7		080					
8		080	1.2	0.8			
9		103	1.2	0.8			
10		088	1.3	0.8			
11		039	1.5	1.0			
12		065	1.3	0.8	0.8		
13		080	1.3	0.8			
14		075					
15		075	1.4	0.8			
16		073	1.2	0.8			
17		.000	0.8	0.8			
18		.000	0.8	0.8			
19		.000	0.8	0.8			
20		.000	0.8	0.8			
21		.000					
22		.000	0.6	0.4			
23		.000	0.8	0.8			
24		.000	0.8	0.8			
25		.000	0.6	0.6			
26		.000	0.6	0.6			
27		.254	1.8	1.0			
28		.223					
29		.224	1.8	1.0			
30		.363	1.8	1.0			
31		.153	1.5	1.0			
Total	XXXXXX	2,825,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXX
Avg.	XXXXXX	91,129	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXX
Max.	XXXXXX	363,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

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Enclosure 1

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent West PWS Identification No.: 3354690
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

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- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

12-1-95
Signature and Date

H. J. Arnold C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground ...
and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354690

Treatment Plant Name Crescent West

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine, ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		035	1.0	0.6			
2		000	1.0	0.6			
3		007	1.0	0.8			
4		153					
5		153	1.2	0.8			
6		286	1.5	1.0			
7		038	1.5	08	3	0.8	
8		070	1.8	1.0			
9		076	1.8	1.0			
10		299	1.6	0.7			
11		243					
12		244	1.4	1.0			
13		350	1.5	1.0			
14		050	1.3	1.0			
15		081	1.3	1.0			
16		228	2.0	1.2			
17		229	2.0	1.2			
18		251					
19		251	1.6	1.0			
20		218	1.6	1.0			
21		263	1.0	0.6			
22		287	1.0	0.6			
23		302	1.8	0.9			
24		258	2.0	1.0			
25		243					
26		243	2.0	1.2			
27		350	2.0	1.2			
28		270	1.8	1.0			
29		262	1.8	1.0			
30		221	2.0	1.2			
31							
Total	XXXXXX	5,960,600	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXX
Avg.	XXXXXX	198,666	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXX
Max.	XXXXXX	350,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

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Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent West PWS Identification No.: 3354690
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

1-12-96
Signature and Date

N. J. Alonch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public [illegible]
and for Consecutive Public Water Systems that Treat Their Water
System PWS Identification Number 3354690
Treatment Plant Name Crescent West

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine, ☐ combined chlorine (chloramine), ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		117	1.2	0.8			
2		283					
3		283	1.5	1.0			
4		306	1.5	1.0			
5		39	1.2	0.8			
6		98	1.4	1.0			
7		30	1.0	0.8			
8		228	1.2	0.8			
9		0					
10		2	1.2	0.8			
11		0	1.2	0.8			
12		300	1.0	0.8	3	0.8	
13		382	2.0	1.2			
14		279	1.6	1.0			
15		90	1.5	1.0			
16		353					
17		393	1.7	1.2			
18		120	2.0	1.2			
19		279	2.0	1.2			
20		262	2.2	1.0			
21		296	2.0	1.0			
22		405	2.2	1.0			
23		300					
24		299	1.4	1.0			
25		238	0.5	0.5			
26		155	1.6	1.0			
27		23	1.2	0.8			
28		241	1.8	1.0			
29		0	1.2	0.8			
30		241					
31		242	1.4	1.0			
Total	XXXXXX	6424000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXX
Avg.	XXXXXX	207225	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX
Max.	XXXXXX	405000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

633-Oranges Drinking Water Report

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	0.665	28	.021	.035	.022	0.266		
February	0.473	19	.017	.026	.000			
March	1.047	58	.034	.073		0.949		
April	1.756	77.5	.059	.153				
May	2.687	105.5	.087	.185		3.348		
June	0.841	49	.028	.110				
July	0.916		.030	.078		2.735		
August	0.704	54	.023	.083	.000			
September	0.395	16	.013	.113		1.618		
October	.000	0	.000	.000	.002			
November	.000	0	.000	.000		1.792		
December	0.686	25	.023	.053		1.013		
Total	10.170	432	.028	.185	.024	11.720		10.146
								PERCENTAGE
								116%
	These systems are		Vistas	16.215	6.909			
	interconnected.		Oranges	10.146	11.720			
				26.361	18.629			
								PERCENTAGE
								71%

Add INTERCONNECT w/ VISTAS

OK

State of Florida
Department of Environmental Regulation

CUP# 2-069-0693N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month Jan 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 64 No. of People Served at End of Month 224
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Mike Gavelda C6564
Bryan Gongre B6568 Phillip Story C5986 Ken Miller B4239

I certify this report is correct Robert D. Fritsch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.665	28		5.0					340	26.3		
Average	.021	.9		5.1					1.9	1.1		
Maximum	.035	3		10.3					3.0	2.5		
Minimum	.006	0		0.0					0.4	0.2		
1	.015	1		8.0								
2	.015	1		8.0								
3	.016	1		7.5					1.0	.6		
4	.010								1.1	.7		
5	.011	1		5.7					1.3	.9		
6	.015	1		8.0					2.0	1.5		
7	.028	1		4.8					2.0	1.6		
8	.010	1		12.0					1.0	1.0		
9	.017											
10	.017	1		3.5					.4	.2		
11	.035	3		10.3					.8	1.2		
12	.006								.9	.7		
13	.029	1		3.4					1.0	.6	3	
14	.007								.8	.5		
15	.009	1		7.5					0.7	0.5		
16	.015											
17	.015	1		4.0					.4	.2		
18	.010								1.3	.8		
19	.009	1		6.3					1.3	.5		
20	.013	1		9.2					1.3	.7		
21	.018	1		6.7					1.5	1.0		
22	.016	1		7.5					1.9	1.5		
23	.021	1		5.7								
24	.022	1		5.5					2.0	1.6		
25	.027	2		8.9					2.0	1.6		
26	.021	1		5.7					1.8	1.5		
27	.020	1		6.0					3.0	2.5		
28	.009	1		13.3					1.0	1.0		
29	.013	1		9.2					1.5	1.5		
30	.012	1		10.0								
31	.010	1		10.0					2.0	1.6		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant: The Oranges

Month/Year: Jan 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
1-10	flush	Hydrants			.022	All Hydrants in Sub.

State of Florida
Department of Environmental Regulation

CUP# 2-069-0693N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month Feb 94
Plant Effluent pH (Avg) 7.2 No. of Services at End of Month 64 No. of People Served at End of Month 234
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lamphere C 7253
Bryan Gongre B6568 Mike Gavaletz C6542
I certify this report is correct Robert D. Futsch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.473	19		4.8					31.5	20.2		
Average	.017	.7		4.9					1.4	1.0		
Maximum	.026	2		9.7					2.0	1.4		
Minimum	.009	0		0					.8	.4		
1	.009	1		13.3					1.6	0.9		
2	.009								1.5	1.0		
3	.012	1		5.7					2.0	1.4		
4	.014								1.8	1.4		
5	.011											
6	.011											
7	.025	1		2.6					1.0	.6		
8	.015								.8	.4		
9	.015								1.8	1.4	3	
10	.026	1		2.1					1.8	1.4		
11	.016	1		7.5					1.5	1.2		
12	.019											
13	.019	1		3.1					1.3			
14	.020	1		6.6					1.5	1.0		
15	.016	1		12.0					1.2	.8		
16	.011								1.2	.8		
17	.013	1		5.0					1.5	1.0		
18	.012								1.2	.7		
19	.015											
20	.015	1		2.8								
21	.020	1		6.0					1.5	1.1		
22	.026	2		9.2					1.3	1.0		
23	.019	1		6.7					1.4	1.0		
24	.022	1		5.5					1.4	1.0		
25	.010								1.2	.8		
26	.020	1		4.0								
27	.020	1		6.0					1.2			
28	.037	2		6.5					1.8	1.3		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (10/21)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant ORANGES

Month/Year Feb 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
						No flushing this period

State of Florida
Department of Environmental Regulation

CUP# 2-069-0693N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No (407)869-1919 Reporting Month MARCH 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 64 No. of People Served at End of Month 224
Design Flow .394 Remarks (Use reverse side)
Provide name(s) and Operator Certification No (s) for all Certified Operators working at the plant for month J Conphere C7253
Bryan Gongre B6568

I certify this report is correct Robert D. Futsch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.047	58		6.6					37.2	21.6		
Average	.034	1.9		6.7					1.4	.9		
Maximum	.073	5		8.2					2.0	1.5		
Minimum	.012	0		0					1.0	.7		
1	.016	1		7.5					1.2	.8		
2	.014								1.2	.9		
3	.014	1		4.3					1.5	1.1		
4	.026	1		6.0					1.5	1.1		
5	.014											
6	.014	1		4.3					1.3			
7	.053	3		6.6					1.5	.9		
8	.023	1		5.2					1.4	.9		
9	.020	1		6.0					1.3	.8		
10	.025	1		4.6					1.3	1.6		
11	.012	1		10.0					1.2	.9		
12	.026	1		4.6								
13	.026	1		4.6					1.0			
14	.065	5		9.2					1.2	.7		
15	.031	1		3.9					1.4	.7		
16	.019	1		6.3					1.4	.8		
17	.047	2		5.1					1.5	1.0		
18	.036	2		8.0					1.5	1.1		
19	.045	2		5.3								
20	.045	2		5.3					1.4			
21	.070	5		8.6					1.3	.8		
22	.064	6		11.2					1.3	.9		
23	.045	3		8.0					1.6	1.1		
24	.073	4		6.6					1.4	1.0		
25	.040	3		9.0					1.5	1.0		
26	.026											
27	.027	1		2.3					1.4			
28	.053	4		9.0					1.1	.7		
29	.024	1		5.0					2.0	1.5		
30	.035	2		6.9					1.8	1.4		
31	.024	1		4.0					1.0	.7		

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DER Form 17-555(9)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0693N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No.: (407)869-1919 Reporting Month April 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 65 No. of People Served at End of Month 228
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Fritsch (Lead Operator's Signature) C (Cert. Level) 6140 (Cert. No.)

Days of Month	Total Water Treated in Gals. MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3.175	77.5		5.3					35.4	19.0		
Average	.059	2.6		5.3					1.5	.9		
Maximum	.153	8		1.9					3.0	1.7		
Minimum	.022	1		5.5					.6	.3		
1	.034	2		7.1					1.3	.9		
2	.055	2		4.3								
3	.056	2		4.3					1.2			
4	.056	2		4.3					1.8	1.4		
5	.049	3		7.3					2.0	1.6		
6	.052	3		6.9					.7	.5		
7	.060	3		6.0					.8	.5		
8	.041	1		3.3					1.3	.9		
9	.050	1		2.4								
10	.050	1		2.4					1.1			
11	.107	1		1.1					0.6	0.3		
12	.058	5		10.3					2.2	1.2		
13	.051	5		11.7					3.0	1.7		
14	.079	6		9.1					2.8	1.5		
15	.052	3		6.4					1.2	1.0		
16	.085	2		2.8								
17	.085	2		2.8					1.6			
18	.153	8		1.9					1.8	1.2		
19	.094	4		5.1					1.2	.8		
20	.083	4		5.6					1.4	1.0		
21	.074	4		6.5					1.0	.8		
22	.077	1		5.6					.9	.6		
23	.035	1		3.4								
24	.036	1		3.4					1.3			
25	.046	2		5.2					1.2	.8		
26	.062	2		3.8					.9	.5		
27	.027	1		4.4					1.4	1.0		
28	.042	2		5.7					1.2	.6		
29	.043	2		5.7					1.6			
30	.056	1.5										
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0693N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month May 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 65 No. of People Served at End of Month 225
Design Flow ~~.65~~ .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Campbell C-7253
Bryan Gonyea B6568 Chuck Schwabes C 6873

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals. MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.687	105.5		4.7					38.8	18.1		
Average	.087	3.4		4.7					1.4	.8		
Maximum	.185	11		7.1					3.0	1.5		
Minimum	.027	.5		2.2					.8	.4		
1	.056	1.5		3.1					1.3			
2	.080	3		4.5					1.2	.8		
3	.033	2		7.3					1.5	1.0		
4	.027	1		4.4					1.0	.7	3	
5	.047	1		2.6					1.0	.8		
6	.056	1		2.1					1.0	.8		
7	.064	.5		.9								
8	.064	.5		.9					1.2			
9	.090	1		1.3					1.4	1.0		
10	.126	2		1.9					1.8	1.0		
11	.126	4		3.8					3.0	0.7		
12	.118	8		8.1					3.0	0.9		
13	.105	8		9.1					2.5	1.2		
14	.093	3		3.9								
15	.093	3		3.9					2.1			
16	.185	8		5.2					.8	.6		
17	.100	3		3.6					0.8	0.5		
18	.061	3		5.9					0.8	0.4		
19	.045	1		2.7					1.1	1.6		
20	.043	3		8.4					.8	.6		
21	.048	1		2.5								
22	.048	1		2.5					1.0			
23	.155	11		8.5					1.6	1.0		
24	.125	7		6.7					2.0	1.5		
25	.127	5		4.7					1.0	.7		
26	.181	6		5.5					2.1	1.0		
27	.113	5		5.3					1.2	.8		
28	.082	3		4.4								
29	.082	3		4.4					1.4			
30	.063	3		5.7					1.3	.9		
31	.044	3		9.1					.9	.6		

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DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0693N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month June 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 65 No. of People Served at End of Month 208
Design Flow .384 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Mapheee G7253
Bryan Gonge B6568 Phil Story
I certify this report is correct Robert D. Futch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MG0	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.841	49	[illegible]	7.0					3.7	25.6		
Average	.028	1.6		2.9					1.2	1.6		
Maximum	.110	16		17.4					3.5+	3.5+		
Minimum	.000	0		0					.3	.2		
1	.057								.7	1.0		
2												
3	.000								0.5	0.5		
4	.000											
5	.000								0.8	0.3		
6	000								.6	.4		
7	000								.4	.8		
8	000								.5	.8		
9	000								.5	.8		
10	000								.4	.7		
11	000											
12	000								.6			
13	000								.4	.4		
14	.053	1	0	2.6					.4	.4		
15	.047	1	0	2.5					.4	.4	0	
16	.076	1.2		9.5					3.5+	3.5+		
17	.057	1.6		36.4					3.5+	3.5+		
18	.007											
19	.003								3.0			
20	003								2.0	2.0		
21	.000								.6	.4		
22	.001								.6	.4		
23	000								.4	.8		
24	.045	4		9.4					3.0	2.5		
25	.067	4		7.2								
26	.066	3		5.5					3.1			
27	.110	9		9.8					3.5	3.0		
28	.102	2		2.2					.4	.2		
29	.102	3		3.5					.3	.5		
30	.008								1.4	.6		
31												

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DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0693N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No.: (407)869-1919 Reporting Month JULY
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 65 No. of People Served at End of Month ~~206~~ 228
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month JEFF Longhere C-7253
Robert Fritsch C-6140, Brian Congre B-6568

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in MG	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.916			71.3					30.7	16.7	3	
Average	.030			4.8					1.2	.8		
Maximum	.078			8.6					3.0	2.5		
Minimum	.000			2.0					.4	.2		
1	.000	~~.000~~	~~0~~			~~0.8~~			0.8	0.5		
2	.000	0	~~0~~									
3	.000	0	~~0~~			~~1.0~~			1.0			
4	.000	0	~~0~~			~~0~~			0.4	0.2		
5	.071	4	~~5~~	6.7					3.0	1.8		
6	.077	3		4.7					0.7	0.4		
7	.078	3		4.7					3.0	2.5		
8	.000	0							1.2	.8		
9	.000	0										
10	.003	0							1.6			
11	.000	0							0.4	0.3		
12	.069	2		3.6					0.5	0.2		
13	.047	2		5.1					2.5	2.0		
14	.046	1		3.6					2.2	1.6		
15	.060	1		2.0					1.8	1.4		
16	.044	2		5.4								
17	.044	2		5.4					2.0			
18	.101	5		5.9					1.5	1.1		
19	.014	1		8.6					.8	.5	3	
20	.005								.7	.4		
21	000								.6	.4		
22	.067	3		5.0					.8	.5		
23	.000											
24	.000								.7			
25	000								.7	.4		
26	.041	2	~~5~~	5.8					.8	.5		
27	.045	1	~~2~~	2.7					.6	.4		
28	.010								.7	.4		
29	.029	1	~~2~~	3.1					.7	.4		
30	.033	2										
31	.039	2							(.6)			

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

CUP# 2-069-0693N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No.: (407)869-1919 Reporting Month August 1994
Plant Effluent pH (Avg) 7.9 No. of Services at End of Month 56 No. of People Served at End of Month 196
Design Flow 0.360 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Congre B6568
Robert Fritsch C-6190, Jeff Lamphere C-7253, Ken Miller B4239

I certify this report is correct Bry K Bong (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.704	54		127.1					50.8	35.4	3	
Average	.023	2		4.2					1.3	1.5		
Maximum	.053	13		30.0					3.5	3.0		
Minimum	.000	0		0					0.5	0.3		
1	.056	3		6.4					1.5	1.1		
2	.004	1		30.0					1.9	0.8		
3	.000	0		0					1.0	0.6		
4	.001	0		0					0.8	0.4		
5	.000	0		0					0.6	0.4		
6	.046	1		2.6								
7	.047	2		5.1					0.9			
8	.083	13		18.8					3.5	3.0		
9	.054	1		2.2					0.6	0.4		
10	.055	1		2.2					0.6	0.4	3	
11	.041	1		2.9					0.5	0.3		
12	.000	0		0					3.5	3.0		
13	.000	0		0								
14	.000	0		0					2.4			
15	.000	0		0					3.5	3.0		
16	.000	0		0					3.5	3.0		
17	.000	0		0					3.5	2.6		
18	.000	0		0					~~3.8~~	2.5		
19	.002	0		0					~~2.2~~	2.0		
20	.000	0		0					~~1.4~~			
21	.000	0		0				1.9	~~2.5~~			
22	.046	2		5.1				2.5	~~2.5~~	2.0		
23	.001	0		0				2.5	~~1.3~~	2.1		
24	.000	0		0				1.3	~~1.5~~	1.0		
25	.077	1		1.6				1.5	~~0.7~~	1.2		
26	.008	2		0				0.7	~~0.8~~	0.5		
27	.021	2		11.4					0.8	0.5		
28	.076	5		7.9					~~3.0~~			
29	.075	4		6.4					3.0	2.3		
30	.018	2		13.3					2.0	1.2		
31	.032	3		11.2					1.6	1.1		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(7)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant The Oranges

Month/Year August 1994

DATE	FLUSHING (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
	NO	FLUSHING	TO	REPORT		
	AT	THIS	PERIOD!			

CUP# 2-069-0693N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month September 1994
Plant Effluent pH (Avg) 7.9 No. of Services at End of Month 27 No. of People Served at End of Month 95
Design Flow .396MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Jeff Lanphere C 7253

I certify this report is correct Bry K. Gong (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.395	16		59.7					30.5	14.3	3	
Average	.013	0.5		1.8					1.2	0.6		
Maximum	.113	4		30.0					2.5	1.1		
Minimum	.000	0		0					0.5	0.3		
1	.000	0		0					0.6	0.5		
2	.000	0		0					0.5	0.3		
3	.058	2		4.1					1.7	1.0		
4	.018	0.5		3.3								
5	.018	0.5		3.3					1.5	0.9		
6	.113	4		4.2					1.2	0.7		
7	.000	0		0					0.5	0.3		
8	.000	0		0					0.5	0.2		
9	.043	3		8.4					2.0	1.1		
10	.000	0		0								
11	.000	0		0					1.9			
12	.000	0		0					0.8	0.6	3	
13	.014	1		8.6					1.5	0.7		
14	.020	0.5		3.0					1.3	0.6		
15	.020	0.5		3.0					1.0	0.6		
16	.015	0.5		4.0					0.7	0.5		
17	.000	0		0								
18	.000	0		0					0.9			
19	.002	0.5		30.0					0.6	0.4		
20	.000	0		0					0.5	0.4		
21	.023	1		5.2					0.8	0.5		
22	.052	2		4.6					2.5	1.0		
23	.000	0		0					1.6	1.0		
24	.000	0		0					1.4			
25	.000	0		0								
26	.000	0		0					1.3	0.5		
27	.000	0		0					1.0	0.6		
28	.000	0		0					1.4	0.6		
29	.000	0		0					1.5	0.6		
30	.000	0		0					1.3	0.7		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

CUP# 2-069-0693N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month October 1994
Plant Effluent pH (Avg) 7.9 No. of Services at End of Month 72 No. of People Served at End of Month 252
Design Flow .396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568, Jeff Lanphere C7253, Ken Miller B4239, Chuck Schwades C6873

I certify this report is correct Bryan K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.000	Ø		Ø					24.2	12.9	3	
Average	.000	Ø		Ø					0.9	0.6		
Maximum	.000	Ø		Ø					1.5	1.0		
Minimum	.000	Ø		Ø					0.2	0.2		
1	.000	Ø		Ø								
2	.000	Ø		Ø					1.3			
3	.000	Ø		Ø					1.2	0.7		
4	.000	Ø		Ø					1.4	1.0		
5	.000	Ø		Ø					1.3	0.8		
6	.000	Ø		Ø					1.5	0.6		
7	.000	Ø		Ø					1.4	0.8		
8	.000	Ø		Ø								
9	.000	Ø		Ø					1.3			
10	.000	Ø		Ø					1.0	0.5		
11	.000	Ø		Ø					1.0	0.6		
12	.000	Ø		Ø					0.9	0.6		
13	.000	Ø		Ø					0.8	0.6		
14	.000	Ø		Ø					0.8	0.5		
15	.000	Ø		Ø								
16	.000	Ø		Ø					1.0			
17	.000	Ø		Ø					1.1	0.7		
18	.000	Ø		Ø					1.0	0.8		
19	.000	Ø		Ø					1.2	0.8		
20	.000	Ø		Ø					1.0	0.6		
21	.000	Ø		Ø					1.0	0.7		
22	.000	Ø		Ø								
23	.000	Ø		Ø					1.1			
24	.000	Ø		Ø					0.8	0.8	3	
25	.000	Ø		Ø					0.6	0.4		
26	.000	Ø		Ø					0.4	0.2		
27	.000	Ø		Ø					0.4	0.2		
28	.000	Ø		Ø					0.2	0.5		
29	.000	Ø		Ø								
30	.000	Ø		Ø					0.3			
31	.000	Ø		Ø					0.2	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant ORANGE'S

Month/Year 10-94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
10-20-94		25		90m	2225	Eryn + Eryn Ct Hydrant

State of Florida
Department of Environmental Regulation

CUP# 2-069-0693N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name ORANGES Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No.: (407)869-1919 Reporting Month Nov. 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct N. J. Abdul C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.000	0							7.2	153		
Average	.000	0							0.24	.58		
Maximum	.000	0							0.4	0.7		
Minimum	.000	0							0.2	0.3		
1	.000	0		0					0.2	0.5		
2	.000	0		0					0.2	0.6		
3	.000	0		0					0.9	1.1		
4	.000	0		0					0.3	0.9		
5												
6	.000	0							0.4	0.6		
7	.000	0							0.3	0.6		
8	.000	0							0.2	0.6		
9	.000	0							0.2	0.5		
10	.000	0							0.2	0.5		
11	.000	0							0.3	0.6		
12	.000	0										
13	.000	0							0.3	0.5		
14	.000	0							0.2	0.6		
15	.000	0							0.7	0.6		
16	.000	0							0.3	0.5		
17	.000	0							0.3	0.7		
18	.000	0							0.3	0.7		
19												
20	.000	0							0.3	0.3		
21	.000	0							0.3	0.3		
22	.000	0							0.3	0.5		
23	.000	0							0.3	0.5		
24	.000	0							0.2	0.5		
25	.000	0							0.2	0.4		
26									~~0.3~~	0.4		
27	.000	0							0.3	0.4		
28	.000	0							0.3	0.6		
29	.000	0							0.5	0.7		
30	.000	0							0.4	0.7		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/21)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name Oranges Location: City or S/D Clermont
Owned by UTILITIES INC. FL. Phone No. 407 656-1519 Reporting Month Dec 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 62 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	686000	25							22.5	15.3		
Average	22866	0.8							0.8	.51		
Maximum	53000	3							1.5	1.1		
Minimum	7000	0.5							0.3	0.3		
1	.007	1							0.5	0.3		
2	.000	0							0.5	0.3		
3	.046	1							0.5	0.3		
4	.047	1							0.3	0.3		
5	.053	1							0.4	0.3		
6	.000	0							0.4	0.3		
7	.010	0.5							0.4	0.3		
8	.026	0.5							0.4	0.3		
9	.029	1							0.4	0.3		
10	.029	1										
11	.029	1							0.5	0.5		
12	.039	1							0.8	0.5		
13	.002	0.5							0.5	0.5		
14	.000	0							0.5	0.5		
15	.022	0.5							1.3	0.8		
16	.016	0.5							1.0	0.8		
17	.014	0.5										
18	.016	0.5							1.1	0.8		
19	.023	0.5							0.8	0.6		
20	.000	0							0.8	0.6		
21	.000	0							0.8	0.7		
22	.008	1							1.0	0.7		
23	.030	1							1.0	0.8		
24	.020	1							1.0	0.7		
25	.037	1										
26	.027	1							1.3	1.0		
27	.055	2							1.5	1.1		
28	.033	2							1.0	0.8		
29	.032	3							1.3	1.0		
30	.027	1							1.0	0.8		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/7/88

633-Oranges Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	0.667	44	.022	.041		0.338	
February	0.788	21	.028	.139	.002		
March	1.060	39	.034	.127		1.874	
April	1.154		.038	.140	.060		
May	3.227		.104	.182		3.879	
June	1.879		.063	.134	.002		
July	2.247		.072	.147		3.745	
August	1.942		.063	.146			
September	1.376		.047	.091	.050	2.324	
October	1.245		.040	.088			
November	1.259		.042	.103		1.898	
December	1.852		.060	.104	.040	1.515	
Total	18.696	104	.051	.182	.154	15.571	18.543

PERCENTAGE
84%

End of Year			Total Pumped Less Flushed	Sold
	These systems are interconnected.	Vistas	10.179	9.495
		Oranges	18.543	15.571
			28.722	25.066

PERCENTAGE
87%

633-Oranges Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	0.667	44	.022	.041		0.338	
February	0.788	21	.028	.139	.002		
March	1.060	39	.034	.127		1.874	
April	1.154		.038	.140	.060		
May	3.227		.104	.182		3.879	
June	1.879		.063	.134	.002		
July	2.247		.072	.147		3.745	
August	1.942		.063	.146			
September	1.376		.047	.091	.050	2.324	
October	1.245		.040	.088			
November	1.259		.042	.103		1.898	
December	1.852		.060	.104	.040	1.515	
Total	18.696	104	.051	.182	.004	15.571	18.693

PERCENTAGE 83%

			Total Pumped Less Flushed	Sold
End of Year	These systems are interconnected.	Vistas	10.179	9.495
		Oranges	18.693	15.571
			28.872	25.066

PERCENTAGE 87%

DK

CUP# 2-069-0693N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name Oranges Location: City or S/D Clermont
Owned by UTILITIES INC FLA Phone No.: 869-1919 Reporting Month JAN 95
Plant Effluent pH (Avg) _____ No. of Services at End of Month 92 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	667000	44							30.3	23.8		
Average	21516	1.4							1.0	.85		
Maximum	41,000	3							1.6	1.1		
Minimum	4000	0.5							0.8	0.6		
1	.021	1							1.1	0.8		
2	.034	2							1.0	0.8		
3	.029	1							1.0	0.8		
4	.026	1							1.3	1.0		
5	.004	1							0.8	0.6		
6	.005	1							0.8	0.6		
7	.008	0.5										
8	.005	2							1.1	1.0		
9	.033	1							1.6	1.1		
10	.041	3							1.4	1.0		
11	.025	2							1.2	1.0		
12	.031	2							1.2	1.0		
13	.014	0.5							1.0	0.9		
14	.007	0.5										
15	.007	0.5							1.1	0.8		
16	.008	0.5							1.0	0.8		
17	.006	0.5							1.0	0.8		
18	.023	1							1.2	1.0		
19	.028	1							1.1	0.8		
20	.024	1							1.0	0.8		
21	.014	1							1.0	0.8		
22	.033	2							1.0	0.8		
23	.034	2							1.0	0.8		
24	.020	2							1.2	1.0		
25	.030	2							1.2	1.0		
26	.029	2							1.0	0.8		
27	.018	2							1.0	0.8		
28	.028	2										
29	.028	2							0.9	0.7		
30	.031	3							1.0	0.8		
31	.019	1							1.1	0.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.900(2)
Effective 11/1/88

WF
2-069-0693N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name Oranges Location: City or S/D Clermont
Owned by U.T.I.L.Ities Phone No: 869-1919 Reporting Month Feb 95
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 73 No. of People Served at End of Month
Design Flow Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct D J Aldrich C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	788,000	21							26.1	20.4		
Average	28142	.75							1.0	0.85		
Maximum	139000	2							1.4	1.1		
Minimum	3000	0.5							0.8	0.6		
1	.031	1							1.0	0.8		
2	.000	0							1.0	0.8		
3	.038	1							1.1	0.8		
4	.005	0.5										
5	.006	0.5							1.2	1.0		
6	.022	1							0.8	0.6		
7	.004	0.5							0.8	0.6		BACT-TS
8	.000	0							0.8	0.6		
9	.003	0.5							0.8	0.6		
10	.035	1							1.0	0.8		
11	.138	2										
12	.139	2							0.9	0.6		
13	.000	0							1.5	1.1		
14	.033	1							1.2	1.0		
15	.000	0							1.0	0.8		
16	.005	0.5							1.0	0.8		
17	.084	2							1.4	0.8		
18	.002	0.5							1.3	1.0		
19	.006	0.5										
20	.006	0.5							1.2	1.0		
21	.029	1							1.3	1.1		
22	.039	1							1.0	0.8		
23	.044	1							1.2	1.0		
24	.049	1							1.2	1.0		
25	.005	0.5										
26	.005	0.5							1.2	1.0		
27	.060	1							1.2	1.0		
28	.000	0							1.0	0.8		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (9/92)
Effective 11/1/88

FLUSHING RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant ~~Vista's~~ Oranges

Month/Year Feb 1995

DATE	PRESSURE (PSI)	FLUSHING TIME (MIN)	ESTIMATED GPM	FLUSH POINT SIZE	TIME FLUSHED	TOTAL GALLONS FLUSHED	LOCATION OF FLUSHING POINT
2-8-95	68	30	25			750	Eqyn Blvd
2-8-95	68	30	25			750	Eqyn Circle

1,500 = .0015

COPIA
2-069-0693N

COPY
2-069-0693N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354685 PWS Name Oranges Location: City or S/D Clermont
Owned by UTILITIES Inc FLA. Phone No. 869-1919 Reporting Month March 95
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 73 No. of People Served at End of Month 219
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct W J Wolcott C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine					PH		Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1060,000	39							26.4	19.3		
Average	34,193	1.25							1.0	0.7		
Maximum	127,000	5							1.4	1.0		
Minimum	2000	0.5							0.7	0.3		
1	011	2							1.2	1.0		
2	027	1				0.5	7.9		1.0	0.8		
3	058	2							1.2	0.8		
4	058	2										
5	082	3							1.0	0.8		
6	012	2							1.4	1.0		
7	039	2							1.2	1.0		
8	018	0.5							1.2	1.0		
9	015	0.5							1.0	0.8		
10	009	0.5							1.0	0.8		
11	009	0.5										
12	020	0.5							1.1	0.8		
13	022	0.5							1.0	0.8	3	BACT-TS
14	087	3							1.0	0.8		
15	004	0.5							1.3	1.0		
16	022	1.5							1.0	0.8		
17	.000	0							1.0	0.8		
18	.000	0							1.0	0.8		
19	.002	0.5										
20	044	1				0.5	8.0		0.8	0.6		
21	.006	0.5							0.8	0.6		
22	.052	1							0.8	0.6		
23	.050	1							1.0	0.6		
24	.052	1							1.1	0.8		
25	.063	1										
26	.063	1							0.8	0.4		
27	.127	8							0.7	0.4		
28	.087	4							0.7	0.3		
29	.600	0							0.7	0.4		
30	.000	0							0.7	0.4		
31	.000	0							0.7	0.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555 9(02)
Effective 11/1/88

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0693N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Oranges PWS Identification No.: 3354685
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

H. J. Aldrich
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal (DEP Form 62-555.910(3))

System PWS Identification Number 3354685

Treatment Plant Name Oranges

I. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000	0.7	0.4			
2		.000	0.5	0.2			
3		.000	0.5	0.2			
4		.002	0.4	0.2			
5		.042	0.8	0.5			
6		.019	0.8	0.5			
7		.000					
8		.000	0.8	0.5			
9		.000	0.7	0.4			
10		.000	0.7	0.4			
11		.050	0.8	0.5			
12		.026	0.8	0.5			
13		.066	1.2	0.8	2		
14		.058	1.2	0.8			
15		.062					
16		.063	1.0	0.6			
17		.092	0.8	0.6			
18		.008	0.6	0.4			
19		.000	0.8	0.6			
20		.000	0.8	0.6			
21		.000	0.8	0.6			
22		.138					
23		.138	0.8	0.6			
24		.140	0.5	0.2			
25		.046	2.5	1.3			
26		.071	2.5	1.3			
27		.037	1.3	0.9			
28		.047	1.8	1.0			
29		.054					
30		.055	1.6	1.0			
31							
Total	XXXXXX	1154,000	XXXXXXXXXXXX	XXXXXXXXXX	2	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	38466	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	140,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.900(2)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0693N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Oranges PWS Identification No.: 3354685
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Aldrich 6-12-95
Signature and Date

H. J. Aldrich C6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Agency Use — Institute DEP Form 62 555 910(3)

System PWS Identification Number: 3354685

Treatment Plant Name: Oranges

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF MAY 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.107	1.4	0.8			
2		.123	1.4	0.8			
3		.097	1.5	1.0			
4		.130	1.4	0.8			
5		.160	1.3	0.8			
6		.100					
7		.101	1.2	0.8			
8		.182	1.0	0.8			
9		.165	1.0	0.7			
10		.128	1.0	0.7			
11		.083	1.2	0.8			
12		.065	1.0	0.7			
13		.065					
14		.066	1.1	0.8			
15		.119	1.2	0.8			
16		.090	1.0	0.8	3	0.8	
17		.115	1.2	0.8			
18		.105	1.3	0.8			
19		.123	1.2	0.8			
20		.070					
21		.070	1.0	0.7			
22		.106	1.2	0.8			
23		.079	1.2	0.8			
24		.022	1.0	0.7			
25		.099	0.6	0.2			
26		.106	1.4	0.8			
27		.103					
28		.164	1.2	0.8			
29		.084	1.0	0.8			
30		.135	2.5	1.5			
31		.125	1.0	0.6			
Total	XXXXXX	3,227,000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	104,096	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	182,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Attach the Submittal DEP Form 62-555.910(3)

System PWS Identification Number 3354685

Treatment Plant Name Oranges

Reporting Month/Year

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354685

Treatment Plant Name Oranges

Reporting Month/Year _____

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete/submit this part only for the reporting month of December each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant)

- Is any polymer containing the monomer acrylamide used at the treatment plant? No If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm*	Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? No If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm*	Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? Yes If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): Polyphosphate
Sequestrant Dose (mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2)*: 0.6 mg/L
If sodium silicate is used, the amount of added plus naturally occurring silicate = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.900(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0693N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Oranges PWS Identification No.: 3354685
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

7-10-95
Signature and Date

H. J. Alonch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate ... Instead DEP Form 62-555.910(3)

System PWS Identification Number 3354685

Treatment Plant Name Oranges

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995

●Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)[1]	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)[1]	
1		071	1.0	0.7			
2		057	1.5	1.0			
3		026					
4		026	1.1	0.7			
5		009	1.0	0.7			
6		040	1.0	0.7			
7		061	1.5	1.0			
8		066	1.4	1.0			
9		081	1.5	1.0			
10		095					
11		098	1.6	1.0			
12		134	1.4	1.0			
13		028	1.2	0.8	3	0.8	
14		060	1.0	0.7			
15		071	1.0	0.8			
16		098	1.1	0.8			
17		091					
18		091	1.5	1.0			
19		112	1.4	1.0			
20		021	1.0	0.8			
21		104	1.0	0.8			
22		095	1.2	0.8			
23		055	1.2	0.8			
24		074	1.3	0.8			
25		030					
26		030	1.3	0.8			
27		025	1.3	0.8			
28		038	1.3	0.8			
29		027	1.5	1.0			
30		061	1.3	0.8			
31							
Total	XXXXXX	1879000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	62633	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	134,000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

[1] *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant ORANGE 3

Month/Year JUNE 1995

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
6-5-95		130	2 1/2	5 MIN	650	F/H ERYN S MANDARIN DR.
6-9-95		130	2 1/2	3 MIN	390	F/H MANDARIN & ERYN CT
6-20-95		130	2 1/2	3 MIN	390	F/H MANDARIN & ERYN FROST
6-20-95		130	2 1/2	3 MIN	390	F/H MANDARIN ACROSS 11345
6-20-95		130	2 1/2	3 MIN	390	F/H ERYN AT 12605
6-29-95		130	2 1/2	2 MIN	260	F/H MANDARIN & ERYN BACK

2,470 = .002

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555 (1)(c)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0693N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Oranges PWS Identification No.: 3354685
- System Owner

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

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- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H. J. Aldrich 8-8-95
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

M .thly Operation Report for Public Water Systems that Use Ground Water
.nd for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354685
Treatment Plant Name Oranges

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.082	1.3	0.8			
2		.085					
3		.085	1.4	1.0			
4		.090	1.0	0.6			
5		.084	1.0	0.6			
6		.017	1.0	0.8			
7		.140	1.4	1.0			
8		.000	1.2	0.8			
9		.147					
10		.147	1.3	0.8			
11		.133	1.2	0.8			
12		.094	1.2	0.8	3	0.8	
13		.083	1.0	0.8			
14		.140	1.0	0.8			
15		.072					
16		.073	0.9	0.7			
17		.084	1.0	0.7			
18		.027	1.0	0.7			
19		.048	1.2	0.8			
20		.072	1.2	0.8			
21		.000	1.0	0.8			
22		.066					
23		.067	1.0	0.7			
24		.129	1.2	0.8			
25		.042	1.0	0.6			
26		.049	1.2	0.8			
27		.027	1.0	0.8			
28		.043	1.0	0.8			
29		.034					
30		.033	0.8	0.6			
31		.054	1.0	0.8			
Total	XXXXXX	2.247	XXXXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	.072	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	.147	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0693N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Oranges — PWS Identification No.: 3354685
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 9-14-95
Signature and Date

H. J. Alonzi HC-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354685

Treatment Plant Name: Oranges

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.045	1.0	0.8			
2		033	1.0	0.8			
3		.030	1.2	1.0			
4		.031	1.3	1.0			
6		.033					
6		.078	1.2	0.8			
7		.050	1.4	1.0			
8		.066	1.8	1.0			
9		.048	1.8	1.0			
10		.056	1.5	1.0	3	1.0	
11		.059	1.5	1.0			
12		.137	1.5	1.0			
13		.136					
14		.146	1.5	1.0			
15		.104	1.3	1.0			
16		122	1.4	1.0			
17		160	1.4	1.0			
18		025	1.5	1.0			
19		075					
20		113	1.2	0.8			
21		053	1.2	0.8			
22		059	1.0	0.8			
23		050	1.2	1.0			
24		020	1.4	1.0			
25		000	1.4	1.0			
26		007					
27		028	1.2	0.8			
28		022	1.4	1.0			
29		037	1.0	0.8			
30		047	1.2	0.8			
31		023	1.2	0.8			
Total	XXXXXX	1942000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	62645	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	146000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555 (1)(b)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0693N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Oranges PWS Identification No.: 3354685
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 95: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

10-2-95
Signature and Date

H.J. Aloach C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Treat Their Water
and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354685
Treatment Plant Name Oranges

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 95

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		029	1.4	1.0			
2		052					
3		052	1.2	1.0			
4		063	1.0	0.8			
5		064	1.2	1.0			
6		029	1.2	1.0			
7		034	1.3	0.6			
8		042	1.4	0.8			
9		037					
10		038	1.5	1.0			
11		057	1.2	0.8			
12		055	1.4	1.0			
13		038	1.4	1.0			
14		036	1.2	0.8			
15		036	1.2	0.8			
16		030	1.1	0.8			
17		051					
18		051	1.8	1.0			
19		030	1.5	1.0			
20		040	1.5	1.0			
21		055	1.3	1.0			
22		070	1.2	1.0	3	1.0	
23		091					
24		091	1.0	0.7			
25		059	1.0	0.7			
26		049	1.2	0.8			
27		040	1.0	0.8			
28		029	1.0	0.8			
29		028	1.2	0.8			
30							
31							
Total	XXXXXX	1376000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXX
Avg.	XXXXXX	47448	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX
Max.	XXXXXX	91,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0693N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Oranges PWS Identification No.: 3354685
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Oct 1994: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

11-7-95
Signature and Date

H. J. Alonck C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public ...

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354685

Treatment Plant Name Oranges

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCT 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		028	1.3	1.0			
2		098	1.2	0.8			
3		008	0.4	0.2			
4		013	0.8	0.6			
5		016	0.8	0.6			
6		003	1.8	1.0			
7		034					
8		040	1.6	1.0			
9		042	1.2	0.8			
10		037	1.0	0.6			
11		032	1.2	0.8			
12		030	1.0	0.6	3	0.6	
13		043	1.0	0.6			
14		037					
15		037	1.2	0.8			
16		042	1.2	0.8			
17		005	0.8	0.6			
18		027	0.8	0.6			
19		023	1.0	0.6			
20		036	1.2	0.8			
21		034					
22		034	1.3	0.8			
23		032	1.0	0.6			
24		070	1.2	0.8			
25		078	1.2	0.8			
26		055	1.0	0.6			
27		074	2.3	1.6			
28		073					
29		074	1.6	1.0			
30		088	1.6	1.0			
31		002	1.8	1.0			
Total	XXXXXX	1245000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXX
Avg.	XXXXXX	40161	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX
Max.	XXXXXX	88000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Florida

Environmental Protection

Alternate/Substitute DEP Form 62-555.900(2)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0693N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Oranges PWS Identification No.: 3354685
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

12-7-95

Signature and Date

H.J. Aldrich C-6368

Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354685

Treatment Plant Name Oranges

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine ☐ combined chlorine (chloramine) ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		44	1.2	0.8			
2		103	0.8	0.5			
3		20	1.2	0.8			
4		21					
5		64	1.1	0.8			
6		26	1.0	0.6			
7		61	1.0	0.6	3	0.6	
8		63	1.0	0.6			
9		42	1.0	0.6			
10		41	1.4	1.0			
11		41					
12		50	1.2	0.8			
13		56	1.8	1.0			
14		67	1.6	1.0			
15		68	1.3	0.8			
16		39	1.4	1.0			
17		71	1.3	1.0			
18		71					
19		101	1.4	1.0			
20		8	1.4	1.0			
21		2	1.2	1.0			
22		10	0.8	0.K			
23		0	1.0	0.5			
24		0	0.7	0.K			
25		0					
26		10	0.8	0.5			
27		78	0.8	0.6			
28		22	0.8	0.6			
29		55	0.8	0.6			
30		25	1.0	0.6			
31							
Total	XXXXXX	1,259,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXX
Avg.	XXXXXX	41,966	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX
Max.	XXXXXX	103,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Enclosure 1

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0693N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Oranges PWS Identification No.: 3354685
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 1-2-96
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354685

Treatment Plant Name Oranges

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		61	1.4	1.0			
2		72	1.4	1.0			
3		81					
4		82	1.0	0.8			
5		0	0.8	0.6			
6		40	0.8	0.6			
7		71	0.8	0.6			
8		70	0.8	0.6			
9		79					
10		80	0.9	0.6			
11		80	1.2	0.8	3	0.8	
12		80	1.5	1.0			
13		21	1.0	0.4			
14		12	1.0	0.5			
15		95	1.0	0.6			
16		94					
17		93	1.3	0.8			
18		104	1.4	1.0			
19		40	1.0	0.6			
20		69	1.3	0.8			
21		64	1.2	0.8			
22		76	1.3	0.7			
23		0					
24		0	1.2	0.8			
25		3	0.5	0.5			
26		0	0.5	0.5			
27		87	1.0	0.6			
28		90	1.2	0.8			
29		69	1.2	0.8			
30		68					
31		65	1.8	1.0			
Total	XXXXXX	1852000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXX
Avg.	XXXXXX	59741	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX
Max.	XXXXXX	104,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

636-Vista's Drinking Water Report

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	0.617	21	.020	.036	.000	0.241		
February	0.428	12	.015	.026	.000			
March	1.397	43	.045	.072		0.769		
April	0.936	29.5	.031	.059				
May	1.352	35.5	.044	.072	.100	1.325		
June	2.009	65	.067	.150	.200			
July	1.096	42.5	.035	.110	.100	1.566		
August	1.140	42	.037	.072	.000			
September	1.847	65	.062	.163	.200	1.243		
October	2.217	69	.072	.123	.000			
November	2.356	68	.078	.130	.200	1.116		
December	0.820	24	.027	.085	.100	0.650		
Total	16.215	516.5	.044	.150	.000	6.909		16.215
								PERCENTAGE
	These systems are		Vistas	16.215	6.909			43%
	interconnected.		Oranges	10.146	11.720			
				26.361	18.629			
								PERCENTAGE
								71%

Increase mains at Vistas:

8" PVC 6520'

6" PVC 60'

8" DI 80'

OK

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month JAN 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 78 No. of People Served at End of Month 63
Design Flow .065 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Mike Gavelete C5642
BRYAN GONGRE B6568 Phillip Story C5986 Ken Miller B4239

I certify this report is correct Robert D. Fritsch C 6/46
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.617	21		4.1					35.8	25.6		
Average	.020	.7		4.2					1.4	1.0		
Maximum	.036	1		3.0					2.5	1.8		
Minimum	.007	0		0.0					.4	0.2		
1	.028	1		2.8								
2	.022	1		5.5								
3	.022	1		5.5					1.0	.6		
4	.026	1		4.6					1.3	.8		
5	.013								.8	.5		
6	.013	1		4.6					.8	.4		
7	.026								.7	.4		
8	.013	1		3.1					1.2	.7		
9	.019											
10	.020	1		3.1					1.6	1.2		
11	.026								1.6	1.2		
12	.020	1		3.0					1.7	1.2		
13	.020	1		6.0					1.8	1.3	3	
14	.013								1.4	1.0		
15	.007								2.5	1.7		
16	.026	1		2.6								
17	.026	1		4.6					1.8	1.4		
18	.020	1		6.0					1.7	1.3		
19	.020								1.6	1.2		
20	.026	1		2.6					1.8	1.4		
21	.020	1		6.0					1.7	1.3		
22	.013	1		9.3					2.1	1.8		
23	.036	1		3.3								
24	.036	1		3.3					1.8	1.5		
25	.020								1.8	1.4		
26	.026	1		2.6					1.3	1.6		
27	.013								1.3	.9		
28	.013	1		4.6					.4	.2		
29	.007								.7	.4		
30	.019	1		4.6								
31	.020	1		6.0					1.3	.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(10/92)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant The Vista's

Month/Year Jan 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
						No flushing this period !!
						RF 2-01-94

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month Feb 84
Plant Effluent pH (Avg) 7.1 No. of Services at End of Month 158 No. of People Served at End of Month 163
Design Flow .666 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J. Lanphere C 7253
Bryan Gongre B6568 Mike Gavelete CE542

I certify this report is correct Robert D. Frutsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.428	12		3.4					31.6	18.3		
Average	.015	.4		3.2					1.4	.9		
Maximum	.026	1		4.6					2.0	1.2		
Minimum	.007	0		0.0					1.0	.6		
1	.013								1.3	.8		
2	.013								2.0	0.9		
3	.013	1		3.1					1.6	1.0		
4	.020	1		6.0					1.7	1.2		
5	.020											
6	.013											
7	.026	1		2.0					1.4	1.0		
8	.007								1.3	.8		
9	.020	1		4.6					1.8	1.2	3	
10	.007								1.8	1.2		
11	.020								1.7	1.0		
12	.013											
13	.013	1		2.3					1.5			
14	.013	1		9.2					1.3	.8		
15	.007								1.3	.8		
16	.020								1.5	.9		
17	.007								1.6	1.0		
18	.013	1		2.5					1.5	1.0		
19	.015											
20	.015											
21	.015	1		2.6					1.2	.8		
22	.013	1		9.2					1.0	0.6		
23	.013								1.3	.8		
24	.018	1		4.6					1.0	.6		
25	.020								1.1	.7		
26	.020											
27	.020	1		3.6					1.0			
28	.026	1		4.6					1.7	1.2		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Vista's

Month/Year Feb 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK

CUP# 2-069-0865N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month March 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 18 No. of People Served at End of Month 63
Design Flow .720 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C7253
Bryan Gongre B6568

I certify this report is correct Robert D. Futch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.391	43		3.8					39.7	20.7		
Average	.045	1.4		3.7					1.6	.9		
Maximum	.078	3		5.0					2.0	1.4		
Minimum	.007	0		0.0					1.0	.6		
1	.052	2		4.6					1.8	1.2		
2	.039	1		3.7					1.6	1.2		
3	.046	1		2.6					1.6	1.1		
4	.059	2		4.1					1.8	1.4		
5	.052	2		4.6								
6	.052	1		2.3					1.5			
7	.065	2		3.7					1.8	1.1		
8	.052	2		4.6					1.7	1.2		
9	.052	1		2.3					2.0	1.3		
10	.059	2		4.1					2.0	1.4		
11	.039	1		3.1					1.7	1.0		
12	.039	1		3.1								
13	.039	2		6.1					1.9			
14	.072	2		3.3					1.8	1.0		
15	.059	1		2.6					1.8	0.9		
16	.039	2		6.1					1.6	1.0	3	
17	.052	1		2.3								
18	.052	2		4.6								
19	.052	2		4.6								
20	.046	2		5.2					1.5			
21	.052	1		2.3					1.6	0.7		
22	.046	2		5.2					1.5	.8		
23	.046	1		2.6					1.1	.6		
24	.039	1		3.7					1.7	.6		
25	.039	1		3.7					1.4	.6		
26	.023	1		3.2								
27	.023	1		5.2					1.3			
28	.026								1.0	.5		
29	.007								1.0	.6		
30	.020								1.5	1.1		
31	.065	3		3.0					1.6	1.2		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month April 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 26 No. of People Served at End of Month 76
Design Flow .720 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Futch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals mgd	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.936	29.5		3.6					33.4	17.0		
Average	.031	1.0		3.9					1.3	.96		
Maximum	.059	3		6.1					1.8			
Minimum	.007	1		17.2					.7			
1	.020								1.0	.6		
2	.036	1		4.6								
3	.026	1		4.6					1.2			
4	.026								1.4	.9		
5	.033	2		4.1					1.4	.9		
6	.007	1		17.2					1.3	.6		
7	.020	1		6.1					.7	.3	3	
8	.033	1		3.1					1.6	1.2		
9	.054	.5		1.0								
10	.059	.5		1.0					1.3			
11	.039	1		3.1					1.2	0.8		
12	.033	1		3.6					1.4	1.0		
13	.039	1		3.1					1.5	0.7		
14	.039	1		3.1					1.7	0.5		
15	.033	1		3.6					1.5	0.5		
16	.039	1		3.1								
17	.039	1		3.1					1.3			
18	.052	3		6.9					1.8	1.4		
19	.046	1		2.6					1.5	1.1		
20	.033	1		3.6					1.5	1.1		
21	.046	1		2.6					1.6	1.2		
22	.020	1		6.1					1.2	.8		
23	.020	.5		3.0								
24	.026	.5		2.3					1.0			
25	.026	1		4.6					.9	.6		
26	.039	1		3.1					.9	.5		
27	.033								1.0	.6		
28	.046	2		3.0					1.2	.7		
29	.039	1		3.1					1.3	.9		
30	.046	1.5							1.0			
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/92)
Effective 11/11/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No: (407)869-1919 Reporting Month May 94
Plant Effluent pH (Avg) 7.5 No. of Services at End of Month 20 No. of People Served at End of Month 70
Design Flow .720 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lamphere C-7253
Bryan Gingrec B6568 Ken Miller B 4239 Chuck Schwabes C6872

I certify this report is correct Robert D. Futsch C- 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.352	35.5		3.1					29.0	16.0		
Average	.044	1.1		3.0					1.0	.7		
Maximum	.059	2		3.3					1.4	1.0		
Minimum	.026	.5		2.3					.8	.4		
1	.039	1.5		4.6					1.0			
2	.059	1		2.6					1.2	.8		
3	.046	2		5.2					1.4	1.5		
4	.039	1		3.1					1.0	.7	3	
5	.033								1.0	0.7		
6	.039	2		3.3					1.3	1.7		
7	.039	1		3.1								
8	.033	1		3.4					1.1			
9	.059	1		2.6					1.4	0.8		
10	.059	1		2.6					1.3	0.9		
11	.039	2		6.1					1.1	0.7		
12	.046								1.0	0.7		
13	.046	2		2.6					1.1	0.6		
14	.039	1		3.1								
15	.039	1		3.1					1.0			
16	.072	2		3.3					.8	.4		
17	.039	1		3.1					1.1	0.7		
18	.026								1.1	0.8		
19	.026	1		2.3					.9	.5		
20	.033	1		3.6					1.1	.8		
21	.026	.5		2.3								
22	.026	.5		2.3					1.0			
23	.059	2		4.0					1.0	0.7		
24	.052	2		4.6					.9	.6		
25	.046	1		2.6					1.0	0.6		
26	.052	1		2.3					1.2	6.8		
27	.046	1		2.6					1.0	.7		
28	.039	1		3.1								
29	.039	2		6.1					1.1			
30	.052	1		2.3					1.0	.7		
31	.033	1		3.6					1.0	.7		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.900(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month June 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 56 No. of People Served at End of Month 70
Design Flow 1720 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J. Lanphere C-7253
Bryan Gongre B 6568 Phil Story

I certify this report is correct Robert D. Futch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.009	65		3.9					30.3	18.3		
Average	.067	2.2		4.4					1.2	.8		
Maximum	.150	6		4.8					2.0	1.6		
Minimum	.000	0		0.0					0.6	.4		
1	.130	4		3.7					1.2	.8		
2	.143	4		3.3					1.2	.9		
3	.150	4		3.2					1.5	1.0		
4	.104	3		3.5								
5	.114	4		4.4					1.6	0.9		
6	.117	3		3.1					1.3	0.7		
7	.111	4		4.3					1.4	1.2		
8	.091	3		3.9					1.5	1.2		
9	.1091	3		3.9					1.3	1.1		
10	.085	2		2.8					1.5	.8		
11	.072	1.5		2.5								
12	.072	1.5		2.5					1.2			
13	.111	5		5.1					.9	.6		
14	.059	2		4.1					1.5	1.0		
15	.007	1		17.2					.6	.4		
16	.124	6		5.8					2.0	1.6		
17	.013	1		9.3								
18	.039	1		3.1								
19	.039	1		3.1					2.0			
20	.063	2		3.7					1.0	0.8		
21	.039	2		6.2					1.0	.7		
22	.046	1		2.6					1.1	0.9		
23	.059	1		2.0					1.1	0.7		
24	.000	0							.8	.5		
25	.000	0										
26	.000	0							.7			
27	.013	1		9.7					0.9	0.6		
28	.020	1		5.9					0.9	0.6		
29	.020	0							0.7	0.6		
30	.078	3		3.1					1.2	0.7		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No.: (407)869-1919 Reporting Month July
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 20 No. of People Served at End of Month 70
Design Flow .720 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month JEFF LANPHERE C-2253
Robert Fritsch C-6140, BRIAN GONGRE B-6568

I certify this report is correct Robert D. Fritsch (Lead Operator's Signature) C (Cert. Level) 6140 (Cert. No.)

Days of Month	Total Water Treated in MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.196			42.5					25.0	14.8		
Average	.035			3.3					1.0	.7		
Maximum	.110			6.2					1.5	1.2		
Minimum	.000			.5					.4	.4		
1	.059	2		4.1		[illegible]			1.3	0.8		
2	.046	1		2.6		[illegible]						
3	.046	2		5.2		[illegible]			1.2			
4	.072	2		3.3					1.3	0.7		
5	.000	0		0					0.7	0.9		
6	.007	0		0					0.5	0.8		
7	.007	0		0					0.8	0.8		
8	.091	3		3.4					1.4	1.2		
9	.039	2		6.2								
10	.039	2		6.2					1.5			
11	.100	3		3.3					1.5	0.9		
12	.007	0							0.9	0.5		
13	.000	0							0.5	0.6		
14	.007	0							0.4	0.6		
15	.007	0										
16	.000	0							0.7			
17	.000	0										
18	.007	0							0.5	0.6		
19	.022	3		3.6					1.3	1.0	3	
20	.077	2		3.3					1.1	.8		
21	.065	3		5.5					1.5	1.0		
22	.007								.9	.9		
23	.078											
24	.098								1.1			
25	.091	1		.5					.7	.4		
26	.007								.9	.5		
27	.000								.4	.4		
28	.046								1.2	0.8		
29	.076	1		1.5					.6	.6		
30	.026	1							1.0			
31	.026	1							1.0			

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month August 1994
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 17 No. of People Served at End of Month 60
Design Flow .720 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Congre B6568
Robert Fritsch C-6140, Jeff Lamphere C-7253, Ken Miller B4239

I certify this report is correct Bry K. Bmg B 6568
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.140	42		104.1					49.2	32.3	3	
Average	0.037	1.4		3.5					1.8	1.3		
Maximum	.072	3		6.1					3.0	2.0		
Minimum	.000	Ø		Ø					0.7	0.4		
1	.007	Ø		4.6					1.8	1.4		
2	.052	2		6-14.6					3.0	2.0		
3	.059	3		6.1					2.6	1.7		
4	.072	3		5.0					2.0	1.6		
5	.046	2		5.2					1.5	1.2		
6	.000	Ø		Ø								
7	.007	Ø		Ø					1.3			
8	007	Ø		Ø					.7	.4		
9	000	Ø		Ø					.7	.5		
10	007	Ø		Ø					.8	.4	3	
11	000	Ø		Ø					.8	.4		
12	.039	2		6.1					1.8	1.4		
13	.046	1		2.6								
14	.053	1		2.3					1.5			
15	.065	3		5.5					1.8	1.4		
16	.046	2		5.2					1.8	1.4		
17	.052	1		2.3					2.5	1.7		
18	.059	2		4.1					2.2	1.8		
19	.039	2		6.1					2.0	1.4		
20	.046	2		5.2								
21	.046	2		5.2					1.8			
22	.039	1		3.1					1.7	01.9		
23	.059	2		4.1					2.5	1.6		
24	.065	3		3.7					2.5	2.0		
25	.000	Ø		Ø					2.0	1.2		
26	.039	21		3.1					1.8	1.1		
27	.027	1		4.4					2.2	1.3		
28	.023	1		5.2								
29	.023	1		5.2					1.9	1.0		
30	.065	2		3.7					2.5	2.0		
31	.059	2		6.1					2.5	1.6		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.900(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, leaks, etc.

Plant The Vistas

Month/Year August 1994

TEST DATE	FLUSHING TIME (MIN)	ESTIMATED FLOW RATE	PSI	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
NO FLUSHING TO REPORT AT THIS PERIOD!						

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No.: (407)869-1919 Reporting Month September 1994
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 19 No. of People Served at End of Month 67
Design Flow .720M6D Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Jeff Lamphere C7253

I certify this report is correct Bryan K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.847	65		115.6					60.1	28.8		
Average	.062	2.2		3.9					2.3	1.3		
Maximum	.163	6		8.6					2.7	1.6		
Minimum	.000	Ø		Ø					1.8	1.0		
1	.124	3		2.9					2.2	1.5		
2	.065	2		3.7					2.5	1.3		
3	.007	~~Ø~~ 1		Ø					2.0	1.1		
4	.075	3		4.8								
5	.075	2		3.2					1.8	1.5		
6	.000	Ø		Ø					2.0	1.1		
7	.163	6		4.4					2.5	1.3		
8	.117	4		4.1					2.3	1.1		
9	.000	Ø		Ø					2.7	1.6		
10	.099	3		4.0								
11	092	3		4.0					2.2			
12	.143	5		4.2					2.5	1.3	3	
13	.039	2		6.1					2.5	1.1		
14	.026	1		4.6					2.0	1.1		
15	.052	2		4.6					2.3	1.2		
16	.033	1		3.6					2.5	1.3		
17	.049	2		4.9								
18	.049	2		4.9					2.0			
19	.104	3		3.5					2.5	1.1		
20	.059	3		6.1					2.2	1.0		
21	.014	1		8.6					2.5	1.3		
22	.000	Ø		Ø					2.5	1.2		
23	.078	2		3.1					2.0	1.1		
24	.059	2		4.1					2.2			
25	.075	3		4.8								
26	.075	2		3.2					2.3	1.4		
27	.046	2		5.2					2.5	1.5		
28	.046	2		5.2					2.7	1.5		
29	.046	1		2.6					2.5	1.2		
30	.046	2		5.2					2.2	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.210(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month October 1994
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 19 No. of People Served at End of Month 67
Design Flow .720M6D Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gonge B6568, Jeff Lanphere C7253, Ken Miller B4239, Chuck Schwades C6873

I certify this report is correct Bryan K. Gonge (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.217	69		130.5					53.8	27.5	3	
Average	.072	2.2		4.2					2.0	1.3		
Maximum	.123	5		8.0					2.5	1.6		
Minimum	.039	1		1.7					1.5	0.9		
1	.039	1		2.1								
2	.039	1		3.1					1.5			
3	.065	3		5.5					2.0	1.2		
4	.052	1		2.3					2.2	1.4		
5	.059	3		6.1					2.0	1.3		
6	.052	2		4.6					2.2	1.2		
7	.065	1		1.8					2.3	1.2		
8	.059	3		6.1								
9	.052	3		~~6.1~~ 6.9					2.0			
10	.104	2		2.3					2.2	1.3		
11	.065	3		5.5					2.5	1.5		
12	.046	2		5.2					2.3	1.6		
13	.059	2		4.1					2.5	1.5		
14	.059	2		4.1					2.5	1.3		
15	.065	3		5.5								
16	.065	2		3.7					2.2			
17	.078	3		4.6					2.5	1.6		
18	.065	2		3.7					2.3	1.5		
19	.072	3		5.0					2.4	1.6		
20	.059	2		4.1					2.2	1.4		
21	.111	3		8.2					2.4	1.6		
22	.123	3		2.9								
23	.123	3		2.9					2.0			
24	.189	5		3.2					1.8	1.2	3	
25	.098	2		2.4					1.8	1.0		
26	.065	2		3.7					1.6	0.9		
27	.059	1		2.0					1.8	1.3		
28	.046	2		5.2					1.6	1.0		
29	.052	1.5		8.0								
30	.052	1.5		8.0					1.5			
31	.072	1		1.7					1.5	0.9		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Vista's

Month/Year Oct. 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
		NO FLUSHINGS TO REPORT				

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No. (407)869-1919 Reporting Month November 1994
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct H. J. Aldrich (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.356000	68							40	28		
Average	.078	2.2							1.3	0.9		
Maximum	.130	5							3.5	3.0		
Minimum	.052	1							0.6	0.6		
1	.059	5							3.5	3.0		
2	.078	3							2.0	1.2		
3	.065	1							1.5	1.0		
4	.065	1							1.5	1.0		
5	.081	3										
6	.081	3							1.7	1.1		
7	.130	3							1.5	1.0		
8	.117	3							1.7	1.2		
9	130	3							1.5	1.1		
10	.117	3							1.5	1.1		
11	.059	1							1.5	1.1		
12	.085	1										
13	.091	1							1.6	1.2		
14	.104	3							1.6	1.2		
15	.065	3							1.0	0.7		
16	.059	2							1.2	1.0		
17	.052	2							0.8	0.7		
18	0.59	1.5							0.6	0.6		
19	0.59	1.5										
20	0.59	2							0.8	0.7		
21	.104	2							2.5	1.3		
22	.071	2							2.0	1.2		
23	.071	2							2.0	1.2		
24	.085	2							1.6	0.9		
25	.104	2							1.5	1.0		
26	.052	3										
27	.059	2							1.3	1.0		
28	.130	2							1.5	1.1		
29	.065	3							1.1	0.8		
30	.117	2							1.0	0.6		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9/92)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No.: (407)869-1919 Reporting Month Dec 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 17 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	820000	24							31.8	25.1		
Average	27,333	0.8							1.0	0.8		
Maximum	35,000	2							1.5	1.2		
Minimum	6000	0.5							0.8	0.6		
1	.085	1.5							1.2	0.8		
2	.091	1.5							1.1	1.0		
3	.019	1.5							1.0	0.8		
4	.020	1.5							0.8	0.8		
5	.032	1							1.1	1.0		
6	.052	1							1.5	1.2		
7	.013	0.5							1.4	1.1		
8	.006	0.5							1.1	0.8		
9	.006	0.5							1.0	1.0		
10	.006	0										
11	.006	1							0.9	1.0		
12	.006	1							1.8	1.2		
13	.058	1							1.7	1.0		
14	.052	0.5							1.7	1.2		
15	.013	0.5							1.2	1.0		
16	.032	0							1.0	0.8		
17	.000	0										
18	.000	0							0.9	0.8		
19	.097	2							1.2	1.0		
20	.065	2							1.3	1.1		
21	.065	2							1.1	1.0		
22	.032	1							1.2	1.0		
23	.006	0.5							1.0	0.7		
24	.000	0							0.9	0.6		
25	.006	0.5							1.0	0.7		
26	.006	0.5							0.8	0.6		
27	.006	0.5							0.9	0.6		
28	.006	0.5							1.0	0.7		
29	.006	0.5							1.0	0.8		
30	.032	0.5							1.0	0.8		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9/92)
Effective 11/1/98

636-Vista's Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	0.738	28.75	.024	.065		0.217	
February	0.843	22	.030	.097	.002	0.763	
March	0.997	20.5	.032	.078			
April	1.573		.052	.182		1.578	
May	1.090		.035	.071			
June	0.638		.021	.156	.003	1.634	
July	0.583		.019	.150			
August	0.438		.014	.046		1.771	
September	0.554		.019	.065			
October	0.596		.019	.046		1.687	
November	1.111		.037	.117			
December	1.022		.039	.143		1.846	
Total	10.183	71.25	.028	.182	.004	9.495	10.179

PERCENTAGE
93%

			Pumped Less Flushed	Sold
End of Year	These systems are interconnected.	Vistas	10.179	9.495
		Oranges	18.543	15.571
			28.722	25.066

PERCENTAGE
87%

State of Florida
Department of Environmental Regulation

CUP# 2-069-0865N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name VISTA'S Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL. Phone No.: (407)869-1919 Reporting Month JAN 95
Plant Effluent pH (Avg) _____ No. of Services at End of Month 892 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	738 000	28.75							1.0	20.9		
Average	23806	.92							1.0	0.7		
Maximum	65 000	2							1.3	1.0		
Minimum	6 000	0.5							0.8	0.6		
1	.000								0.9	0.6		
2	.065	2							0.8	0.6		
3	.020	2							0.8	0.7		
4	.026	2							1.0	0.8		
5	.032	2							1.3	1.0		
6	.052	2							1.1	0.8		
7	.032	1										
8	.033	1							1.0	0.8		
9	.013	0.5							1.0	0.8		
10	.006	0.5							1.0	0.8		
11	.013	0.5							1.0	0.8		
12	.020	1							1.2	1.0		
13	.052	1							1.0	0.8		
14	.033	1										
15	.033	1							0.9	0.7		
16	.033	1							1.0	0.8		
17	.052	1							1.0	0.8		
18	.013	0.5							1.0	0.8		
19	.026	1							1.0	0.7		
20	.013	0.5							1.0	0.7		
21	.013	0.5							0.9	0.7		
22	.020	1										
23	.026	1							1.0	0.8		
24	.006	0.5							1.0	0.8		
25	.013	0.5							1.0	0.6		
26	.020	0.5							1.1	0.8		
27	.006	0.75							1.0	0.8		
28	.020	0.75										
29	.020	0.75							1.0	0.8		
30	.020	1							1.0	0.8		
31	.013	0.5							1.0	0.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(8)(b)(2)
Effective 11/1/88

CUP# 2-069-0865N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name Vistas Location: City or S/D Clermont
Owned by Utilities Inc. Fla Phone No: 865-1919 Reporting Month FEB 95
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 19 No. of People Served at End of Month
Design Flow Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	843000	22							23.4	18.2		
Average	30107	0.7							0.9	0.7		
Maximum	97,000	2							1.2	1.0		
Minimum	6000	0.5							0.8	0.6		
1	.020	1							1.0	0.8		
2	.052	2							1.2	1.0		
3	.000	0							1.0	0.8		
4	.033	1										
5	.026	1							1.1	0.8		
6	.052	2							1.0	0.8		
7	.052	1							1.2	0.8		BACT-TS
8	.065	1							1.2	1.0		
9	.065	2							1.2	1.0		
10	.000	0							1.0	0.8		
11	.000	0										
12	.000	0							1.1	0.8		
13	.006	0.5							0.8	0.6		
14	.000	0							0.8	0.6		
15	.065	2							1.0	0.8		
16	.065	1							1.0	0.8		
17	.006	0.5							0.8	0.6		
18	.006	0.5							0.9	0.6		
19	.052	1										
20	.097	2							0.8	0.8		
21	.006	0.5							1.0	0.8		
22	.006	0.5							0.8	0.6		
23	.000	0							0.8	0.6		
24	.033	1							1.0	0.8		
25	.065	0.5										
26	.065	0.5							1.1	0.8		
27	.006	0.5							0.8	0.6		
28	.000	0							0.8	0.6		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/92)
Effective 11/1/88

FLUSHING RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Vista 5

Month/Year Feb 1995

DATE	PRESSURE (PSI)	FLUSHING TIME (MIN)	ESTIMATED GPM	FLUSH POINT SIZE	TIME FLUSHED	TOTAL GALLONS FLUSHED	LOCATION OF FLUSHING POINT
2-14-95	68	30	25			200	Vista Del Sole
2-14-95	68	30	25			250	Vista Del Largo

CUP # 2-069-0865N

CUP # 2-069-0865N

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State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354773 PWS Name UTILITIES Location: City or S/D Clermont

Owned by UTilities Inc of Lo Phone No: 869-1919 Reporting Month March 95

Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 19 No. of People Served at End of Month 57

Design Flow .720 Remarks (Use reverse side)

Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C C-6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	997,000	20.5							24	17.5		
Average	32161	0.6							0.8	0.6		
Maximum	78,000	2							1.2	1.0		
Minimum	13,000	0.5							0.2	0.2		
1	033	0.5							0.8	0.6		
2	039	1							0.8	0.6		
3	.019	0.5							1.0	0.8		
4	.026	0.5										
5	.019	0.5							1.1	0.8		
6	.045	1							1.0	0.6		
7	.032	0.5							0.8	0.5		
8	.032	0.5							1.0	0.8		
9	.019	0.5							1.0	0.8		
10	.026	0.5							1.0	0.8		
11	.039	0.5										
12	.039	0.5							1.2	0.8		
13	.065	0.5							1.0	0.8	3	BACT-Is
14	065	1							0.8	0.6		
15	.000	0							0.8	0.6		
16	.065	1							1.2	0.8		
17	.078	2							1.0	0.8		
18	.039	2							1.3	1.0		
19	.058	1										
20	.058	1							1.2	1.0		
21	.013	0.5							1.0	0.8		
22	.078	1							1.0	0.6		
23	.013	0.5							1.0	0.6		
24	.013	0.5							1.0	0.6		
25	.013	0.5										
26	.013	0.5							0.9	0.6		
27	.019	0.5							1.5	0.9		
28	.039	1							0.3	0.3		
29	.000	0							0.2	0.4		
30	.000	0							0.6	0.2		
31	.000	0							0.5	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 9(02)
Effective 11/1/88

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0865N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Vistas PWS Identification No.: 3354773
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .720 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

H.J. Alduch C-6368
Name and Certificate Number (please type or print)

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0865N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Vistas PWS Identification No.: 3354773
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .720 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

N J Aldrich 6-9-95
Signature and Date

H. J. Aldrich 6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354773

Treatment Plant Name Vistas

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.013	1.0	0.6			
2		.013	1.0	0.7			
3		.039	1.0	0.7			
4		.039	1.0	0.7			
5		.130	1.2	0.8			
6		.033					
7		.033	1.1	0.7			
8		.039	1.0	0.6			
9		.039	0.6	0.4			
10		.039	0.6	0.4			
11		.039	0.8	0.5			
12		.026	0.8	0.5			
13		.033					
14		.033	0.9	0.6			
15		.039	0.9	0.5			
16		.039	0.8	0.5	3	0.5	
17		.013	0.8	0.5			
18		.058	1.0	0.6			
19		.039	1.0	0.6			
20		.039					
21		.033	1.1	0.6			
22		.033	1.0	0.6			
23		.026	1.0	0.6			
24		.071	1.0	0.6			
25		.020	1.0	0.7			
26		.020	1.0	0.6			
27		.020					
28		.013	1.0	0.6			
29		.020	0.8	0.5			
30		.013	0.8	0.6			
31		.046	0.8	0.6			
Total	XXXXXX	1,090,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	35,161	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	71,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Acceptable Substitute DEP Form 62-555.910(1)

System PWS Identification Number 3354773
Treatment Plant Name Vistas
Reporting Month/Year

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354773

Treatment Plant Name: Vistas

Reporting Month/Year: _____

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete/submit this part only for the reporting month of December each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant)

- Is any polymer containing the monomer acrylamide used at the treatment plant? No If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose - _____ ppm*	Acrylamide Level - _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? No If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose - _____ ppm*	Epichlorohydrin Level - _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? No If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

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 - _____ mg/L as SiO_2.[1]

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

[1] *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0865N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Vistas PWS Identification No.: 3354773
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .720 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

7-12-95
Signature and Date

H. J. Aloach C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354773

Treatment Plant Name Vistas

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		.026	0.8	0.6			
2		.020	0.8	0.6			
3		013					
4		.013	0.7	0.5			
5		.072	1.0	0.7			
6		.020	0.8	0.6			
7		.007	0.8	0.6			
8		.007	0.8	0.5			
9		.013	0.8	0.6			
10		.013					
11		.013	1.0	0.6			
12		.013	1.0	0.6			
13		.013	1.0	0.6	3	0.6	
14		.013	0.8	0.5			
15		.026	0.8	0.6			
16		.013	0.8	0.6			
17		.013					
18		.013	1.2	0.8			
19		.020	1.0	0.6			
20		156	1.0	0.6			
21		007	0.7	0.5			
22		007	0.6	0.5			
23		007	0.6	0.5			
24		007					
25		007	0.6	0.5			
26		007	0.6	0.5			
27		007	0.6	0.5			
28		007	0.6	0.4			
29		078	0.8	0.5			
30		007	0.7	0.5			
31							
Total	XXXXXX	638 000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	21266	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	156,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Vistas

Month/Year June 1995

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
6-8-95		130	2 1/2	5 min	650	Sierra & Vista Del Sol
6-8-95		130	2 1/2	3 min	390	Lago Louisa
6-8-95		130	2 1/2	3 min	390	Calle De Flores Dr.
6-23-95		130	2 1/2	3 min	390	Calle De Flores Dr.
6-23-95		130	2 1/2	3 min	390	Castillo Ct
6-23-95		130	2 1/2	3 min	390	Vista Del Lago & Bonita

2.600 = .0026

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.900(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0865N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Vistas PWS Identification No.: 3354773
- System Owner

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- Permitted Maximum Day Capacity of Plant: .720 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Aldrich 8-9-95
Signature and Date

H. J. ALDRICH C-6368
Name and Certificate Number (please type or print)

System PWS Identification Number: 3354773

Treatment Plant Name: Vistas

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000	0.4	0.3			
2		.000					
3		.007	0.2	0.3			
4		.007	0.3	0.3			
5		.007	0.5	0.5			
6		.110	0.8	0.6			
7		.007	1.0	0.6			
8		.150	1.3	0.8			
9		.007					
10		.007	0.8	0.6			
11		.007	0.8	0.6			
12		.007	0.8	0.6	3	0.6	
13		.033	1.0	0.6			
14		.033	1.0	0.6			
15		.007					
16		.007	0.8	0.5			
17		.007	0.8	0.5			
18		.046	0.8	0.6			
19		.000	0.8	0.5			
20		.007	0.8	0.5			
21		.033	1.0	0.6			
22		.020					
23		.026	1.0	0.6			
24		.013	1.0	0.6			
25		.007	0.8	0.6			
26		.007	1.0	0.6			
27		.007	0.8	0.6			
28		.000	0.8	0.6			
29		.000					
30		.007	0.9	0.5			
31		.007	0.8	0.6			
Total	XXXXXX	583,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	18 806	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	150,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0865N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Vistas PWS Identification No.: 3354773
- System Owner

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- Permitted Maximum Day Capacity of Plant: .720 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 9-14-95
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3354773

Treatment Plant Name: Vistas

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		.007	0.8	0.5			
2		.007	0.8	0.5			
3		.007	1.0	0.6			
4		.000	0.8	0.5			
5		.000					
6		.000	0.8	0.5			
7		.007	0.8	0.5			
8		.007	0.8	0.5			
9		.014	0.8	0.6			
10		.007	0.8	0.6	3	0.6	
11		.007	0.8	0.5			
12		.026					
13		.026	0.8	0.6			
14		.020	0.6	0.6			
15		.014	0.8	0.6			
16		.007	1.0	0.5			
17		.020	0.8	0.4			
18		.014	0.8	0.5			
19		.014					
20		.007	0.5	0.5			
21		.014	0.9	0.6			
22		.014	0.9	0.5			
23		.033	0.8	0.5			
24		.007	0.8	0.5			
25		.007	0.8	0.5			
26		.020					
27		.020	0.9	0.6			
28		.016	0.8	0.5			
29		.052	0.8	0.5			
30		.007	0.8	0.6			
31		.007	0.8	0.6			
Total	XXXXXX	438000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	14129	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	46000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0865N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Vistas PWS Identification No.: 3354773
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .720 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

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- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

10-6-95
Signature and Date

H.J. Aldrich C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3354773

Treatment Plant Name: Vistas

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF: Sept 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine, ☐ combined chlorine (chloramine), ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		000	0.7	0.4			
2		000					
3		007	0.6	0.4			
4		007	0.6	0.4			
5		046	0.6	0.4			
6		007	0.8	0.5			
7		007	0.5	0.7			
8		007	0.5	0.8			
9		007					
10		007	0.6	0.4			
11		007	0.6	0.4			
12		007	0.6	0.4			
13		033	0.8	0.5			
14		039	1.2	0.6			
15		033	1.8	1.0			
16		020	1.6	1.0			
17		026					
18		052	1.8	1.0			
19		065	1.6	1.0			
20		039	1.6	1.0			
21		039	1.5	1.0			
22		007	1.4	1.0	3	1.0	
23		013					
24		013	1.2	1.0			
25		007	1.2	1.0			
26		026	1.0	0.8			
27		033	1.0	0.8			
28		026	1.0	0.8			
29		007	1.0	0.8			
30							
31							
Total	XXXXXX	554,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	19104	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	65000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

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Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0865N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Vistas PWS Identification No.: 3354773
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .720 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCT 1995: See Page 2

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

11-6-95
Signature and Date

H.J. Arnold C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354773

Treatment Plant Name Vistas

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCT 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine, ☐ combined chlorine (chloramine), ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		020	1.1	0.6			
2		013	1.0	0.6			
3		033	0.4	0.2			
4		046	0.6	0.4			
5		046	0.8	0.5			
6		020	1.0	0.6			
7		020					
8		020	0.9	0.6			
9		000	0.9	0.6			
10		007	1.0	0.6			
11		007	0.8	0.5			
12		007	0.8	0.5	3		
13		007	0.8	0.5			
14		007					
15		013	0.8	0.6			
16		007	0.8	0.6			
17		039	1.0	0.7			
18		033	1.0	0.7			
19		000	0.8	0.5			
20		007	0.8	0.5			
21		020					
22		026	0.6	0.4			
23		039	0.6	0.4			
24		046	0.8	0.5			
25		046	0.8	0.5			
26		007	0.6	0.4			
27		000	0.8	0.5			
28		000					
29		007	0.9	0.6			
30		007	0.8	0.5			
31		046	0.8	0.5			
Total	XXXXXX	596,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	19,225	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	46,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Encl 1

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0865N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Vistas PWS Identification No.: 3354773
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .720 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 12-1-95

Signature and Date

H. J. Alnuch C-6368

Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354773

Treatment Plant Name Vistas

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant ☒ free chlorine, ☐ combined chlorine (chloramine), ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		033	0.8	0.6			
2		000	0.8	0.5			
3		007	0.8	0.6			
4		033					
5		033	0.9	0.5			
6		033	1.0	0.6			
7		039	1.0	0.6	3	0.6	
8		013	1.0	0.6			
9		013	1.0	0.6			
10		013	0.2	0.6			
11		013					
12		020	0.7	0.5			
13		039	1.0	0.5			
14		007	1.0	0.6			
15		007	1.0	0.6			
16		013	1.0	0.6			
17		013	1.0	0.6			
18		013					
19		013	1.0	0.6			
20		007	1.2	0.8			
21		104	2.0	1.0			
22		085	2.0	0.9			
23		098	2.1	1.0			
24		072	1.9	1.0			
25		078					
26		078	1.8	1.0			
27		117	1.5	1.0			
28		013	1.0	0.6			
29		052	1.0	0.6			
30		052	1.0	0.6			
31							
Total	XXXXXX	1,111,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	37,033	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	117,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0865N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Vistas PWS Identification No.: 3354773
- System Owner

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant

Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
Address: 200 Weathersfield Ave.
City: Altamonte Springs State: FL Zip Code: 32714

- Permitted Maximum Day Capacity of Plant: .720 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12/12-95: See Page 2

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 1-12-96
Signature and Date

H.J. Alonch C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354773

Treatment Plant Name Vistas

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant ☒ free chlorine, ☐ combined chlorine (chloramine), ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		15	1.0	0.6			
2		0	0.9	0.6			
3		0					
4		20	0.9	0.5			
5		56	1.2	0.8			
6		56	1.0	0.6			
7		78	1.0	0.6			
8		20	1.0	0.6			
9		0					
10		0	0.9	0.5			
11		20	1.0	0.6	3	0.6	
12		33	1.0	0.6			
13		78	1.0	0.6			
14		72	1.0	0.6			
15		0	1.0	0.6			
16		0					
17		0	1.1	0.8			
18		13	1.0	0.6			
19		56	1.2	0.8			
20		7	0.7	0.5			
21		7	0.8	0.5			
22		7	0.8	0.5			
23		85					
24		85	0.5	0.6			
25		143	0.3	0.3			
26		78	1.0	0.6			
27		13	1.0	0.6			
28		33	1.0	0.6			
29		33		0			
30		7	1.0	0.6			
31		7	1.0	0.6			
Total	XXXXXX	1022000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	32967	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	143,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

661-Crescent Bay Drinking Water Report

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January*	.000	0	.000	.000	.050	0.190		
February*	.000	0	.000	.000	.100			
March*	.000	0	.000	.000	.100	0.675		
April*	.000	0	.000	.000	.050			
May*	.000	0	.000	.000	.100	0.989		
June*	.000	0	.000	.000	.700			
July*	.000	0	.000	.000	1.000	0.869		
August*	.000	0	.000	.000	1.200			
September*	.000	0	.000	.000	1.400	0.851		
October*	.000	0	.000	.000	1.200			
November*	.000	0	.000	.000	1.500	0.633		
December*	.000	0	.000	.000	1.000	0.486		
Total	.000	0	.000		8.400	4.693		-8.400
								PERCENTAGE
*Well out for repairs								-56%
	These three systems are interconnected.		Crescent Bay		0.000	4.693		
			Crescent West		34.648	21.848		
			Lake Crescent Hills		33.930	25.117		
					68.578	51.658		
								PERCENTAGE
								75%

CE		4.693
CW	34.648	21.842
LCH	33 930	25.117
	68.578	51.652

115%

Li

Mains installed - not under Current Proj.

✓ 3660 — 2" PVC	3660'	
✓ 4400 — 4" "	4400'	
✓ 12220' — 6" "	~~7720'~~	~~10480'~~ ~~12220'~~
✓ 22490' — 8" "	~~9310~~ ~~12210~~ ~~17490'~~	21970' 500 22490
✓ 234 — 6" DIP	~~234~~	
✓ 466 — 8" DIP	~~234~~	466

UTILITY NAME: LAKE UTILITY SERVICES, INC.

SYSTEM NAME: CRESCENT BAY

YEAR OF REPORT
DECEMBER 31, 19__

OTHER WATER SYSTEM INFORMATION

Furnish information below for each system not physically connected with another facility. A separate page should be supplied where necessary.

1. Present ERC's * that system can efficiently serve. 110
2. Estimated annual increase in ERC's * . 10
3. List fire fighting facilities and capacities. HYDRANTS WITH WELL CAPACITY OF 1070 GPM
4. List percent of certificated area where service connections are installed (total for each county).
5. What is the current need for system upgrading and/or expansion? NONE
6. What are plans for future system upgrading and/or expansion? NONE
7. Have questions 6 and 7 been discussed with an engineer (if so, state name and address)? NO
8. Have questions 6 and 7 been discussed with appropriate state sanitary engineering office? NO

* ERC = (Total Gallons Sold / 365 days) / 350 Gallons Per Day

MAINS

TYPE OF PIPE (Galvanized, Cast Iron, PVC, Etc.)	DIAMETER OF PIPE (in inche	MAINS END OF YEAR (in feet)
P.V.C.	8"	12065
P.V.C.	6"	4750
P.V.C.	3"	1600
P.V.C.	1.5"	1500
D.I.	8"	281
Total feet of mains		20196

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No. (407)869-1919 Reporting Month Jan 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 44 No. of People Served at End of Month 154
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Mike Gavelda C5647
Bryan Gongre B6568 Phillip Story C 5986 Ken Miller B4239
I certify this report is correct Robert D. Futsch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No.)
well out for Repairs

Days of Month	Total Water Treated in Gals.	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
Monthly Total									17.5	22.7		
Average									.7	.9		
Maximum									1.3	1.3		
Minimum									.3	.5		
1	000											
2	000											
3	000								.5	.5		
4	000								.4	.7		
5	000								.4	.6		
6	000								.3	.8		
7	000								.3	1.0		
8	000								.2	.9		
9	000											
10	000								0.3	.0.7		
11	000								.6	.8		
12	000								.6	.8		
13	000								.7	1.0	3	
14	000								.6	.8		
15	000								.7	.9		
16	000											
17	000								.5	.8		
18	000								.7	.9		
19	000								.4	.6		
20	000								.3	.7		
21	000								.8	1.0		
22	000								1.3	1.2		
23	000											
24	000								1.3	1.2		
25	000								1.1	1.2		
26	000								1.0	1.2		
27	000								.8	.9		
28	000								1.0	1.3		
29	000								1.1	1.1		
30	000											
31	000								1.1	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/92)
Effective 10/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Crescent Bay

Month/Year Jan 94

Well out for Repairs

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	BILL	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
1-20						Flush .015 gal Charge to LK Cres Hills
						RT 2-1-94

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month Feb 94
Plant Effluent pH (Avg) _____ No of Services at End of Month 414 No of People Served at End of Month 154
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J LANPHERE C7253
BRYAN GONGRE B 6566 MIKE GAVELETE C 6542
I certify this report is correct Robert D. Fritsch (Lead Operator's Signature) C (Cert Level) 6146 (Cert. No)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	000	0		0					1.5	21.2		
Average	000	0		0					.7	1.0		
Maximum	000	0		0					.8	.4		
Minimum									1.1	1.4		
1	000								.8	1.2		
2	000								1.1	1.0		
3	000								.8	1.0		
4	000								1.0	1.0		
5	000											
6	000											
7	000								.4	.4		
8	000								.8	1.2		
9	000								.4	1.2		
10	000								0.6	1.0		
11	000								0.7	0.9		
12	000											
13	000											
14	000								.6	1.0		
15	000								.7	1.6		
16	000								.8	1.2		
17	000								.6	1.2		
18	000								.9	1.3		
19	000											
20	000											
21	000								1.0	1.3		
22	000								0.8	0.8		
23	000								.7	.9		
24	000								.8	1.0		
25	000								.8	1.4		
26	000											
27	000								.7			
28	000								.7	1.2		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/2)
Effective 11/1/88

Well out of Service for Repairs

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month March 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 44 No. of People Served at End of Month 154
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C7253
Bryan Gongre B 6568

I certify this report is correct Robert D. Futsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Day of Month	Total Water Treated in Gals.	Chlorine								Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	000	0								21.7	25.1		
Average	000	0								.8	1.1		
Maximum	000	0								1.3	1.5		
Minimum	000	0								.5	.8		
1	000									.7	1.0		
2	000									.6	1.0		
3	006									.7	1.0		
4	000									.7	1.2		
5	000												
6	000									.8			
7	000									.6	1.2		
8	000									.7	1.0		
9	000									.7	1.0		
10	000									.8	1.2		
11	000									0.8	1.0		
12	000												
13	000									0.7			
14	000									0.5	1.2		
15	000									0.5	1.0		
16	000									.5	1.0	3	
17	000									.5	1.0		
18	000									.6	1.1		
19	000												
20	000									.5			
21	000									.7	1.0		
22	000									1.5	.8		
23	000									1.2	1.3		
24	000									1.2	1.3		
25	000									1.3	1.5		
26	000												
27	000									1.2			
28	000									1.2	1.4		
29	000									1.2	1.4		
30	000									1.2	1.4		
31	000									1.2	1.4		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/1/88

Well out for Repairs

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month April 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 45 No. of People Served at End of Month 154
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Futsch (Lead Operator's Signature) C (Cert. Level) 6140 (Cert. No.)

Days of Month	Total Water Treated in ~~gals~~ mgd	Chlorine lbs used	Chlorine gals used	Chlorine mg/l	lbs used	mg/l	lbs used	mg/l	Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	.006								25.0	23.5		
Average	.000								1.0	1.2		
Maximum	.000								1.4	1.6		
Minimum									0.4	.9		
1	.000								1.0	1.6		
2	.000								1.0			
3	.000								.6	1.0		
4	.000								1.0	1.0		
5	.000								.6	.9		
6	.000								.7	1.2	3	
7	.000								.7	1.2		
8	.000											
9	.000								.9			
10	.000								0.6	0.9		
11	.000								0.8	1.1		
12	.000								0.5	0.9		
13	.000								0.4	1.0		
14	.000											
15	.000											
16	.000								0.5			
17	.000								.6	1.0		
18	.000								.5	1.0		
19	.000								1.3	1.6		
20	.000								1.0	1.0		
21	.000								1.0	1.3		
22	.000											
23	.000								1.3	1.5		
24	.000								1.4	1.5		
25	.000								1.2	1.5		
26	.000								.9	1.3		
27	.000								.9	1.3		
28	.000											
29	.000											
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/92)
Effective 11/1/88

Well out for Repairs

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No. (407)869-1919 Reporting Month May 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 45 No. of People Served at End of Month 158
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Lamphere C-7253
Bryan Gongre B6566 Ken Miller B4239 Chuck Schwoco C6873
I certify this report is correct Robert D. Fortner C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	000								19.9	23.2		
Average	000								.7	1.1		
Maximum	000								1.0	1.4		
Minimum	000								.4	.7		
1	.000	0							1.0			
2	000								.7	1.2		
3	000								.9	1.3		
4	000								1.1	1.4	3	
5	000								1.0	1.3		
6	000								1.1	1.4		
7	000											
8	000								1.0			
9	.000								0.9	1.3		
10	.000								0.7	1.0		
11	.000								1.0	1.2		
12	.000								0.9	1.1		
13	.000								0.7	1.0		
14	000											
15	000								.9			
16	000								.7	1.1		
17	000								.6	1.0		
18	000								.6	.8		
19	006								.8	1.3		
20	000								.7	1.0		
21	.000											
22	.000								.6			
23	000								.7	1.2		
24	000								.5	1.0		
25	000								.4	.7		
26	000								0.5	0.7		
27	000								.4	.7		
28	.000								~~0.6~~			
29	.000								0.6	.9		
30	000								.5	.7		
31	000								.4	.9		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/21)
Effective 11/1/88

Well out for Repairs

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month June 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 45 No. of People Served at End of Month 158
Design Flow 1,396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month J Lanphere C7253
Bryan Geonge B16568 Phil Story
I certify this report is correct Robert D. Futsch C 6146
(Lead Operator's Signature) (Cert. Level) (Cert. No)

Days of Month	Total Water Treated in Gals mgd	Chlorine lbs used	Chlorine gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
Monthly Total	006	6		8					16.0	22.2		
Average	000	6		8					.6	1.0		
Maximum	000	6		8					1.0	1.4		
Minimum	000	0		0					.4	.6		
1	000								1.0	1.4		
2	000								.9	1.4		
3	.000								0.9	1.2		
4	.000											
5	.000								1.0	1.2		
6	.000								.6	1.2		
7	.000								.5	.7		
8	.000								.5	.8		
9	000								.4	.8		
10	000								.6	.9		
11	.000											
12	.000								.5			
13	000								.4	.6		
14	000								.5	.9		
15	000								.4	1.0	3	
16	000								.4	0.9		
17	000								.5	.8		
18	000								.8			
19	000								.4			
20	000								.6	.8		
21	000								.6	.8		
22	000								.5	.8		
23	000								.6	1.0		
24	000								.6	1.0		
25	.000											
26	.000								.5			
27	000								.7	.9		
28	000								.8	1.1		
29	000								0.8	0.9		
30	.000								0.8	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(21)
Effective 10/1/88

well out for Repairs

State of Florida
Department of Environmental Regulation

UP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month July - 1994
Plant Effluent pH (Avg) 7.5 No. of Services at End of Month 45 No. of People Served at End of Month 158
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month JEFF Laughrie C-2253
Robert Fritsch C-6140, Brian Gongre B-6568

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert Level) (Cert. No)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	0.000	0							16.8	22.5		
Average	.000	0							.6	1.6		
Maximum	.000	0							1.0	1.4		
Minimum	.000	0							.4	.7		
1	.000	0							0.7	0.8		
2	.000											
3	.000								0.9			
4	.000	0							0.5	0.8		
5	.000	0							0.5	0.7		
6	.000	0							0.5	0.7		
7	000								.4	.9		
8	000								.6	1.0		
9	000	0										
10	000	0							.5			
11	000								.4	.7		
12	000								1.0	1.3		
13	000								0.9	1.2		
14	.000	0							1.0	1.1		
15	000								.9	1.3		
16	.000											
17	.000								.7			
18	.000								.6	1.1		
19	000								.6	1.1	3	
20	000								.6	1.4		
21	000								.6	1.2		
22	000								.5	1.2		
23	.000											
24	.000								.5			
25	.000								.4	1.2		
26	000								.4	1.0		
27	000								.7	1.2		
28	000								.7	1.2		
29	000								.5	1.4		
30	000											
31	000								.9			

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

WELL out for Repair

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No. (407)869-1919 Reporting Month August 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 42 No. of People Served at End of Month 147
Design Flow 0.396 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568, Robert Fritsch C-6140, Jeff Lamphere C-7253, Ken Miller B4239

I certify this report is correct Bryan K. Gongre B 6568
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.000	0		0					26.6	29.1	3	
Average	.000	0		0					1.0	1.3		
Maximum	.000	0		0					1.6	1.8		
Minimum	.000	0		0					0.5	0.9		
1	000	0		0					.8	1.6		
2	.000	0		0					1.2	1.5		
3	000	0		0					.8	1.4		
4	000	0		0					.5	1.2		
5	000	0		0					.5	1.1		
6	000	0		0								
7	000	0		0					.7			
8	000	0		0					.5	1.6		
9	000	0		0					1.6	1.8		
10	000	0		0					1.6	1.8	3	
11	000	0		0					1.4	1.6		
12	000	0		0					1.4	1.6		
13	.000	0		0								
14	.000	0		0					1.2			
15	000	0		0					1.4	1.4		
16	000	0		0					1.0	1.4		
17	000	0		0					1.0	1.4		
18	000	0		0					1.2	1.5		
19	.000	0		0					1.0			
20	.000	0		0								
21	.000	0		0					1.1			
22	.000	0		0					1.0	0.9		
23	.000	0		0					0.9	1.0		
24	.000	0		0					1.0	1.2		
25	.000	0		0					1.1	1.3		
26	.000	0		0					1.0	1.2		
27	.000	0		0					1.0	1.1		
28	.000	0		0								
29	.000	0		0					1.0	1.0		
30	.000	0		0					0.9	1.1		
31	.000	0		0					0.8	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Crescent Bay

Month/Year August 1994

DATE	FLUSHING (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
NO FLUSHING TO REPORT AT THIS PERIOD!						

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No. (407)869-1919 Reporting Month September 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 41 No. of People Served at End of Month 144
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gonge B6568
Jeff Lanphere C7253

I certify this report is correct Bry K. Gong (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.000	Ø		Ø					15.3	22.1	3	
Average	.000	Ø		Ø					0.6	1.0		
Maximum	.000	Ø		Ø					0.8	1.3		
Minimum	.000	Ø		Ø					0.4	0.7		
1	.000	Ø		Ø					0.7	1.0		
2	.000	Ø		Ø					0.8	1.1		
3	.000	Ø		Ø					0.7	1.3		
4	.000	Ø		Ø								
5	.000	Ø		Ø					0.8	1.3		
6	.000	Ø		Ø					0.7	1.0		
7	.000	Ø		Ø					0.6	0.9		
8	.000	Ø		Ø					0.6	1.1		
9	.000	Ø		Ø					0.7	1.2		
10	.000	Ø		Ø								
11	.000	Ø		Ø					0.6			
12	.000	Ø		Ø					0.5	0.9	3	
13	.000	Ø		Ø					0.5	0.8		
14	.000	Ø		Ø					0.5	1.0		
15	.000	Ø		Ø					0.6	1.1		
16	.000	Ø		Ø					0.5	0.9		
17	.000	Ø		Ø								
18	.000	Ø		Ø					0.7			
19	.000	Ø		Ø					0.6	0.9		
20	.000	Ø		Ø					0.6	1.0		
21	.000	Ø		Ø					0.5	0.8		
22	.000	Ø		Ø					0.4	0.9		
23	.000	Ø		Ø					0.5	0.9		
24	.000	Ø		Ø					0.5			
25	.000	Ø		Ø								
26	.000	Ø		Ø					0.6	0.7		
27	.000	Ø		Ø					0.5	0.9		
28	.000	Ø		Ø					0.6	0.8		
29	.000	Ø		Ø					0.6	0.9		
30	.000	Ø		Ø					0.5	1.0		
31												

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DER Form 17-555(9)(b)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No. (407)869-1919 Reporting Month October 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 41 No. of People Served at End of Month 144
Design Flow .396M6D Remarks (Use reverse side)
Provide name(s) and Operator Certification No(s) for all Certified Operators working at the plant for month Bryan K. Gongre B6568
Ken Miller B4239, Jeff Lanphere C7253, Chuck Schwades C6873

I certify this report is correct Bryan K. Gongre 13 6568
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.000	Ø		Ø					15.7	18.6	3	
Average	.000	Ø		Ø					0.6	0.9		
Maximum	.000	Ø		Ø					1.0	1.2		
Minimum	.000	Ø		Ø					0.3	0.7		
1	.000	Ø		Ø								
2	.000	Ø		Ø					0.6			
3	.000	Ø		Ø					0.8	1.1		
4	.000	Ø		Ø					0.8	1.2		
5	.000	Ø		Ø					1.0	1.0		
6	.000	Ø		Ø					0.5	0.8		
7	.000	Ø		Ø					0.8	1.0		
8	.000	Ø		Ø								
9	.000	Ø		Ø					1.0			
10	.000	Ø		Ø					0.6	0.9		
11	.000	Ø		Ø					0.6	1.1		
12	.000	Ø		Ø					0.7	0.8		
13	.000	Ø		Ø					0.5	0.8		
14	.000	Ø		Ø					0.4	0.7		
15	.000	Ø		Ø								
16	.000	Ø		Ø					0.5			
17	.000	Ø		Ø					0.6	0.9		
18	.000	Ø		Ø					0.6	1.0		
19	.000	Ø		Ø					0.8	1.0		
20	.000	Ø		Ø					0.8	0.8		
21	.000	Ø		Ø					0.8	0.8		
22	.000	Ø		Ø								
23	.000	Ø		Ø					0.4			
24	.000	Ø		Ø					0.4	0.7	3	
25	.000	Ø		Ø					0.5	0.8		
26	.000	Ø		Ø					0.4	0.7		
27	.000	Ø		Ø					0.5	0.9		
28	.000	Ø		Ø					0.4	0.8		
29	.000	Ø		Ø								
30	.000	Ø		Ø					0.4			
31	.000	Ø		Ø					0.5	0.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 10/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Crescent Bay

Month/Year 10-94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
10-14-94		25		90 min	2225	Hydrant, Crescent Bay, Country Hill
10-20-94		25		90 min	2225	" " " "

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month November 1994
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	.000	0		0					9.3	10.8		
Average	0								0.3	0.4		
Maximum	0								0.4	0.7		
Minimum	0								0.2	0.3		
1	.000	0		0					0.4	0.7		
2	.000	0		0					0.3	0.5		
3	.000	0		0					0.3	0.7		
4	.000	0		0					0.3	0.4		
5	.000	0										
6	.000	0							0.3	0.3		
7	000	0		0					0.3	0.3		
8	000	0		0					0.3	0.3		
9	000	0		0					0.3	0.3		
10	000	0		0					0.3	0.3		
11	.000	0		0					0.4	0.5		
12	.000	0		0								
13	.000	0		0					0.4	0.6		
14	.000	0		0					0.4	0.5		
15	.000	0		0					0.2	0.4		
16	.000	0		0					0.3	0.4		
17	.000	0		0					0.4	0.4		
18	.000	0		0					0.2	0.3		
19	.000	0		0					0.3	0.4		
20	.000	0		0					0.3	0.4		
21	.000	0		0					0.3			
22	.000	0		0					0.4	0.4		
23	.000	0		0					0.4	0.4		
24	.000	0		0					0.3	0.3		
25	.000	0		0					0.3	0.3		
26	.000	0		0					0.3	0.3		
27	.000	0		0					0.4	0.4		
28	.000	0		0					0.4	0.4		
29	.000	0		0					0.4	0.3		
30	.000	0		0					0.4	0.3		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(9)(b)(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month Dec 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 42 No. of People Served at End of Month ~~Dec 94~~
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	0	0							14.4	24.2		
Average									0.5	0.8		
Maximum									0.6	1.0		
Minimum									0.5	0.8		
1	.000	0							0.5	1.0		
2	.000	0							0.5	1.0		
3	.000	0							0.5	1.0		
4	.000	0										
5	.000	0							0.6	1.0		
6	.000	0							0.6	1.0		
7	.000	0							0.5	0.8		
8	.000	0							0.5	0.8		
9	.000	0							0.5	0.8		
10	.000	0							0.5	0.8		
11	.000	0										
12	.000	0							0.6	1.0		
13	.000	0							0.6	1.0		
14	.000	0							0.6	1.0		
15	.000	0							0.6	1.0		
16	.000	0							0.6	1.0		
17	.000	0							0.6	1.0		
18	.000	0										
19	.000	0							0.5	0.8		
20	.000	0							0.5	0.8		
21	.000	0							0.5	0.8		
22	.000	0							0.6	1.0		
23	.000	0							0.6	1.0		
24	.000	0							0.6	1.0		
25	.000	0										
26	.000	0							0.5	0.8		
27	.000	0							0.6	1.0		
28	.000	0							0.6	1.0		
29	.000	0							0.6	1.0		
30	.000	0							0.5	0.8		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form [illegible]
Effective [illegible]

661-Crescent Bay Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	.000	-	.000	.000		.162	
February*	.000	-	.000	.000	.001	.636	
March*	.000	-	.000	.000			
April*	.000	-	.000	.000		.904	
May*	.000	-	.000	.000			
June*	.000	-	.000	.000		.910	
July*	.000	-	.000	.000	.002		
August*	.000	-	.000	.000		.879	
September*	.000	-	.000	.000			
October*	.000	-	.000	.000		.690	
November*	.000	-	.000	.000			
December*	.000	-	.000	.000		0.582	
Total	.000	0	.000		.003	4.763	-0.003
							PERCENTAGE
*Well out for repairs							-176407%

†These systems are interconnected.

Year-end information

	Pumped Less Flushed	Sold
Crescent Bay	-.003	4.763
Crescent West	51.427	30.215
Lake Crescent Hills	37.932	30.773
Highland Point	26.152	8.062
South Clermont (EDB)	-.017	17.222
Preston Cove	-.002	7.945
Totals	115.489	98.980

PERCENTAGE 85.71%

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month JAN 95
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total												
Average												
Maximum												
Minimum												
1	.000	0								0.6		
2	.000	0								0.6		
3	.000	0								0.5		
4	.000	0								0.7		
5	.000	0								0.7		
6	.000	0								0.6		
7	S	S								S		
8	S	S								S		
9	.000	0								0.7		
10	.000	0								0.7		
11	.000	0								0.6		
12	.000	0								0.6		
13	.000	0								0.6		
14	S	S								S		
15	S	S								S		
16	.000	0								0.7		
17	.000	0								0.7		
18	.000	0								0.6		
19	.000	0								0.6		
20	.000	0								0.5		
21	S	S								S		
22	S	S								S		
23	.000	0								0.6		
24	.000	0								0.6		
25	.000	0								0.7		
26	.000	0								0.7		
27	.000	0								0.7		
28	S	S								S		
29	S	S								S		
30	.000	0								0.7		
31	.000	0								0.7		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(8/92)
Effective 11/1/88

CUP # 2-069-0849N

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name Crescent Bay Location: City or S/D Clermont
Owned by Utilities Inc Fla Phone No.: 869-1919 Reporting Month Feb 95
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 42 No. of People Served at End of Month
Design Flow Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine								Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l		Plant Effluent	Remote Tap		
Monthly Total	0	0									14.2		
Average											0.5		
Maximum											0.7		
Minimum											0.5		
1	.000	0									0.6		
2											0.6		
3											0.6		
4											S		
5											0.7		
6											0.5		
7											0.5		BACT-TS
8											0.5		
9											0.6		
10											0.6		
11											S		
12											0.7		
13											0.7		
14											0.6		
15											0.6		
16											0.5		
17											0.5		
18											S		
19											0.5		
20											0.6		
21											0.6		
22											0.6		
23											0.7		
24											0.5		
25											S		
26											0.6		
27											0.6		
28	.000	0									0.7		
29													
30													
31													

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (9/92)
Effective 11/1/92

FLUSHING RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Crescent Bay

Month/Year Feb 1985

DATE	PRESSURE (PSI)	FLUSHING TIME (MIN)	ESTIMATED GPM	FLUSH POINT SIZE	TIME FLUSHED	TOTAL GALLONS FLUSHED	LOCATION OF FLUSHING POINT
2-22-85	65	30	25			750	Crescent Bay Blvd

State of Florida
Department of Environmental Regulation

CUP# 2-069-0849N

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354686 PWS Name CRESCENT BAY Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month March
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 42 No. of People Served at End of Month 126
Design Flow .396 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct [signature] (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total									19.1	15.2		
Average									0.7	0.5		
Maximum									0.8	0.6		
Minimum									0.6	0.5		
1	.000		0						0.8	0.6		
2	.000		0						0.7	0.6		
3	.000		0						0.7	0.6		
4	.000		0						S			
5	↑		↑						0.7	0.6		
6									0.8	0.6		
7									0.7	0.6		
8									0.7	0.6		
9									0.7	0.6		
10									0.6	0.5		
11									S			
12									0.6	0.5		
13									0.6	0.5	3	BACT-TS
14									0.6	0.5		
15									0.6	0.5		
16									0.6	0.5		
17									0.8	0.6		
18									S			
19									0.8	0.6		
20									0.8	0.6		
21									0.8	0.6		
22									0.8	0.6		
23									0.8	0.6		
24									0.7	0.5		
25									S			
26									0.6	0.5		
27									0.6	0.6		
28	↓		↓						0.6	0.6		STANCO well
29	.000		0						0.8	0.6		BACT-TS
30	.000		0						0.8	0.5		
31	.000		0						0.8	0.5		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

Department of
Environmental Protection

Alternate Submittals: DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0849N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent Bay PWS Identification No.: 3354686
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs, State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

H. J. Alonch
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal: DEP Form 62-555.910(3)

System PWS Identification Number 3354686

Treatment Plant Name Crescent Bay

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		.000	0.9	0.9			
2			0.8	0.8			
3			0.6	0.6			
4			0.6	0.6			
5			0.8	0.5			
6			0.5	0.8			
7							
8			0.6	0.6			
9			0.6	0.5			
10			0.8	0.5			
11			0.6	0.5			
12			0.6	0.5			
13			0.6	0.3	3		
14							
15			0.5	0.5			
16			0.5	0.5			
17			0.4	0.4			
18			0.4	0.4			
19			0.6	0.4			
20			0.4	0.4			
21							
22			0.5	0.4			
23			0.8	0.5			
24			0.6	0.4			
25			0.6	0.4			
26			0.6	0.4			
27			0.0	0.4			
28							
29			0.7	0.7			
30							
31		.000					
Total	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0849N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent Bay — PWS Identification No.: 3354686
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs, — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 6-12-95
Signature and Date

H. J. Alonch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal: DEP Form No. 55-910(3)

System PWS Identification Number: 3354686

Treatment Plant Name: Crescent Bay

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000	0.8	1.0			
2		^	0.8	1.0			
3			0.7	0.8			
4			0.7	0.8			
5			0.7	1.0			
6							
7			0.8	1.0			
8			0.6	0.8			
9			0.5	0.7			
10			0.8	1.0			
11			0.7	0.8			
12			0.7	0.8			
13							
14			0.7	0.8			
15			0.4	0.8			
16			0.7	0.8	4	0.8	
17			0.8	1.0			
18			0.8	1.0			
19			0.8	1.0			
20							
21			0.6	0.8			
22			0.6	0.8			
23			0.6	0.8			
24			0.7	0.8			
25			0.8	1.0			
26			1.0	1.2			
27							
28			0.8	1.0			
29			0.8	1.0			
30		↓	0.8	1.0			
31		.000	0.6	1.0			
Total	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	.800	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

System PWS Identification Number 3354686

Treatment Plant Name Crescent Bay

Reporting Month/Year:

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354686

Treatment Plant Name Crescent Bay

Reporting Month/Year

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete/submit this part only for the reporting month of December each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant)

- Is any polymer containing the monomer acrylamide used at the treatment plant? No If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm*	Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? No If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm*	Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? Yes If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): Polyphosphate
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 = _____ mg/L as SiO_2.[1]

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

[1] *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0849N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent Bay PWS Identification No.: 3354686
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs, State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 7-10-95
Signature and Date

H.J. ALDRICH C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354686

Treatment Plant Name Crescent Bay

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000	0.5	0.8			
2		↑	0.8	0.8			
3							
4			0.6	0.8			
5			0.8	1.0			
6			0.6	0.8			
7			0.8	1.0			
8			0.7	0.8			
9			0.7	0.8			
10							
11			0.5	0.8			
12			0.7	0.8			
13			0.7	0.8	3	0.8	
14			0.8	0.8			
15			0.7	0.8			
16			0.7	0.8			
17							
18			0.5	0.7			
19			0.6	0.8			
20			0.8	0.8			
21			0.8	0.8			
22			0.8	0.8			
23			0.8	0.8			
24							
25			0.7	0.7			
26			0.8	0.8			
27			0.6	0.6			
28			0.7	0.7			
29		↓	0.8	0.8			
30		.000	0.8	0.7			
31							
Total	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Crescent Bay

Month/Year June 1995

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
6-7		130	2½"	3 min	390	F/H Crescent Bay " Crescent Hill
6-7		130	2½"	3 min	390	F/H Crescent Bay " Crescent Hill
6-7		130	2½"	3 min	390	F/H 11023 Crescent Hill
6-7		130	2½"	3 min	390	F/H Skyway " Crescent Hill

1,560 = .0015

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.900(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0849N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent Bay — PWS Identification No.: 3354686
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs, — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

8-8-95 — Signature and Date

H. J. ALDRICH C-6368 — Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354686

Treatment Plant Name: Crescent Bay

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000					
2			0.8	0.8			
3			0.5	0.7			
4			0.6	0.6			
5			0.6	0.6			
6			0.6	0.8			
7			0.6	0.6			
8			0.6	0.6			
9							
10			0.8	0.6			
11			1.0	0.5			
12			0.8	0.8	3	0.8	
13			0.6	0.6			
14			0.6	0.6			
15							
16			0.7	0.7			
17			0.7	0.7			
18			0.6	0.6			
19			0.6	0.6			
20			0.6	0.6			
21			0.6	0.6			
22							
23			0.5	0.5			
24			0.8	0.8			
25			0.6	0.6			
26			0.5	0.5			
27			0.6	0.6			
28			0.6	0.6			
29							
30			0.6	0.6			
31		.000	0.6	0.8			
Total	XXXXXX	000	XXXXXXXXXXXX	XXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate Submittal: DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0849N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent Bay — PWS Identification No.: 3354686
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs, — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

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- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Aldrich 9-14-95
Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354686

Treatment Plant Name: Crescent Bay

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000	1.0	1.0			
2			0.8	0.8			
3			0.8	0.8			
4			1.0	1.0			
5							
6			1.0	1.0			
7			1.0	1.0			
8			0.8	0.8			
9			0.6	0.6			
10			0.6	0.6	3	0.6	
11			0.8	0.8			
12			1.0	1.0			
13							
14			1.0	1.0			
15			0.8	0.8			
16			1.0	1.0			
17			1.0	1.0			
18			0.8	0.8			
19							
20			0.9	0.9			
21			0.6	0.6			
22			0.8	0.8			
23			0.8	0.8			
24			0.6	0.8			
25			0.8	0.8			
26							
27			0.7	0.7			
28			0.8	0.8			
29			0.8	0.8			
30			0.8	0.8			
31		.000	0.8	0.8			
Total	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	000	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	000	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

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Department of Environmental Protection

Alternate Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0849N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent Bay — PWS Identification No.: 3354686
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs, — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: ____; • Total Population Served at End of Reporting Month: ____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

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- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
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- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 10-6-95
Signature and Date

A. J. Allen C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal DEP Form 62-555.910(3)

System PWS Identification Number 3354686

Treatment Plant Name Crescent Bay

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Sept 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		000	0.8	0.8			
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4			0.6	0.6			
5			0.8	0.8			
6			0.6	0.6			
7			0.8	0.8			
8			0.4	0.6			
9			0.5	0.6			
10							
11			0.7	0.7			
12			0.7	0.7			
13			0.7	0.7			
14			0.8	0.8			
15			0.8	0.8			
16			0.8	0.6			
17							
18			0.7	0.7			
19			0.7	0.7			
20			0.6	0.6			
21			0.8	0.8			
22			0.8	0.6	3	0.8	
23			0.8	0.8			
24			0.1	0.8			
25							
26			0.8	0.8			
27			0.8	0.8			
28			0.8	0.8			
29			0.8	0.8			
30		000					
31							
Total	XXXXXX	000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

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Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0849N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent Bay — PWS Identification No.: 3354686
- System Owner
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs, — State: FL — Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: ____; • Total Population Served at End of Reporting Month: ____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida — Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs — State: FL — Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .396MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF OCT 1995 : See Page 2.

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IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 11-6-95
Signature and Date

H. J. Aldrich
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354686

Treatment Plant Name Crescent Bay

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Oct 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000	0.6	0.6			
2			0.6	0.6			
3			0.8	0.8			
4			0.6	0.8			
5			0.8	0.8			
6			0.8	0.8			
7							
8			0.6	0.6			
9			0.8	0.8			
10			0.6	0.6			
11			0.6	0.6			
12			0.6	0.6	~~0.6~~ 4	0.6	
13			0.6	0.6			
14							
15			0.5	0.5			
16			0.7	0.7			
17			0.7	0.7			
18			0.7	0.7			
19			0.6	0.6			
20			0.6	0.6			
21							
22			0.7	0.7			
23			0.6	0.6			
24			0.6	0.6			
25			0.6	0.6			
26			0.7	0.7			
27			0.6	0.6			
28							
29			0.5	0.5			
30			0.6	0.6			
31		.000	0.6	0.6			
Total	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXXX	4	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	.000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Wate and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5 CUP#

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent Bay PWS Identification No.: 3354686
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: ; • Total Population Served at End of Reporting Month:

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .132 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V-C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995 : See Page 2

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

12-1-95
Signature and Date

H. J. Arnold C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354686

Treatment Plant Name: Crescent Bay

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF NOV 1997

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		000	0.8	0.8			
2			0.8	0.8			
3			0.8	0.8			
4							
5			0.8	0.8			
6			0.6	0.6			
7			0.6	0.6	3	0.6	
8			0.6	0.6			
9			0.6	0.6			
10			0.6	0.6			
11							
12		5	0.8	0.8			
13		0	0.8	0.8			
14			0.6	0.6			
15			0.6	0.6			
16			0.6	0.6			
17			0.8	0.8			
18							
19			0.8	0.8			
20			0.8	0.8			
21			0.6	0.6			
22			0.6	0.6			
23			0.6	0.6			
24			0.8	0.8			
25							
26			0.8	0.8			
27			0.6	0.6			
28			0.6	0.6			
29			0.6	0.6			
30		000	0.8	0.8			
31							
Total	XXXXXX	000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Wate and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128N

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Crescent ~~West~~ Bay PWS Identification No.: ~~3354690~~ 3354686
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month.

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .132 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

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- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 1-12-96
Signature and Date

H.T. Allouch C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems ...

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number [redacted] 3354686

Treatment Plant Name Crescent [redacted] WTP

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine, ☐ combined chlorine (chloramine), ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		000	0.8	0.8			
2			0.8	0.8			
3							
4			0.8	0.8			
5			0.8	0.8			
6			0.6	0.6			
7			0.6	0.6			
8			0.8	0.8			
9			0.8	0.8			
10							
11			0.6	0.8	3	0.8	
12			0.8	0.8			
13			0.6	0.6			
14			0.6	0.6			
15			0.6	0.6			
16			0.8	0.8			
17							
18			0.8	0.8			
19			0.8	0.8			
20			0.8	0.8			
21			0.6	0.6			
22			0.6	0.6			
23			0.6	0.6			
24							
25			0.8	0.8			
26			0.8	0.8			
27			0.8	0.8			
28			0.8	0.8			
29			0.8	0.8			
30							
31		000	0.8	0.8			
Total	XXXXXX	000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXX
Avg.	XXXXXX	000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXX
Max.	XXXXXX	000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

665-Lake Crescent Hills Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold	Pumped Less Flushed
January	2.928	48	.094	.180		0.857	
February	2.192	56	.078	.198	.002		
March	3.010	48	.097	.195		3.412	
April	4.677	-	.156	.438			
May	3.013	-	.097	.496		7.167	
June	3.640	-	.121	.290			
July	5.112	-	.165	.308		6.997	
August	1.127	-	.036	.142			
September	2.938	-	.101	.288		4.253	
October	4.098	-	.132	.180			
November	1.519	-	.169	.349		4.385	
December	3.680	-	.118	.427		3.702	
Total	37.934	152	.114	.496	.002	30.773	37.932

PERCENTAGE
81%

End of Year

These systems are interconnected.

	Pumped Less Flushed	Sold
Crescent Bay	-0.003	4.763
Crescent West	51.427	30.215
Lake Crescent Hills	37.932	30.773
Highland Point	26.152	8.062
South Clermont (EDB)	-0.017	17.222
Preston Cove	-0.002	7.945
Totals	115.489	98.980

PERCENTAGE
85.71%

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month JAN 95
Plant Effluent pH (Avg) _____ No. of Services at End of Month 59 No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2928000	48							31.1	24.7		
Average	94451	1.5							1.1	0.9		
Maximum	180000	4							1.6	1.2		
Minimum	40000	0.5							1.0	0.8		
1	.131	2							1.2	1.0		
2	.151	2							1.0	0.8		
3	.124	1							1.0	0.8		
4	.105	1							1.0	0.8		
5	.132	2							1.0	0.8		
6	.146	2							1.0	0.8		
7	.129	2							2.0	1.2		
8	.130	2										
9	.060	2							1.6	1.2		
10	.148	2							1.5	1.2		
11	.162	2							1.2	1.0		
12	.177	2							1.3	1.0		
13	.070	1							1.2	1.0		
14	.095	1										
15	.096	1							1.1	1.0		
16	.100	1							1.0	0.8		
17	.014	0.5							1.0	0.8		
18	.027	0.5							1.5	1.2		
19	.113	2							1.3	1.1		
20	.127	2							1.0	0.8		
21	.000	0							1.1	0.8		
22	.000	0										
23	.000	0							1.0	0.8		
24	.160	4							1.2	1.0		
25	.180	3							1.2	1.0		
26	.000	0							1.0	0.8		
27	.133	2							1.3	1.0		
28	.089	2.5										
29	.089	2.5							1.2	1.0		
30	.040	3							1.2	1.0		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

CUP
2-069-0128UM2

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name Crescent Hills Lake Location: City or S/D Clermont
Owned by UTILITIES INC. FLA. Phone No: 869-1919 Reporting Month Feb 95
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 59 No. of People Served at End of Month
Design Flow Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct (Lead Operator's Signature) C (Cert. Level) 6368 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2192000	56							26.7	22.1		
Average	78285	2							1.1	0.9		
Maximum	198000	6							2.0	1.4		
Minimum	3000	0.5							1.0	0.8		
1	.076	2							1.2	1.0		
2	.100	2							1.2	1.0		
3	.000	0							1.0	0.8		
4	.161	4										
5	.161	4							1.4	1.1		
6	.115	2							1.2	1.0		
7	.100	3							1.0	08		BACT-TS
8	.000	0							1.1	1.0		
9	.150	5							1.0	0.8		
10	.000	0										
11	.000	0										
12	.000	0							1.0	0.8		
13	.000	0							1.0	0.8		
14	.158	5							1.2	1.0		
15	.170	6							2.0	1.4		
16	.031	1							1.5	1.2		RAN 6hrs. 6 Hrs
17	.003	0.5							1.3	1.0		
18	.169	4							1.5	1.1		
19	.192	4										
20	.192	5							1.4	1.1		
21	.000	0							1.2	1.0		
22	.000	0							1.6	0.8		
23	.000	0							1.1	0.8		
24	.163	5							1.2	1.0		
25	.000	0										
26	.000	0							1.0	0.8		
27	.013	0.5							1.0	0.8		
28	.198	3							1.4	1.0		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 1/1/88

FLUSHING RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Cresent Hill

Month/Year Feb 1995

DATE	PRESSURE (PSI)	FLUSHING TIME (MIN)	ESTIMATED GPM	FLUSH POINT SIZE	TIME FLUSHED	TOTAL GALLONS FLUSHED	LOCATION OF FLUSHING POINT
2-20-95	72	30	25			750	Lake Kathline - Circle
2-20-95	72	30	25			750	Lake Kathline + Mesa

CUP # 2-069-0128 um2

CUP # 2-069-0128 um2

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name CRESCENT HILL Location: City or S/D Clermont

Owned by Utilities Inc of Fla Phone No. 869-1919 Reporting Month March 95

Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 559 No. of People Served at End of Month 177

Design Flow .432 Remarks (Use reverse side)

Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C C6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e. backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3010000	48							34.6	24.0		
Average	97096	1.5							1.3	0.8		
Maximum	195,000	3							2.0	1.4		
Minimum	18,000	0.5							1.0	0.7		
1	.157	3							1.4	1.0		
2	.000	0							1.0	0.8		
3	.170	3							1.2	1.0		
4	.072	2										
5	.072	2							1.2	1.0		
6	.040	1							1.1	0.8		
7	.157	3							1.3	1.0		
8	.159	3							2.0	1.4		
9	.022	1							1.5	1.1		
10	020	1							1.4	1.0		
11	.000	0										
12	.000	0							1.2	1.0		
13	.018	0.5							1.0	0.8	3	BACT-TS
14	.195	3							1.1	0.8		
15	.121	3							1.2	0.8		
16	.025	1							1.2	1.0		
17	.151	3							1.5	1.0		
18	.166	3							1.3	1.0		
19	.000	0										
20	.000	0							1.0	0.8		
21	.140	3							1.1	0.8		
22	.148	3							1.8	1.0		
23	.140	2							1.8	1.0		
24	.151	3							1.4	1.0		
25	.089	0.5										
26	.090	0.5							1.3	0.8		
27	.088	0.5							1.1	0.8		
28	.168	0.5							1.2	0.7		
29	.167	0.5							1.5	0.8		
30	.115	1							1.7	1.0		
31	.169	1							1.1	0.8		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555 (10/2)
Effective 11/1/88

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128UM2

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Crescent Hills PWS Identification No.: 3354883
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

Signature and Date

H. J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354883

Treatment Plant Name Lake Crescent Hills

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF April 1995

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.054	1.0	0.8			
2		.064	1.2	0.8			
3		.077	1.2	0.8			
4		.075	1.0	0.7			
5		.089	2.5	1.3			
6		.076	2.0	1.2			
7		.108	1.8	1.0			
8		.107					
9		.106	1.5	1.0			
10		.203	1.5	1.0			
11		.123	1.4	1.0			
12		.093	1.2	0.8			
13		.081	1.6	1.0	2		
14		.080	1.5	1.0			
15		.086					
16		.086	1.2	0.8			
17		.131	1.2	0.8			
18		.102	1.8	1.0			
19		.130	1.5	1.0			
20		.159	1.5	1.0			
21		.121	1.0	0.8			
22		.437					
23		.438	1.3	1.0			
24		.320	1.4	1.0			
25		251	1.5	1.0			
26		.200	1.5	1.0			
27		.250	2.0	1.3			
28		.205	1.5	1.3			
29		.000					
30		425	1.5	1.0			
31							
Total	XXXXXX	4677000	XXXXXXXXXXXX	XXXXXXXXXX	2	XXXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	155900	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	438000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128UM2

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Crescent Hills PWS Identification No.: 3354883
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF MAY 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H J Welch 6-9-95
Signature and Date

H.J. Alonch c-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354883

Treatment Plant Name: Lake Crescent Hills

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF May 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.000	1.5	1.0			
2		.000	1.5	1.0			
3		.000	1.3	1.0			
4		.335	2.0	0.8			
5		.273	1.8	1.2			
6		.013					
7		.013	1.6	1.0			
8		.073	0.2	0.2			
9		.000	0.8	0.6			
10		.000	0.8	0.6			
11		.246	2.5	1.4			
12		.000					
13		.000	1.5	1.0			
14		.000	1.4	1.0			
15		.243	1.4	0.8			
16		.062	1.2	1.2	3	1.0	
17		.000	2.5	1.0			
18		.448	2.0	1.2			
19		.496	2.0	1.2			
20		.007					
21		.008	1.6	1.0			
22		.000	0.8	0.6			
23		.353	0.8	0.6			
24		.013	1.3	0.8			
25		.010	0.7	0.7			
26		.000	0.8	0.8			
27		.000					
28		.000	0.9	0.7			
29		.000	0.8	0.8			
30		.210	2.0	1.2			
31		.210	2.3	1.4			
Total	XXXXXX	3,013,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	97,193	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	496,600	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

and for Consecutive Public Water Systems that Treat Their Water

Alternate Submittal: DEP Form 62-555.910(3)

System PWS Identification Number 3354883
Treatment Plant Name Lake Crescent Hills
Reporting Month/Year

Plant Operators (complete/submit this information only for reporting months when there is a change in this information or when the district office or the ACPHU requests this information)

- Lead/Chief Plant Operator:

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

- Other Certified Plant Operators (attach additional sheets if necessary):

Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate/Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354883
Treatment Plant Name: Lake Crescent Hills
Reporting Month/Year: _____

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete/submit this part only for the reporting month of December each year and only if using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant)

- Is any polymer containing the monomer acrylamide used at the treatment plant? No If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose = _____ ppm*	Acrylamide Level = _____ %*

* *The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any polymer containing the monomer epichlorohydrin used at the treatment plant? No If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose = _____ ppm*	Epichlorohydrin Level = _____ %*

* *The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.*

- Is any iron and manganese sequestrant used at the treatment plant? No If yes, the type of sequestrant, sequestrant dose, etc., are as follows:

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 = _____ mg/L as SiO_2.†

* *If polyphosphate is used, the total phosphate applied shall not exceed 10 mg/L as PO_4 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.; and if sodium silicate is used, the amount of silicate added shall be limited to 20 mg/L as SiO_2 per "Recommended Standards for Water Works."*

† *The amount of added plus naturally occurring silicate shall not exceed 60 mg/L as SiO_2 per "Recommended Standards for Water Works," which is incorporated by reference in Rule 62-555.330(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

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Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128UM2

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Crescent Hills PWS Identification No.: 3354883
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

D J Aldrich 7-12-95
Signature and Date

H.J. Aldrich C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number: 3354883

Treatment Plant Name: Lake Crescent Hills

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF June 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.290	2.5	1.3			
2		.165	2.0	1.3			
3		.035					
4		.037	1.1	0.8			
5		.037	1.0	0.8			
6		.000	1.0	0.8			
7		.010	1.2	0.8			
8		.035	1.0	0.8			
9		.129	1.2	0.8			
10		.119					
11		.119	0.6	0.6			
12		.143	1.0	0.8			
13		.113	1.0	0.8	3	0.8	
14		.101	1.0	0.8			
15		.147	1.0	0.8			
16		139	1.2	0.8			
17		.140					
18		.231	1.0	0.8			
19		.200	1.2	0.8			
20		.197	1.2	0.8			
21		.145	1.2	0.8			
22		.153	1.2	0.8			
23		.132	1.2	0.8			
24		097	1.0	0.8			
25		.098					
26		.128	1.5	1.0			
27		.105	1.3	0.8			
28		.123	1.5	1.0			
29		.142	1.4	0.8			
30		.140	1.3	0.8			
31							
Total	XXXXXX	3,640,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	121,333	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	290,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate/Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128UM2

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Crescent Hills PWS Identification No.: 3354883
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 8-10-95
Signature and Date

H.J. Alonich C-6368
Name and Certificate Number (please type or print)

...ly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555 910(3)

System PWS Identification Number: 3354883

Treatment Plant Name: Lake Crescent Hills

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF July 1997

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		163	1.6	1.2			
2		160					
3		160	1.0	0.7			
4		167	0.8	0.5			
5		213	0.8	0.8			
6		123	0.8	0.8			
7		308	1.0	0.8			
8		203	1.0	0.8			
9		338					
10		338	2.5	1.5			
11		291	2.4	1.5			
12		188	1.8	1.2	3	1.0	
13		203	1.5	1.0			
14		226	1.4	1.0			
15		210					
16		210	1.5	1.0			
17		228	1.5	1.0			
18		078	1.2	0.8			
19		100	1.2	0.8			
20		097	1.2	0.8			
21		128	1.5	1.0			
22		146					
23		146	1.4	1.0			
24		203	1.5	1.0			
25		105	1.3	0.8			
26		045	1.4	1.0			
27		000	1.2	1.0			
28		043	1.3	0.8			
29		177					
30		178	0.8	0.8			
31		000	1.0	0.8			
Total	XXXXXX	5,112,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	164 903	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	308,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Department of
Environmental Protection

Alternate Substitute DEP Form 62-555.910(3)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128UM2

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Crescent Hills PWS Identification No.: 3354883
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____ • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H. J. Aldrich 9-14-95
Signature and Date

H. J. ALDRICH C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water
and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354883

Treatment Plant Name: Lake Crescent Hills

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF August 1997

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		057	1.0	0.8			
2		.040	1.4	1.0			
3		.037	1.4	1.0			
4		.042	1.2	0.8			
5		.010					
6		.010	1.0	0.8			
7		.000	1.0	0.8			
8		.000	1.0	0.8			
9		.000	1.0	0.8			
10		.000	1.0	0.8	3	0.8	
11		.000	1.0	0.8			
12		.000					
13		.000	1.0	0.8			
14		.000	1.0	0.8			
15		.000	0.8	0.8			
16		.000	1.0	0.8			
17		.000	0.8	0.8			
18		.000					
19		.000	1.0	0.8			
20		.000	1.0	0.8			
21		.022	1.0	0.8			
22		.027	1.0	0.8			
23		.100	1.2	0.8			
24		.086	1.0	0.8			
25		.080	1.2	0.8			
26		.010					
27		.070	1.3	1.0			
28		.103	1.4	1.0			
29		.095	2.5	1.8			
30		.136	1.6	1.0			
31		.142	1.5	1.0			
Total	XXXXXX	1127000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	36354	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	142,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5. CUP# 2-069-0128UM2

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Crescent Hills PWS Identification No.: 3354883
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____; • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF SEPT 95: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

10-2-95
Signature and Date

H. J. Aloach C-6368
Name and Certificate Number (please type or print)

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

Alternate Substitute DEP Form 62-555.910(3)

System PWS Identification Number 3354883

Treatment Plant Name: Lake Crescent Hills

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF SEPT 95

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.133	1.3	1.0			
2		.118					
3		.119	1.4	1.0			
4		.181	1.5	1.0			
5		.180	1.4	0.8			
6		.131	1.0	0.8			
7		.159	1.2	1.0			
8		.069	1.4	1.0			
9		.009					
10		.010	1.3	1.0			
11		.288	1.0	0.8			
12		.000	1.0	0.8			
13		.074	1.0	0.8			
14		.086	1.0	0.8			
15		.089	1.0	0.8			
16		.073	1.0	0.8			
17		.085					
18		.085	1.0	0.8			
19		.020	1.0	0.8			
20		.020	1.0	0.8			
21		.111	1.0	0.8			
22		.120	1.0	0.8	3	0.8	
23		.083					
24		.083	1.0	0.8			
25		.127	1.2	0.8			
26		.107	1.4	1.0			
27		.120	1.0	0.8			
28		.164	1.2	0.8			
29		.094	1.0	0.8			
30							
31							
Total	XXXXXX	2938,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	101,310	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	288,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5 CUP# 2-069-0128UM2

I. GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Crescent Hills PWS Identification No.: 3354883
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____. • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Oct 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

H.J. Alonick 11-6-95
Signature and Date

H.J. Alonick C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3354883

Treatment Plant Name: Lake Crescent Hills

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Oct. 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		.180	1.1	0.8			
2		.082	1.8	1.0			
3		.340	2.5	1.5			
4		.249	1.8	1.3			
5		.025	1.5	1.0			
6		.087	2.0	1.2			
7		.089					
8		.089	1.6	0.8			
9		.086	1.3	0.8			
10		.094	1.3	0.7			
11		.076	1.0	0.8			
12		.161	1.3	0.8	3		
13		.088	1.0	0.8			
14		.084					
15		.083	1.2	0.8			
16		.084	1.0	0.8			
17		.171	1.3	0.8			
18		109	1.3	0.8			
19		130	1.2	0.8			
20		131	1.2	0.8			
21		142					
22		142	1.0	0.6			
23		203	1.5	1.0			
24		162	1.5	1.0			
25		172	1.4	1.0			
26		172	1.5	1.0			
27		107	1.3	0.8			
28		171					
29		171	1.2	0.6			
30		131	1.2	0.8			
31		082	1.2	0.8			
Total	XXXXXX	4098,000	XXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	132193	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	180,000	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5 CUP# 2-069-0128UM2

I GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Crescent Hills PWS Identification No.: 3354883
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____ • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995: See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

12-7-95
Signature and Date

H.J Alonch C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number: 3354883

Treatment Plant Name: Lake Crescent Hills

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF Nov 1995

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)†	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)†	
1		329	1.0	0.6			
2		329	1.2	0.8			
3		349	1.2	0.8			
4		111					
5		110	1.3	0.8			
6		145	1.4	1.0			
7		134	1.4	1.0	3		
8		000	1.0	0.8			
9		12	1.0	0.8			
10		0	0.8	0.6			
11		0					
12		0	0.8	0.8			
13		0	0.8	0.8			
14		0	0.8	0.8			
15		0	0.8	0.8			
16		0	0.8	0.8			
17		0	0.8	0.6			
18		0					
19		0	0.5	0.6			
20		0	1.0	0.8			
21		0	1.0	0.6			
22		0	1.0	0.6			
23		0	0.8	0.4			
24		0	0.7	0.4			
25		0					
26		0	0.5	0.8			
27		0	0.8	0.8			
28		0	0.8	0.8			
29		0	0.8	0.8			
30		0	0.8	0.8			
31							
Total	XXXXXX	1519,000	XXXXXXXXXXXX	XXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	168,777	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	349,000	XXXXXXXXXXXX	XXXXXXXXX	XXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

† *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

Environmental Protection

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

INSTRUCTIONS: See Page 5 CUP# 2-069-0128UM2

I GENERAL WATER SYSTEM AND WATER TREATMENT PLANT INFORMATION

Water System Information

- System Name: Lake Crescent Hills PWS Identification No.: 3354883
- System Owner
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- System Type: ☒ community; ☐ non-transient non-community; ☐ non-community; ☐ consecutive
- No. of Service Connections at End of Reporting Month: _____ • Total Population Served at End of Reporting Month: _____

Water Treatment Plant Information

- Treatment Plant
  - Name: Utilities, Inc. of Florida Telephone No.: (407) 869-1919
  - Address: 200 Weathersfield Ave.
  - City: Altamonte Springs State: FL Zip Code: 32714
- Permitted Maximum Day Capacity of Plant: .432 MGD gpd; • Plant Category and Class per Rule 62-699.310(3), F.A.C.: V C
- Plant Operators: See Page 3.

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95 : See Page 2.

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT: See Page 4.

IV. STATEMENT BY LEAD/CHIEF WATER TREATMENT PLANT OPERATOR

I, the undersigned lead/chief operator of the water treatment plant listed in Part I of this form, certify that, to the best of my knowledge and belief, the information provided in this report is true and accurate.

Also, I certify that the following additional operations records applicable to this plant were prepared each day a certified operator staffed or visited the plant during the reporting month indicated on this report and that these records will be maintained available for review at the plant site for not less than five years:

- records of amounts of chemicals used and chemical feed rates;
- process performance records for coagulation/flocculation (e.g., source water temperature, pH, turbidity, color, and alkalinity and process effluent pH and alkalinity in addition to chemical feed rates);
- process performance records for sedimentation (e.g., process effluent turbidity and sludge volume produced);
- process performance records for filtration (e.g., process effluent turbidity and color, number of filters in service, filtration rates, unit filter run volumes, head losses, length of filter runs, frequency of backwash, amount of backwash water used, duration of backwash, and backwash rates);
- process performance records for lime-soda ash softening (e.g., source water and process effluent hardness in addition to records for coagulation/flocculation, sedimentation, and filtration);
- process performance records for ion exchange softening (e.g., feed and bypass flows, blend rate, and salt and brine used);
- process performance records for reverse osmosis (e.g., feed, product, and brine flows; feed pressure, temperature, pH, conductivity, and turbidity; product pH and conductivity; and brine pH and conductivity); and
- process performance records for electrodialysis (e.g., polarity, feed temperature and total dissolved solids, product conductivity and total dissolved solids, dilute flow rate, brine make-up, pressures, and volts/amps).

[signature] 1-12-96
Signature and Date

H.J. Aiona C-6368
Name and Certificate Number (please type or print)

and for Consecutive Public Water Systems that Treat Their Water

System PWS Identification Number 3354883

Treatment Plant Name Lake Crescent Hills

II SUMMARY OF DAILY WATER TREATMENT DATA FOR THE MONTH/YEAR OF 12-95

● Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☒ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Disinfectant in Distribution System			Reported Emergency or Abnormal Operating Conditions
				Lowest Residual Disinfectant Concentration at Remote Point (mg/L)'	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	
1		0	1.0	0.8			
2		0	1.0	0.8			
3		0					
4		0	0.8	0.8			
5		0	0.8	0.8			
6		0	1.0	0.8			
7		300	1.5	1.0			
8		157	1.3	1.0			
9		268					
10		269	1.0	0.8			
11		255	1.5	1.0	3	1.0	
12		236	1.4	1.0			
13		18	1.0	0.8			
14		0	1.0	0.8			
15		300	1.0	0.8			
16		48					
17		48	1.2	0.8			
18		32	1.2	0.8			
19		300	1.5	1.0			
20		9	0.8	0.8			
21		0	0.8	0.8			
22		0	0.8	0.8			
23		0					
24		0	0.9	0.8			
25		0	0.6	0.6			
26		0	1.0	0.8			
27		300	1.0	0.8			
28		45	1.0	0.8			
29		240	1.2	0.8			
30		427					
31		427	1.0	0.8			
Total	XXXXXX	3680,000	XXXXXXXXXXXXX	XXXXXXXXXX	3	XXXXXXXXXX	XXXXXXXX
Avg.	XXXXXX	118,709	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX
Max.	XXXXXX	427 000	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX

* *If at any time the residual disinfectant concentration at the entry to the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

' *If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.*

665-Lake Crescent Hills Drinking Water Report

1994 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing	Sold		Pumped Less Flushed
January	2.166	38	.069	.204	.015	1.137		
February	2.273	33	.081	.223				
March	3.501	70	.113	.197		3.274		
April	3.022	28	.101	.415				
May	4.289	54	.138	.466		5.706		
June	2.277	49	.076	.340				
July	2.766	40	.088	.258		5.041		
August	3.112	36	.100	.196	.000			
September	1.734	40	.058	.266		3.650		
October	1.814	56	.059	.190	.006			
November	2.362	60	.079	.124		3.738		
December	4.614	46.5	.154	.179		2.571		
Total	33.930	550.5	.093	.466	.021	25.117		33.909
								PERCENTAGE
								74%
		These systems are		Crescent Bay		0.000	4.693	
		interconnected.		Crescent West		34.648	21.848	
				Lake Crescent Hills		53.930	25.117	
						68.578	51.658	
								PERCENTAGE
								75%

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month Jan 93
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 45 No. of People Served at End of Month 158
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Mike Gaudette C5642
Bryon Gongre B6568 Phillip Story C5986 Ken Miller B4239

I certify this report is correct Robert D. Futsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total												
Average												
Maximum												
Minimum												
1	.086											
2	.007											
3	.607	1		4.6					.6	.8		
4	.148	2		1.6					1.5	1.0		
5	.171	2		1.4					1.7	.9		
6	.121	3		3.6					1.5	.9		
7	.208	6		3.5					1.6	1.0		
8	.127	2		1.9					1.7	1.3		
9	.011											
10	.011	1		5.5					1.4	1.0		
11	.000								1.5	1.0		
12	000								1.0	.6		
13	000								1.3	.8	3	
14	.008								1.2	.6		
15	.008								1.7	0.9		
16	000											
17	001								1.4	1.0		
18	138	2		1.5					1.6	1.0		
19	109	2		2.7					1.3	.8		
20	.108	2		2.2					1.4	1.0		
21	.109	3		3.3					1.4	1.0		
22	.107	2		2.5					1.6	1.5		
23	.118	2		1.5								
24	.141	2		1.7					1.5	1.0		
25	000								1.5	1.0		
26	000								1.6	1.0		
27	000								1.2	.9		
28	000								1.1	.7		
29	.163	2		1.5					1.5	1.6		
30	.171	2		1.4								
31	.171	2		1.4					1.4	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant: Lake Crescent Hills

Month/Year: Jan 94

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
1-20					.015	Flushing Hydrants in Cres Bay. Cres Bay Well out for Repairs !
						RT 2-1-94

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month Feb 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 45 No. of People Served at End of Month 158
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C7253
Bryan Gongre B6564 Mike Gavaletz C6543
I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.773	33		1.8					3.7	23		
Average	.081	1.2		1.6					1.6	1.1		
Maximum	.223	3		1.6					2.5	2.3		
Minimum	.000	0		0.0					.6	.3		
1	.179	3		2.6					1.7	1.2		
2	.002								1.5	1.0		
3	001								1.5	1.0		
4	000								1.5	1.0		
5	.115											
6	.116											
7	.163	1		.3					.6	.3		
8	.167	3		2.1					2.0	1.6		
9	.002								1.5	1.1	3	
10	000								1.4	1.1		
11	.000	0							1.7	1.3		
12	000											
13	001											
14	000								1.3	.9		
15	.162	3		2.2					2.0	1.4		
16	.152	3		2.4					1.6	1.3		
17	.141	3		2.5					1.8	1.4		
18	.159	3		2.2					1.2	.9		
19	.196	2		1.8								
20	.136	2		1.8								
21	.141	2		1.7					1.3	.9		
22	.003								1.1	0.8		
23	000								1.4	1.0		
24	000								2.3	2.3		
25	000								1.2	1.3		
26	.140	2		1.7								
27	.140	2		1.7					1.5			
28	.223	4		2.1					1.8	1.2		
29												
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month March 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 45 No. of People Served at End of Month 156
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C 7253
Ken Miller B 4234 Bryan Gongre B 6568

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine lbs used	Chlorine gals used	Chlorine mg/l					Residual Chlorine (mg/l) Plant Effluent	Residual Chlorine (mg/l) Remote Tap	Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
					lbs used	mg/l	lbs used	mg/l				
Monthly Total	3.501	70		2.4					39.0	23.2		
Average	.113	2.2		2.3					1.4	1.0		
Maximum	.187	5		3.0					2.6	1.4		
Minimum	.000	0		0.0					.9	.1		
1	000								1.3	.9		
2	000								1.2	.8		
3	003								1.8	.8		
4	.000								1.2	.6		
5	.096	1		1.1								
6	.096	1		1.3					0.9			
7	.109	3		3.3					1.0	.7		
8	.156	4		3.1					1.2	.8		
9	.106	2		2.3					1.5	1.0		
10	.125	2		1.9					1.5	1.0		
11	.095	2		2.5					1.5	1.1		
12	.095	2		2.5								
13	.095	2		2.5					1.3			
14	.154	3		2.3					1.5	1.0		
15	.095	2		2.5					1.7	1.1		
16	.104	2		2.3					1.6	1.0	3	
17	.154	2		1.5					1.7	1.1		
18	.170	3		2.1					1.8	1.2		
19	.111	3		3.2								
20	.111	2		2.2					1.6			
21	.171	3		2.1					1.6	1.2		
22	.151	4		3.2					1.4	1.0		
23	.096	3		3.8					1.6	1.2		
24	.197	4		2.4					1.8	1.3		
25	.147	4		3.3					1.6	1.0		
26	.115	2		2.3								
27	.115	2		2.3					1.5			
28	.173	5		3.5					2.0	1.4		
29	.104	3		3.4					1.6	1.6		
30	.118	2		2.0					1.1	1.7		
31	.141	2		1.7					1.4	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No. (407)869-1919 Reporting Month APRIL 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 47 No. of People Served at End of Month 165
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month

I certify this report is correct Robert D. Fustock C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	~~LB gals~~ used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3.027		28	1.1					32.1	21.1		
Average	.101		.9	1.1					1.3	1.6		
Maximum	.415		3	.8					1.8	1.9		
Minimum	.000		0	0					0.5	.4		
1	.190		1	1.3					0.6	0.4		
2	.000		0									
3	.001		0						0.5			
4	.005								1.8	1.6		
5	.000								1.7	1.1		
6	.030		1	3.3					1.11	1.6		
7	000								1.0	1.0	3	
8	000								.8	1.4		
9	.001		0									
10	.001		0						.9			
11	.001								0.6	0.7		
12	.204		3	1.7					1.7	1.2		
13	.216		2	1.1					1.6	1.0		
14	.212		1						1.8	1.1		
15	.230		1						1.5	1.0		
16	.178		.5	.2								
17	.273		.5	.2					1.5			
18	.415		3	.8					1.6	1.2		
19	.317		3						1.8	1.4		
20	.263		2	.9					1.4	1.0		
21	.282		2	.9					1.4	1.0		
22	.009		0						1.3	.9		
23	.009		.5									
24	.009		.1	4.1					1.6			
25	.010								1.2	1.0		
26	.020								1.4	1.0		
27	.009		1	3.1					1.4	1.0		
28	.010								1.4	1.0		
29	.030								1.5	1.0		
30	.006		0									
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/87)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month May 94
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 47 No. of People Served at End of Month 165
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lanphere C7253
Bryan Gongre B6568 Chuck Schwabes C6873
I certify this report is correct Robert D. Futsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals. MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	4.289	54		1.5					34.3	20.3		
Average	.138	1.7		1.5					1.3	1.0		
Maximum	.466	7		1.8					3.0	1.9		
Minimum	.004	0		0.0					.7	.4		
1	.006								1.3			
2	.095	1		1.2					1.5	1.0		
3	.026								1.4	1.0		
4	.004								1.3	1.0		
5	.016								1.0	1.0		
6	.011								1.0	0.9		
7	.016	1		1.6								
8	.016	1		1.5					0.9			
9	.091								1.5	0.9		
10	.023								1.4	0.8		
11	.087								1.4	0.7		
12	.081								1.2	0.8		
13	.125	1		.3					1.3	0.8		
14	.131	.5		.4								
15	.131	.5		.4					1.2			
16	.145	2		1.6					1.3	.8		
17	.129	2		1.8					1.2	.8		
18	.124	1		1.0					1.3	1.0		
19	.067	1		1.6					1.4	1.0		
20	.249	4		1.9					1.6	1.1		
21	.250	1		.5								
22	.250	1		.5					1.2			
23	.466	6		1.5					1.6	1.6		
24	.350	4		1.4					.8	.4		
25	.410	4		1.2					.7	.6		
26	.149	3		2.4					3.0	1.9		
27	.263	7		3.2					2.0	1.4		
28	.239	4		2.0								
29	.239	4		2.0					1.6			
30	.096	4		5.0								
31	.004								1.5	1.0		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(10/82)
Effective 11/1/88

CUP# 2-069-0128UM2

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month June 94
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 47 No. of People Served at End of Month 165
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month J Lamphere C 7253
Bryan Groger B 6568 Phil Story
I certify this report is correct Robert D. Futsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency, main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.277	49		2.6					33.1	21.7		
Average	.076	1.6		2.5					1.3	.9		
Maximum	.340	6		8.1					1.7	1.7		
Minimum	.000	0		0					1.1	.7		
1	.009								1.5	1.1		
2	.006								1.2	.8		
3	.000	0							1.4	0.8		
4	.000											
5	.000								1.6	0.9		
6	.018	1		3.6					1.5	1.2		
7	.000	0							1.7	1.7		
8	.000								1.6	1.2		
9	.004								1.5	1.0		
10	.008	0							1.4	1.0		
11	.205	4		2.3								
12	.205	5		2.9					1.6			
13	.340	8		2.8					1.6	1.2		
14	.006								1.3	1.0		
15	.018	1		8.6					1.0	.5	5	
16	.000								1.0	.9		
17	.090	2		2.7					1.0	.8		
18	.046	1		2.6								
19	.046	1		2.6					1.1			
20	.099	2		2.4					1.2	.9		
21	.065	1		1.8					1.2	.8		
22	.087	2		2.4					1.2	.9		
23	.102	3		3.5					1.2	.8		
24	.101	2		2.4					1.2	.7		
25	.165	3		2.2								
26	.165	3		2.2					1.3			
27	.263	6		2.7					1.4	.9		
28	.262	4		1.8					1.6	1.6		
29	.001	0							1.0	0.7		
30	.000	0							1.2	0.8		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(10/87)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354883 PWS Name LAKE CRESCENT HILLS Location City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No (407)869-1919 Reporting Month July 1994
Plant Effluent pH (Avg) 7.6 No. of Services at End of Month 47 No. of People Served at End of Month 165
Design Flow .432 Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Jeff Langhore C-2215
Robert Fritsch C-6140, Brian Cowgre B-6568

I certify this report is correct Robert D. Fritsch C 6140
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in MGD	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.766	53		40					29	21	3	
Average	.089	2		2.4					1.2	1.0		
Maximum	.258	5		4.8					1.6	1.5		
Minimum	.000	0		.9					.6	.6		
1	.000	0							1.2	0.8		
2	.000	0							1.0			
3	.000	0							0.8	0.9		
4	.000	0							0.8	0.6		
5	.000	0							0.8	0.7		
6	.000	0							.8	.6		
7	.000	0							1.3	.9		
8	.195	2		1.2								
9	.150	2		1.6					1.1			
10	.150	2		1.6					1.2	.8		
11	.232	5		2.6					1.3	.9		
12	.202	4		2.3					1.5	1.1		
13	.190	4		2.7					1.5	1.1		
14	.219	4		2.2					1.5	1.4		
15	.168	3		2.1								
16	.257	2		.9					1.6			
17	.258	2		.9					.8	1.1		
18	.215	4		2.2					1.0	1.2	3	
19	000	0							.6	1.8		
20	CNS	0							.7	1.5		
21	000	0							.9	1.3		
22	000	0										
23	.025	1		4.8					1.0			
24	.025	1		4.8					1.4	1.0		
25	.002	0		2.5					1.2	.8		
26	.094	2		2.5					1.6	1.2		
27	.200	3		1.8					1.6	1.2		
28	.128	2		2.0					2.0	1.5		
29	.160	5		3.7								
30	.000	0							1.0			
31	.000	0										

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555.910(2)
Effective 11/1/88

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No: (407)869-1919 Reporting Month Aug 94
Plant Effluent pH (Avg) 7.4 No. of Services at End of Month 46 No. of People Served at End of Month 161
Design Flow 0.432MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Congre B6568, Robert Fritsch C-6140, Jeff Lamphere C7253, Ken Miller B4239

I certify this report is correct Bryan K. Bma (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	3.112	36		37.5					43.8	27.4	3	
Average	.100	1.2		1.2					1.7	1.2		
Maximum	.196	2		2.5					2.4	1.6		
Minimum	.000	0		0					1.0	0.8		
1	.000	0		0					1.3	1.0		
2	.000	0		0					1.9	1.2		
3	.000	0		0					1.2	1.0		
4	.000	0		0					1.2	1.0		
5	.000	0		0					1.2	1.0		
6	.084	1		1.4								
7	.084	1		1.4					1.2			
8	.161	2		1.5					1.8	1.4		
9	.118	2		2.0					2.4	1.6		
10	.112	2		2.1					2.0	1.6	3	
11	.104	2		2.3					1.5	1.0		
12	.113	2		2.1					1.6	1.2		
13	.095	1		1.2								
14	.095	2		2.5					1.8			
15	.149	2		1.6					1.5	1.2		
16	.072	1		1.6					1.0	.8		
17	.107	2		2.2					2.0	1.6		
18	.086	1		1.4					2.1	1.5		
19	.143	1		0.8								
20	.103	1		1.2								
21	.103	2		2.3					1.8			
22	.172	1		0.7					2.0	1.3		
23	.103	1		1.2					1.9	1.2		
24	.151	1		0.8					1.6	1.0		
25	.096	1		1.2					1.8	1.1		
26	.132	1		0.9					1.8	1.0		
27	.110	1		1.1					2.1	1.3		
28	.134	1		0.9								
29	.134	1		0.9					1.7	1.0		
30	.149	2		1.6					1.6	1.1		
31	.196	1		0.6					1.8	1.3		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Lake Crescent Hills

Month/Year August 1994

DATE	FLUSHING SYSTEM (MAIN)	SERVICE LINE (SERV.)	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
	NO FLUSHING TO REPORT AT THIS PERIOD!					

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month September 1994
Plant Effluent pH (Avg) 7.8 No. of Services at End of Month 59 No. of People Served at End of Month 207
Design Flow .432 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan K. Gonyer B6568
Jeff Lanphere C7253

I certify this report is correct Bry K. Gonyer (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.734	40		61.4					44.1	27.8	3	
Average	.058	1.3		2.0					1.7	1.2		
Maximum	.266	7		5.8					2.7	1.9		
Minimum	0	0		0					0.5	0.6		
1	.266	7		0.5					1.8	1.1		
2	.178	1		0.7					0.6	0.6		
3	.002	0		0					0.5	1.0		
4	.000	0		0								
5	.000	0		0					0.8	1.0		
6	.000	0		0					0.7	1.1		
7	.000	0		0					0.6	0.9		
8	.000	0		0					0.7	1.2		
9	.000	0		0					0.9	1.0		
10	.000	0		0								
11	.000	0		0					1.2			
12	.000	0		0					0.8	1.1	3	
13	.000	0		0					1.1	1.0		
14	.034	1		3.5					2.3	1.2		
15	.050	1		2.4					2.2	1.0		
16	.044	1		2.7					2.5	1.3		
17	.055	1		2.2								
18	.055	2		4.4					2.0			
19	.138	4		3.5					2.5	1.6		
20	.091	3		4.0					2.0	1.9		
21	.109	3		3.3					2.7	1.6		
22	.107	3		3.3					2.5	1.9		
23	.205	7		4.1					2.5	1.2		
24	.041	2		5.8								
25	.044	1		2.7								
26	.044	1		2.7					2.5	1.4		
27	.066	2		3.6					2.5	1.3		
28	.047	2		5.1					2.5	1.4		
29	.051	2		4.7					2.3	1.2		
30	.107	2		2.2					2.4	1.4		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.910(2)
Effective 11/1/88

CUP# 2-069-0128UM2

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month October 1994
Plant Effluent pH (Avg) 7.9 No. of Services at End of Month 59 No. of People Served at End of Month 207
Design Flow .432 MGD Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month Bryan L. Gongre B6568
Ken Miller B4239, Jeff Langhere C7253, Chuck Schwades C6873

I certify this report is correct Bryan K. Gongre (Lead Operator's Signature) B (Cert. Level) 6568 (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	1.814	56		69.9					56.9	29.4		
Average	.059	1.8		2.3					2.2	1.4		
Maximum	.190	6		5.6					2.5	1.6		
Minimum	.000	0		0					1.6	1.2		
1	.079	2		3.0								
2	.080	2		3.0					2.3			
3	.087	4		5.5					2.4	1.4		
4	.094	3		3.8					2.4	1.3		
5	.098	3		3.7					2.3	1.3		
6	.099	4		4.8					2.1	1.3		
7	.137	4		3.5					2.5	1.5		
8	.117	3		3.1								
9	.118	3		3.0					2.2			
10	.190	6		3.8					2.3	1.4		
11	.120	4		4.0					2.1	1.2		
12	.114	4		4.2					2.3	1.4		
13	.000	0		0					2.4	1.3		
14	.000	0		0					2.2	1.5		
15	.000	0		0								
16	.000	0		0					2.0			
17	.000	0		0					2.2	1.4		
18	.000	0		0					1.8	1.3		
19	.000	0		0					1.8	1.4		
20	.000	0		0					1.6	1.2		
21	.000	0		0					2.0	1.4		
22	.000	0		0								
23	.000	0		0					1.9			
24	.000	0		0					1.6	1.5	3	
25	.085	4		5.6					2.3	1.6		
26	.111	3		3.2					2.5	1.6		
27	.043	2		5.6					2.5	1.5		
28	.068	2		3.5					2.3	1.3		
29	055	1		2.2								
30	.056	1		2.1					2.5			
31	.053	1		2.3					2.4	1.6		

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555.900(2)
Effective 11/1/88

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant Lake Crescent Hills

Month/Year Oct. 1994

DATE	FLUSHING SYSTEM (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING FOR ON LINE BREAK
10-18-94		256PM		90m	2210	Lot 25 ~~Pathway Circle~~ Summit Lane
10-18-94		256PM		5m	1023	Summit Lane + Crescent Lake
10-18-94		200PM		5m	1023	Summit Lane + Lake Katherine
10-18-94		200PM		5m	1023	1040 E. Mesa St
10-18-94		200PM		5m	1023	10516 Mesa

6250 = .006

State of Florida
Department of Environmental Regulation

CUP# 2-069-0128UM2

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month November 1994
Plant Effluent pH (Avg) _____ No. of Services at End of Month _____ No. of People Served at End of Month _____
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	2.362000	60							51.6	35.6		
Average	78733	2							2.0	1.3		
Maximum	124000	3							2.4	1.8		
Minimum	57000	1							1.5	1.0		
1	.057	1							2.3	1.6		
2	.060	1							2.0	1.3		
3	.081	1							2.2	1.7		
4	.076	1							2.0	1.6		
5	.090	1.5										
6	.091	1.5							1.9	1.0		
7	.087	1							2.1	1.6		
8	.082	1							2.3	1.6		
9	.065	1							2.0	1.6		
10	.074	1							2.2	1.7		
11	.077	3							2.4	1.8		
12	.066	1.5										
13	.067	1.5							2.1	1.8		
14	.078	1							2.0	1.4		
15	.063	1							2.3	1.5		
16	.053	1							2.0	1.3		
17	.054	1							2.2	1.4		
18	.063	2							2.0	1.2		
19	.067	1										
20	.067	1							1.6	1.2		
21	.079	2							2.0	1.3		
22	.088	2							2.0	1.2		
23	.095	2							2.0	1.2		
24	.067	2							1.8	1.1		
25	.124	3							1.5	1.0		
26	.075	1										
27	.075	1							1.8	1.2		
28	.111	2							1.8	1.2		
29	.098	2							1.5	1.0		
30	.104	2							1.6	1.1		
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record.

DER Form 17-555(9/92)
Effective 11/1/88

CUP# 2-069-0128UM2

State of Florida
Department of Environmental Regulation

Drinking Water Treatment Plant Daily Operation Summary

PWS ID No. 3354883 PWS Name LAKE CRESCENT HILLS Location: City or S/D CLERMONT
Owned by UTILITIES INC OF FL Phone No.: (407)869-1919 Reporting Month Dec 94
Plant Effluent pH (Avg) _____ No. of Services at End of Month 46 No. of People Served at End of Month 46
Design Flow _____ Remarks (Use reverse side)
Provide name(s) and Operator Certification No.(s) for all Certified Operators working at the plant for month _____

I certify this report is correct _____ C 6368
(Lead Operator's Signature) (Cert. Level) (Cert. No.)

Days of Month	Total Water Treated in Gals.	Chlorine							Residual Chlorine (mg/l)		Number of Samples Taken	Plant Operation and Maintenance Information (i.e., backwash frequency main line breaks, meter calibrations)
		lbs used	gals used	mg/l	lbs used	mg/l	lbs used	mg/l	Plant Effluent	Remote Tap		
Monthly Total	4614xxx	46.5							33.6	26.4		
Average	153,800	1.5							1.1	0.9		
Maximum	179,000	3							1.6	1.2		
Minimum	55,000	0.5							1.0	0.8		
1	,084	1							1.0	1.0		
2	.093	1							1.4	1.0		
3	.109	1							1.4	1.1		
4	.109	1							1.2	1.0		
5	.109	2							1.2	1.0		
6	.087	1							1.4	1.1		
7	.089	2							1.6	1.2		
8	.082	2							1.5	1.0		
9	.142	2							1.4	1.0		
10	.112	1										
11	.113	1							1.5	1.1		
12	.104	1							1.4	1.1		
13	.104	2							1.5	1.0		
14	.096	1							1.4	1.0		
15	.125	2							1.5	1.1		
16	.146	2							1.4	1.0		
17	.104	1							1.2			
18	.104	1							1.1	1.1		
19	.122	2							1.2	1.0		
20	.055	0.5							1.2	1.0		
21	.114	3							1.3	1.0		
22	.082	2							1.2	1.0		
23	.179	1							1.1	1.0		
24	.076	1							1.0	0.8		
25	.065	2										
26	.066	2							1.0	0.8		
27	.101	3							1.2	1.0		
28	.130	3							1.1	1.0		
29	.119	2							1.2	1.0		
30												
31												

This form must be completed in full and sent to the appropriate DER or County Health Department office within 15 days after the month of record

DER Form 17-555(9)(2)
Effective 11/1/88

667-South Clermont (EDB) 666-Preston Cove Drinking Water Report

1995 Month	Total Pumped	Chlorine Used	Average Day	Maximum Day	Flushing 667	Sold 667	Flushing 666	Sold 666
January						.159		.221
February					.015	1.200		.872
March								
April						2.415		1.099
May								
June					.002	3.682	.002	1.634
July								
August						2.713		1.478
September								
October						3.750		1.445
November								
December						3.303		1.196
Total	0.000	0	.000	.000	.017	17.222	.002	7.945

NO SEPARATE ANNUAL REPORT REQUIRED.

INFORMATION (MAINS ADDED, ETC.) INCLUDED IN CRESCENT BAY/CRESCENT WEST/LAKE CRESCENT HILLS/HIGHLAND POINT REPORT.

HOWEVER, HAVE TO INCLUDE NEW METERS (FROM 666 & 667) IN THE CRESCENT BAY COUNT FOR THE PSC ANNUAL REPORT.

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant South Clermont Region

Month/Year Feb 95

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
2-8-95	108	25			2700	Elbert Street
2-21-95	100	25			2500	Burton Street
2-22-95	80	25			2000	North Glenn
2-22-95	100	25			2500	End of Lake shore.
2-14-95	80	25			2000	Autum Lane
2-14-95	30	25			750	Beverly
2-14-95	30	25			750	Hasson
2-14-95	30	25			750	Parton
2-22-95	30	25			750	Crescent Ln

FLUSHING & WATER LOSS RECORD

Include service lines, mains, hydrants, tanks, etc.

Plant 666 Preston Cove

Month/Year June 1995

DATE	FLUSHING TIME (MIN)	ESTIMATED GPM	SIZE	TIME FLUSHED	TOTAL GALLONS	LOCATION OF FLUSHING POINT OR LINE BREAK
6-22		130	2½	5 min	650	F/H Preston Cove Blvd Flow Test
6-22		130	2½	3 min	390	F/H Haskell Dr. Flow Test
6-22		130	2½	5 min	650	11200 MANDARIN ST

1,690 = .0016

FLUSHING RECORD

Include service lines, mains, hydrants, tanks, etc.

667

Plant South Clermont Area

Month/Year June

DATE	PRESSURE (PSI)	FLUSHING TIME (MIN)	ESTIMATED GPM	FLUSH POINT SIZE	TIME FLUSHED	TOTAL GALLONS FLUSHED	LOCATION OF FLUSHING POINT
6-13			100	2	5 min	500	End of Line on Lakeshore
6-13			100	2"	5 min	500	Blow off on 561 & Log House
6-28			100	2"	3 min	300	End of Line Lakeshore
6-28			100	2"	3 min	300	Blow off on 561 & Log House
6-28			130	2½	3 min	390	F/H on Oswalt Lane

1,990 = .0019

Lake Utility Services, Inc.

Docket No. 960444-WU

Engineering Schedules
Book 3 of 3

Test Year Ended December 31, 1995

Part 3 of 4

DOCUMENT NUMBER-DATE
06109 JUN-3 96
FPSC-RECORDS/REPORTING

Lake Utilities Services, Inc.

Docket No. 960444-WU

25-30.440 (5)
SANITARY SURVEY AND INSPECTION REPORT

Test Year Ending December 31, 1995

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Lake Crescent Hills County Lake PWS ID 3355453
Address _____ Phone _____
Owner name Utilities Inc of Fl Contact _____
Owner address 200 Weathersfield Ave Altamonte Springs 32714 Phone 869-1919
This inspection date 10/14/94 Last C.I. date 1/12/94 Last survey date 5/24/92
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics C S/D No. of service connections 59
Food service? ☐ Yes ☒ No Served population _____

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number:
Brian Coughe
O&M log: ☒ yes ☐ no

WELL

Number of wells 1 Standby well?
Auxiliary power.. ☒ yes ☐ n
6' x 6' x 4" pad ☒ yes ☐ n
Sanitary seal..... ☒ OK ☐ _
Raw water tap: ☒ yes ☐ n
☐ not smooth
Check valve..... ☒ yes ☐ n
Fence/housing.... ☒ yes ☐ n
Sanitary hazards none noted

CHLORINATION

Chlorinator type: ☒ Gas ☐ Hypo
Cl_2 residual: Plant 1.8 Remo
DPD-type test kit..... ☒ ye
Gas cylinder scale..... ☒ ye
Gas cylinder chained..... ☒ ye
Adequate air-pak..... ☒ ye
Fresh ammonia solution.. ☒ ye
Adequate ventilation..... ☒ ye
Dual chlorination..... ☐ ye
Auto-switchover..... ☐ yes ☒ no
Alarm ..... ☒ yes ☐ no

AERATION: Type _____
Condition _____

OTHER TREATMENT PROCESSES:

_____

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☒ yes ☐ no
Cross-connections none noted

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity	2000 g			

S

_____
_____
_____
_____

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector M.E. Watkins Title Env Spec II Date 10/14/94
Received by _____ Title _____ Date 10/14/94

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

Romy 02/15/94

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Lake Ridge Club County Lake PWS ID 3354884
Address _____ Phone _____
Owner name Utilities Inc. Contact _____
Owner address 200 Weathersfield Ave Altamonte Spgs 32714 Phone 869-1919
This inspection date 10/14/94 Last C.I. date 7/12/94 Last survey date 5/8/92
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics CST No. of service connections 35
Food service? ☐ Yes ☒ No Served population _____

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number:
Brian Savage B-6568
O&M log: ☒ yes ☐ no

WELL

Number of wells 1 Standby well? _____
Auxiliary power.. ☐ yes ☐ no ☒ N/A
6' x 6' x 4" pad ☒ yes ☐ no
Sanitary seal..... ☒ OK ☐ _____
Raw water tap: ☒ yes ☐ no
☐ not smooth nosed
Check valve..... ☒ yes ☐ no
Fence/housing.... ☒ yes ☐ no
Sanitary hazards None noted

CHLORINATION

Chlorinator type: ☒ Gas ☐ Hypo
Cl_2 residual: Plant 1.0/.6 Remote _____

DPD-type test kit.....	☒ yes	☐ no
Gas cylinder scale.....	☒ yes	☐ no
Gas cylinder chained.....	☒ yes	☐ no
Adequate air-pak.....	☒ yes	☐ no
Fresh ammonia solution..	☒ yes	☐ no
Adequate ventilation.....	☒ yes	☐ no
Dual chlorination.....	☐ yes	☒ no
Auto-switchover.....	☐ yes	☒ no
Alarm	☐ yes	☒ no

AERATION: Type _____
Condition Good

OTHER TREATMENT PROCESSES:

_____

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☒ yes ☐ no
Cross-connections None noted

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity	1500 gal			
Gravity drain	Yes			
By-pass piping	Yes			
Pressure gauge	Yes			
On/Off pressure	20/40			
Sight glass	Yes			
Fittings for sight glass	—			
Air release valve	—			
Pressure relief valve	Yes			
Access padlocked	Yes			

DEFICIENCIES / COMMENTS

None noted

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector M.C. Nelson Title Env Spc II Date 10/14/94
Received by [illegible] K. [illegible] Title _____ Date 10/14/94

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

Romy 02/15/94

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Crescent Bay County Lake PWS ID 3354656
Address _____ Phone _____
Owner name Utilities Inc. Contact _____
Owner address _____ Phone 869-1919
This inspection date _____ Last C.I. date 10/14/94 Last survey date 3/3/99
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics _____ No. of service connections 48
Food service? ☐ Yes ☒ No Served population _____

OPERATION & MAINTENANCE

Certified operator: ☐ Yes ☐ No ☐ N/A
Operator & certification class-number:
_____
O&M log: ☐ yes ☐ no

WELL

Number of wells _____ Standby well? _____
Auxiliary power.. ☐ yes ☐ no ☐ N/A
6' x 6' x 4" pad ☐ yes ☐ no
Sanitary seal..... ☐ OK ☐ _____
Raw water tap: ☐ yes ☐ no
☐ not smooth nosed
Check valve..... ☐ yes ☐ no
Fence/housing.... ☐ yes ☐ no
Sanitary hazards _____

CHLORINATION

Chlorinator type: ☐ Gas ☐ Hypo
Cl_2 residual: Plant _____ Remote _____

DPD-type test kit.....	☐ yes	☐ no
Gas cylinder scale.....	☐ yes	☐ no
Gas cylinder chained.....	☐ yes	☐ no
Adequate air-pak.....	☐ yes	☐ no
Fresh ammonia solution..	☐ yes	☐ no
Adequate ventilation.....	☐ yes	☐ no
Dual chlorination.....	☐ yes	☐ no
Auto-switchover.....	☐ yes	☐ no
Alarm	☐ yes	☐ no

AERATION: Type _____
Condition _____

OTHER TREATMENT PROCESSES:

_____

OTHER

Flow measuring device:
☐ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☐yes ☐no
Cross-connections _____

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type				
Capacity				
Gravity drain				
By-pass piping				
Pressure gauge				
On/Off pressure				
Sight glass				
Fittings for sight glass				
Air release valve				
Pressure relief valve				
Access padlocked				

DEFICIENCIES / COMMENTS

Well and plant inactive - system being supplied by Lake Crescent Hills.

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector M. C. Collins Title ENV Sup II Date / /
Received by _____ Title _____ Date / /

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

Romy 02/15/94

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Oranges County Lake PWS ID 3355465
Address Phone
Owner name Utilities Inc Contact 869-1919
Owner address Phone
This inspection date 10/6/95 Last C.I. date 10/14/94 Last survey date 3/3/94
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics C5C Subdivision No. of service connections 76
Food service? ☐ Yes ☒ No Served population

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number:
H.J. ALDRICH C 6364
O&M log: ☒ yes ☐ no

WELL

Number of wells 1 Standby well?
Auxiliary power.. ☐ yes ☐ no ☒ N/A
6' x 6' x 4" pad ☒ yes ☐ no
Sanitary seal..... ☒ OK ☐
Raw water tap: ☒ yes ☐ no
☐ not smooth nosed
Check valve..... ☒ yes ☐ no
Fence/housing.... ☒ yes ☐ no
Sanitary hazards None noted

CHLORINATION

Chlorinator type: ☐ Gas ☐ Hypo
Cl_2 residual: Plant 2.0 Remote
DPD-type test kit..... ☐ yes ☐ no
Gas cylinder scale..... ☐ yes ☐ no
Gas cylinder chained..... ☐ yes ☐ no
Adequate air-pak..... ☐ yes ☐ no
Fresh ammonia solution.. ☐ yes ☐ no
Adequate ventilation..... ☐ yes ☐ no
Dual chlorination..... ☐ yes ☐ no
Auto-switchover..... ☐ yes ☐ no
Alarm ..... ☐ yes ☐ no

AERATION: Type
Condition

OTHER TREATMENT PROCESSES:

Aqua Mag for corrosion control

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☒ yes ☐ no
Cross-connections None noted

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity	12,000 est			
Gravity drain	Yes			
By-pass piping	Yes			
Pressure gauge	Yes			
On/Off pressure	40/80			
Sight glass	Yes			
Fittings for sight glass	—			
Air release valve	—			
Pressure relief valve	Yes			
Access padlocked	Yes			

DEFICIENCIES / COMMENTS

None noted

Interconnected to Vistas

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector M.O. Wallace Title Env Sup II Date 10 16 95
Received by Title Date / /

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Amber Hill County Lake PWS ID 3354648
Address _____ Phone _____
Owner name Utilities Inc Contact _____
Owner address _____ Phone 896-1919
This inspection date 10/6/95 Last C.I. date 1/12/94 Last survey date 10/14/94
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics CSD Subdivision No. of service connections 38
Food service? ☐ Yes ☒ No Served population _____

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number:
H.J. Aldrich C-6368
O&M log: ☒ yes ☐ no

WELL

Number of wells 1 Standby well? _____
Auxiliary power.. ☐ yes ☐ no ☒ N/A
6' x 6' x 4" pad ☒ yes ☐ no
Sanitary seal..... ☒ OK ☐ _____
Raw water tap: ☒ yes ☐ no
☐ not smooth nosed
Check valve..... ☒ yes ☐ no
Fence/housing.... ☒ yes ☐ no
Sanitary hazards None noted

CHLORINATION

Chlorinator type: ☒ Gas ☐ Hypo
Cl_2 residual: Plant 2.0 Remote _____

DPD-type test kit.....	☒ yes	☐ no
Gas cylinder scale.....	☒ yes	☐ no
Gas cylinder chained.....	☒ yes	☐ no
Adequate air-pak.....	☒ yes	☐ no
Fresh ammonia solution..	☒ yes	☐ no
Adequate ventilation.....	☒ yes	☐ no
Dual chlorination.....	☒ yes	☐ no
Auto-switchover.....	☒ yes	☐ no
Alarm	☐ yes	☒ no

AERATION: Type _____
Condition _____

OTHER TREATMENT PROCESSES:

_____

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☒ yes ☐ no
Cross-connections None noted

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity	7500			
Gravity drain	Yes			
By-pass piping	Yes			
Pressure gauge	Yes			
On/Off pressure	30/50			
Sight glass	Yes			
Fittings for sight glass	—			
Air release valve	—			
Pressure relief valve	Yes			
Access padlocked	Yes			

DEFICIENCIES / COMMENTS

None noted

Connected to Clermont #1 for emergency
Inter-connected with Lake Ridge

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector [signature] Title ENV Sup II Date 10/6/95
Received by [signature] Title _____ Date / /

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

Romy 02/15/94

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Crescent West County Lake PWS ID 3354690
Address _____ Phone _____
Owner name White's INC Contact _____
Owner address _____ Phone 869-1919
This inspection date 10/11/95 Last C.I. date 10/14/94 Last survey date 3/3/94
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics CSC No. of service connections 68
Food service? ☐ Yes ☐ No Served population _____

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number:
H.J. ALDRICH C 6368
O&M log: ☒ yes ☐ no

WELL

Number of wells 1 Standby well? _____
Auxiliary power.. ☒ yes ☐ no ☐ N/A
6' x 6' x 4" pad ☒ yes ☐ no
Sanitary seal..... ☒ OK ☐ _____
Raw water tap: ☒ yes ☐ no
☐ not smooth nosed
Check valve..... ☒ yes ☐ no
Fence/housing.... ☒ yes ☐ no
Sanitary hazards None Noted

CHLORINATION

Chlorinator type: ☒ Gas ☐ Hypo
Cl_2 residual: Plant 2.1 Remote _____

DPD-type test kit.....	☒ yes	☐ no
Gas cylinder scale.....	☒ yes	☐ no
Gas cylinder chained.....	☒ yes	☐ no
Adequate air-pak.....	☒ yes	☐ no
Fresh ammonia solution..	☒ yes	☐ no
Adequate ventilation.....	☒ yes	☐ no
Dual chlorination.....	☐ yes	☒ no
Auto-switchover.....	☐ yes	☒ no
Alarm	☐ yes	☒ no

AERATION: Type _____
Condition _____

OTHER TREATMENT PROCESSES:

_____

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☒ yes ☐ no
Cross-connections None Noted

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity	1200(est)			
Gravity drain	Yes			
By-pass piping	Yes			
Pressure gauge	Yes			
On/Off pressure	30/60			
Sight glass	Yes			
Fittings for sight glass	—			
Air release valve	—			
Pressure relief valve	Yes			
Access padlocked	Yes			

DEFICIENCIES / COMMENTS

None noted

Interconnected with Lake Crescent Hilk

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector M.O. Watkins Title ENV Sup II Date 10/11/95
Received by _____ Title _____ Date / /

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

Romy 02/15/94

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Highland Point County Lake PWS ID 335-4652
Address _____ Phone _____
Owner name Utilities Inc Contact _____
Owner address _____ Phone 869-1919
This inspection date 10/11/95 Last C.I. date 10/14/94 Last survey date 3/3/93
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics CSC Sub division No. of service connections 342
Food service? ☐ Yes ☒ No Served population _____

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number:
H.J. ALDRICH CC 0002268
O&M log: ☒ yes ☐ no

WELL

Number of wells 1 Standby well? _____
Auxiliary power.. ☐ yes ☐ no ☒ N/A
6' x 6' x 4" pad ☒ yes ☐ no
Sanitary seal..... ☒ OK ☐ _____
Raw water tap: ☒ yes ☐ no
☐ not smooth nosed
Check valve..... ☒ yes ☐ no
Fence/housing.... ☒ yes ☐ no
Sanitary hazards None noted

CHLORINATION

Chlorinator type: ☒ Gas ☐ Hypo
Cl_2 residual: Plant 2.5 Remote _____
DPD-type test kit..... ☒ yes ☐ no
Gas cylinder scale..... ☒ yes ☐ no
Gas cylinder chained..... ☒ yes ☐ no
Adequate air-pak..... ☒ yes ☐ no
Fresh ammonia solution.. ☒ yes ☐ no
Adequate ventilation..... ☒ yes ☐ no
Dual chlorination..... ☐ yes ☒ no
Auto-switchover..... ☐ yes ☒ no
Alarm ..... ☐ yes ☒ no

AERATION: Type _____
Condition _____

OTHER TREATMENT PROCESSES:

_____

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☒ yes ☐ no
Cross-connections None noted

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity	1500(gal)			
Gravity drain	Yes			
By-pass piping	Yes			
Pressure gauge	Yes			
On/Off pressure	50/70			
Sight glass	Yes			
Fittings for sight glass	—			
Air release valve	—			
Pressure relief valve	Yes			
Access padlocked	Yes			

DEFICIENCIES / COMMENTS

None noted!

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector _____ Title Env Sup. II Date 10/11/95
Received by _____ Title _____ Date / /

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Vistas County Lake PWS ID 335-4773
Address _____ Phone _____
Owner name Utilities Inc Contact _____
Owner address _____ Phone 869-1919
This inspection date 10/6/95 Last C.I. date 10/14/94 Last survey date 3/3/93
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics CSD Sub division No. of service connections 29
Food service? ☐ Yes ☒ No Served population _____

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number: H.J. ALDRICH C-635
O&M log: ☒ yes ☐ no

WELL

Number of wells 1 Standby well? _____
Auxiliary power.. ☐ yes ☐ no ☒ N/A
6' x 6' x 4" pad ☒ yes ☐ no
Sanitary seal..... ☒ OK ☐ _____
Raw water tap: ☒ yes ☐ no
☐ not smooth nosed
Check valve..... ☒ yes ☐ no
Fence/housing.... ☒ yes ☐ no
Sanitary hazards None noted

CHLORINATION

Chlorinator type: ☒ Gas ☐ Hypo
Cl_2 residual: Plant 2.0 Remote _____

DPD-type test kit.....	☒ yes	☐ no
Gas cylinder scale.....	☒ yes	☐ no
Gas cylinder chained.....	☒ yes	☐ no
Adequate air-pak.....	☒ yes	☐ no
Fresh ammonia solution..	☒ yes	☐ no
Adequate ventilation.....	☒ yes	☐ no
Dual chlorination.....	☐ yes	☒ no
Auto-switchover.....	☐ yes	☒ no
Alarm	☐ yes	☒ no

AERATION: Type _____
Condition _____

OTHER TREATMENT PROCESSES:

_____

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☒ yes ☐ no
Cross-connections None noted

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity	2500 (est)			
Gravity drain	Yes			
By-pass piping	Yes			
Pressure gauge	Yes			
On/Off pressure	55/70			
Sight glass	Yes			
Fittings for sight glass	—			
Air release valve	—			
Pressure relief valve	Yes			
Access padlocked	Yes			

DEFICIENCIES / COMMENTS

None noted

interconnected to the Oranges

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector [signature] Title Env Spt II Date 10/6/95
Received by [signature] Title _____ Date / /

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Clermont #1 - Four Winds County Lake PWS ID 3351582
Address _____ Phone _____
Owner name Utilities Inc. Contact _____
Owner address _____ Phone 869-1919
This inspection date 10/6/98 Last C.I. date 1/12/94 Last survey date 10/11/94
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics C5D Subdivision No. of service connections 91
Food service? ☐ Yes ☒ No Served population _____

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number: H.J. Aldrich c-6368
O&M log: ☒ yes ☐ no

WELL

Number of wells 2 Standby well? 2
Auxiliary power.. ☐ yes ☐ no ☒ N/A
6' x 6' x 4" pad ☒ yes ☐ no
Sanitary seal..... ☒ OK ☐ _____
Raw water tap: ☒ yes ☐ no
☐ not smooth nosed
Check valve..... ☒ yes ☐ no
Fence/housing.... ☒ yes ☐ no
Sanitary hazards None noted

CHLORINATION

Chlorinator type: ☒ Gas ☒ Hypo
Cl_2 residual: Plant 2.5 Remote _____

DPD-type test kit.....	☒ yes	☐ no
Gas cylinder scale.....	☐ yes	☐ no
Gas cylinder chained.....	☐ yes	☐ no
Adequate air-pak.....	☐ yes	☐ no
Fresh ammonia solution..	☐ yes	☐ no
Adequate ventilation.....	☐ yes	☐ no
Dual chlorination.....	☐ yes	☐ no
Auto-switchover.....	☐ yes	☐ no
Alarm	☐ yes	☐ no

AERATION: Type _____
Condition _____

OTHER TREATMENT PROCESSES:

_____

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☒ yes ☐ no
Cross-connections None noted

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H(2)			
Capacity	750 each			
Gravity drain	Steel			
By-pass piping	Yes			
Pressure gauge	Yes			
On/Off pressure	30/50			
Sight glass	Yes			
Fittings for sight glass	—			
Air release valve	—			
Pressure relief valve	Yes			
Access padlocked	Yes			

DEFICIENCIES / COMMENTS

None Noted

Connected to Amber Hill for emergency

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector M.E. Harbeson Title EHO Sup II Date 10/6/98
Received by _____ Title _____ Date / /

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

State of Florida
Department of Environmental Protection
Central District

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name Clermont #2 - Carr County Lake PWS ID 3350153
Address _____ Phone _____
Owner name Utilities Inc Contact _____
Owner address _____ Phone 869-1919
This inspection date 10/6/95 Last C.I. date 1/12/94 Last survey date 10/14/94
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics C5D 546-division No. of service connections _____
Food service? ☐ Yes ☒ No Served population _____

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number:
H.V. Aldrich C-636
O&M log: ☒ yes ☐ no

WELL

Number of wells 2 Standby well? _____
Auxiliary power.. ☐ yes ☐ no ☒ N/A
6' x 6' x 4" pad ☒ yes ☐ no
Sanitary seal..... ☒ OK ☐ _____
Raw water tap: ☒ yes ☐ no
☐ not smooth nosed
Check valve..... ☒ yes ☐ no
Fence/housing.... ☒ yes ☐ no
Sanitary hazards None noted

CHLORINATION

Chlorinator type: ☐ Gas ☒ Hypo
Cl_2 residual: Plant 2.0 Remote _____

DPD-type test kit.....	☒ yes	☐ no
Gas cylinder scale.....	☐ yes	☐ no
Gas cylinder chained.....	☐ yes	☐ no
Adequate air-pak.....	☐ yes	☐ no
Fresh ammonia solution..	☐ yes	☐ no
Adequate ventilation.....	☐ yes	☐ no
Dual chlorination.....	☐ yes	☐ no
Auto-switchover.....	☐ yes	☐ no
Alarm	☐ yes	☐ no

AERATION: Type _____
Condition _____

OTHER TREATMENT PROCESSES:

_____

OTHER

Flow measuring device:
☒ meter ☐ elapsed time clock ☐ none
Backflow prevention devices: ☒ yes ☐ no
Cross-connections None noted

STORAGE TANKS

(G) Ground (C) Clearwell (E) Elevated
(B) Bladder (H) Hydropneumatic/flow-through

Tank type	H			
Capacity	3000			
Gravity drain	Yes			
By-pass piping	Yes			
Pressure gauge	Yes			
On/Off pressure	35/55			
Sight glass	Yes			
Fittings for sight glass	—			
Air release valve	—			
Pressure relief valve	Yes			
Access padlocked	Yes			

DEFICIENCIES / COMMENTS

None noted

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN _____ STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT. Send your response to: Department of Environmental Protection, 3319 Maguire Blvd., Suite 232, Orlando, Florida 32803. Phone:(407)894-7555

Inspector M.E. Lawless Title ENV Sup II Date 10/6/95
Received by _____ Title _____ Date / /

Form left: ☐ on site ☒ with water plant operator ☐ with water purveyor

Romy 02/15/94

Florida Department of
Environmental Protection

RECEIVED
OCT 20 1994

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

~~Virginia B. Wetherell~~
Secretary

Date: October 17, 1994

CERTIFIED
Z 188 583 345(2)

Utilities of Florida Inc
RCC with Hansfield
Altamonte Springs Fl 32714

OCD-PW-SS-94-2834

Attention: Donald Rasmussen

Lake County - PW

PWS Name: Clermont #1 (Four Winds)

PWS ID Number: 335-1552

Dear Mr. Rasmussen:

This will confirm a visit to the subject ☒"community" ~~☐"non-transient non-community"~~ ☐"non-community" public water system on October 4, 1994 by W.E. Darling of this office in the presence of Bryan Gongre for the purpose of conducting a sanitary survey. A copy of the report is enclosed for your reference and records. Deficiencies noted during the survey and/or determined from records on file in this office are indicated by numbers, letters and "X" marks in the appropriate and applicable boxes "☐" on the attached pages, including the cited rules of the Florida Administrative Code (F.A.C).

To bring the subject system into complete compliance with relevant Department rules, please ~~correct the indicated deficiencies and~~ provide a written statement to the Department no later than October 31, 1994, stating ~~that all indicated deficiencies have been corrected.~~ what action will be taken concerning auxiliary power

Please provide information, where readily available, for items marked on the sanitary survey report as "unknown".

Reference materials on applicable drinking water regulations as well as cross-connection control are available upon telephone request to Ms. Trudy Wilkes at (407) 894-7555, extension 251.

If you have any questions concerning this letter, please contact W.E. Darling at the address listed above or by phone at (407) 894-7555.

Sincerely,

W.E. Darling, Supervisor
Drinking Water ~~Compliance~~/Enforcement

cc: Lake County Health Department

PWS ID 3351582
DATE 10/17/94

☐ No chlorination system was being provided as required. The necessary apparatus shall be designed, according to acceptable engineering practices, to maintain an absolute minimum 0.2 mg/L free chlorine residual or its equivalent throughout the distribution system. [Rule 62-555.320(4), F.A.C.] _____

☐ Free chlorine residual determination must be conducted with a DPD-type chlorine test kit on a daily basis. Such a test kit must be available on site. [Rule 62-550.550(2), F.A.C.]

☐ There was a lack of safety and control equipment for chlorine gas use. In accordance with Rule 62-555.320(5), F.A.C., the following items are required:

- ☐ Warning signs about the danger of chlorine gas posted at a conspicuous location
- ☐ A wrench fitted on the chlorinator shut-off valve stem at all times
- ☐ A separate approved above-grade room for the gas chlorination facilities
- ☐ Room light with on/off switch outside the room
- ☐ Adequate weighing device for the gas cylinder(s)
- ☐ Gas chlorine cylinder properly secured with a chain
- ☐ A bottle of fresh ammonia solution to test for chlorine gas leakage
- ☐ Exhaust powered ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room)
- ☐ Dual gas chlorination with an automatic switchover device (chlorine demand/usage is greater than ten (10) pounds per day)
- ☐ Sufficient spare parts and lead washers for the chlorinator available on site to provide expeditious repair in case of failure
- ☐ An air-pak or self-contained breathing apparatus, compatible with those used by your local fire department and meeting the requirements of the National Institute for Occupational Safety and Health (NIOSH), stored on-site at a convenient location, but not inside any room where chlorine is used or stored, or be available in on-call operator's service vehicle
- ☐ Device to sound an alarm outside of the gas chlorine room or in the office or laboratory of the plant upon the loss of chlorination capability. Required for systems using in excess of ten (10) pounds per day based on the average daily system chlorine demand on a monthly basis.
- ☐ Protection from weather, the elements, tampering and vandalism for the chlorinator

☒ ☒ Auxiliary power with automatic start up capability ~~☐ and a second well has/have~~ not been ~~provided~~ as required for all community systems serving more than 150 service connections or 350 ~~or~~ more persons. Retain a Florida registered professional engineer to assist you in ~~obtaining~~ the required construction permit(s). [Auxiliary Power - Rule 62-555.320(6), F.A.C.] [Second Well - Rule 62-555.315(1), F.A.C.] /02 connections X 3.5 = 357 population

☐ The auxiliary power unit shall be run under load either for four (4) continuous hours per month or for one hour per week as required by Rule 62-555.320(6)(c), F.A.C.

☐ Auxiliary power plan that details how the system meets the auxiliary power code requirements and an operation and maintenance log must be provided on site. [Rule 62-555.320(6)(e), F.A.C.] _____

☐ In accordance with Rule 62-555.350(1), F.A.C., the following are required for proper operating condition and protection from contamination of the ☐ aerator ☐ ground storage tank ☐ _____:

- ☐ Aerator trays must be cleaned.
- ☐ Aerator screen must be repaired.
- ☐ Ground storage tank vent(s)/overflow(s) screen(s) must be repaired.
- ☐ Ground storage tank hatch must have a gasket and a padlock to prevent contamination, tampering and vandalism.
- ☐ Exterior condition of storage tank is unacceptable due to ☐ rust, ☐ peeling paint, ☐ leakage.
- ☐ _____

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant name Clermont #1 (Four Winds) County Lake PWS ID 335-1552
Plant location E. Lakeshore Dr. Clermont Phone /
Owner name Utilities, Inc. Phone 1869-1919
Owner address 200 Weathersfield Altamonte Spgs 32714 Contact person
This survey date 10/4/94 Last survey date 3/26/91 Last C.I. date 1/12/84

PWS TYPE

☒ Community
☐ Non-Community
☐ Non-Transient Non-Community

PWS STATUS

☒ Approved system w/ approval # & date:
WC35-2034 5/19/79
☐ Unapproved system

SERVICE AREA CHARACTERISTICS:

CSD Sub-division

Food Service: ☐ Yes ☒ No

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ Not required
Operators & Certification Class-Number:
Brian Gongre B-6568
O&M Log: ☒ Yes ☐ No
Operator visiting frequency: (Required/Actual)
Hrs/day Required – Actual 1/2
Days/wk Required – Actual 5+wE
Non-consecutive days?
MORs submitted regularly: ☒ Yes ☐ No
Any missing MOR data? ☒ No ☐ Yes:
Number of service connections 102
Population served Basis
Average day (MOR) 32,500
Maximum day (MOR) 143,000
Max-day design capacity 115,000
Comments

RAW WATER SOURCE

☒ Ground (How many wells? 2)
☐ Surface/UDI (source)
☐ Purchased from (PWS ID)
☒ Emergency water source Auber Hill
Emergency water capacity 396,000

AUXILIARY POWER SOURCE

(Required if ≥350 persons or >150 service connections)
☐ Yes ☐ None ☒ Not required
Identify source
Capacity of standby (kw)
Switchover: ☐ Auto ☐ Manual
Standby plan: ☐ Yes ☐ No
Hrs operated under load/mo(wk)?
What equipment does it operate?
☐ well pump(s) GPM
☐ high service pump(s) GPM
☐ treatment equipment
Does it satisfy 1/2 max-day demand?

TREATMENT PROCESSES IN USE

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow measuring device:
☐ None ☒ meter ☐ elapsed timer ☐ N.A.
Flow meter capacity 1000
Backflow prevention devices: ☒ Yes ☐ No
Cross-connections None noted
Written cross-connection program Yes
Coliform sampling plan: ☒ Yes ☐ No
Comments

PWS 1 & 2

PWS ID 335158L
Date 10/14/94

GROUND WATER SOURCE

Well number		1	2		
Year drilled*		Unknown	1980		
Depth drilled*		445	387		
Drilling method*		Unknown	Combination		
Type of grout*		Unknown	Neat Cement		
Static water level*		Unknown	160		
Pumping water level*		unknown			
Design well yield*					
Test yield*		Unknown			
Actual yield (if different than rated capacity)*		Unknown			
Strainer*					
Length (outside casing)*		160	159		
Diameter (outside casing)		6	4		
Material (outside casing)		Steel	Steel		
Well contamination history		No	No		
Is inundation of well possible?		No	No		
6'x 6'x 4" concrete pad		Yes	Yes		
SET BACKS	Septic tank	150 ft	170 ft		
	Reuse water	N.A.	N.A		
	WW plumbing	+ 150	+150		
	other sanitary hazard	None noted	None Noted		
PUMP	Type	Sub	Sub		
	Manufacturer name	Hitachi	Red Jacket		
	Model number				
	Rated capacity	50 gpm	100 gpm		
	Motor HP		20		
Well casing 12" above grade?		Yes	Yes		
Well casing sanitary seal		Yes	Yes		
Raw water sampling tap		Yes	Yes		
Above ground check valve		Yes	Yes		
Fence/housing		Yes	Yes		
Well vent protection		Yes	Yes		

COMMENTS

* Fill in only when there is no record on file.

PWS ID 335152
Date 10/14/94

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make ChemTech Capacity 30 gpd
Cl_2 feed rate
Avg. amount of Cl_2 gas used/day
Cl_2 residuals: Plant 2.0 Remote 0.5
Remote tap location 13129 Anderson Hill
DPD test kit on site? Yes
Injection points one
Comments:

Chlorine Gas use Requirements	Yes	No	Comments
Dual system			
Auto-switchover			
Loss of chlorination capability alarm			
Scale			
Chained cylinders			
Reserve supply			
Adequate air-pak			
Sign of leaks			
Fresh ammonia			
Ventilation			
Room lighting			
Warning signs			
Repair kits			
Fitted wrench			
Housing/protection			
COMMENTS			

AERATION (Gases, Fe, & Mn removal)

Type Capacity
Aerator condition
Bloodworm presence
Visible algal growth
Protective screen condition
Comments

STORAGE FACILITIES

(G) ground (H) hydropneumatic (E) elevated
(B) bladder (C) clearwell

Tank type/number	H(2)		
Capacity (gal)	750 ea		
Material	Steel		
Gravity drain	Yes		
By-pass piping	Yes		
Pressure gauge	Yes		
Sight glass / level indicator	Yes		
Fittings for sight glass	—		
Protected openings	Yes		
On/Off pressure			
Height to bottom of elev. tank	—		
Height to max. water level	—		
Access padlocked	Yes		
COMMENTS			

HIGH SERVICE PUMPS

Pump number			
Type			
Make			
Model			
Capacity			
Motor HP			
Date installed			
Maintenance			
Comments:			

PWS ID 3351582
Date 10/14/84

COMPLIANCE MONITORING

CONTAMINANT	PWS Screen #	# Samples Required	C > 3300			C ≤ 3300		
			Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	24	See Rule 17-550.518	monthly			monthly		
Nitrate & Nitrite (as N)	30	1	annually			annually		
Turbidity	26	1	3 years *(Note 1)*			3 years *(Note 2)*		
Inorganics	30	1	3 years *(Note 1)*			3 years *(Note 2)*		
Radionuclides	33	*(Note 4)*	3 years *(Note 1)*			3 years *(Note 2)*		
Volatile Organics	28	1	*(Note 1,5)*			*(Note 2,5)*		
Pesticides & PCBs	29	*(Note 6)*	3 years *(Note 1)*			3 years *(Note 2)*		
Group I UOCs	35	*(Note 6)*	None *(Note 7)*			None *(Note 8)*		
		(Note 10)	–			–		
Group II UOCs	34, 36, 37	1	3 years *(Note 1)*			3 years *(Note 2)*		
		(Note 10)	–			–		
Asbestos	30	1 *(Note 11)*	9 years *(Note 12)*			9 years *(Note 13)*		
Lead and copper		*(Note 15)*						
Secondary	31	1	3 years *(Note 1)*			3 years *(Note 2)*		
TTHM >10,000 persons	27	4	Quarterly					

See next page for description of italicized notes.

Abbreviations used: C = community water system
NTNC = non-transient non-community
NC = non-community

NOTE 1 First year of each three year compliance period.

NOTE 2 Second year of each three year compliance period.

NOTE 3 Third year of each three year compliance period.

NOTE 4 See Rule 17-550.519, F.A.C. - Compliance shall be based on the analysis of an annual composite of four consecutive quarterly samples or the average of the analysis of four samples obtained at quarterly intervals.

NOTE 5 See Rule 17-550.515(1), F.A.C. - Each system shall take four consecutive quarterly samples during its assigned year of the first compliance period. If no contaminant is detected, the system will monitor annually during the next three year compliance period. If still no contaminants are detected, one sample shall be taken during each subsequent three year compliance period. If the initial monitoring for contaminants listed in Rule 17-550.310(2)(b), F.A.C., has been completed by December 31, 1992, and the system did not detect any contaminants, then one sample shall be taken annually beginning January 1, 1993.

NOTE 6 4 consecutive quarterly samples (credit will given for samples taken before January 1, 1993).

NOTE 7 First year of the first three year compliance period beginning January 1, 1993.

NOTE 8 Second year of the first three year compliance period beginning January 1, 1993.

NOTE 9 Third year of the first three year compliance period beginning January 1, 1993.

NOTE 10 See Rule 17-550.521(3), F.A.C. - C and NTNC systems with less than 150 service connections should notify the Department that their system is available for testing. Do not send samples to the Department. If the Department determines that the system must take samples for UOCs, it will notify the owner. The samples will be taken at the system's expense. Reference Rule 17-550.410, F.A.C.

NOTE 11 See Rule 17-550.511(4), F.A.C. - A system without asbestos-containing components, and which has no free asbestos in its source water, shall certify to the Department in writing that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of this rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

NOTE 12 First year of each nine year compliance period.

NOTE 13 Second year of each nine year compliance period.

NOTE 14 Third year of each nine year compliance period.

NOTE 15 Contact local DER or ACPHU, or FRWA.

PWS ID 335152
Date 10/14/94

MONITORING VIOLATIONS		MCL VIOLATIONS	

DEFICIENCIES: (See cover letter for recommended actions)

102 service connections X 3.5 = 357 population. Auxiliary required for community systems serving 350, or more, persons.

Inspector M. C. Collins Title Env Sup II Date 10/14/94

Approved by _____ Title _____ Date / /

UTILITIES, INC. OF FLORIDA
AN AFFILIATE OF UTILITIES, INC
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961

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Mr. Bill Darling FDEP - Central District 3319 Maguire Blvd., Suite 232 Orlando, FL 32803-3767	
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PS Form 3800, March 1993

Environmental Protection

uite 232
67

ing

351582

Sanitary Survey

Dear Mr. Darling:

Clermont I is interconnected with Amber Hill (PWS #3354648) whose electrical power is supplied by Florida Power Corp. and Lake Ridge (PWS #3354884) whose electrical power is supplied by Sumpter Electric. I have been assured by engineering for both power companies that these two feeds are totally separate from one another with no interconnects. This information should satisfy the requirement of auxiliary power for this area.

If I am misinterpreting the rules or if you need additional information, please feel free to call me at (407) 869-1919.

Sincerely,

Kenneth Miller/mal

Kenneth Miller
Area Manager

KM/ml

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

October 20, 1994

RECEIVED
OCT 20 1994

CERTIFIED
Z 188 583 345(1)

Utilities of Florida, Inc
200 Weathersfield
Altamonte Springs, FL 32714

OCD-PW-SS-94-2833

Attention: Donald Rasmussen

Lake County - PW
Clermont #2 (Main)
PWS ID Number 3350153

Dear Mr. Rasmussen:

This will confirm a visit to the subject Community public water system on October 14, 1994 by me in the presence of Bryan Gongre for the purpose of conducting a sanitary survey. A copy of the report is enclosed for your reference and records. There were no deficiencies noted during the survey and/or determined from records on file in this office. We appreciate your cooperation in operating your water system in accordance with state rules.

Reference materials on applicable drinking water regulations as well as cross-connections are available upon telephone request to Ms. Trudy Wilkes at (407) 894-7555, Extension 3318.

If you have any questions concerning this letter, please contact me at the address listed above or by phone at (407) 894-7555.

Sincerely,

W.E. Darling, Supervisor
Drinking Water Compliance/Enforcement

WED:tr

cc: Lake County Public Health Unit

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant name Clermont #2 - Cen- County Lake PWS ID 3350353
Plant location _____ Phone /
Owner name Utilities Inc Phone 1869-1914
Owner address 200 Weathersfield Alta Springs 32714 Contact person _____
This survey date 10/14/1991 Last survey date 3/26/81 Last C.I. date 1/12/84

PWS TYPE

- ☒ Community
- ☐ Non-Community
- ☐ Non-Transient Non-Community

PWS STATUS

- ☒ Approved system w/ approval # & date: WC35-2098 4/10/86
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS:

CSD Subdivision

Food Service: ☐ Yes ☒ No

OPERATION & MAINTENANCE

Certified operator: ☒ Yes ☐ No ☐ Not required
Operators & Certification Class-Number:
Brian Gongre B-6568

O&M Log: ☒ Yes ☐ No
Operator visiting frequency: (Required/Actual)
Hrs/day *Required* *Actual* 4
Days/wk *Required* *Actual* 5 + W.E.
Non-consecutive days? _____
MORs submitted regularly: ☒ Yes ☐ No
Any missing MOR data? ☒ No ☐ Yes: _____

Number of service connections 35
Population served _____ Basis _____
Average day (MOR) 23,000
Maximum day (MOR) 24,000
Max-day design capacity 71,000
Comments _____

RAW WATER SOURCE

- ☒ Ground (How many wells? 2)
- ☐ Surface/UDI (source _____)
- ☐ Purchased from (PWS ID _____)
- ☐ Emergency water source _____
  Emergency water capacity _____

AUXILIARY POWER SOURCE

(Required if ≥350 persons or >150 service connections)
☐ Yes ☐ None ☒ Not required
Identify source _____
Capacity of standby (kw) _____
Switchover: ☐ Auto ☐ Manual
Standby plan: ☐ Yes ☐ No
Hrs operated under load/mo(wk)? _____
What equipment does it operate?
☐ well pump(s) _____ GPM
☐ high service pump(s) _____ GPM
☐ treatment equipment _____
Does it satisfy 1/2 max-day demand? _____

TREATMENT PROCESSES IN USE

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM

Flow measuring device:
☐ None ☒ meter ☐ elapsed timer ☐ N.A.
Flow meter capacity _____
Backflow prevention devices: ☒ Yes ☐ No
Cross-connections None noted
Written cross-connection program Yes
Coliform sampling plan: ☒ Yes ☐ No
Comments _____

PWS-142

PWS ID 3350155
Date 10/July/94

GROUND WATER SOURCE

Well number		1	2		
Year drilled*		1939	1962		
Depth drilled*		243	328		
Drilling method*		Unknown	Unknown		
Type of grout*					
Static water level*					
Pumping water level*					
Design well yield*					
Test yield*					
Actual yield (if different than rated capacity)*					
Strainer*			Unknown		
Length (outside casing)*		Unknown	120		
Diameter (outside casing)		4	6		
Material (outside casing)		Steel	Steel		
Well contamination history		No	No		
Is inundation of well possible?		No	No		
6'x 6'x 4" concrete pad		Yes	Yes		
SET BACKS	Septic tank				
	Reuse water	N.A.	N.A.		
	WW plumbing				
	other sanitary hazard	None noted	None noted		
PUMP	Type	Sub	Sub		
	Manufacturer name	Sta-Rite	Sta-Rite		
	Model number	V11PAH02-01	C1P4J02		
	Rated capacity	44	55		
	Motor HP	3	5		
Well casing 12" above grade?					
Well casing sanitary seal					
Raw water sampling tap					
Above ground check valve		Yes	Yes		
Fence/housing					
Well vent protection					

COMMENTS

* Fill in only when there is no record on file.

PWS ID 3350153
Date 12/14/94

CHLORINATION (Disinfection)

Type: ☐ Gas ☒ Hypo
Make Chem Tech Capacity 30 gpd
Cl_2 feed rate —
Avg. amount of Cl_2 gas used/day —
Cl_2 residuals: Plant 0.5 Remote 0.2
Remote tap location 12410 Sunset
DPD test kit on site? Yes
Injection points one
Comments:

Chlorine Gas use Requirements	Yes	No	Comments
Dual system			
Auto-switchover			
Loss of chlorination capability alarm			
Scale			
Chained cylinders			
Reserve supply			
Adequate air-pak			
Sign of leaks			
Fresh ammonia			
Ventilation			
Room lighting			
Warning signs			
Repair kits			
Fitted wrench			
Housing/protection			
COMMENTS			

AERATION (Gases, Fe, & Mn removal)

Type _____ Capacity _____
Aerator condition _____
Bloodworm presence _____
Visible algal growth _____
Protective screen condition _____
Comments _____

STORAGE FACILITIES

(G) ground (H) hydropneumatic (E) elevated
(B) bladder (C) clearwell

Tank type/number	H		
Capacity (gal)			
Material	Steel		
Gravity drain	Yes		
By-pass piping	Yes		
Pressure gauge	Yes		
Sight glass / level indicator	Yes		
Fittings for sight glass	—		
Protected openings	Yes		
On/Off pressure			
Height to bottom of elev. tank	—		
Height to max. water level	—		
Access padlocked	Yes		
COMMENTS			

HIGH SERVICE PUMPS

Pump number			
Type			
Make			
Model			
Capacity			
Motor HP			
Date installed			
Maintenance			
Comments:			

PWS ID 3350153
Date 10/14/94

COMPLIANCE MONITORING

CONTAMINANT	PWS Screen #	# Samples Required	C > 3300			C ≤ 3300		
			Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	24	See Rule 17-550.518	monthly			monthly	8/94	
Nitrate & Nitrite (as N)	30	1	annually			annually	12/15/93	1994
Turbidity	26	1	3 years *(Note 1)*			3 years *(Note 2)*	2/24/91	
Inorganics	30	1	3 years *(Note 1)*			3 years *(Note 2)*	2/21/91	
Radionuclides	33	*(Note 4)*	3 years *(Note 1)*			3 years *(Note 2)*	2/21/91	
Volatile Organics	28	1	*(Note 1,5)*			*(Note 2,5)*	12/14/93	
Pesticides & PCBs	29	*(Note 6)*	3 years *(Note 1)*			3 years *(Note 2)*	2/21/91	
Group I UOCs	35	*(Note 6)*	None *(Note 7)*			None *(Note 8)*	12/14/93	
		(Note 10)	–			–		
Group II UOCs	34, 36, 37	1	3 years *(Note 1)*			3 years *(Note 2)*	12/14/93	
		(Note 10)	–			–		
Asbestos	30	1 *(Note 11)*	9 years *(Note 12)*			9 years *(Note 13)*	waiver	2001
Lead and copper		*(Note 15)*						
Secondary	31	1	3 years *(Note 1)*			3 years *(Note 2)*		
TTHM >10,000 persons	27	4	Quarterly					

See next page for description of italicized notes.

Abbreviations used: **C** = community water system
NTNC = non-transient non-community
NC = non-community

NOTE 1 First year of each three year compliance period.

NOTE 2 Second year of each three year compliance period.

NOTE 3 Third year of each three year compliance period.

NOTE 4 See Rule 17-550.519, F.A.C. - Compliance shall be based on the analysis of an annual composite of four consecutive quarterly samples or the average of the analysis of four samples obtained at quarterly intervals.

NOTE 5 See Rule 17-550.515(1), F.A.C. - Each system shall take four consecutive quarterly samples during its assigned year of the first compliance period. If no contaminant is detected, the system will monitor annually during the next three year compliance period. If still no contaminants are detected, one sample shall be taken during each subsequent three year compliance period. If the initial monitoring for contaminants listed in Rule 17-550.310(2)(b), F.A.C., has been completed by December 31, 1992, and the system did not detect any contaminants, then one sample shall be taken annually beginning January 1, 1993.

NOTE 6 4 consecutive quarterly samples (credit will given for samples taken before January 1, 1993).

NOTE 7 First year of the first three year compliance period beginning January 1, 1993.

NOTE 8 Second year of the first three year compliance period beginning January 1, 1993.

NOTE 9 Third year of the first three year compliance period beginning January 1, 1993.

NOTE 10 See Rule 17-550.521(3), F.A.C. - C and NTNC systems with less than 150 service connections should notify the Department that their system is available for testing. Do not send samples to the Department. If the Department determines that the system must take samples for UOCs, it will notify the owner. The samples will be taken at the system's expense. Reference Rule 17-550.410, F.A.C.

NOTE 11 See Rule 17-550.511(4), F.A.C. - A system without asbestos-containing components, and which has no free asbestos in its source water, shall certify to the Department in writing that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of this rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

NOTE 12 First year of each nine year compliance period.

NOTE 13 Second year of each nine year compliance period.

NOTE 14 Third year of each nine year compliance period.

NOTE 15 Contact local DER or ACPHU, or FRWA.

Department of Environmental Protection

RECEIVED
OCT 20 1994

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

October 20, 1994

CERTIFIED
Z 188 583 345

Utilities of Florida, Inc
200 Weatherfield
Altamonte Springs, FL 32714

OCD-PW-SS-94-2832

Attention: Donald Rasmussen

Lake County - PW
Amberhill
PWS ID Number 3355465

Dear Mr. Rasmussen :

This will confirm a visit to the subject Community public water system on October 14, 1994 by me in the presence of Bryan Gongre for the purpose of conducting a sanitary survey. A copy of the report is enclosed for your reference and records. There were no deficiencies noted during the survey and/or determined from records on file in this office. We appreciate your cooperation in operating your water system in accordance with state rules.

Reference materials on applicable drinking water regulations as well as cross-connections are available upon telephone request to Ms. Trudy Wilkes at (407) 894-7555, Extension 3318.

If you have any questions concerning this letter, please contact me at the address listed above or by phone at (407) 894-7555.

Sincerely,

W.E. Darling, Supervisor
Drinking Water Compliance/Enforcement

WED:tr

cc: Lake County Public Health Unit

State of Florida
Department of Environmental Protection
Central District

SANITARY SURVEY REPORT

Plant name Amberhill S/D County Lake PWS ID 3354648
Plant location E. Lakeshore Dr (Topaz SE) Phone /
Owner name Utilities Inc. Phone 1869-1919
Owner address 200 Weathersfield Alta Spgs 32714 Contact person
This survey date 10/14/94 Last survey date 3/26/91 Last C.I. date 1/12/89

PWS TYPE
- ☒ Community
- ☐ Non-Community
- ☐ Non-Transient Non-Community

PWS STATUS
- ☒ Approved system w/ approval # & date: WD35-7097 3/18/86
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS:
CSD Subdivision

Food Service: ☐ Yes ☒ No

OPERATION & MAINTENANCE
Certified operator: ☒ Yes ☐ No ☐ Not required
Operators & Certification Class-Number:
Brian Gongre B-6568

O&M Log: ☒ Yes ☐ No
Operator visiting frequency: (Required/Actual)
Hrs/day Required — Actual 1/2
Days/wk Required 2 Actual 5+WE
Non-consecutive days?
MORs submitted regularly: ☒ Yes ☐ No
Any missing MOR data? ☒ No ☐ Yes:

Number of service connections 33
Population served Basis
Average day (MOR) 115,000
Maximum day (MOR) 367,000
Max-day design capacity 0.396
Comments

RAW WATER SOURCE
- ☒ Ground (How many wells? 1)
- ☐ Surface/UDI (source)
- ☐ Purchased from (PWS ID)
- ☒ Emergency water source Clermont #1
  Emergency water capacity 69,000

AUXILIARY POWER SOURCE
(Required if ≥350 persons or >150 service connections)
☐ Yes ☐ None ☒ Not required
Identify source
Capacity of standby (kw)
Switchover: ☐ Auto ☐ Manual
Standby plan: ☐ Yes ☐ No
Hrs operated under load/mo(wk)?
What equipment does it operate?
- ☐ well pump(s) GPM
- ☐ high service pump(s) GPM
- ☐ treatment equipment

Does it satisfy 1/2 max-day demand?

TREATMENT PROCESSES IN USE

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow measuring device:
☐ None ☒ meter ☐ elapsed timer ☐ N.A.
Flow meter capacity 1000
Backflow prevention devices: ☒ Yes ☐ No
Cross-connections none noted
Written cross-connection program Yes
Coliform sampling plan: ☒ Yes ☐ No
Comments

PWS ID 555 4643
Date 10/14/94

GROUND WATER SOURCE

Well number		1			
Year drilled*		1985			
Depth drilled*		600			
Drilling method*		Rotary			
Type of grout*		Neat Cement			
Static water level*		129			
Pumping water level*					
Design well yield*					
Test yield*					
Actual yield (if different than rated capacity)*					
Strainer*		Yes			
Length (outside casing)*		168			
Diameter (outside casing)		10			
Material (outside casing)		Steel			
Well contamination history		No			
Is inundation of well possible?		No			
6'x 6'x 4" concrete pad		Yes			
SET BACKS	Septic tank	+200			
	Reuse water	NA			
	WW plumbing	+200			
	other sanitary hazard	None noted			
PUMP	Type	V.T.			
	Manufacturer name	Goulds			
	Model number	30HHD			
	Rated capacity	550 GPM			
	Motor HP	60			
Well casing 12" above grade?		Yes			
Well casing sanitary seal		Yes			
Raw water sampling tap		Yes			
Above ground check valve		Yes			
Fence/housing		Yes			
Well vent protection		Yes			

COMMENTS

* Fill in only when there is no record on file.

PWS ID 3354648
Date 10/14/94

CHLORINATION (Disinfection)

Type: ☒ Gas ☐ Hypo
Make Regel Capacity _____
Cl_2 feed rate _____
Avg. amount of Cl_2 gas used/day > 1/2
Cl_2 residuals: Plant 2.0 Remote 1.2
Remote tap location 12650 Anoka Ave
DPD test kit on site? Yes
Injection points one
Comments: _____

Chlorine Gas use Requirements	Yes	No	Comments
Dual system	Y		
Auto-switchover	Y		
Loss of chlorination capability alarm		Y	
Scale	Y		
Chained cylinders	Y		
Reserve supply	Y		
Adequate air-pak	Y		
Sign of leaks		X	
Fresh ammonia	Y		
Ventilation	Y		
Room lighting	Y		
Warning signs	Y		
Repair kits	Y		
Fitted wrench	Y		
Housing/protection	Y		
COMMENTS			

AERATION (Gases, Fe, & Mn removal)

Type _____ Capacity _____
Aerator condition _____
Bloodworm presence _____
Visible algal growth _____
Protective screen condition _____
Comments _____

STORAGE FACILITIES

(G) ground (H) hydropneumatic (E) elevated
(B) bladder (C) clearwell

Tank type/number	H		
Capacity (gal)	7500		
Material	steel		
Gravity drain	Yes		
By-pass piping	Yes		
Pressure gauge	Yes		
Sight glass / level indicator	Yes		
Fittings for sight glass	—		
Protected openings	ok		
On/Off pressure	30/50		
Height to bottom of elev. tank	—		
Height to max. water level	—		
Access padlocked	Yes		
COMMENTS			

HIGH SERVICE PUMPS

Pump number			
Type			
Make			
Model			
Capacity			
Motor HP			
Date installed			
Maintenance			
Comments:			

PWS ID 3354648
Date 10/14/94

COMPLIANCE MONITORING

CONTAMINANT	PWS Screen #	# Samples Required	C > 3300			C ≤ 3300		
			Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	24	See Rule 17-550.518	monthly			monthly	8/94	
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Volatile Organics	28	1	*(Note 1,5)*			*(Note 2,5)*	12/93	
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Group I UOCs	35	*(Note 6)*	None *(Note 7)*			None *(Note 8)*	12/93	
		(Note 10)	–			–		
Group II UOCs	34, 36, 37	1	3 years *(Note 1)*			3 years *(Note 2)*	12/93	
		(Note 10)	–			–		
Asbestos	30	1 *(Note 11)*	9 years *(Note 12)*			9 years *(Note 13)*	Waiver	2001
Lead and copper		*(Note 15)*						
Secondary	31	1	3 years *(Note 1)*			3 years *(Note 2)*	2/91	
TTHM >10,000 persons	27	4	Quarterly					

See next page for description of italicized notes.

Abbreviations used: **C** = community water system
NTNC = non-transient non-community
NC = non-community

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NOTE 3 Third year of each three year compliance period.

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NOTE 5 See Rule 17-550.515(1), F.A.C. - Each system shall take four consecutive quarterly samples during its assigned year of the first compliance period. If no contaminant is detected, the system will monitor annually during the next three year compliance period. If still no contaminants are detected, one sample shall be taken during each subsequent three year compliance period. If the initial monitoring for contaminants listed in Rule 17-550.310(2)(b), F.A.C., has been completed by December 31, 1992, and the system did not detect any contaminants, then one sample shall be taken annually beginning January 1, 1993.

NOTE 6 4 consecutive quarterly samples (credit will given for samples taken before January 1, 1993).

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NOTE 11 See Rule 17-550.511(4), F.A.C. - A system without asbestos-containing components, and which has no free asbestos in its source water, shall certify to the Department in writing that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of this rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.

NOTE 12 First year of each nine year compliance period.

NOTE 13 Second year of each nine year compliance period.

NOTE 14 Third year of each nine year compliance period.

NOTE 15 Contact local DER or ACPHU, or FRWA.

PWS ID 335 4648
Date 10/14/94

MONITORING VIOLATIONS		MCL VIOLATIONS	

DEFICIENCIES: (See cover letter for recommended actions)

None noted

Inspector [signature] Title Env Scp II Date 10/14/94

Approved by _____ Title _____ Date / /

UTILITIES, INC. OF FLORIDA

AN AFFILIATE OF UTILITIES, INC

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 708-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961

June 30, 1992

Mr. William Darling, Supervisor
Drinking Water Compliance Section
Florida Department of Environmental Regulation
Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Re: Lake County - PW
Lake Ridge Club
PWS ID# 3354884

Dear Mr. Darling:

In response to the May 8, 1992 sanitary survey conducted at the above referenced system, the following action has been taken:

- To correct the deficiency noted, a fence was installed around the well pump to protect it from possible vandalism or tampering. The installation was completed on June 25, 1992.

Please advise me if any further information is needed.

Sincerely,

Donald Rasmussen
Vice President

DR/jr

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor — Carol M. Browner, Secretary

CERTIFIED: P 744 727 610 Date: May 12, 1992

Utilities of Florida, Inc.
200 Weathersfield Ave
Altamonte Springs, Florida 32714

OCD-PW-SS-92-1116

Attention: Don Rasmussen

Lake County-PW

PWS Name: Lake Ridge Club S/D

PWS ID Number: 335-4884

Dear Mr. Rasmussen:

This will confirm a visit to the subject ☒ "community" ☐ "non-transient non-community" ☐ "non-community" public water system on May 8, 1992 by W.E. Darling of this office in the presence of Brian Sullivan for the purpose of conducting a sanitary survey. A copy of the report is enclosed for your reference and records. Deficiencies noted during the survey and/or determined from records on file in this office are indicated by numbers, letters and "X" marks in the appropriate and applicable boxes "☐" on the attached pages, including the cited rules of the Florida Administrative Code (F.A.C).

YOU ARE REQUIRED TO CORRECT THE DEFICIENCIES FOR THE SUBJECT SYSTEM AND TO PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN August 10, 1992 STATING THAT ALL LISTED DEFICIENCIES HAVE BEEN CORRECTED; FAILURE TO DO SO WILL RESULT IN THE TAKING OF APPROPRIATE ENFORCEMENT ACTION BY THE DEPARTMENT.

You are also required to provide information, where available, for items marked on the sanitary survey report as "unknown" or "unk".

Reference materials on applicable drinking water regulations as well as cross-connections are available upon telephone request to Ms. Mary Glover at (407) 894-7555, extension 251.

If you have any questions concerning this letter, please contact W.E. Darling at the address listed above or by phone at (407)894-7555.

Sincerely,

for Paul Morrison
Section Manager
Drinking Water Compliance/Enforcement

cc: Lake County Health Department

re 12/02/91

Recycled Paper

☐ The well casing 6'x 6'x 4" concrete pad has structural damage and must be repaired to provide protection against direct surface water infiltration adjacent to the well. [Rule 17-555.315(2)(b)5, F.A.C.]_____

☐ All pump pits shall be equipped with a watertight sanitary seal. The pit shall be provided with an adequate drainage system. [Rule 17-555.315(2)(c), F.A.C.]_____

_____

☐ The opening on the sanitary seal of the well casing must be provided with proper protection from insects and other contaminants. [Rule 17-555.315(2)(b)6, F.A.C.] _____

_____

☒ Well and pump shall be protected from tampering and vandalism. [Rule 17-555.315(2)(d), F.A.C.]_____

☐ Well vent shall be adequately protected with minimum #20 mesh screen. [Rule 17-555.315(2)(e), F.A.C.]_____

☐ The required raw water sampling tap on the well pump discharge in accordance with Rule 17-555.315(2)(f),F.A.C.:

- ☐ must be provided on the discharge side of the well pump before the check valve.
- ☐ must be a smooth-nosed and down-flow type.
- ☐ must be located a minimum distance of 12 inches above the ground surface.
- ☐ _____

☐ A check valve was not installed between the raw water sampling tap and the chlorine injection point in order to assure that the raw water sample is not chlorinated. [Rule 17-555.330(2)(f), F.A.C.]_____

☐ A check valve was not installed on the raw water line from the well pump in order to keep the raw water line full and otherwise protected from exposure to external contamination. [Rule 17-555.330, F.A.C.]_____

☐ A visible and operational flow meter that indicates pumpage of finished water to the distribution system was not provided. An elapsed time clock synchronized with the on and off operation of the well pump is ☐ not acceptable for community public water systems ☐ acceptable for certain non-community and non-transient non-community public water systems. [Rule 17-555.320(8), F.A.C.]_____

☐ Adequate chlorination was not being provided or monitored on a daily basis. An absolute minimum 0.2 mg/L free chlorine residual was not being maintained throughout the distribution system at the time of our visit. ☐ It is entirely possible that the chlorinator is working properly but the charcoal filter is removing the chlorine. We suggest you contact a professional engineer registered in the State of Florida for further advice. [Rule 17-550.510(6)(d), F.A.C.]_____

☐ No chlorination system was being provided as required. The necessary apparatus shall be designed, according to acceptable engineering practices, to maintain an absolute minimum 0.2 mg/L free chlorine residual or its equivalent throughout the distribution system. [Rule 17-555.320(4), F.A.C.]_____

☐ Free chlorine residual determination must be conducted with a DPD-type chlorine test kit on a daily basis. Such a test kit must be available on site. [Rule 17-550.550(2), F.A.C.]

State of Florida
Department of Environmental Regulation
Central District

SANITARY SURVEY REPORT

Plant name Lake Ridge S/D County Lake PWS ID 3354884
Plant address _____ Phone _____
Owner name Utilities of Fl. Inc.
Address 200 Weathersfield Ave. Altamonte Spgs Fl 32714 Phone 407/869-1919
This survey date 5/5/92 Last survey date New Plant Contact person Rasmussen

PWS TYPE
- ☒ Community
- ☐ Non-Community
- ☐ Non-Transient Non-Community

PWS STATUS
- ☒ Approved system w/ approval # & date: 1/21/92
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS:
C.S.D. Sub-division

OPERATION & MAINTENANCE
Certified operator: ☒ Yes ☐ No ☐ N.A.
Operators & Certification Class-Number:
Brian Sullivan C-7020

O&M Log: ☒ Yes ☐ No
Operator visiting frequency:
Hours/day 1/2
Days/week 5 + WE
Non-consecutive days? _____
MORs submitted regularly: ☒ Yes ☐ No
Any missing MOR data no
Number of service connections 8
Number of population served _____
Average day _____
Maximum day _____
Design capacity _____
Comments _____

Interconnected with Amber Hill S/D

RAW WATER SOURCE
- ☒ Ground (How many wells? 1)
- ☐ Surface (Identify source _____)
- ☐ Purchased (from _____)
- ☐ Emergency water source _____
  Emergency water capacity (GPM) _____

AUXILIARY POWER SOURCE (if served pop. ≥ 350)
Identify source _____
Capacity of standby (kw) _____
Switchover: ☐ Auto ☐ Manual
Standby O&M log: ☐ Yes ☐ No
Operated under load (4hrs/mo)? _____
What equipment does it operate?
- ☐ well pump(s) _____ GPM
- ☐ high service pump(s) _____ GPM
- ☐ treatment equipment _____

Does it satisfy 1/2 max.day demand? _____

TREATMENT PROCESSES IN USE

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow measuring device:
☐ No ☒ meter ☐ elapsed timer ☐ N.A.
Flow meter capacity (GPM) 100
Back flow prevention devices: ☒ Yes ☐ No
Cross-connections None noted
Written cross-connection program Yes
Flushing schedule _____

Ext PWS 1, 2, 3, 4

PWS ID 335-4884
Date 5/8/92

GROUND WATER SOURCE

Well number		1							
Year drilled*		1984							
Depth drilled*		540							
Drilling method*		Rotary							
Type of grout*		Cement							
Static water level*		127							
Pumping water level*									
Design well yield*									
Test yield*									
Strainer*									
Length (outside casing)*		140							
Diameter (outside casing)		10							
Material (outside casing)		Steel							
Well contamination history		No							
Is inundation of well possible?		No							
5'x 6'x 4" concrete pad		Yes							
SET BACKS	Septic tank	over 100'							
	Reuse water	NA							
	WW plumbing	NA							
	other sanitary hazard	None							
PUMP	Type	Submersable							
	Manufacturer name	Goulds							
	Model number	10RJH07-8							
	Rated capacity	650							
	Motor HP	75							
Well casing sanitary seal		Yes							
Raw water sampling tap		Yes							
Above ground check valve		Yes							
Fence/housing		No							
Well vent protection		Yes							

Comments:
Well head not enclosed.

* Fill in only when there is no record on file.

PWS ID 3354884
Date 5/8/97

CHLORINATION (Disinfection)

Type: ☒ Gas ☐ Hypo
Make Regal Capacity _____
Cl_2 feed rate _____
Avg. amount of Cl_2 gas used/day 1/3
Cl_2 residuals: Plant 1.1 Remote 0.8
Remote tap address 12425 Lake Ridge Circle
DPD test kit on site? Yes
Injection points 1
Comments: _____

Chlorine Gas use Requirements	YES	NO	Comments
Dual system	✓		
Auto-switchover	✓		
Loss of chlorination capability alarm	✓		
Scale	✓		
Chained cylinders	✓		
Reserve supply	✓		
Adequate air-pak	✓		
Sign of leaks		✓	
Fresh ammonia	✓		
Ventilation	✓		
Room lighting	✓		
Warning signs	✓		
Repair kits	✓		
Fitted wrench	✓		
Housing/protection	✓		
COMMENTS			

AERATION (Gases, Fe, & Mn removal)

Type _____ Capacity _____
Aerator condition _____
Bloodworm presence _____
Visible algal growth _____
Protective screen condition _____
Comments _____

STORAGE FACILITIES

(G) ground (H) hydropneumatic (E) elevated
(B) bladder (C) clearwell

Tank type/number	H		
Capacity (gal)	800		
Material	Steel		
Gravity drain	Yes		
By-pass piping	Yes		
Pressure gauge	Yes		
Sight glass / level indicator	Yes		
Fittings for sight glass	—		
Protected openings	Yes		
On/Off pressure	35/60		
Height to bottom of elev. tank	—		
Height to max. water level	—		
Access padlocked	Ye		
COMMENTS			

HIGH SERVICE PUMPS

Pump number			
Type			
Make			
Model			
Capacity			
Motor HP			
Date installed			
Maintenance			
Comments:			

PWS ID 335 4884

COMPLIANCE MONITORING

Parameters	PWS Screen #	Community		Non-Transient Non-Community		Non-Community	
		Cycle	Date	Cycle	Date	Cycle	Date
Bacteriological	24	monthly	OK	monthly		quarterly	
Inorganics	30	3 years	5/90	3 years		nitrate only/ 5 years	
Turbidity	26	3 years	5/90	3 years		one time sampling	
Radionuclides	33	4 years	8/90	4 years	starting 12/82		
Volatile Organics	28	quarterly/ 3 years	2/92	quarterly/3 years			
Unregulated Organics	34-37	3 years	5/90	3 years			
Secondaries	31	3 years	5/90				
Organics	29	3 years	5/90				
TTHM (if pop ≥ 10k)	27	quarterly					

Compliance monitoring violations: _____

Maximum Contaminant Level violations: Gross Alpha exceeded

DEFICIENCIES: (See cover letter for recommended actions)

well head not protected (enclosed)

Inspector M.E. Williams Title Env Sci II Date 8/8/92

Approved by _____ Title _____ Date _____

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

~~Carol M. Browner~~, Secretary
Virginia B. Wetherell

CERTIFIED
P 123 352 342

March 9, 1993

Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

OCD-PW-CE-93-0396

Lake County - PW
Crescent West
PWS ID Number 335-4690

Dear Mr. Rasmussen:

This will confirm a visit to the subject "non-community" public water system on March 3, 1993 by Mr. W.E. Darling of this office in the presence of Robert Fritsch for the purpose of conducting a sanitary survey. A copy of the report is enclosed for your reference and records. There were no deficiencies noted during the survey and/or determined from records on file in this office. We appreciate your cooperation in operating your water system in accordance with state rules.

Reference materials on applicable drinking water regulations as well as cross-connections are available upon telephone request to Ms. Mary Glover at (407)894-7555, extension 251.

If you have any questions concerning this letter, please contact Mr. W.E. Darling at the address listed above or by phone at (407)894-7555.

Sincerely,

W.E. Darling, Supervisor
Drinking Water Compliance/Enforcement

WED:mlk
Enclosure

cc: Lake County Health Department

Recycled Paper

State of Florida
Department of Environmental Regulation
Central District

SANITARY SURVEY REPORT

Plant name Crescent West County Lake PWS ID 3354690
Plant address _____ Phone _____
Owner name Del Webb Florida Utilities of FL Inc
Address Altamonte Springs FL Phone 869-1919
This survey date 3/3/92 Last survey date 4/16/90 Contact person R. FRITSCH

PWS TYPE
- ☒ Community
- ☐ Non-Community
- ☐ Non-Transient Non-Community

PWS STATUS
- ☒ Approved system w/ approval # & date:
  - W035-15527 0 11/21/90
  - WC35-2112 3/16/88
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS:
CSC Subdivision

OPERATION & MAINTENANCE
Certified operator: ☒ Yes ☐ No ☐ N.A.
Operators & Certification Class-Number:
R. Fritch C 6104

O&M Log: ☒ Yes ☐ No
Operator visiting frequency:
Hours/day 5/2
Days/week 5 + weekend
Non-consecutive days? _____
MORs submitted regularly: ☒ Yes ☐ No
Any missing MOR data N/A
Number of service connections 26
Number of population served _____
Average day 0.034
Maximum day 0.067
Design capacity 0.432
Comments _____

RAW WATER SOURCE
- ☒ Ground (How many wells? 1)
- ☐ Surface (Identify source _____)
- ☐ Purchased (from _____)
- ☐ Emergency water source _____
  Emergency water capacity (GPM) _____

AUXILIARY POWER SOURCE (if served pop. ≥ 350)
Identify source interconnected w/ Crescent Bay
Capacity of standby (kw) _____
Switchover: ☐ Auto ☐ Manual
Standby O&M log: ☐ Yes ☐ No
Operated under load (4hrs/mo)? _____
What equipment does it operate?
- ☐ well pump(s) _____ GPM
- ☐ high service pump(s) _____ GPM
- ☐ treatment equipment _____

Does it satisfy 1/2 max.day demand? _____

TREATMENT PROCESSES IN USE
_____
_____
What additional treatment is needed?
_____
For control of what deficiencies?
_____

DISTRIBUTION SYSTEM
Flow measuring device:
☐ No ☒ meter ☐ elapsed timer ☐ N.A.
Flow meter capacity (GPM) 100
Back flow prevention devices: ☒ Yes ☐ No
Cross-connections None noted
Written cross-connection program Yes
Flushing schedule _____

re 12/02/91

PWS ID 5354646
Date 3/3/93

GROUND WATER SOURCE

Well number		1							
Year drilled*		87							
Depth drilled*		400							
Drilling method*		Cable							
Type of grout*									
Static water level*		50							
Pumping water level*									
Design well yield*									
Test yield*									
Strainer*									
Length (outside casing)*		105							
Diameter (outside casing)		10							
Material (outside casing)		Steel							
Well contamination history		No							
Is inundation of well possible?		No							
6'x 6'x 4" concrete pad		Yes							
SET BACKS	Septic tank	+300							
	Reuse water	NA							
	WW plumbing	+200							
	other sanitary hazard	None noted							
PUMP	Type	V.T							
	Manufacturer name	Goulds							
	Model number	8 JH6 -2							
	Rated capacity	400gpm							
	Motor HP	50							
Well casing sanitary seal		Yes							
Raw water sampling tap		Yes							
Above ground check valve		Yes							
Fence/housing		Yes							
Well vent protection		Yes							
Comments:									

* Fill in only when there is no record on file.

PWS ID 3354690
Date 3/3/93

CHLORINATION (Disinfection)

Type: ☒ Gas ☐ Hypo
Make Regal Capacity 100
Cl_2 feed rate
Avg. amount of Cl_2 gas used/day
Cl_2 residuals: Plant 0.9 Remote 0.6
Remote tap address Lot # 8
DPD test kit on site? Yes
Injection points One
Comments:

Chlorine Gas use Requirements	YES	NO	Comments
Dual system			
Auto-switchover			
Loss of chlorination capability alarm			
Scale			
Chained cylinders			
Reserve supply			
Adequate air-pak			
Sign of leaks			
Fresh ammonia			
Ventilation			
Room lighting			
Warning signs			
Repair kits			
Fitted wrench			
Housing/protection			
COMMENTS			

AERATION (Gases, Fe, & Mn removal)

Type Capacity
Aerator condition
Bloodworm presence
Visible algal growth
Protective screen condition
Comments

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 / level indicator	Yes		
Fittings for sight glass	—		
Protected openings	o/c		
On/Off pressure	38/55		
Height to bottom of elev. tank	—		
Height to max. water level	—		
Access padlocked			
COMMENTS			

HIGH SERVICE PUMPS

Pump number			
Type			
Make			
Model			
Capacity			
Motor HP			
Date installed			
Maintenance			
Comments:			

PWS ID 3354690

COMPLIANCE MONITORING

Parameters	PWS Screen #	Community		Non-Transient Non-Community		Non-Community	
		Cycle	Date	Cycle	Date	Cycle	Date
Bacteriological	24	monthly	a/c	monthly		quarterly	
Inorganics	30	3 years	11/90	3 years		nitrate only/ 5 years	
Turbidity	26	3 years	10/90	3 years		one time sampling	
Radionuclides	33	4 years	11/90	4 years	starting 12/92		
Volatile Organics	28	quarterly/ 3 years	11/91	quarterly/3 years			
Unregulated Organics	34-37	3 years	2/91	3 years			
Secondaries	31	3 years	1/91				
Organics	29	3 years	11/90				
TTHM (if pop ≥ 10k)	27	quarterly					

Compliance monitoring violations: No

Maximum Contaminant Level violations: None

DEFICIENCIES: (See cover letter for recommended actions)

None noted

Inspector [signature] Title Env Sup II Date 5/3/93

Approved by _____ Title _____ Date _____

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

~~Carol M. Browner~~, Secretary
Virginia B. Wetherell

CERTIFIED
P 123 352 341

March 9, 1993

Utilities, Inc. of Florida
200 Weatherfield Avenue
Altamonte Springs, Florida 32714

OCD-PW-CE-93-0395

Lake County PW
Crescent Bay
PWS ID Number 3354686

Dear Mr. Rasmussen:

This will confirm a visit to the subject "~~non~~-community" public water system on March 3, 1993 by Mr. W.E. Darling of this office in the presence of Robert Fritsch for the purpose of conducting a sanitary survey. A copy of the report is enclosed for your reference and records. There were no deficiencies noted during the survey and/or determined from records on file in this office. We appreciate your cooperation in operating your water system in accordance with state rules.

Reference materials on applicable drinking water regulations as well as cross-connections are available upon telephone request to Ms. Mary Glover at (407)894-7555, extension 251.

If you have any questions concerning this letter, please contact Mr. W.E. Darling at the address listed above or by phone at (407)894-7555.

Sincerely,

W.E. Darling, ~~Supervisor~~
Drinking Water Compliance/Enforcement

WED:mlk
Enclosure

cc: Lake County Health Department

Recycled Paper

State of Florida
Department of Environmental Regulation
Central District

SANITARY SURVEY REPORT

Plant name Crescent Bay County Lake PWS ID 3354686
Plant address _____ Phone _____
Owner name Utilities of Florida Inc
Address 200 Weathersfield Altamonte Spgs 32714 Phone 869-1919
This survey date 3/3/93 Last survey date 4/16/90 Contact person R. Fritch

PWS TYPE
- ☒ Community
- ☐ Non-Community
- ☐ Non-Transient Non-Community

PWS STATUS
- ☒ Approved system w/ approval # & date: WO 35-2105 2/1/88
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS:
ASC Sub-division

OPERATION & MAINTENANCE
Certified operator: ☒ Yes ☐ No ☐ N.A.
Operators & Certification Class-Number:
R. Fritch C 6104

O&M Log: ☒ Yes ☐ No
Operator visiting frequency:
Hours/day 1/8
Days/week 5 + weekend
Non-consecutive days? _____
MORs submitted regularly: ☒ Yes ☐ No
Any missing MOR data no
Number of service connections 35
Number of population served _____
Average day 0.019
Maximum day 0.1
Design capacity 0.396
Comments _____

RAW WATER SOURCE
- ☒ Ground (How many wells? 1)
- ☐ Surface (Identify source _____)
- ☐ Purchased (from _____)
- ☐ Emergency water source _____
  Emergency water capacity(GPM) _____

AUXILIARY POWER SOURCE (if served pop. ≥ 350)
Identify source _____
Capacity of standby (kw) _____
Switchover: ☐ Auto ☐ Manual
Standby O&M log: ☐ Yes ☐ No
Operated under load (4hrs/mo)? _____
What equipment does it operate?
- ☐ well pump(s) _____ GPM
- ☐ high service pump(s) _____ GPM
- ☐ treatment equipment _____

Does it satisfy 1/2 max.day demand? _____

TREATMENT PROCESSES IN USE
_____
_____
What additional treatment is needed?
_____
For control of what deficiencies?
_____

DISTRIBUTION SYSTEM
Flow measuring device:
☐ No ☒ meter ☐ elapsed timer ☐ N.A.
Flow meter capacity (GPM) _____
Back flow prevention devices: ☒ Yes ☐ No
Cross-connections none noted
Written cross-connection program Yes
Flushing schedule _____

PWS ID 3354686
Date 3/3/93

GROUND WATER SOURCE

Well number	1							
Year drilled*	87							
Depth drilled*	210							
Drilling method*	Comb.							
Type of grout*	Cement							
Static water level*	33							
Pumping water level*								
Design well yield*								
Test yield*								
Strainer*								
Length (outside casing)*	64							
Diameter (outside casing)	10							
Material (outside casing)	Steel							
Well contamination history	No							
Is inundation of well possible?	NO							
6'x 6'x 4" concrete pad	Yes							
SET BACKS: Septic tank	+200							
SET BACKS: Reuse water	N.A.							
SET BACKS: WW plumbing	+200							
SET BACKS: other sanitary hazard	None Noted							
PUMP: Type	V.T.							
PUMP: Manufacturer name	Goulds							
PUMP: Model number	10SLO5F							
PUMP: Rated capacity	550 gpm							
PUMP: Motor HP	30							
Well casing sanitary seal	Yes							
Raw water sampling tap	Yes							
Above ground check valve	Yes							
Fence/housing	Yes							
Well vent protection	Yes							
Comments:								

* Fill in only when there is no record on file.

PWS ID 355-9656
Date 3/3/93

CHLORINATION (Disinfection)

Type: ☒ Gas ☐ Hypo
Make Regal Capacity 100
Cl_2 feed rate
Avg. amount of Cl_2 gas used/~~day~~ 3/week
Cl_2 residuals: Plant 3.0 Remote 3.0
Remote tap address 1-K Crescent & Country Hill
DPD test kit on site? Yes
Injection points 1
Comments:

Chlorine Gas use Requirements	YES	NO	Comments
Dual system	Y		
Auto-switchover	Y		
Loss of chlorination capability alarm		Y	
Scale	Y		
Chained cylinders	Y		
Reserve supply	Y		
Adequate air-pak	Y		
Sign of leaks	Y		
Fresh ammonia	Y		
Ventilation	Y		
Room lighting	Y		
Warning signs		Y	
Repair kits	X		
Fitted wrench	Y		
Housing/protection	Y		
COMMENTS			

AERATION (Gases, Fe, & Mn removal)

Type Capacity
Aerator condition
Bloodworm presence
Visible algal growth
Protective screen condition
Comments

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 / level indicator	Yes		
Fittings for sight glass	—		
Protected openings	Yes		
On/Off pressure	48/55		
Height to bottom of elev. tank	—		
Height to max. water level	—		
Access padlocked	Yes		
COMMENTS			

HIGH SERVICE PUMPS

Pump number			
Type			
Make			
Model			
Capacity			
Motor HP			
Date installed			
Maintenance			
Comments:			

PWS ID 3354686

COMPLIANCE MONITORING

Parameters	PWS Screen #	Community		Non-Transient Non-Community		Non-Community	
		Cycle	Date	Cycle	Date	Cycle	Date
Bacteriological	24	monthly	a/c	monthly		quarterly	
Inorganics	30	3 years	11/90	3 years		nitrate only/ 5 years	
Turbidity	26	3 years	12/90 X	3 years		one time sampling	
Radionuclides	33	4 years	11/90	4 years	starting 12/82		
Volatile Organics	28	quarterly/ 3 years	11/91	quarterly/3 years			
Unregulated Organics	34-37	3 years	2/91	3 years			
Secondaries	31	3 years	3/91				
Organics	29	3 years	1/90				
TTHM (if pop ≥ 10k)	27	quarterly					

Compliance monitoring violations: None

Maximum Contaminant Level violations: None

DEFICIENCIES: (See cover letter for recommended actions)

None Noted

Inspector [signature] Title Env. Sup. II Date 3/3/93

Approved by [signature] Title _____ Date _____

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

~~Carol M. Browner~~, Secretary
Virginia B. Wetherell

CERTIFIED
P 123 352 343

March 9, 1993

Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, Florida

OCD-PW-CE-93-0397

Lake County - PW
Highland Point
PWS ID Number 3354652

Dear Mr. Rassmussen:

This will confirm a visit to the subject "~~non~~-community" public water system on March 3, 1993 by Mr. W.E. Darling of this office in the presence of Robert Fritsch for the purpose of conducting a sanitary survey. A copy of the report is enclosed for your reference and records. There were no deficiencies noted during the survey and/or determined from records on file in this office. We appreciate your cooperation in operating your water system in accordance with state rules.

Reference materials on applicable drinking water regulations as well as cross-connections are available upon telephone request to Ms. Mary Glover at (407)894-7555, extension 251.

If you have any questions concerning this letter, please contact Mr. W.E. Darling at the address listed above or by phone at (407)894-7555.

Sincerely,

W.E. Darling, Supervisor
Drinking Water Compliance/Enforcement

WED:mlk
Enclosure

cc: Lake County Health Department

Recycled Paper

State of Florida
Department of Environmental Regulation
Central District

SANITARY SURVEY REPORT

Plant name Highland Point County Lake PWS ID 3355452
Plant address _____ Phone _____
Owner name Utilities of Florida Inc
Address 200 Weathersfield Ave. Altamonte Spgs 32714 Phone 869-1919
This survey date 3/3/93 Last survey date _____ Contact person R. Fritch

PWS TYPE
- ☒ Community
- ☐ Non-Community
- ☐ Non-Transient Non-Community

PWS STATUS
- ☒ Approved system w/ approval # & date: W-C355-2102 2/5/87
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS:
CSD Sub division

OPERATION & MAINTENANCE
Certified operator: ☒ Yes ☐ No ☐ N.A.
Operators & Certification Class-Number:
R. Fritch C-614

O&M Log: ☒ Yes ☐ No
Operator visiting frequency:
Hours/day ½
Days/week 5 + weekend
Non-consecutive days? _____
MORs submitted regularly: ☒ Yes ☐ No
Any missing MOR data No
Number of service connections 30
Number of population served _____
Average day 0.007
Maximum day 0.046
Design capacity 0.396
Comments _____

RAW WATER SOURCE
- ☒ Ground (How many wells? 1)
- ☐ Surface (Identify source _____)
- ☐ Purchased (from _____)
- ☐ Emergency water source _____
  Emergency water capacity (GPM) _____

AUXILIARY POWER SOURCE (if served pop. ≥ 350)
Identify source _____
Capacity of standby (kw) _____
Switchover: ☐ Auto ☐ Manual
Standby O&M log: ☐ Yes ☐ No
Operated under load (4hrs/mo)? _____
What equipment does it operate?
- ☐ well pump(s) _____ GPM
- ☐ high service pump(s) _____ GPM
- ☐ treatment equipment _____

Does it satisfy 1/2 max.day demand? _____

TREATMENT PROCESSES IN USE
_____
_____
What additional treatment is needed?
_____
For control of what deficiencies?
_____

DISTRIBUTION SYSTEM
Flow measuring device:
☐ No ☒ meter ☐ elapsed timer ☐ N.A.
Flow meter capacity (GPM) 100
Back flow prevention devices: ☒ Yes ☐ No
Cross-connections None noted
Written cross-connection program Yes
Flushing schedule _____

re 12/02/91

PWS ID 335-4652
Date 3/3/93

GROUND WATER SOURCE

Well number		1							
Year drilled*		86							
Depth drilled*		520							
Drilling method*		Rotary							
Type of grout*									
Static water level*		32							
Pumping water level*									
Design well yield*									
Test yield*									
Strainer*									
Length (outside casing)*		71							
Diameter (outside casing)		8							
Material (outside casing)		Steel							
Well contamination history		No							
Is inundation of well possible?		No							
6'x 6'x 4" concrete pad		Yes							
SET BACKS	Septic tank	+ 200							
	Reuse water	NA							
	WW plumbing	+200							
	other sanitary hazard	None marked							
PUMP	Type	V.T.							
	Manufacturer name	Goulds							
	Model number	10011L-7							
	Rated capacity	550 gpm							
	Motor HP	60							
Well casing sanitary seal		Yes							
Raw water sampling tap		Yes							
Above ground check valve		Yes							
Fence/housing		Yes							
Well vent protection		Yes							
Comments:									

* Fill in only when there is no record on file.

PWS ID 33-4652
Date 5/23/95

CHLORINATION (Disinfection)

Type: ☒ Gas ☐ Hypo
Make Advance Capacity 100
Cl_2 feed rate
Avg. amount of Cl_2 gas used/~~day~~ 2#/wk
Cl_2 residuals: Plant 1.7 Remote 1.3
Remote tap address 1172 Lk. Clair
DPD test kit on site? Yes
Injection points 1
Comments:

Chlorine Gas use Requirements	YES	NO	Comments
Dual system	Yes		using gas side
Auto-switchover	Yes		
Loss of chlorination capability alarm		X	
Scale	Y		
Chained cylinders	Y		
Reserve supply	Y		
Adequate air-pak	Y		
Sign of leaks		X	
Fresh ammonia	Y		
Ventilation	Y		
Room lighting	Y		
Warning signs	Y		
Repair kits	Y		
Fitted wrench	Y		
Housing/protection	Y		
COMMENTS			

AERATION (Gases, Fe, & Mn removal)

Type Capacity
Aerator condition
Bloodworm presence
Visible algal growth
Protective screen condition
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 / level indicator	Yes		
Fittings for sight glass	—		
Protected openings	Yes		
On/Off pressure	30/50		
Height to bottom of elev. tank	—		
Height to max. water level	—		
Access padlocked	Yes		
COMMENTS			

HIGH SERVICE PUMPS

Pump number			
Type			
Make			
Model			
Capacity			
Motor HP			
Date installed			
Maintenance			
Comments:			

PWS ID 33-46-2

COMPLIANCE MONITORING

Parameters	PWS Screen #	Community		Non-Transient Non-Community		Non-Community	
		Cycle	Date	Cycle	Date	Cycle	Date
Bacteriological	24	monthly	ok	monthly		quarterly	
Inorganics	30	3 years	2/91	3 years		nitrate only/ 6 years	
Turbidity	26	3 years	2/91	3 years		one time sampling	
Radionuclides	33	4 years	2/91	4 years	starting 12/92		
Volatile Organics	28	quarterly/ 3 years	11/91	quarterly/3 years			
Unregulated Organics	34-37	3 years	2/91	3 years			
Secondaries	31	3 years	5/91				
Organics	29	3 years	2/91				
TTHM (if pop ≥ 10k)	27	quarterly					

Compliance monitoring violations: NO

Maximum Contaminant Level violations: None

DEFICIENCIES: (See cover letter for recommended actions)

None noted

Inspector [signature] Title Env. Sup II Date 3/3/93

Approved by _____ Title _____ Date _____

State of Florida
Department of Environmental Regulation
Central District

SANITARY SURVEY REPORT

Plant name Lake Crescent Hills County Lake PWS ID 3354883
Plant address _____ Phone _____
Owner name Utilities Inc
Address 200 Weathersfield Ave Altamonte Spgs 32714 Phone 407/869-1919
This survey date 5/29/92 Last survey date New Plant Contact person Brian Sullivan

PWS TYPE
- ☒ Community
- ☐ Non-Community
- ☐ Non-Transient Non-Community

PWS STATUS
- ☒ Approved system w/ approval # & date: 3/23/92
- ☐ Unapproved system

SERVICE AREA CHARACTERISTICS:
CSC Sub-division

OPERATION & MAINTENANCE
Certified operator: ☒ Yes ☐ No ☐ N.A.
Operators & Certification Class-Number:
Brian Sullivan C-7020

O&M Log: ☒ Yes ☐ No
Operator visiting frequency;
Hours/day 0.5 min
Days/week 5 + weekend
Non-consecutive days? —
MORs submitted regularly: ☒ Yes ☐ No
Any missing MOR data No
Number of service connections 10
Number of population served 25
Average day _____
Maximum day _____
Design capacity _____
Comments _____

RAW WATER SOURCE
- ☒ Ground (How many wells? _____)
- ☐ Surface (Identify source _____)
- ☐ Purchased (from _____)
- ☐ Emergency water source _____
  Emergency water capacity(GPM) _____

AUXILIARY POWER SOURCE (if served pop. ≥ 350)
Identify source Winco Propane Fuel
Capacity of standby (kw) 75/6hr
Switchover: ☒ Auto ☐ Manual
Standby O&M log: ☒ Yes ☐ No
Operated under load (4hrs/mo)? Yes
What equipment does it operate?
- ☒ well pump(s) #1 _____ GPM
- ☐ high service pump(s) _____ GPM
- ☐ treatment equipment _____

Does it satisfy 1/2 max.day demand? Yes

TREATMENT PROCESSES IN USE

What additional treatment is needed?

For control of what deficiencies?

DISTRIBUTION SYSTEM
Flow measuring device:
☐ No ☒ meter ☐ elapsed timer ☐ N.A.
Flow meter capacity (GPM) _____
Back flow prevention devices: ☒ Yes ☐ No
Cross-connections none visted
Written cross-connection program Yes
Flushing schedule Yes

Interconnected with Crescent West S/D.

PWS 1, 2, 3, 4

PWS ID 3354883
Date 5/29/92

GROUND WATER SOURCE

Well number		1							
Year drilled*		1991							
Depth drilled*		500							
Drilling method*									
Type of grout*		Neat cement							
Static water level*									
Pumping water level*									
Design well yield*									
Test yield*									
Strainer*									
Length (outside casing)*		500 ft							
Diameter (outside casing)		10 in							
Material (outside casing)		steel							
Well contamination history		no							
Is inundation of well possible?		no							
6'x 6'x 4" concrete pad		Yes							
SET BACKS	Septic tank	< 100							
	Reuse water	NA							
	WW plumbing	NA							
	other sanitary hazard	none							
PUMP	Type	Turbine							
	Manufacturer name	Goulds							
	Model number	40IT30	4R038R-11						
	Rated capacity	600 gpm							
	Motor HP	40							
Well casing sanitary seal		Yes							
Raw water sampling tap		Yes							
Above ground check valve		Yes							
Fence/housing		Yes							
Well vent protection		Yes							
Comments:									

* Fill in only when there is no record on file.

PWS ID 335-4883
Date 5/29/92

CHLORINATION (Disinfection)

Type: ☒ Gas ☐ Hypo
Make Regal Capacity
Cl_2 feed rate 10 lbs/day
Avg. amount of Cl_2 gas used/day
Cl_2 residuals: Plant 0.8 Remote 0.6
Remote tap address
DPD test kit on site? Yes
Injection points 1
Comments:

Chlorine Gas use Requirements	YES	NO	Comments
Dual system		X	
Auto-switchover		X	
Loss of chlorination capability alarm		X	
Scale	X		
Chained cylinders	X		
Reserve supply		X	
Adequate air-pak	X		
Sign of leaks	X		
Fresh ammonia	X		
Ventilation	X		
Room lighting	X		
Warning signs	X		
Repair kits	X		
Fitted wrench	X		
Housing/protection	X		
COMMENTS			

AERATION (Gases, Fe, & Mn removal)

Type Capacity
Aerator condition
Bloodworm presence
Visible algal growth
Protective screen condition
Comments

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 / level indicator	Yes		
Fittings for sight glass			
Protected openings	Yes		
On/Off pressure	40/60		
Height to bottom of elev. tank	—		
Height to max. water level	—		
Access padlocked	Yes		
COMMENTS			

HIGH SERVICE PUMPS

Pump number			
Type			
Make			
Model			
Capacity			
Motor HP			
Date installed			
Maintenance			
Comments:			

PWS ID 335-4883

COMPLIANCE MONITORING

Parameters	PWS Screen #	Community		Non-Transient Non-Community		Non-Community	
		Cycle	Date	Cycle	Date	Cycle	Date
Bacteriological	24	monthly	0/C	monthly		quarterly	
Inorganics	30	3 years	8/91	3 years		nitrate only/ 5 years	
Turbidity	26	3 years	8/91	3 years		one time sampling	
Radionuclides	33	4 years	6/91	4 years	starting 12/92		
Volatile Organics	28	quarterly/ 3 years	6/91	quarterly/3 years			
Unregulated Organics	34-37	3 years	6/91	3 years			
Secondaries	31	3 years	6/91				
Organics	29	3 years	6/91				
TTHM (if pop ≥ 10k)	27	quarterly					

Compliance monitoring violations: None

Maximum Contaminant Level violations: ~~Turbidity~~ None

DEFICIENCIES: (See cover letter for recommended actions)

Inspector M. E. Dahlmeier Title Env Sup II Date 5/29/92

Approved by _____ Title _____ Date _____

STATE OF FLORIDA
DEPARTMENT OF ENVIRONMENTAL REGULATION
Sanitary Survey Report

Plant Name The Oranges 5/11 County Lake PWS ID 3354685

Plant Address Lake Louisa Rd, Clermont Zip Code ____ Plant Phone ( ) —

Owner Name Donald Rasmussen, Regional Director Owner Phone (407) 869-191[illegible]
Utilities, Inc. of Florida

Owner Address 200 Weathersfield Ave City Altamonte Springs State FL Zip Code 32714

Date of this Insp. 4/16/90 Date of last Insp. None Person Contacted Frank Fondo

Certified Operators: Frank Fondo — Category 5 & Class C plant — Weekend visit, NP Time out & operator

Certified Operators Numbers: C-1902 — requires 5 visits per week & one weekend visit per April 14 or 15. Signature needed on log

Population served 32 Service Connections 11 % metered 100
Design Capacity .346 mgd Design Storage Capacity ____ Average output .006 mgd
Maximum Hour ____ Maximum Day .036 mgd (3/17/89)

Approval Number & Date WC 35-2106 7/7/87 Type meter & capy 6" Precision
Cleared 6/13/88

Service area characteristics: (check all that apply) ✓ COMMUNITY/ ___ NON-COMMUNITY

___ Airport	___ Institution	___ Recreation area	✓ Subdivision
___ Bathing area	___ Interstate Carrier	✓ Residential	___ Trailer Park
___ Campground	___ Lodge	___ Rest area	___ Visitor Center
___ Company Town	___ Marina	___ Restaurant	___ Other ____
___ Indian Reservation	___ Motel	___ School	____

Emergency Water Source None Emergency Power Source None

Type of Standby ____ Capacity of Standby ____

Sources of Raw Water: ✓ Ground* ___ Surface** ___ Purchased***

How many wells? 1 Identify Source: ____ Identify supply system: ____

Treatment in use at this plant: (check all that apply)

___ Aeration	___ E.D.	___ Lime Softening	___ Settling
✓ Chlorination	___ Filtration	___ Recarbonation	___ Zeolite Soft.
___ Chlor.-pre.	___ Filt.hi-rate	___ Reverse Osmosis	___ Other (specify)
___ Chlor.-post	___ Fluoridation	___ pH adjustment	____
___ Coagulation	___ Iron Removal	___ T & O control	____

What, if any, additional treatment is needed? ____

For the control of what deficiencies? ____

*Use Page 2 (Ground)
**Use Page 2 (Surface)
***Page 2 not required

DER Form Perm 13-24 (August, 80)

Sanitary Survey (Groundwater)
Page Two

PWS ID: 3354685

Well Number*	1
Year Drilled	1986
Depth Drilled	392'
Length (outside casing)	237'
Diameter (outside casing)	8"
Material (outside casing)	
Depth to static Water level	59'
Normal suction lift (wkng. level)	
Normal yield, GPM	
Test yield, GPM	
Type of grout	
Drilling method	Comb.
Type of strainer	
Depth to top of strainer	
Protection from surface water?	X
Is inundation of well possible?	No
Salt intrusion noted in past?	No
Has the well ever been contaminated?	No
Pump manufacturer's name	Berkley
Model number	6-16
Capacity V.T. 40 (hp)	550 gpm
Check valve present in line?	Yes
Date of last servicing	
Maintenance Schedule (day/mo.)	6 months

COMMENTS (conditional): *Concrete slab cracked
Raw sample tap threaded.

Attach additional copies of this page as needed.

DER Form Perm 13-24 (August, 80)

PWS ID: 3354685

PLANT EQUIPMENT

CHLORINATOR:

Make of chlorinator Advance Capacity, lb./24 hr. 100 ppd
Dual system? No Backup machine operative Yes Gas or hypo used Gas Chlorine
feed rate 30 ppd Evidence of leaks No Reserve supply ok
Condition of equipment ok Automatic switchover No Air-pack or respirator
adequate No Ammonia smells fresh No More capacity needed ___ Residual
at plant 0.3 Residual at remote tap 0.0 Comments on chlorination ___
No ammonia on site
No air-pack or respirator
No remote chlorine Residual on Evan Ct.

AERATOR:

Type of aerator ___ Tray area or weir length ___
Condition of screens ___ Bloodworms present ___ Condition of
aerator ___ Adequate for Fe, H_2S control ___

COAGULATION:

Chemical used ___ Purpose ___
Blanket visible ___ Flocculation good or poor ___ Settling good? ___
Carryover ___

LIME SOFTENING:

Quicklime or hydrated ___ Name of unit ___
Size and type ___ Any chemicals used ___
Points of application (in unit) ___ Nature and abundance of
floc ___ Appearance of sludge
blanket ___ Is settling good ___
Excessive carryover ___ Turbidity in clearwell ___ Secondary
precipitation ___ Any filter cementation ___ Effluent stability ___
Recarbonation type ___ Sludge recirculation used ___

FLUORIDATION:

Chemical used ___ Strength if acid ___ Is dilution used (acid) ___ Corrosion
noted ___ Gelling or plugging ___ Feeder make and model ___
Split sample agreement ___ Sufficient analyses ___ Feeder condition ___

STABILIZATION:

Stability index of effluent ___ Is pH control practiced ___
Chemical(s) used ___

PWS ID: 3354685

FILTRATION AND FILTRATION:

Type of filters _____
Size and number _____ Length of filter runs _____
Can you see filter media ____ Is it clean after backwash ____ Are mudballs visible ____
Is there air-binding ____ What is the normal filter rate _____ What is the usual backwash rate _____ Capacity of filters _____ Are filters overloaded ____
Loss in head ga. present ____ At what head loss is BW done _____ Cracks and Channeling _____ Has cementation ever occurred ____ Where in relation to filtration is stabilization done _____ If high rate, what is turbidity at interface _____
Range of turbidity in effluent _____ Can you observe algae in filters _____
Distance from top of media to trough overflow _____

REVERSE OSMOSIS:

Make and type of units _____ Pressure required _____
Auxiliary chemicals used _____ Proportion of waste to product streams _____ Quality of effluent _____
Stabilization _____ Booster pump _____ Type of pre-treatment _____
Type of membranes _____

ZEOLITE SOFTENING:

Unit manufacturer and model _____ Resin capy _____
Disinfection of beds _____ Grade of salt for regen. _____
Stability of effluent _____ Resin prevented from escaping _____

****

In the space below, give a rough sketch of the flow diagram of the plant showing all important parts of the plant (not to scale):

Sanitary Survey
Page Five

PWS ID: 3354685

HIGH SERVICE

Pump Number										
Manufacturer name										
Pump type and motor HP										
Model number										
Date installed										
Capacity										
Maintenance Schedule										
Date Last Serviced										

Comments:

****

STORAGE FACILITIES: ( ) ground; ( ) hydropneumatic; ( ) elevated; ( ) clearwell.

Tank Number	1									
Capacity	5,000									
Material	steel									
Gravity drain capacity	Yes									
Bypass capacity	Yes									
Covered/screened openings	—									
Date of last cleaning	—									
Pressure Gauge	Yes									
Sight Glass	Yes									
On/Off pressure	38-45									
Height to bottom of el. tank	N/A									
Height to Maximum water level	N/A									

COMMENTS: Not on approved air-gap, on HT gravity drain (booster tank located in a pit).

Lake Utilities Services, Inc.

Docket No. 960444-WU

25-30.440 (6)
PERMITS

Test Year Ending December 31, 1995

LAKE UTILITY SERVICES, INC.

CRESCENT BAY / CRESCENT WEST / LAKE CRESCENT HILLS

	.504	Permitted Capacity	
Crescent Bay	.396 MGD		PWS ID # 3354686
Crescent West	.432 MGD		PWS ID # 3354690
Lake Crescent Hills	.432 MGD		PWS ID # 3354883
Highland Point	.396 MGD		PWS ID # 3354652

DATE	NAME	PERMIT #	ISSUE DATE	EXP DATE	UNITS	PERMITTED PROJECT FLOW	TOTAL AVAILABLE CAPACITY
2/1/88	CRESCENT BAY	WC35-2105	2/1/88		107	0.037	0.359
3/16/88	CRESCENT WEST	WC35-2112	3/16/88		102	0.036	0.396
11/21/90	LAKE CRESCENT HILLS	WD35-188270	11/21/90		135	0.047	0.385
11/25/92	INTERCONNECTION	WD35-220944	11/25/92	11/23/97	0	0.000	1.140
2/12/93	PRESTON COVE	WD35-224984	2/12/93	2/12/98	107	0.037	1.103
2/16/93	HILLS OF LAKE LOUISA	WD35-221875	2/16/93	2/16/98	163	0.057	1.046
9/3/93	MADISON PARK	WD35-236074	9/3/93	9/3/98	20	0.007	1.039
4/7/94	LAKE CRESCENT PINES	WD35-249149	5/27/94	5/27/99	104	0.037	1.002
4/11/94	EDB MAIN EXTENSION	WD35-249027	5/4/94	5/4/99	58	0.021	0.981
4/11/94	INTERCONNECT HIGHLAND PT	WD35-250353	6/1/94	6/1/95	9	0.003	0.978
	ADDED CAPACITY	WD35-250353				ADDED .396	1.374
2/25/87	HIGHLAND POINT	WC35-2102	2/25/87		48	0.017	1.357
4/15/94	SILVER GLENN II	WD35-249227	5/9/94	5/9/99	18	0.006	1.351
5/2/94	OSPREY POINTE	WD35-250112	6/1/94	6/1/95	74	0.026	1.325
3/3/95	SAWMILL DEVEL.	WD35-267003	4/4/95	4/3/00	49	0.017	1.308
8/11/95	REAGAN'S RUN	WD35-276058	9/8/95	9/6/00	83	0.029	1.279
	MONTCLAIR ESTATES	WD35-285369	5/10/96	5/10/98	134	.047	
	CRESCENT LAKE CLUB	WD35-287805	5/6/96	5/6/98	99	.034	
	LAKE CLAIR PLACE	WD35-286915	4/12/96	4/12/98	88	.031	

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

RECEIVED
APR 16 1996

CERTIFIED MAIL
P 337 158 059

NOTICE OF PERMIT ISSUANCE

PERMITTEES/ENGINEERS/UTILITIES
READ AND HEED THE SPECIFIC
CONDITIONS OF THIS PERMIT.

Richard H. Langley, Owner
700 Almond Street
Clermont, FL 34711

Lake County - PW
Crescent Hills/Lake Utility
Montclair Estates Subdivision (134 Lots) (46,900 GPD)

Dear Mr. Langley:

Enclosed is Permit Number WD35-285869 to construct a water distribution system extension issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the

requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

DATE: April 10, 1996

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

D. Salmonde 4/11/96
Clerk Date

CCF/re/pp

Copies furnished to:

Rick E. McCoy, P.E.
Donald Rassmussen, Regional Director

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on APR 11 1996 to the listed persons, by _____.

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

Permittee:
Richard H. Langley, Owner
700 Almond Street
Clermont, FL 34711

Permit Number: WD35-285869
Date of Issue: APR 10 1996
Expiration Date: 04/10/98
County: Lake
Project: Crescent Hills/Lake Utility
Montclair Estates Subdivision (134 Lots)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 62-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Extension of the Crescent Hills/Lake Utility water distribution system to serve Montclair Estates Subdivision (134 Lots) located at Bronson Road and Elbert Street.

General Conditions are attached to be distributed to the permittee only.

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper

PERMITTEE:
Richard H. Langley, Owner

Permit Number: WD35-285869
Date of Issue:
Expiration Date: 04/10/98

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 62-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the two points of connection to the existing main, the three blowoffs, the plugged end of the eight-inch main at Bronson Road and from a point near Lots 22, 94 and 115.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the Department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. NOTE TO THE UTILITY: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project (other than flushing/testing) until the Department of Environmental Protection has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

ISSUED April 10, 1996

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

RECEIVED
APR 16 1996

CERTIFIED MAIL
P 337 158 075

NOTICE OF PERMIT ISSUANCE

PERMITTEES/ENGINEERS/UTILITIES
READ AND HEED THE SPECIFIC
CONDITIONS OF THIS PERMIT.

Yeager Development Company
1640 East Adams Drive
Maitland, FL 32751

Attention: Jeff Yeager
Owner

Lake County - PW
Lake Utilities - Crescent Hills
Lake Clair Place (88 Lots) (30,800 GPD)

Dear Mr. Yeager:

Enclosed is Permit Number WD35-286915 to construct a water distribution system extension issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the

requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

DATE: 4/12/96

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Jan Murray 04-12-96
Clerk Date

CCF/re/pp

Copies furnished to:

Sidney W. Carter, P.E.
Donald Rasmussen, Vice President

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on APR 15 1996 to the listed persons, by _____.

Department of
Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

Permittee:
Yeager Development Company
1640 East Adams Drive
Maitland, FL 32751

Attention: Jeff Yeager, Owner

Permit Number: WD35-286915
Date of Issue: 4/12/96
Expiration Date: 04/12/98
County: Lake
Project: Lake Utilities - Crescent Hills
Lake Clair Place (88 Lots) (30,800 GPD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 62-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Extension of the Lake Utilities' Crescent Hills water distribution system to serve Lake Clair Place (88 Lots) located at State Road 561 and Lake Clair Circle.

General Conditions are attached to be distributed to the permittee only.

Protect, Conserve and Manage Florida's Environment and Natural Resources

Printed on recycled paper.

PERMITTEE:
Yeager Development Company

Attention: Jeff Yeager, Owner

Permit Number: WD35-286915
Date of Issue:
Expiration Date: 04/12/98

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 62-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the two points of connection to the existing main and from a point near Lots 22, 57 and 72.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the Department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. NOTE TO THE UTILITY: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project (other than flushing/testing) until the Department of Environmental Protection has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

for Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

ISSUED 4/12/96

Department of Environmental Protection

RECEIVED
MAY 10 1996

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

CERTIFIED MAIL
P 337 158 116

NOTICE OF PERMIT ISSUANCE

PERMITTE/ENGINEER/UTILITY
READ AND HEED THE SPECIFIC
CONDITIONS OF THIS PERMIT.

A.E. Anderson, Owner
8602 Cathedral Oaks Place
Jacksonville, FL 32217

Lake County - PW
Utilities, Inc./Crescent Bay
Crescent Lake Club First Addition, Phase I (49 Lots) (17,150 GPD)

Dear Mr. Anderson:

Enclosed is Permit Number WD35-287805 to construct a water distribution system extension issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the

requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Tallahassee, Florida 32399-3000; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

DATE: May 6, 1996

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk 5/6/96
Clerk Date

CCP/re/pp

Copies furnished to:

Duane K. Booth, P.E.
Don Rasmussen, Vice President

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on MAY 07 1996 to the listed persons, by PCP.

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

Permittee:
A.E. Anderson, Owner
8602 Cathedral Oaks Place
Jacksonville, FL 32217

Permit Number: WD35-287805
Date of Issue: MAY 06 1996
Expiration Date: 05/06/98
County: Lake
Project: Utilities, Inc./Crescent Bay
Crescent Lake Club First Addition, Phase I
(49 Lots) (17,150 GPD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 62-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Extension of the Utilities, Inc./Crescent Bay water distribution system to serve Crescent Lake Club First Addition, Phase I (49 Lots) located on Lake Shore Drive.

General Conditions are attached to be distributed to the permittee only.

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

PERMITTEE:
A.E. Anderson, Owner

Permit Number: WD35-287805
Date of Issue:
Expiration Date: 05/06/98

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 62-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the point of connection to the existing main, Lots 8, 13, 20, 27 and the blowoff near lot 34.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the Department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. NOTE TO THE UTILITY: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project (other than flushing/testing) until the Department of Environmental Protection has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

ISSUED May 6, 1996

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

CERTIFIED
Z 188 577 169

November 23, 1994

RECEIVED
DEC 01 1994

Lake Utility Services, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL

Lake County-WSW
Crescent Bay Subdivision
Replacement Well

Dear Applicant:

The St. Johns River Water Management District has forwarded to us a copy of your application for a permit to construct a Community public water supply well. This department has the authority to permit and monitor construction and operation of all pumping and treatment equipment as well as distribution facilities. Other local governmental entities might also have requirements which you will need to meet.

This is a preliminary letter to advise you of this department's requirements which must be met after the St. Johns River Water Management District has issued the permit to construct your well.

In accordance with Chapter 62-555 (formerly Chapter 17-555), Florida Administrative Code (F.A.C.), it shall be necessary to provide, and obtain approval for, those items below prior to constructing any of the potable water system (raw water piping, pumping, treatment, distribution piping, etc.) beyond the well head:

1. A legible copy of the well contractor's well completion report following completion of the drilling operation.

2. **THROUGH A FLORIDA-REGISTERED PROFESSIONAL ENGINEER**, a completed application [DEP Form 17-555.910(1), copy enclosed] with one copy of signed and sealed engineering plans, specifications, appropriate fee and related documents (including pump curve and well yield test results) covering this well, pump, piping, and any treatment and distribution facilities for review towards approval for constructing the remainder of the water system beyond the well head.

3. Results of a chemical analysis of a sample of water from this well performed by a laboratory certified by the State of Florida, Department of Health and Rehabilitative Services for the parameters indicated on the next page:

Primary Inorganic Contaminants

Turbidity, NTU*
(*Note: Well must be properly developed until a turbidity level of 1.0 NTU or less is demonstrated.)

Pesticides and Polychlorinated Biphenyls (PCBs)

Hydrogen Sulfide

Volatile Organic Compounds

Unregulated Organic Contaminants

Gross Alpha Radioactivity

Secondary Standards

Following disinfection of the well and installation of the permanent pump, results of a 20-sample bacteriological survey will be required. No more than two samples, at least six hours apart, shall be collected per day. The samples of raw water from the well shall be submitted to a laboratory certified by the Department of Health and Rehabilitative Services for bacteriological analysis.

Sincerely,

Frank P. Huttner
Section Supervisor
Drinking Water Permitting

FPH:pp

Attachment

cc: Michael T. Dunn, P.E.
Merideth Environmental Services

Florida Department of
Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

CERTIFIED MAIL
Z 184 889 090

NOTICE OF PERMIT ISSUANCE

RECEIVED
JUN 01 1994

RBA, Inc.
890 State Road 434, North
Altamonte Springs, FL 32714

Attention: William J. Goodman, President

Lake County - PW
Lake Crescent Hills
Lake Crescent Pines (104 lots)(35,400 GPD)

Dear Mr. Goodman:

Enclosed is Permit Number WD35-249149 to construct a water distribution system extension issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the

proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 17-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

W. A. Alexander
District Director

DATE: 5/27/94

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

E. B. Williams — Clerk
5/27/94 — Date

AA/re/pp

Copies furnished to:

Ronald H. Wilson, P.E.
Donald Rasmussen, Vice President

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on _____ to the listed persons, by _____.

Florida Department of
Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

Permittee:
RBA, Inc.
890 State Road 434, North
Altamonte Springs, FL 32714

Attention: William J. Goodman, President

Permit Number: WD35-249149
Date of Issue: 5/27/94
Expiration Date: 05/27/99
County: Lake
Project: Lake Crescent Hills
Lake Crescent Pines (104 lots)
(35,400 GPD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Extension of the Lake Crescent Hills water distribution system to serve Lake Crescent Pines (104 lots) located on Lake Shore Drive in Lake County, Florida.

Conditions are attached to be distributed to the permittee only.

Printed on recycled paper.

PERMITTEE:
RBA, Inc.

Permit Number: WD35-249149
Date of Issue:
Expiration Date: 05/27/99

Attention: William J. Goodman, President

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the point of connection to the existing main and from a point near lots 44, 58 and 77.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the Department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. **NOTE TO THE UTILITY**: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project (other than flushing/testing) until the Department of Environmental Protection has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

W. A. Alexander
District Director

ISSUED 5/27/94

State of Florida
Department of Environmental Regulation

Request for Letter of Release to Place Water Supply System into Service

I. General Information

Name of Project: _____

Permit No. _____ Date of Issuance _____

☐ System completed to the full extent of the approved plans

☐ Partially completed to the extent noted herein

_____

_____

II. Engineer's Certification

This is to certify that the project has been substantially completed in accordance with approved plans and specifications, or that the deviations noted on the attached record drawings will not prevent the system from functioning in compliance with requirements of Chapter 17-555, Florida Administrative Code (F.A.C.), when properly operated and maintained. Further, the system has passed the pressure* and bacteriological tests that were conducted in accordance with AWWA Standards.

This certification is based upon on-site observation of construction, scheduled and conducted by me or by a project representative under my direct supervision.

_____
Signature Date

Seal

_____
Name and Address

_____
Telephone No.

III. Acceptance by Utility*

The subject system has been accepted for operation and maintenance.

_____
Signature Date

*In case of water distribution system or water main extention

_____
Name and Title

Florida Department of
Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

CERTIFIED MAIL
P 280 849 478

NOTICE OF PERMIT ISSUANCE

RECEIVED
FEB 10 1994

Lake Utility Services, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Attention: Donald Rasmussen
Vice President

Lake County - PW
The Oranges Subdivision/The Vistas Subdivision
Lake Louisa Drive Interconnection

Dear Mr. Rasmussen:

Enclosed is Permit Number WD35-244380 to construct a water distribution system extension issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the

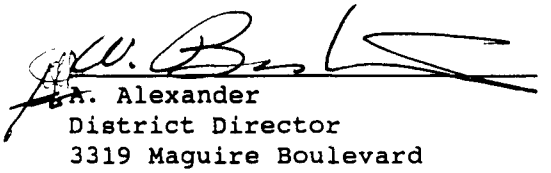
proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 17-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

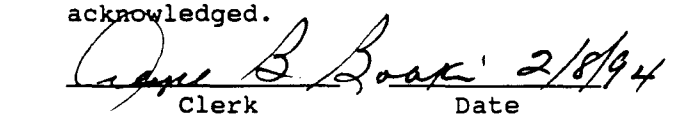
Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION



A. Alexander
District Director
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803-3767

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.



Clerk Date

AA/re/pp

Copies furnished to:

Thomas J. McCann, P.E.

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on FEB 09 1994 to the listed persons, by _____.

Florida Department of
Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

Permittee:
Lake Utility Services, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Attention: Donald Rasmussen
Vice President

Permit Number: WD35-244380
Date of Issue: 2/8/94
Expiration Date: 02/07/99
County: Lake
Project: The Oranges Subdivision/The Vistas Subdivision
Lake Louisa Drive Interconnection

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Extension of the The Oranges Subdivision and The Vistas Subdivision water distribution system to serve the interconnection of the two water systems located on Lake Louisa Drive in Lake County, Florida.

Conditions are attached to be distributed to the permittee only.

Printed on recycled paper

GENERAL CONDITIONS:

1. *The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.*

2. *This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.*

3. *As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.*

4. *This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.*

5. *This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.*

6. *The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.*

7. *The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:*

   (a) Have access to and copy any records that must be kept under conditions of the permit;

   (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and

   (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

   Reasonable time may depend on the nature of the concern being investigated.

8. *If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:*

   (a) A description of and cause of noncompliance; and

   (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.

   The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

PERMITTEE:
Lake Utility Services, Inc.

Attention: Donald Rasmussen
Vice President

Permit Number: WD35-244380
Date of Issue:
Expiration Date: 02/07/99

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the two points of connection at every intermediate gate valve.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. **NOTE TO THE UTILITY**: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project (other than flushing/testing) until the Department of Environmental Protection has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

ISSUED FEB. 8, 1994

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

J. W. Alexander
District Director
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803

Florida Department of
Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

RECEIVED
MAY 10 1994

CERTIFIED MAIL
Z 184 889 056

NOTICE OF PERMIT ISSUANCE

Great American Homes, Inc.
1640 East Adams Road
Maitland, FL 32751

Attention: Jeff Yeager, President

Lake County - PW
Crescent Bay Subdivision
Silver Glen II (18 Lots)(6,300 GPD)

Dear Mr. Yeager:

Enclosed is Permit Number WD35-249227 to construct a "dry-line" water distribution system issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the

proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 17-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

A. Alexander
District Director

DATE: 5/9/94

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk 5/9/94 Date

AA/re/pp

Copies furnished to:

C.T. Gillen, P.E.
Donald Rasmussen, Vice President

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on MAY 9 1994 to the listed persons, by _____.

Florida Department of
Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

Permittee:
Great American Homes, Inc.
1640 East Adams Road
Maitland, FL 32751

Attention: Jeff Yeager, President

Permit Number: WD35-249227
Date of Issue:
Expiration Date: 05/09/99
County: Lake
Project: Crescent Bay Subdivision
Silver Glen II (18 Lots)(6,300 GPD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

"Dry-line" extension of the Crescent Bay Subdivision water distribution system to serve Silver Glen II (18 Lots) located at Brown Canal Drive and Northglenn in Lake County, Florida.

Conditions are attached to be distributed to the permittee only.

Printed on recycled paper.

PERMITTEE:
Great American Homes, Inc.

Permit Number: WD35-249227
Date of Issue:
Expiration Date: 05/09/99

Attention: Jeff Yeager, President

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the point of connection and the blowoff.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the Department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. NOTE TO THE UTILITY: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project (other than flushing/testing) until the Department of Environmental Protection has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

7. This "dry line" water distribution system permit allows the physical installation of a water distribution system prior to having an approved source of potable water. The issuance of this "dry line" water distribution confers absolutely no right to any service connections now or in the future.

   The intervening line(s) to connect this "dry line" system to the existing utility's distribution system must be approved and cleared for service prior to clearance of this "dry line" system for use.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

A. Alexander
District Director

ISSUED 5/5/94

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

Virginia B. Wetherell

CERTIFIED MAIL
P 123 353 202

NOTICE OF PERMIT ISSUANCE

Max Judy and Associates, Inc.
Post Office Box 1107
Clermont, FL 32711

Attention: Tony D. Hubbard
Vice President

Lake County - PW
Crescent Bay Subdivision
The Hills of Lake Louisa (57,050 GPD)

Dear Mr. Hubbard:

Enclosed is Permit Number WD35-221875 to construct a water distribution system extension issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

Recycled Paper

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 17-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL REGULATION

A. Alexander
District Director
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803-3767

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk 2/16/93 Date

AA/~~om~~/pp

Copies furnished to:

Stephen Wiedenbeck, P.E.
Don Rasmussen, Vice President

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed ~~before the close of~~ business on 2/17/93 to the listed persons, by _____.

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

~~Carol M. Browner~~, Secretary
Virginia B. Wetherell

Permittee:
Max Judy and Associates, Inc.
Post Office Box 1107
Clermont, FL 32711

Attention: Tony D. Hubbard
Vice President

Permit Number: WD35-221875
Date of Issue:
Expiration Date: 02/16/98
County: Lake
Project: Crescent Bay Subdivision
The Hills of Lake Louisa (57,050 GPD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

"Dry-line" extension of the Crescent Bay Subdivision water distribution system to serve The Hills of Lake Louisa located on Oswalt Road in Clermont, Lake County, Florida.

Conditions are attached to be distributed to the permittee only.

Recycled Paper

PERMITTEE:
Max Judy and Associates, Inc.

Attention: Tony D. Hubbard
Vice President

Permit Number: WD35-221875
Date of Issue:
Expiration Date: 02/16/98

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the two points of connection to the proposed water main on Oswalt Road, lots 160, 149, 133, 117, 84, 78, 42, 107 and 62.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. NOTE TO THE UTILITY: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project until the Department of Environmental Regulation has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

7. This "dry line" water distribution system permit allows the physical installation of a water distribution system prior to having an approved source of potable water. The issuance of this "dry line" water distribution confers absolutely no right to any service connections now or in the future.

   The intervening line(s) to connect this "dry line" system to the existing utility's distribution system must be approved and cleared for service prior to clearance of this "dry line" system for use.

PERMITTEE:
Max Judy and Associates, Inc.

Attention: Tony D. Hubbard
Vice President

Permit Number: WD35-221875
Date of Issue:
Expiration Date: 02/16/98

SPECIFIC CONDITIONS:

8. The 12-inch water main on Oswalt Road (Permit Number WD35-220944) must be cleared for service to the points where this distribution system is to connect prior to requesting a clearance for The Hills of Lake Louisa project.

ISSUED 2-16-93
STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL REGULATION

A. Alexander
District Director
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803

Florida Department of
Environmental Protection

RECEIVED
SEP 07 1993

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

CERTIFIED MAIL
P 128 890 941

NOTICE OF PERMIT ISSUANCE

Amdev Corporation
933 Lee Road, Suite 215
Orlando, FL 32810

Attention: David Buckles
Vice President

Lake County - PW
Lake Utilities Services - Crescent Bay
Madison Park (7,000 GPD)

Dear Mr. Buckles:

Enclosed is Permit Number WD35-236074 to construct a water distribution system extension issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the

proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 17-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

A. Alexander
District Director
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803-3767

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk Date

AA/re/pp

Copies furnished to:

Charles Gillen, P.E.
Donald Rasmussen, Vice President

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on SEP 03 1993 to the listed persons, by _____.

Florida Department of
Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

Permittee:
Amdev Corporation
933 Lee Road, Suite 215
Orlando, FL 32810

Attention: David Buckles, Vice President

Permit Number: WD35-236074
Date of Issue:
Expiration Date: 09/03/98
County: Lake
Project: Lake Utilities Services - Crescent Bay
Madison Park (7,000 GPD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 17-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

"Dry-line" extension of the Lake Utilities Services' Crescent Bay water distribution system to serve Madison Park located on Oswalt Road in Lake County, Florida.

Conditions are attached to be distributed to the permittee only.

Printed on recycled paper.

PERMITTEE:
Amdev Corporation

Permit Number: WD35-236074
Date of Issue:
Expiration Date: 09/03/98

Attention: David Buckles, Vice President

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the ends of the proposed "dry-line" distribution system and from the service to lot 22.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. NOTE TO THE UTILITY: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project (other than flushing/testing) until the Department of Environmental Protection has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

7. This "dry line" water distribution system permit allows the physical installation of a water distribution system prior to having an approved source of potable water. The issuance of this "dry line" water distribution confers absolutely no right to any service connections now or in the future.

   The intervening line(s) to connect this "dry line" system to the existing utility's distribution system must be approved and cleared for service prior to clearance of this "dry line" system for use.

PERMITTEE:
Amdev Corporation

Attention: David Buckles, Vice President

SPECIFIC CONDITIONS:

Permit Number: WD35-236074
Date of Issue:
Expiration Date: 09/03/98

ISSUED 9/3/93

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

A. Alexander
District Director
3319 Maguire Boulevard
Suite 232
Orlando, Florida 32803

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

~~Carol M. Browner~~, Secretary
Virginia B. Wetherell

May 18, 1993

Utility, Inc.
File Copy
Interconnection

4

ce President

scent West
MGD)

ication that the subject water distribution
ced in accordance with the plans and related
agency on Permit Number WD35-220944 dated November
stem has passed the pressure and bacteriological tests
n accordance with the AWWA standards.

B s certification and satisfactory bacteriological results, we are
cl the system for service.

The responsibility for the microbiological quality of the water at the time it ultimately reaches the consumer's meter remains entirely with the utility and/or the owner/operator of the system who should ensure that this quality remains as was represented by the bacteriological test results presented. This letter of clearance does not preclude the need for obtaining acceptance by other entities as may be required.

Sincerely,

Frank P. Huttner, Section Supervisor
Drinking Water Permitting

FPH:pp

cc: Robert E. Farner, P.E.

Recycled Paper
Printed with Soy Based Inks

RECEIVED

Department of Environmental Protection

FILE

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

November 2, 1995

Lake Utility Services, Inc.
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Attention: Donald Rasmussen, Vice President

Lake County - PW
Crescent Bay
Replacement Well

Dear Mr. Rasmussen:

This acknowledges receipt of certification that the subject water well replacement has been completed in accordance with the plans and related materials permitted by this agency on Permit Number WC35-272955 dated October 5, 1995 and that the system has passed the pressure and bacteriological tests that were conducted in accordance with the AWWA standards.

Based on this certification and satisfactory bacteriological results, we are clearing the system for service.

Quarterly nitrate monitoring of this well shall be conducted for at least one year because the nitrate level in this well exceeded 50% of the maximum contaminant level when sampled on April 19, 1995. The first quarter of nitrate monitoring shall be conducted for the period October 1 through December 31, 1995.

The responsibility for the microbiological quality of the water at the time it ultimately reaches the consumer's meter remains entirely with the utility and/or the owner/operator of the system who should ensure that this quality remains as was represented by the bacteriological test results presented. This letter of clearance does not preclude the need for obtaining acceptance by other entities as may be required.

Sincerely,

Frank P. Huttner
Section Supervisor
Drinking Water Permitting

Re
FPH:re:pp

cc: Michael Dunn, P.E.

Printed on recycled paper

Department of Environmental Protection

RECEIVED
OCT 11 1995

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

CERTIFIED MAIL
Z 187 186 443

NOTICE OF PERMIT ISSUANCE

PERMITTEES/ENGINEERS/UTILITIES
READ AND HEED THE SPECIFIC
CONDITIONS OF THIS PERMIT.

Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Attention: Donald Rasmussen

Lake County - PW
Clermont II
Proposed Corrosion Control Facilities

Dear Mr. Rasmussen:

Enclosed is Permit Number WC35-271683 to install blended phosphate feed equipment issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the

proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070 (former Rule 17-103.070), F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

DATE: Oct. 10, 1995

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk — Date 10/10/95

CCF/th/pp

Copies furnished to:

Michael Dunn, P.E.

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on OCT 11 1995 to the listed persons, by _____.

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

Permittee:
Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

Attention: Donald Rasmussen

Permit Number: WC35-271683
Date of Issue:
Expiration Date: 10/09/97
County: Lake
Project: Clermont II Proposed Corrosion Control Facilities

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 62-555 (former Rule 17-555), (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Installation of corrosion control facilities at the Clermont II water treatment plant located at Sunset Avenue off South Lakeshore Drive south of Clermont. The project includes a Stenner Model 45MHP2 3.0 gpd chemical feed pump to inject 1.0 mg/l Stiles Kem SK-7641 "Aquadene" blended phosphate inhibitor to the raw water piping prior to the chlorine injection point.

Conditions are attached to be distributed to the permittee only.

Printed on recycled paper

GENERAL CONDITIONS:

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit, are "permit conditions" and are binding and enforceable pursuant to Sections 403.141, 403.727, or 403.859 through 403.861, F.S. The permittee is placed on notice that the Department will review this permit periodically and may initiate enforcement action for any violation of these conditions.

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviation from the approved drawings, exhibits, specifications, or conditions of this permit may constitute grounds for revocation and enforcement action by the Department.

3. As provided in subsections 403.087(6) and 403.722(5), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit that may be required for other aspects of the total project which are not addressed in this permit.

4. This permit conveys no title to land or water, does not constitute State recognition or acknowledgement of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title.

5. This permit does not relieve the permittee from liability for harm or injury to human health or welfare, animal, or plant life, or property caused by the construction or operation of this permitted source, or from penalties therefore; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department.

6. The permittee shall properly operate and maintain the facility and systems of treatment and control (and related appurtenances) that are installed and used by the permittee to achieve compliance with the conditions of this permit, as required by Department rules. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to achieve compliance with the conditions of the permit and when required by Department rules.

7. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, upon presentation of credentials or other documents as may be required by law and at reasonable times, access to the premises where the permitted activity is located or conducted to:

   (a) Have access to and copy any records that must be kept under conditions of the permit;
   (b) Inspect the facility, equipment, practices, or operations regulated or required under this permit; and
   (c) Sample or monitor any substances or parameters at any location reasonably necessary to assure compliance with this permit or Department rules.

   Reasonable time may depend on the nature of the concern being investigated.

8. If, for any reason, the permittee does not comply with or will be unable to comply with any condition or limitation specified in this permit, the permittee shall immediately provide the Department with the following information:

   (a) A description of and cause of noncompliance; and
   (b) The period of noncompliance, including dates and times; or, if not corrected, the anticipated time the noncompliance is expected to continue, and steps being taken to reduce, eliminate, and prevent recurrence of the noncompliance.

   The permittee shall be responsible for any and all damages which may result and may be subject to enforcement action by the Department for penalties or for revocation of this permit.

PERMITTEE:
Utilities, Inc. of Florida

Attention: Donald Rasmussen

Permit Number: WC35-271683
Date of Issue:
Expiration Date: 10/09/97

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. Upon completion, the Permittee shall notify the Department that these facilities were installed according to the approved design.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the Department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. Orthophosphate levels shall be monitored at the entry point to the distribution system every two weeks and reported on the monthly operational reports.

7. Pursuant to Rule 62-551.530(4), Florida Administrative Code, permittee shall provide this office a report indicating the effectiveness of the corrosion control treatment. This report shall be supported with Lead and Copper analysis results from samples collected at the taps, water quality parameter data and information on the dosage rate and concentration of the chemicals used for corrosion control. Please refer to Rule 62-551.470(3), Florida Administrative Code, for proper sampling.

8. Permittee shall evaluate the installation of additional treatment if the corrosion control treatment selected under this General Permit is not optimal or effective. Any additional treatment must be approved by the Department prior to installation.

9. Permittee shall ensure that all chemicals used for corrosion control are NSF approved.

10. Provisions for antisiphonage shall be incorporated into the design.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

ISSUED Oct. 10, 1995

Department of Environmental Protection

FILE

RECEIVED
SEP 11 1995

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

CERTIFIED MAIL
Z 187 186 377

NOTICE OF PERMIT ISSUANCE

PERMITTEES/ENGINEERS/UTILITIES
READ AND HEED THE SPECIFIC
CONDITIONS OF THIS PERMIT.

Amdev Corporation
933 Lee Road, Suite 215
Orlando, FL 32810

Attention: Donald L. Moore
President

Lake County - PW
Lake Crescent Hills
Reagan's Run (83 Lots)(29,050 GPD)

Dear Mr. Moore:

Enclosed is Permit Number WD35-276058 to construct a water distribution system extension issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the

proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

for Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

DATE: Sept 6, 1995

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk 9-7-95 Date

CCF/re/pp

Copies furnished to:

Charles T. Gillen, P.E.
Donald Rasmussen, Vice President

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on SEP 08 1995 to the listed persons, by _____.

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

Permittee:
Amdev Corporation
933 Lee Road, Suite 215
Orlando, FL 32810

Attention: Donald L. Moore
President

Permit Number: WD35-276058
Date of Issue:
Expiration Date: 09/06/00
County: Lake
Project: Lake Crescent Hills
Reagan's Run (83 Lots)(29,050 GPD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 62-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Extension of the Lake Crescent Hills water distribution system to serve Reagan's Run (83 Lots) located in Lake County, Florida.

General Conditions are attached to be distributed to the permittee only.

Printed on recycled paper.

PERMITTEE:
Amdev Corporation

Attention: Donald L. Moore
President

Permit Number: WD35-276058
Date of Issue:
Expiration Date: 09/06/00

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 62-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the two points of connection to the existing main, the two-inch loop and lots 44 and 64.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the Department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. <u>NOTE TO THE UTILITY</u>: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project (other than flushing/testing) until the Department of Environmental Protection has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

for George Stroup
Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

ISSUED Sept 6, 1995

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

RECEIVED
OCT 25 1995

Amdev Corporation
933 Lee Road, Suite 215
Orlando, FL 32810

Attention: Donald L. Moore, President

Lake County - PW
Lake Crescent Hills
Reagan's Run (83 Lots)(29,050 GPD)
PATS 278823

Dear Mr. Moore:

Modification of Conditions
Permit Number WD35-276058

We have received your request for a modification of the permit conditions. The conditions are changed as follows:

Condition	From	To
New Location of Point of Connection	Station 9+00	Station 7+84.63

This letter must be attached to your permit and becomes a part of that permit.

Sincerely,

Christianne C. Ferraro

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

Oct. 19, 1995
Date

CCF:re:pp

cc: Charles T. Gillen, P.E.
Donald Rasmussen, Vice President

Department of Environmental Protection

RECEIVED APR - 6 1995

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

CERTIFIED MAIL
Z 024 157 161

NOTICE OF PERMIT ISSUANCE

Larry Carlson, Developer
6890 North Grande Drive
Boca Raton, FL 33433

Lake County - PW
Crescent West
Sawmill Subdivision (29 Lots)(17,150 GPD)

Dear Mr. Carlson:

Enclosed is Permit Number WD35-267003 to construct a water distribution system extension issued pursuant to Section 403.861(9), Florida Statutes.

A person whose substantial interests are affected by this permit may petition for an administrative proceeding (hearing) in accordance with Section 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received) in the Office of General Counsel of the Department at 2600 Blair Stone Road, Tallahassee, Florida 32399-2400, within 14 days of receipt of this Permit. Petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. Failure to file a petition within this time period shall constitute a waiver of any right such person may have to request an administrative determination (hearing) under Section 120.57, Florida Statutes.

The petition shall contain the following information; (a) the name, address, and telephone number of each petitioner, the applicant's name and address, the Department permit file number and the county in which the project is proposed; (b) a statement of how and when each petitioner received notice of the Department's action or proposed action; (c) a statement of how each petitioner's substantial interests are affected by the Department's action or proposed action; (d) a statement of the material facts disputed by petitioner, if any; (e) a statement of facts which petitioner contends warrant reversal or modification of the Department's action or proposed action; (f) a statement of which rules or statutes petitioner contends require reversal or modification of the Department's action or proposed action; and (g) a statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Department's action or proposed action.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this permit. Persons whose substantial interests will be affected by any decision of the Department with regard to the application have the right to petition to become a party to the

proceeding. The petition must conform to the requirements specified above and be filed (received) within 14 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Section 120.57, F.S., and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-5.207, F.A.C.

This permit is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above paragraphs or unless a request for extension of time in which to file a petition is filed within the time specified for filing a petition and conforms to Rule 62-103.070, F.A.C. Upon timely filing of a petition or a request for an extension of time this permit will not be effective until further Order of the Department.

When the Order (Permit) is final, any party to the Order has the right to seek judicial review of the Order pursuant to Section 120.68, Florida Statutes, by the filing of a Notice of Appeal pursuant to Rule 9.110, Florida Rules of Appellate Procedure, with the Clerk of the Department in the Office of General Counsel, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400; and by filing a copy of the Notice of Appeal accompanied by the applicable filing fees with the appropriate District Court of Appeal. The Notice of Appeal must be filed within 30 days from the date the Final Order is filed with the Clerk of the Department.

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Vivian F. Garfein
Director of District Management

DATE: April 4, 1995

FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Clerk — Date: 4/4/95

VFG/re/pp

Copies furnished to:

Mark E. Wilson, P.E.
Donald Rasmussen, Vice President

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on APR 05 1995 to the listed persons, by _____.

Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Lawton Chiles
Governor

Virginia B. Wetherell
Secretary

Permittee:
Larry Carlson, Developer
6890 North Grande Drive
Boca Raton, FL 33433

Permit Number: WD35-267003
Date of Issue:
Expiration Date: 04/03/00
County: Lake
Project: Crescent West
Sawmill Subdivision (29 Lots)
(17,150 GPD)

This permit is issued under the provisions of Chapter 403, Florida Statutes, and Florida Administrative Code Rule 62-555, (F.A.C.). The above named permittee is hereby authorized to perform the work shown on the application and approved drawing, plans, and other documents attached hereto or on file with the department and made a part hereof and specifically described as follows:

Extension of the Crescent West water distribution system to serve Sawmill Subdivision (29 Lots) located in Lake County, Florida.

Conditions are attached to be distributed to the permittee only.

Printed on recycled paper

PERMITTEE:
Larry Carlson, Developer

Permit Number: WD35-267003
Date of Issue:
Expiration Date: 04/03/00

SPECIFIC CONDITIONS:

1. General condition number 13 does not apply.

2. A LETTER OF CLEARANCE MUST BE ISSUED BY THE DEPARTMENT TO YOU PRIOR TO YOUR PLACING THIS PROJECT INTO SERVICE OR YOU, THE PERMITTEE, SHALL BE SUBJECT TO APPROPRIATE ENFORCEMENT ACTION. To obtain clearance of the facilities for service, the engineer of record shall submit a "Request for Letter of Release to Place Water Supply System into Service" [DER Form 17-555.910(9)] to the department, a copy of this permit, and a copy of satisfactory bacteriological sample results taken on two consecutive days from, or near, the four designated sampling locations.

3. Where water and sewer mains cross with less than 18" vertical clearance, the sewer will be 20' of either ductile iron pipe or concrete encased vitrified clay or PVC pipe, centered on the point of crossing. When a water main parallels a sewer main a separation, measured edge to edge, of at least 10' should be maintained where practical.

4. This permit does not pertain to any wastewater, stormwater or dredge and fill aspects of this project.

5. The permittee will promptly notify the Department upon sale or legal transfer of the permitted facility. In accordance with General Condition #11 of this permit, this permit is transferable only upon Department approval. The new owner must apply, by letter, for a transfer of permit within 30 days.

6. **NOTE TO THE UTILITY**: Pursuant to 403.859(6), Florida Statutes, do not provide water service to this project (other than flushing/testing) until the Department of Environmental Protection has issued a letter of clearance or you, the utility, shall be subject to enforcement action.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Vivian F. Garfein
Director of District Management

ISSUED April 4, 1995

Lake Utilities Services, Inc.

Docket No. 960444-WU

25-30.440 (7)
DEP CORRESPONDENCE

Test Year Ending December 31, 1995

Lake Utility Services, Inc.

Docket No. 960444-WU

25-30.440(8)
FIELD EMPLOYEES

Test Year Ended December 31, 1995

Don Rasmussen, Vice President of Operations: Supervises all operations and employees in Florida.

Michael Dunn, P.E., Engineer: Supervises all engineering for all Florida systems.

Dave Zusi, Regional Operations Manager: Supervises day to day operations for all Florida systems.

Bob Cross, Area Manager: Supervises day to day operations for Marion, Lake, Orange and Seminole counties.

Field Employees

1) Jay Aldrich, Operator: Jay holds a Class C drinking water and Class C wastewater license. Jay is responsible for the LUSI systems.

2) William Secoy, Operator: William holds a Class A wastewater license and is responsible for construction, supervision and maintenance of our LUSI systems.

Duties and Responsibilities

a) Responsible for performing treatment plant operation and maintenance duties. Duties to be completed in a reasonable and professional manner consistent with standard operating practices in order to meet state standards and rules and to protect public health and the environment.

b) Perform responsible, efficient and effective on-site management and supervision over plant functions.

c) Submit complete, accurate and timely plant monthly operating reports.

d) Report to the permittee and the Department of Environmental Protection any serious plant breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment plant operation, or discharge of water or wastewater in a manner not authorized by the current permit.

e) Submit accurate reports relative to treatment plant operation sampling and laboratory analysis.

f) Maintain an operation and maintenance log for each plant, current to the last operation and maintenance performed.

g) Perform preventive maintenance and either repair or request that the permittee repair equipment or distribution systems as needed to keep the treatment plant operating as permitted.

h) Perform various workorder functions to include but not limited to the following: customer complaints, reading and checking meters, cross-connection inspections, replacing and installing meters, installing or repairing distribution systems, and water conservation activities.

i) Maintain visual aesthetics of plants to company specifications.

Lake Utility Services, Inc.

Docket No. 960444-WU

25-30.440(9)
VEHICLES

Test Year Ended December 31, 1995

Lake Utility Services, Inc.
Docket No. 960444-WU
TYE 12/31/95
Item (9)

Serial Number of Vehicle	Description	Original Cost	Annual Lease Expense	Person Assigned to Vehicle
2FALP74W1TX172730	Ford Crown Victoria	24,400		Don Rasmussen
1FACP5245MA165196	Ford Taurus	15,200		Michael Dunn
1FALP52U8SA263362	Ford Taurus	17,125		Dave Zusi
	Truck		4,792	Bob Cross
1GCCS14Z1R8146153	Chev S-10	11,444		Jay Aldrich
1GCCS14Z1R8132477	Chev S-10	11,360		William Secoy

Lake Utility Services, Inc.

Docket No. 960444-WU

25-30.440(10)
CUSTOMER COMPLAINTS

Test Year Ended December 31, 1995

606-001021-0

FRANKLIN, BETTY J.

Company LAKE UTILITY SERVICES, INC.

Request No. 61350P

...ss 11100 HASKELL DRIVE

Attn. DON RASMUSSEN 61350P

By JBL Time 1:23 PM Date 04/03/95

Consumer's Telephone # (904)-394-2100

To CO Time fax Date 04/03/95

...ip CLAREMONT 34711 County LAKE

Can Be Reached (904)-394-2150

Complaint Type wb-24

...rt Number

Note

...nsumer contacted company? Yes X No ___ Who

Justification

Closed by _____ Date / /

Reply Received

Customer's bill is too high and claims that other customers in her subdividion. "Preston Cove." are also charged three times more than what surrounding area subdivisions are charged by Lake Utility Services.

Regarding our conversation. I will need a report regarding your contact with customer by 4/18/95. NOTE: You may want to consider a bench test upon aprising customer of required deposit for bench test. This will confirm our earlier conversation.

WK - 904-394-2100
X 271

4/20/95 Get reading & call customer with current consumption.

(4/... ...998/1) 48,400 gals 21.

CONSUMER REQUEST

FLORIDA PUBLIC SERVICE COMMISSION

101 E. GAINES STREET
TALLAHASSEE, FL. 32399-0850
904-413-6100

PLEASE RETURN THIS FORM WITH REPORT OF ACTION TO:

Jose B. Lorenzo

DUE: 04/18/95

LAKE UTILITY SERVICES, INC.

AN AFFILIATE OF UTILITIES, INC

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 708-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961

April 13, 1995

Jose B. Lorenzo
Florida Public Service Commission
101 East Gaines Street
Tallahassee, Florida 32399

Re: Request No. 61350P
Betty J. Franklin
11100 Haskell Dr.
Acct. No. 666-001022-0

Dear Mr. Lorenzo:

Enclosed is a copy of a customer notice regarding a meeting to be held on May 25, 1995, for customers of Lake Utility Services, Inc. As the notice states, Lake Utility Services has filed an application for a revenue neutral filing in Lake County and an application for a limited proceeding for restructuring of its water rates.

I tried to contact Ms. Franklin but was unable to after several attempts. A tag was also left at her door requesting that she call me. I have not received a response as yet. As you can see by the contents of the notice, we are trying to bring more consistency to the rates in our systems in Clermont. However, until this matter is resolved we must charge the current rates approved in our tariff.

If I can furnish you with any additional information, please let me know.

Sincerely,

Jacquelyne Rasmussen

Jacquelyne Rasmussen
Regional Office Manager

How to Contact the Commission

Written comments regarding Lake Utility Services, Inc. service or the proposed rates and charges may be sent to the Commission at the following address and should refer to Docket No. 950232-WU which is the docket number assigned to this proceeding, with a copy mailed to Lake Utility Services, Inc.

Director, Division of Records and Reporting
Florida Public Service Commission
101 East Gaines Street
Tallahassee, Florida 32399-0870

Lake Utility Services, Inc.
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

If you should have any questions, please call the utility office at 1-800-272-1919.

This notice was prepared by the utility at the direction and with the approval of the Commission Staff for distribution the utility's affected customers.

Proposed Rates

(Per Month)

Meter Size	Base Facility Charge
5/8" X 3/4"	$ 7.00
3/4"	10.50
1"	17.50
1 1/2"	35.00
2"	56.00
3"	112.00
4"	175.00
Gallon Charge	
Per 1,000 gallons	$ .81

NOTICE OF APPLICATION AND NOTICE OF INITIAL CUSTOMER MEETING TO THE CUSTOMERS OF LAKE UTILITY SERVICES, INC. IN LAKE COUNTY AND ALL OTHER INTERESTED PERSONS

DOCKET NO. 950232-WU

APPLICATION OF LAKE UTILITY SERVICES, INC.
FOR A REVENUE NEUTRAL FILING IN LAKE COUNTY

Dated: April 11, 1995

Notice is hereby given that the Staff of the Florida Public Service Commission will conduct a customer meeting to discuss the above application of Lake Utility Services, Inc. for a revenue neutral filing in Lake County.

Date:	May 25, 1995
Time:	7:00 PM
Location:	Jenkins Auditorium 691 Montrose Street Clermont, FL 34711

All persons who wish to testify are urged to be present at the beginning of the meeting, since the meeting may be adjourned early if no customers are present.

Purpose

The purpose of the meeting is to give customers and other interested persons an opportunity to offer sworn testimony to the Commission Staff regarding the quality of service provided by the utility and to ask questions or offer comments on the utility's proposed rates included with this notice, as well as other issues. Staff members will summarize the preliminary work accomplished and answer questions. A representative from the utility will also be present.

Any person who wishes to comment or provide information to Staff may do so at the meeting, orally or in writing. Written comments may also be sent to the Commission at the address given at the end of this notice.

Any person requiring some accommodation at the customer meeting because of a physical impairment should call the Division of Records and Reporting at (904) 488-8371 at least five calendar days prior to the meeting. If you are hearing or speech impaired, please contact the Florida Relay Service by using the following numbers: 1-800-955-8700 (VOICE) or 1-800-955-8771 (TDD).

Background

Lake Utility Services, Inc. provides water service in Lake County. On February 23, 1995 the utility filed an application for a limited proceeding for restructuring its water rates.

Over the past several years, Lake Utility Services, Inc. engaged in a program to interconnect many small independent systems in the fast growing Lake County area.

Due to growth in the area, and the interconnection of the systems, neighbors may have different water rates. The Utility is seeking to bring more consistency to the Utility's rate structure.

FRICKLE, WILLIAM

ress 12619 ERYN BLVD.

Zip CLAREMONT 34711 County LAKE

int Number

Company LAKE UTILITY SERVICES, INC.

Attn. DON RASMUSSEN 63725I

Consumer's Telephone # (904)-394-2944

Can Be Reached

consumer contacted company? Yes X No Who

Request No. 63725I

By JBL Time 3:20 PM Date 04/21/95

To CO Time FAX Date 04/21/95

Complaint Type GI-99

Note

Justification

Closed by Date / /

Reply Received

Customer wants an explanation of the need for consistent rates even though it may hurt lower income people who may as well consume less water.

CONSUMER REQUEST

FLORIDA PUBLIC SERVICE COMMISSION

101 E. GAINES STREET
TALLAHASSEE, FL. 32399-0850
904-413-6100

PLEASE RETURN THIS FORM WITH REPORT OF ACTION TO:

Jose B. Lorenzo

DUE: 05/08/95

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 708-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961

May 1, 1995

Jose B. Lorenzo
Florida Public Service Commission
101 East Gaines Street
Tallahassee, Florida 32399

Re: Request No. 63725I
William Frickle
12619 Eryn Blvd.
Acct. No. 633-001018-0

Dear Mr. Lorenzo:

The rates for Lake Utility Services, Inc. are being restructured to provide a more consistant rate for all its customers by request of the Florida Public Service Commission.

If I can furnish you with any additional information, please let me know.

Sincerely,

Jacquelyne Rasmussen

Jacquelyne Rasmussen
Regional Office Manager

Update Service Order Types

A 1 HIGH BILL	A18 READ METER	Q36 CLOGGED SEWER
A 2 BROKEN/REPLACE METER	A19 TEST METER	Q37 ODOR IN SEWER
A 3 MOVING/SPINNING MTR	A20 MISC SERVICE ORDER	Q38 NOISE IN SEWER
A 4 METER HEAD LOOSE	A21 HIGH/LOW CONSUMPTION	Q39 LIFT STATION SEWER
A 5 STUCK/FROZEN METER	A22 TEMP SERVICE ON/OFF	Q40 LAWN REPAIR/SEWER
A 6 BROKEN REMOTE WIRE	A23 NOT OUR PROBLEM	Q41 MISC SWR COMPLAINT
A 7 INSTALL REMOTE	A24 MISC ACCT ADJUSTMENT	Q42 MISC WTR COMPLAINT
A 8 WATER TAP	A25 PAYMENT EXTENSION	Q43 NO WATER
A 9 SEWER TAP	Q26 MAIN BREAK WATER	Q44 HIGH/LOW PH
A10 RE-READ METER	Q27 BROKEN SERV LINE WTR	Q45 ROAD REPAIR W/S
A11 MISC ACCT COMPLAINT	Q28 HIGH/LOW PRESSURE W	Q46 NOT OUR PROBLEM
A12 FINAL/NEW READ	Q29 DISCOLORED WATER	Q47
A13 TURN ON SERVICE	Q30 MINERAL AMOUNT WATER	Q48
A14 SHUT OFF SERVICE	Q31 AIR IN WATER	Q49 S/O ENTERED IN ERROR
A15 LOCATE LINE/VALVE	Q32 TASTE/ODOR OF WATER	Q50 SERVICE ORDER TEST
A16 REPLACE MTR CVR/BOX	Q33 LAWN REPAIR/WATER	
A17 LEAK	Q34 MAIN BREAK SEWER	
	Q35 BROKEN SERV SEWER	

ENTER LINE NO, X TO EXIT, Y TO FILE ?

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 663 BY SUB 16:54:12 04-18-96

SUBDIVISION :. 663
ROUTE :.
SERVICE ORDER# :. 195594
ACCOUNT# :. 6630000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 04/06/95
TYPE :. 26
FOPER :. BG
COMMENT :. CUSTOMERS ISSUED BOIL ORDER FOR OUTAGE PLEASE PROVIDE INFORMATION
RESOLUTION :. FLORIDA POWER OUTAGE DUE TO DOWN JACK AT POLE RESTRD SVC OBTAINED
. BACTERIALOGICAL SAMPLES AND SAVE OUTBOIL ORDERS THROUGH 4/8/95
. BG
RDATE :. 04/06/95

SUBDIVISION :. 663
ROUTE :.
SERVICE ORDER# :. 199151
ACCOUNT# :. 6630000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 05/12/95
TYPE :. 43
FOPER :. BG
COMMENT :. CUSTOMERS WERE ISSUED A NOTICE FOR WATER OUTAGE FOR ADDITIONAL BLOW
. OFF INSTALLATION PLEASE PROVIDE INFO
RESOLUTION :. LINE COULD NOT BE LOCATED AT POINT DESIRED. HAD TO MOVE BLOWOFF LOCA-
. TION TO AMORE ACCESSABLE PLACE. PLANT DOWN FOR 10 MIN TO INSTALL BLOW-
. OFF W/PSI NO LOWER THAN 50 AT PLANT. BOIL ORDERS NOT ISSUED DUE TO
. ACCEPTABLE PRESSURE IN SYSTEM. LETTER NOT HUNG BECAUSE OF INCORREC
. TIME STATED ON LETTER.
. BG
RDATE :. 05/15/95

SUBDIVISION :. 663
ROUTE :.
SERVICE ORDER# :. 200049
ACCOUNT# :. 6630000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 05/19/95
TYPE :. 29
FOPER :. BG
COMMENT :. CUSTOMERS WERE EXPERIENCING SAND IN THER WATER AND FIXTURES FROM
. RESIDUE IN LINES FROM PRIOR PROBLEM IT WAS ESTABLISHED THAT UINC
. WOULD FLUSH THE LINES AT MIDNIGHT TO CORRECT THE PROBLEM
RESOLUTION :. FLUSHED LINES IN TROUBLE AREA FOR SAND AS DIRECTED
. FROM 11:00 PM THRU 4:00 AM
. CUSTOMERS WERE NOTIFIED PRIOR FLUSHING
. BG
RDATE :. 05/19/95

SUBDIVISION :. 663
ROUTE :.
SERVICE ORDER# :. 204333
ACCOUNT# :. 6630000000
CUSTOMER NAME :. ,

```
SERVICE ADDRESS:.
DDATE           :. 07/07/95
TYPE            :. 43
FOPER           :. BG
COMMENT         :. SEVERAL CALLS FROM THIS SUBDIVISION CALLED AND STATED NO WATER AT ALL
                 . NO SERVICE RESPONSE REPORT YET
RESOLUTION      :. FOUND #1 PUMP TRIPPED OUT AT PLANT COULD NOT GET BACK INTO SERVICE \
                 . CALLED LOCKWELL AND PUMP OUT TO REPLACE PUMP.  FOUND #2 PUMP TRIPPED
                 . OUT RESET BREAKER BROUGHT PUMP BACK ON LINE.  ARRIVED ON SITE AT
                 . 8:00 AM FOUND WATER PLANT PSI AT 20 PLACED #2 WELL PUMP BACK IN SERVICE
                 . PSI WENT UP TO 58 PULLED BACTIE SAMPLE AT HOUSE AND PT PLANT TO ENSURE
                 . NO CONTAMINATION OCCURED PLACE OUT BOIL ORDERS
                 . BS
RDATE           :. 07/07/95

SUBDIVISION     :. 663
ROUTE           :.
SERVICE ORDER#  :. 204456
ACCOUNT#        :. 6630000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 07/10/95
TYPE            :. 43
FOPER           :. BG
COMMENT         :. BLOWOFF ON FOUR LAKES LN. BROKEN DUE TO SOME TYPE OF DUAL WHEEL TRAILER
                 . RUNNING OVER THE BOX. A 4"X2" REDUCEER WAS BROKEN UPON FINAL ANALYSIS
                 . BG
RESOLUTION      :. CALLED CONNELL INC. WHICH SENT OUT A SUBCONTRACTOR TO FINISH REPAIRS.
                 . REPAIRS MADE AND SYSTEM FLUSHED, BACTIED AND BOIL ORDERS SUBMITTED.
                 . POSSIBLY RAN OVER BY RUNARD CONST TRAILER WHICH IS THE COMPANY
                 . BUILDING A HOUSE BY BLOWOFF.
                 . BG
RDATE           :. 07/10/95

SUBDIVISION     :. 663
ROUTE           :.
SERVICE ORDER#  :. 207914
ACCOUNT#        :. 6630000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 08/01/95
TYPE            :. 43
FOPER           :. BG
COMMENT         :. NO WATER DUE TO HURRICANE ERYN
RESOLUTION      :. POWER INTERRUPTED AT PLANT.  SERVICE RESTORED AT APPROXIMATELY 10:00 -
                 . 11:00 AM  BOIL ORDERS WERE ISSUED AND SAMPLES WERE TAKEN
                 . BG
RDATE           :. 08/01/95

SUBDIVISION     :. 663
ROUTE           :.
SERVICE ORDER#  :. 213410
ACCOUNT#        :. 6630000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 09/28/95
TYPE            :. 26
```

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 663 BY SUB 16:54:12 04-18-96

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FOPER           :. BG
COMMENT         :. COMPANY HAD A 4' WATER MAIN BREAK AT A CLUE 90
RESOLUTION      :. COMPANY RECEIVED SEVERAL CALLS FROM ANS SERVICE INQUIRING ABOUT
                 . COMPLETION TIME AND OTHER INFO CONCERNING OUTAGE
                 . 4' WATER MAIN BREAK AT A CLUE 90  REPAIRED INITIALLY WITH A 4"
                 . MECHANICAL 90 AND 2  4" DRESSERS  SECOND CALL ABOUT SAME LOCATION DUE TO
                 . 90 SEPERATING  POSSIBLY DUE TO AIR IN LINE WHICH COULD NOT BE RELEIVED
                 . DUE TO PIPING ARRANGEMENT  SECONDARY REPAIRS MADE WITH A 4" X4X2 TEE
                 . WHERE A BLOW OFF WAS INSTALLED IN ORDER TO RELEIVE PRESSURE  LINES WERE
                 . FLUSHED TO EVACUATE AIR IN DISTRIBUTION SYSTEM  DEP NORIFIED  AND BACTIS
                 . OBTAINED ALONG WITH BOIL ORDERS ISSUED  NUMBER OF CUSTOMER AFFECTED
                 . 45 OUTAGE 9/29/95 6:00 PM - 2:00 AM 9/29/95 NOTIFIED TRADY DEP  /BG
RDATE           :. 09/28/95

SUBDIVISION     :. 663
ROUTE           :.
SERVICE ORDER#  :. 217567
ACCOUNT#        :. 6630000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 10/31/95
TYPE            :. 43
FOPER           :. BG
COMMENT         :. CUST'S COMP OF NO WATER
RESOLUTION      :. OUTAGE AT PLANT DUE TO SAND FILTER COMPLICATIONS.  LASTED APROX 10 MIN
                 . BG
RDATE           :. 10/31/95

SUBDIVISION     :. 663
ROUTE           :. 663
SERVICE ORDER#  :. 197156
ACCOUNT#        :. 6630020240
CUSTOMER NAME   :. SHAFER,DANIEL M
SERVICE ADDRESS:. 16040  HARBAR OAKS DR
DDATE           :. 04/25/95
TYPE            :. 29
FOPER           :. BS
COMMENT         :. CUSTOMER PHONED:  SAND IN WATER   PLEASE CHECK AND ADVISE
RESOLUTION      :. READ 522600 N/L  INSTRUCTED CUST TO RUN HOSE BIB OUTSIDE HOUSE TO CLEAR
                 . SVC LINE
                 . BG
RDATE           :. 04/25/95

SUBDIVISION     :. 663
ROUTE           :. 663
SERVICE ORDER#  :. 198490
ACCOUNT#        :. 6630020080
CUSTOMER NAME   :. FRICKE,WILLIAM J
SERVICE ADDRESS:. 16101  HARBAR OAKS DR
DDATE           :. 05/08/95
TYPE            :. 43
FOPER           :. BG
COMMENT         :. *GAVE ON RADIO                NO WATER
RESOLUTION      :. FLUSHING LINES IN AREA  LOW PSI  SPOKE TO CUSTOMER
                 .
                 . BG
RDATE           :. 05/08/95
```

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 198815
ACCOUNT# :. 6630020240
CUSTOMER NAME :. SHAFER,DANIEL M
SERVICE ADDRESS:. 16040 HARBAR OAKS DR
DDATE :. 05/07/95
TYPE :. 29
FOPER :. MG
COMMENT :. CUSTOMER PHONED ASN SERVICE COMPLAINT: "TONS OF SAND IN WATER"
RESOLUTION :. 5/7/95 CALLED CUSTOMER AND SPOKE TO HER ON PHONE TOLD CUSTOMER TO FLUSH
. OUTSIDE TAP TO CLEAR SAND FROM LINES TOLD CUSTOMER SERVICEMAN TO STOP
. AT AM 5/8/95
.
. MG
RDATE :. 05/08/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 198942
ACCOUNT# :. 6630020240
CUSTOMER NAME :. SHAFER,DANIEL M
SERVICE ADDRESS:. 16040 HARBAR OAKS DR
DDATE :. 05/11/95
TYPE :. 29
FOPER :. BG
COMMENT :. CUSTOMER PHONED OFFICE TO ADVISE THAT AL OF HER APPLIANCES AND FIXTURES
. HAVE SAND AND THAT SHE IS AFRAID TO USE THEM UNTIL SHE FINDS OUT IF
. THEY HAVE TO BE FLUSHED THIS IS A CONTINUED PROBLEM FROM THE AFTER
. HOUR CALL 5/7/95 PLEASE MEET WITH CUSTOMER
RESOLUTION :. 5/11/95 R-522600 SPOKE W/CUST CONCERING SITUATION. BLOWOFF TO BE
. INSTALLLED ASAP BG
. ADJ BACK TO AVG. CUST STATED NORE THAN TWO CUPS OF SAND IN THE WTR
. CLOSETS OF TOILET, COLD WTR DOES NOT COME INTO WASHER-HOT WTR HAS SAND
. WHEN FILLING LARGE BATH - SHE THINKS THAT WTR HEATER HAS SAND - FEELS
. THAT EVERYTHING NEEDS TO BE FLUSHED.
. ED
RDATE :. 05/11/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 199029
ACCOUNT# :. 6630020240
CUSTOMER NAME :. SHAFER,DANIEL M
SERVICE ADDRESS:. 16040 HARBAR OAKS DR
DDATE :. 05/15/95
TYPE :. 29
FOPER :. BG
COMMENT :. REMINDER OF APPOINTMENT WITH CUSTOMER FOR APPROX 9:30 OR BY 10:30 AM
. TO CLEAN, OR PROVIDE SERVICE REQUIRED FOR APPLIANCES AND FIXTURES
. WITH SAND: CUSTOMER ADVISED ON 5/11/95 THAT BG & KM WILL BE THERE
. AND IS ASSURED THAT WHATEVER IS REQUIRED TO CORRECT FIXTURE PROBLEM
. WILL BE DONE IF VENDER IS REQUIRED AND OPERATOR WILL BE THERE ALSO
RESOLUTION :. 5/15/95 ALL FAUCET STRAINERS CLEANED BY K MILLER. CLEANED OUT TOILET
. TANKS OF ALL SAND. OBTAINED BACTERIOLOGICAL SAMPLE FROM RESIDENCE. BG
. 5/16/95 CUST PHONED STILL HAS SAND IN WTR. FLUSHING HAS BEEN SCHED FOR
. 5/18/95 EARLY AM NOTICES SENT OUT TO CUSTOMERS.

. EC
RDATE :. 05/16/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 199145
ACCOUNT# :. 6630020080
CUSTOMER NAME :. FRICKE,WILLIAM J
SERVICE ADDRESS:. 16101 HARBAR OAKS DR
DDATE :. 05/12/95
TYPE :. 43
FOPER :. BG
COMMENT :. CUSTOMER PHONED OFFICE COMPLAINT: "NO WATER" WAS NOT NOTIFIED AND
. IS AFRAID TO USE WATER HEATER ALSO WATER IS DISCOLORED
. PLEASE MEET WITH CUSTOMER AND ADVISE OF FINDINGS
RESOLUTION :. SPOKE W/CUST CONCERNING PROB. ASSURED HER THAT HER APPLICANCES AND WATER
. HEATER WAS OK CUST WAS SATISFIED.
. BG
RDATE :. 05/15/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 199617
ACCOUNT# :. 6630020131
CUSTOMER NAME :. ARELLAND,GEORGE
SERVICE ADDRESS:. 16133 HARBAR OAKS DR
DDATE :. 05/12/95
TYPE :. 29
FOPER :. BG
COMMENT :. CUSTOMER PHONED ANS SERV AT APPROX 5:26 PM TO ADVISE THAT DIRT IS
. IN HER WATER AND THAT SHE IS LEAVING TO GO OUT TO DINNER NOW
RESOLUTION :. 5/17/95 BG ADVISED OFFICE THAT HE DID NOT GO OUT THAT HE ATTEMPTED TO
. PHONED CUSTOMER NO ANSWER AT THE RESIDENCE AND THAT SHE NEVER
. PHONED BACK
. 5/26/95 CUSTOMER WROTE LETTER TO OFFICE CONCERNING NO ONE CONTACTED
. HER AS REQUESTED WITH ANS SERVICE DAVE ZUSI OPERATION MANAGER
. CONTACTED CUSTOMER AND DISCUSSED PROBLEM HE ALSO FOLLOWED UP WITH
. A LETTER WHICH IS IN HIS FILES FOR REFERENCE
. BG/DZ
RDATE :. 05/26/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 202733
ACCOUNT# :. 6630020250
CUSTOMER NAME :. BROECKER,EARL
SERVICE ADDRESS:. 16044 HARBAR OAKS DR
DDATE :. 06/20/95
TYPE :. 29
FOPER :. BG
COMMENT :. CUST COMPLAINS OF SAND IN WATER PLEASE TAG WITH FINDINGS
RESOLUTION :. TAGGED CUST LETING THEM KNOW THAT THE PROBLEM SHOULD BE RESOVED
. AND TO LET US KNOW IF ANY FURTHER PROBLEMS OCCUR. NO SAND FOND
. BG
RDATE :. 06/20/95

SUBDIVISION :. 663

ROUTE :. 663
SERVICE ORDER# :. 204010
ACCOUNT# :. 6630020131
CUSTOMER NAME :. ARELLANO,GEORGE
SERVICE ADDRESS:. 16133 HARBAR OAKS DR
DDATE :. 07/05/95
TYPE :. 29
FOPER :. BG
COMMENT :. CUST COMPLAINED OF DIRT IN WATER IN 5/95 DAVID ZUSI, OPERATION MGR,
. SENT LTR ADVISING CUST CUST NOW COMPLAINS OF SAND IN WATER THROUGHOUT
. HOME & VERY LOW WATER PRESSURE PLEASE CHECK PROBLEM & ADVISE OR TAG
. CUST
RESOLUTION :. WORK BEING PERFORMED IN AREA CAUSING PROBLEM PER BG. TS ATTEMPTED TO
. CONTACT CUST TO ADVISE BUT CUST ACC PHONE # OUT OF SERVICE ONLY #
. LISTED IN 411 FOR CUST
. BG
RDATE :. 07/05/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 204364
ACCOUNT# :. 6630020240
CUSTOMER NAME :. SHAFER,DANIEL M
SERVICE ADDRESS:. 16040 HARBAR OAKS DR
DDATE :. 07/07/95
TYPE :. 43
FOPER :. JA
COMMENT :. CUST CALLED HAS NO WATER GAVE ON RADIO TO JAY
RESOLUTION :. FOUND PRESSURE AT WATER PLANT WAS DOWN FLUSHED SAND FILTER AT PLANT
. PRESSURE WONT COME UP SO LOOK AROUND SUBDIVISION FOUND MAIN AT END
. OF FOUR LAKE DR HAD BEEN BROKE CALLED BRIAN AND HE CAME OUT TO HELP
. WITH REPAIRS GOT WATER BACK ON AND HANDED OUT BOIL ORDERS
. JA
RDATE :. 07/07/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 207174
ACCOUNT# :. 6630020281
CUSTOMER NAME :. DRAEGER,PAUL
SERVICE ADDRESS:. 16020 HARBAR OAKS DR
DDATE :. 08/02/95
TYPE :. 43
FOPER :. BS
COMMENT :. CUSTOMER REPORTING NO WATER SINCE 9:30 A.M. CUSTOMER REPORTED CALL
. AT 10:15 A.M. SAID HER ELECTRIC WAS OUT SINCE 7:30 A.M.
RESOLUTION :. 8/2/95 FOUND MAIN WELL WITHOUT POWER OR ELECTRIC. CONTACTED
. FLORIDA POWER, WAS TOLD POWER WOULD NOT BE BACK ON UNTIL 3:00 PM
. POWER WAS RESTORED AT 2:30 PM. WELL CAME BACK ON WITH NO PROBLEM
. BOIL ORDERS WERE HANDED OUT AND BACTI SAMPLES PULLED.
RDATE :. 08/02/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 207971
ACCOUNT# :. 6630010300
CUSTOMER NAME :. McCONNELL,WILLIAM J

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 663 BY SUB 16:54:12 04-18-96

SERVICE ADDRESS:. 16026 FOUR LAKES LN
DDATE :. 08/10/95
TYPE :. 43
FOPER :. BG
COMMENT :. CUSTOMER PHONED REPORTING NO WATER.
RESOLUTION :. BKG WENT TO HOUSE AND NOTED THAT THE SERVICE LINE HAS NOT BEEN HOOKED
. UP TO METER YET.
RDATE :. 08/10/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 210728
ACCOUNT# :. 6630020281
CUSTOMER NAME :. DRAEGER,PAUL
SERVICE ADDRESS:. 16020 HARBAR OAKS DR
DDATE :. 09/07/95
TYPE :. 11
FOPER :. BS
COMMENT :. CUSTOMER HAS CALLED AND EXPRESSED CONCERN THAT ALL THE SAND PROBLEMS
. IN HER WATER HAS CAUSED PROBLEMS WITH HER FAUCETS, SINKS, ETC.
. SHE IS ASKING WE PAY FOR REPLACEMENTS. PLEASE CALL CUSTOMER TO ADVISE
RESOLUTION :. 9/7/95 DAVID ZUSI PHONED CUSTOMER. CUSTOMER WILL WRITE US A LETTER
. EXPLAINING PROBLEMS AND ENCLOSE RECEIPTS FOR BATHROOM FAUCET
RDATE :. 09/07/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 213119
ACCOUNT# :. 6630010441
CUSTOMER NAME :. MORRIN,JOE
SERVICE ADDRESS:. 16249 FOUR LAKES LN
DDATE :. 09/28/95
TYPE :. 26
FOPER :. BG
COMMENT :. BROKEN WATER MAIN
RESOLUTION :. MAIN BREAK WAS NOT AT THIS ADDRESS SEE COMPANY S/O FOR DETAILS
.
. BG
RDATE :. 09/29/95

SUBDIVISION :. 663
ROUTE :. 663
SERVICE ORDER# :. 216611
ACCOUNT# :. 6630020131
CUSTOMER NAME :. ARELLANO,GEORGE
SERVICE ADDRESS:. 16133 HARBAR OAKS DR
DDATE :. 10/31/95
TYPE :. 43
FOPER :.
COMMENT :. CUST HAS NO WATER
RESOLUTION :. OUTAGE AT PLANT DUE TO SAND FILTER COMPLICATIONS LASTED APROX 10 MIN
. BG
RDATE :. 10/31/95

23 records listed.

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
663		26	2
663		29	1
663		43	5
663			8
663	663	11	1
663	663	26	1
663	663	29	7
663	663	43	6
663	663		15
663			23
			=====
			23

23 records listed.

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SUBDIVISION     :. 628
ROUTE           :.
SERVICE ORDER#  :. 201163
ACCOUNT#        :. 6280000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 06/02/95
TYPE            :. 26
FOPER           :. JA
COMMENT         :. *GAVE ON RADIO              ROYALVIEW ESTATES
                 .                             12731 KATHERINE CIR
                 .
                 .                             BROKEN WATER MAIN
RESOLUTION      :. COUNTY LAWN CREW RAN OVER STUB
                 .
                 . MADE REPAIRS & MARK'D SITE
                 .
                 . BS
RDATE           :. 06/02/95

SUBDIVISION     :. 628
ROUTE           :.
SERVICE ORDER#  :. 202475
ACCOUNT#        :. 6280010051
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 05/29/95
TYPE            :. 28
FOPER           :. JA
COMMENT         :. *ANSWERITE CALL                LOW PRESSURE
RESOLUTION      :. CHECK'D PRESSURE & IT WAS FINE
                 .
                 . TAG'D DOOR
                 .
                 . JA
RDATE           :. 05/29/95

SUBDIVISION     :. 628
ROUTE           :. 001
SERVICE ORDER#  :. 189746
ACCOUNT#        :. 6280011284
CUSTOMER NAME   :. BROGDEN,BENJAMIN
SERVICE ADDRESS:. 12249  WARREN RD
DDATE           :. 01/30/95
TYPE            :. 31
FOPER           :. BS
COMMENT         :. EXCESSIVE AIR - PLEASE CHECK & TAG W/ RESULTS
                 .                 CUST HAS OUTSIDE TAP
RESOLUTION      :. NONE NOTED OR VISABLE @ TIME OF CHECK- TAG'D HOUSE TOLD CUST TO CALL
                 . IF PROBLEM CONTINUES - NO BACK FLOW ON HOSE BIB - N/L
                 .
                 . BS
RDATE           :. 01/30/95

SUBDIVISION     :. 628
ROUTE           :. 001
SERVICE ORDER#  :. 198924
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(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 628 631 632 633 634 636 662 665 BY SUB 16:26:31 04-18-96

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ACCOUNT#        :. 6280010241
CUSTOMER NAME   :. EQUELS,THOMAS F
SERVICE ADDRESS:. 12538  EL VIENTO ST
DDATE           :. 05/12/95
TYPE            :. 28
FOPER           :. BS
COMMENT         :. CUST CALLING W/ PROGRESSIVELY LOW PRESSURE
                 . PRESSURE SEEMS TO DECREASE DAILY
                 .
                 . PLEASE CHECK AND TAG W/ RESULTS - OUTSIDE TAPS AVAILABLE
RESOLUTION      :. TAG'D HOUSE - PSI 62
                 .
                 . BS
RDATE           :. 05/12/95

SUBDIVISION     :. 628
ROUTE           :. 001
SERVICE ORDER#  :. 202458
ACCOUNT#        :. 6280010981
CUSTOMER NAME   :. GWIN,DEAN
SERVICE ADDRESS:. 13206  PALMER DR
DDATE           :. 05/08/95
TYPE            :. 43
FOPER           :. JA
COMMENT         :. *ANSWERITE CALL                NO WATER
RESOLUTION      :. CUST HAD WATER VALVE AT HOUSE SHUT OFF
                 .
                 . JA
RDATE           :. 05/08/95

SUBDIVISION     :. 628
ROUTE           :. 001
SERVICE ORDER#  :. 210336
ACCOUNT#        :. 6280014303
CUSTOMER NAME   :. BOND,CHARLES E
SERVICE ADDRESS:. 12626  VALENCIA DR
DDATE           :. 09/01/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. CUST CALL'D WITH "ROTTEN EGG" SMELL IN WATER
RESOLUTION      :. SPOKE W/ CUST - WILL SET UP FLUSHING SCHEDULE  ADJUST CHLORINE LEVEL
                 .
                 . JA
RDATE           :. 09/01/95

SUBDIVISION     :. 628
ROUTE           :. 001
SERVICE ORDER#  :. 218489
ACCOUNT#        :. 6280012602
CUSTOMER NAME   :. DONELSON,RONALD
SERVICE ADDRESS:. 13031  SUNSHINE CIR
DDATE           :. 11/17/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. CUST COMP OF STRONG CHLORINE TASTE IN WATER
RESOLUTION      :. 11/17/95     JAY TO FLUSH SYSTEM
                 .
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                . 11/27/95      CUST HAS SAME PROBLEM W/ STRONG CHLORINE TASTE
                .               JAY TO SLUSH SYSTEM
RDATE           :. 11/27/95

SUBDIVISION     :. 628
ROUTE           :. 002
SERVICE ORDER#  :. 206716
ACCOUNT#        :. 6280100342
CUSTOMER NAME   :. ROWELL,DAN
SERVICE ADDRESS:. 12845  SUNSET AVE
DDATE           :. 07/27/95
TYPE            :. 29
FOPER           :. JA
COMMENT         :. DIS-COLOR'D WATER - VERY "BROWN"
                .
                . MAY NEED TO SET UP FLUSHING SCHEDULE
RESOLUTION      :. CUST SET UP ON FLUSHING SECHDULE
RDATE           :. 07/27/95

SUBDIVISION     :. 628
ROUTE           :. 002
SERVICE ORDER#  :. 207671
ACCOUNT#        :. 6280100205
CUSTOMER NAME   :. GROVES,HAL M
SERVICE ADDRESS:. 12918  LAKEVIEW AVE
DDATE           :. 08/07/95
TYPE            :. 29
FOPER           :. JA
COMMENT         :. CUSTOMER COMLAINING OF "ORANGE" WATER   SAID THIS HAS BEEN HAPPENING
                . FOR APPROXIMATELY ONE WEEK BUT THIS IS FIRST CALL TO COMPLAIN
RESOLUTION      :. CUST SET UP ON FLUSHING SCHEDULE
RDATE           :. 08/07/95


SUBDIVISION     :. 631
ROUTE           :.
SERVICE ORDER#  :. 211149
ACCOUNT#        :. 6310000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 09/11/95
TYPE            :. 27
FOPER           :. JA
COMMENT         :. BRIAN DOMIGANI (CONTRACTOR/BUILDER) PHONED OFFICE TO ADVISE THA
                . CONSTRUCTION CREW PULLED WATER LINE AND METER OUT OF GROUND WATER
                . IS RUNNING CANNOT TURN OFF
RESOLUTION      :. AMBER HILL - TOPAZ DR - LOT#39
                .
                . CONSTRUCTION WORKER - BROKE LINE BEFORE METER
                . SHUT DOWN THE STREET - REPAIR'D & FLUSH'D SYSTEM
                .
                . JA
RDATE           :. 09/11/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 189260
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```
ACCOUNT#          :. 6310000450
CUSTOMER NAME     :. HORNE,MICHAEL
SERVICE ADDRESS:. 12130  SAPPHIRE DR
DDATE             :. 01/23/95
TYPE              :. 26
FOPER             :. BG
COMMENT           :. 1/22  ANSWERITE CALL:      MICHAEL HORNE LOT#45
                  .                             BROKEN LINE
                  .
                  .                             ALSO REC'D CALL FROM LAWRENCE STUBINER
                  .                             REPORTING THE BREAK
RESOLUTION        :. REC'D CALL  1/22   8:30AM - ARRV'D  10:00AM - COMPL'D 1:00PM
                  . CUST LABORERS BROKE OUR 3/4" LINE GOING TO METER CUST IS RESPONSIBLE FOR
                  . ALL COSTS OCCURRED AS FOLLOWS:   TRIP TIME: 2HRS  ACTUAL LABOR  2HRS
                  . MATERIALS:  (1) 3/4" F X F BALL VALVE - (1) 3/4" IPS GALVANIZED DRESSER
                  .             (1) 3" 3/4" GALVANIZED KNIPPLE  (2) 2 3/4" SCH40 MALE ADAPT
                  .             (1) 3/4" SCH40 90    (1) 1' SCH40 3/4"
                  . METER READ  10
                  . INVOICE CUST $24.46 FOR MATERIALS AND $50.00 FOR PERSONNEL
                  . BG
RDATE             :. 01/23/95

SUBDIVISION       :. 631
ROUTE             :. 631
SERVICE ORDER#    :. 189418
ACCOUNT#          :. 6310000021
CUSTOMER NAME     :. COOPER,HAZEL
SERVICE ADDRESS:. 12701  AMBER AVE
DDATE             :. 01/24/95
TYPE              :. 43
FOPER             :. BS
COMMENT           :. ANSWERITE CALL:          NO WATER
RESOLUTION        :. REC'D CALL      01/24/95     7:30PM
                  . ARRV'D           01/24/95     8:15PM
                  . COMPL'D          01/24/95     8:45PM
                  .
                  . CONTRACTOR'S BROKE WATER MAIN ON AMBER AVE - WATER RESTORED @ 3:00PM
                  . MRS COOPER'S RESIDENCE IS FED OFF 2" MAIN WHICH WAS LEFT SHUT OFF
                  . TURN'D ON & RESTORED WATER TO CUSTOMER
                  .
                  . BS
                  .
RDATE             :. 01/24/95

SUBDIVISION       :. 631
ROUTE             :. 631
SERVICE ORDER#    :. 189577
ACCOUNT#          :. 6310000021
CUSTOMER NAME     :. COOPER,HAZEL
SERVICE ADDRESS:. 12701  AMBER AVE
DDATE             :. 01/26/95
TYPE              :. 43
FOPER             :. BS
COMMENT           :. NO WATER
                  .             CEMENT TRUCK AT LOT DOWN THE STREET
                  .             CUST FEELS THIS IS THE PROBLEM - CO BROKE 2" LINE BEFORE
                  .
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```
                . *GAVE ON RADIO
RESOLUTION      :. FOUND THE 2" GATE VALVE CLOSED
                .
                . OPEN'D & WATER RESTORED TO CUSTOMER
                .
                . BS
RDATE           :. 01/26/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 191683
ACCOUNT#        :. 6310000021
CUSTOMER NAME   :. COOPER,HAZEL
SERVICE ADDRESS:. 12701  AMBER AVE
DDATE           :. 02/20/95
TYPE            :. 43
FOPER           :. JA
COMMENT         :. ANSWERITE CALL:       NO WATER
RESOLUTION      :. 1/17/95          GATE VALVE ACROSS THE STREET WAS TURN'D OFF
                .                   CUTTING OFF HER SERVICE
                .                   TURN'D VALVE ON - EVERYTHING OK
                . BS
RDATE           :. 02/20/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 197290
ACCOUNT#        :. 6310000361
CUSTOMER NAME   :. MOQUIN,LEON
SERVICE ADDRESS:. 12034  TOPAZ ST
DDATE           :. 04/26/95
TYPE            :. 29
FOPER           :. JA
COMMENT         :. *GAVE ON THE RADIO
                .
                . CUST VERY UPSET - STATES "BLACK MUCK" COMING FROM ALL FAUCETS AND NO H2O
RESOLUTION      :. TALK'D TO LEON & EXPLAIN'D THE PROBLEM
                .
                . CLEAN 'D HIS HOUSE LINES & HE WAS OK
                .
                . JA
RDATE           :. 04/26/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 197445
ACCOUNT#        :. 6310000400
CUSTOMER NAME   :. STUEBNER,LAWRENCE
SERVICE ADDRESS:. 12017  GARNETT DR
DDATE           :. 04/27/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. BROWN WATER/HIGH LEVEL OF CHLORINE/ VERY CONCERNED OF QUALITY OF WATER
                . WHEN DOING WORK IN LINES PLS NOTIFY THEM/ CONCERNED WITH WHAT QAULITY
                . OF WATER CHILDRENARE DRINKING
                .
                . Y
```

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RESOLUTION      :. TALK'D TO MRS STUEBNER & EXPLAIN'D THAT THE CHLORINE LEVEL WAS LOW
                 . CAUSING THE WATER TO SMELL - SWITCH'D OVER TO LAKE RIDGE WELL AND
                 . FLUSH'D SYSTEM
                 .
                 . JA
RDATE           :. 04/27/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 197978
ACCOUNT#        :. 6310000541
CUSTOMER NAME   :. GILSON,ROBERT
SERVICE ADDRESS:. 12032  GARNET DR
DDATE           :. 04/24/95
TYPE            :. 32
FOPER           :. BS
COMMENT         :. *ANSWERITE CALL              WATER SMELLS BAD
RESOLUTION      :. CHLORINE SYSTEM FLOOD'D - LOW CHLORINE RESIDUAL
                 .
                 . FLUSH'D SYSTEM PUT LAKE RIDGE IN LEAD
                 .
                 . JA
RDATE           :. 04/24/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 198033
ACCOUNT#        :. 6310000391
CUSTOMER NAME   :. GIBSON,DOUGLAS
SERVICE ADDRESS:. 12029  GARNETT RD
DDATE           :. 04/30/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. *ANSWERITE CALL                 WATER SMELLS BAD
RESOLUTION      :. CHLORINE SYSTEM DOWN - LK RIDGE CLUB WEE IN LEAD
                 .
                 . FLUSHED SYSTEM
                 .
                 . JA
RDATE           :. 04/30/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 198032
ACCOUNT#        :. 6310000321
CUSTOMER NAME   :. LEE,RICHARD
SERVICE ADDRESS:. 12021  TOPAZ ST
DDATE           :. 04/26/95
TYPE            :. 43
FOPER           :. BS
COMMENT         :. *ANSWERITE CALL               NO WATER
RESOLUTION      :. CHLOIRNE SYSTEM WENT DOWN - SWITCH'D TO LK RIDGE CLUB WELL
                 .
                 . BS
RDATE           :. 04/26/95

SUBDIVISION     :. 631
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ROUTE :. 631
SERVICE ORDER# :. 198439
ACCOUNT# :. 6310000142
CUSTOMER NAME :. HELMBRECHT,SHARON
SERVICE ADDRESS:. 12200 SAPPHIRE DR
DDATE :. 05/08/95
TYPE :. 43
FOPER :. BS
COMMENT :. CUSTOMER PHONED STATING HE HAS NO WATER. PLEASE CHECK AND ADVISE
. TAG WITH FINDINGS
RESOLUTION :. READ 2970080
.
. CUST SERVICE LINE BUST'D ON CUST SIDE OF THE METER
.
. BS
RDATE :. 05/08/95

SUBDIVISION :. 631
ROUTE :. 631
SERVICE ORDER# :. 199241
ACCOUNT# :. 6310000450
CUSTOMER NAME :. HORNE,MICHAEL
SERVICE ADDRESS:. 12130 SAPPHIRE DR
DDATE :. 05/16/95
TYPE :. 32
FOPER :. BS
COMMENT :. SULPHUR ODOR IN WATER. NOTICES MORE IN EARLY A.M. PLEASE CHECK
. AND CORRECT AND TAG CUSTOMER OF FINDINGS.
RESOLUTION :. FLUSH'D & ADJUST'D CHLORINE
.
. TAG'D
.
. JA
RDATE :. 05/16/95

SUBDIVISION :. 631
ROUTE :. 631
SERVICE ORDER# :. 199621
ACCOUNT# :. 6310000541
CUSTOMER NAME :. GILSON,ROBERT
SERVICE ADDRESS:. 12032 GARNET DR
DDATE :. 05/17/95
TYPE :. 32
FOPER :. JA
COMMENT :. CUST COMPLAIN OF VERY BAD SULPHUR SMELL IN WATER SAYS ITS BEEN CONTI-
. NUOUS FOR 2 MONTHS
RESOLUTION :. FLUSH'D SYSTEM & ADJUST'D CHLORINE
.
. JA
RDATE :. 05/17/95

SUBDIVISION :. 631
ROUTE :. 631
SERVICE ORDER# :. 200653
ACCOUNT# :. 6310000461
CUSTOMER NAME :. AKERS,DAVID A
SERVICE ADDRESS:. 12140 SAPPHIRE DR

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 628 631 632 633 634 636 662 665 BY SUB 16:26:31 04-18-96

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DDATE           :. 05/26/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. *GAVE ON THE RADIO
                 .
                 . WATER SMELLS VERY BAD
RESOLUTION      :. FLUSH'D SYSTEM - TAG'D HOUSE
                 .
                 . JA
RDATE           :. 05/29/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 201623
ACCOUNT#        :. 6310000361
CUSTOMER NAME   :. MOQUIN,LEON
SERVICE ADDRESS:. 12034  TOPAZ ST
DDATE           :. 06/09/95
TYPE            :. 11
FOPER           :. JA
COMMENT         :. CUSTOMER HAS VARIOUS COMPLAINTS CONCERING QUALITY AND SERVICE. SAYS
                 . CHLORINE TOO STRONG AND COMPLAINS OF SEVERAL WATER OUTAGES.
                 . STOP AT CUSTOMER'S HOUSE AND SEE IF WE CAN DO ANYTHING FOR HIM FOR
                 . QUALITY OR SERVICE.
RESOLUTION      :. 6/13/95  TALKED TO CUSTOMER, HE HAS BEEN SATISFIED WITH THE WATER
                 . QUALITY SINCE HE HAD A PROBLEM A MONTH OR TWO AGO.  INFORMED HIM THAT
                 . AMBER HILLS, LAKE RIDGE CLUB AND ANDERSON HILL ROAD ARE ALL CONNECTED
                 . TOGETHER SOMETIMES.  HE WAS NOT AWARE OF THIS.  WILL STOP BY ONCE A
                 . WEEK TO CHECK CHLORINE AT HIS HOUSE DUE TO LOCATION OF HOUSE AND THE
                 . WELLS.   JA
RDATE           :. 06/13/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 202459
ACCOUNT#        :. 6310000461
CUSTOMER NAME   :. AKERS,DAVID A
SERVICE ADDRESS:. 12140  SAPPHIRE DR
DDATE           :. 05/16/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. *ANSWERITE CALL                  SULPHER SMELL IN WATER
RESOLUTION      :. FLUSH'D SYSTEM & ADJUST'D CHLORINE AT PLANT
                 .
                 . TAG'D DOOR
                 .
                 . JA
RDATE           :. 05/17/95

SUBDIVISION     :. 631
ROUTE           :. 631
SERVICE ORDER#  :. 215913
ACCOUNT#        :. 6310000450
CUSTOMER NAME   :. HORNE,MICHAEL
SERVICE ADDRESS:. 12130  SAPPHIRE DR
DDATE           :. 10/25/95
TYPE            :. 32
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FOPER           :. JA
COMMENT         :. STRONG SULPHER SMELL IN WATER FOR THE PAST 2 DAYS
RESOLUTION      :. FLUSHED SYSTEM ANDK SPOKE W/ CUST
                 .
                 . ADJ CHL AT WATER PLANT
                 .
                 . JA
RDATE           :. 10/25/95


SUBDIVISION     :. 632
ROUTE           :.
SERVICE ORDER#  :. 217580
ACCOUNT#        :. 6320000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 11/02/95
TYPE            :. 29
FOPER           :. BS
COMMENT         :. 11809 HIGHLAND POINT DRIVE, 10710 PARKWAY DRIVE AND 10430 BRONSON RD
                 . REPORTING ORANGE DISCOLORED WATER
RESOLUTION      :. FLUSHED HYDRANTS IN THIS AREA AND PROBLEM CLEARED
RDATE           :. 11/02/95

SUBDIVISION     :. 632
ROUTE           :. 632
SERVICE ORDER#  :. 194983
ACCOUNT#        :. 6320010491
CUSTOMER NAME   :. PEDERSON,BENNY S
SERVICE ADDRESS:. 10430  BRONSON RD
DDATE           :. 03/30/95
TYPE            :. 29
FOPER           :. BS
COMMENT         :. CUSTOMER HAS DISCOLORED WATER IN TOILETS "ONLY"  SHE WAS ADVISED TO
                 . CHECK WATER CLOSETS TO TOILETS FOR DISCOLORATION AND THAT UINC
                 . WILL CHECK OUR QUALITY COMING INTO THE HOME "FLUSH IF NECESSARY"
RESOLUTION      :. 3/29/95  CHECKED OUT, AT THE TIME OF MY VISIT, THERE WAS NOT PROBLEM
                 .
                 . HOWEVER, I EXPLAINED TO CUSTOMER I WOULD FLUSH OUT SYSTEM.  FLUSHED
                 . SYSTEM FOR FIFTEEN MINUTES
                 .
                 . WS/DAMc
RDATE           :. 03/29/95

SUBDIVISION     :. 632
ROUTE           :. 632
SERVICE ORDER#  :. 201618
ACCOUNT#        :. 6320010061
CUSTOMER NAME   :. SWARTWOUT,T.R.
SERVICE ADDRESS:. 10705  POINT OVERLOOK DR
DDATE           :. 06/09/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. CUSTOMER HAS NOTED THE WATER QUALITY HAS DECREASED SINCE SYSTEMS
                 . WERE INTERCONNECTED.  PLEASE CHECK WITH CUSTOMER AND CHECK IF QUALITY
                 . COMPLAINT STILL EXISTS.
RESOLUTION      :. 6/13/95  TALKED TO OWNER AND EXPLAINED WE WERE FLUSHING HIS SYSTEM
```

. AND ADDING BLOW OFF AND LOOKING INTO AIR RELEASE VALVE FOR THE SYSTEM.
. HE SEEMS SATISFIED WITH THE QUALITY OF THE WATER NOW.
. J.A.
RDATE :. 06/13/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 190413
ACCOUNT# :. 6330020641
CUSTOMER NAME :. CENTO,CARMEN E
SERVICE ADDRESS:. 12931 ERYN BLVD
DDATE :. 02/06/95
TYPE :. 29
FOPER :. BS
COMMENT :. YELLOW WATER
.
. *GAVE ON RADIO
RESOLUTION :. BILL FLUSHED SYSTEM TO CLEAR WATER
.
. CH2 OK - JUST NEEDED TO BE FLUSHED
.
. BS
RDATE :. 02/06/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 191530
ACCOUNT# :. 6330020081
CUSTOMER NAME :. YUNKER,TRINA
SERVICE ADDRESS:. 12734 ERYN BLVD
DDATE :. 02/16/95
TYPE :. 43
FOPER :. BS
COMMENT :. CUST REPORTED NO WATER IN HOME
RESOLUTION :. FOUND HOUSE VAVLE CLOSED
.
. CUST THINKS CHILD CLOSED VALVE
.
. BS
RDATE :. 02/16/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 195906
ACCOUNT# :. 6330020091
CUSTOMER NAME :. LAWHORN,MICHAEL
SERVICE ADDRESS:. 12748 ERYN BLVD
DDATE :. 04/11/95
TYPE :. 32
FOPER :. BS
COMMENT :. SEWER SELL IN WATER - ALL THROUGH THE HOUSE
. ODOR BEGAN OVER THE WEEKEND
. OUTSIDE FAUCET AVAILABLE TO CHECK
.
. PLEASE TAG W/ RESULTS NO ONE WILL BE HOME
RESOLUTION :. LEFT TAG - FLUSHED SYSTEM - ADJUST'D CHL2

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                .
                . BS
RDATE           :. 04/11/95

SUBDIVISION     :. 633
ROUTE           :. 633
SERVICE ORDER#  :. 196274
ACCOUNT#        :. 6330020721
CUSTOMER NAME   :. PINETTE,HANFORD L
SERVICE ADDRESS:. 12723  ERYN BLVD
DDATE           :. 04/17/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. WATER SMELLS LIKE EGGS PLS CHECK AND ADVISE CUSTOMER
RESOLUTION      :. LOW CHL2 READ AT THE PLANT DUE TO BAD INJECTOR - REPAIR'D
                .
                . FLUSHED SYSTEM
                .
                . BS
RDATE           :. 04/17/95

SUBDIVISION     :. 633
ROUTE           :. 633
SERVICE ORDER#  :. 196974
ACCOUNT#        :. 6330020691
CUSTOMER NAME   :. HELTON,BILLY
SERVICE ADDRESS:. 12835  ERYN BLVD
DDATE           :. 04/24/95
TYPE            :. 32
FOPER           :. BS
COMMENT         :. CUSTOMER STATES WATER HAS "SEWER" SMELL TO IT
RESOLUTION      :. CHL2 LOW AT PLANT - FLUSH'D LINES
                .
                . TOOK BACTI SAMPLE
                .
                . BS
RDATE           :. 04/24/95

SUBDIVISION     :. 633
ROUTE           :. 633
SERVICE ORDER#  :. 197030
ACCOUNT#        :. 6330020091
CUSTOMER NAME   :. LAWHORN,MICHAEL
SERVICE ADDRESS:. 12748  ERYN BLVD
DDATE           :. 04/24/95
TYPE            :. 32
FOPER           :. BS
COMMENT         :. CUSTOMER HAS CONTINUOUS PROBLEMS WITH TASTE AND ODOR OF WATER
                . PLEASE CHECK SITUATION AND ADVISE CUSTOMER OF YOUR FINDINGS.
                . THIS IS IN ADDITION TO PROBLEM WITH VISTAS ON 4/24/95
RESOLUTION      :. ODOR FROM SULFER DIOXIDE - THE PLANT HAS BEEN EXPERIENCING PROBLEMS
                . WITH THE CHLORINE SYSTEM - THE COMPLETE SYSTEM HAS BEEN REPAIR'D
                . WE SHOULD NOT HAVE THIS PROBLEM - TALK'D TO CUSTOMER EXPLAIN'D THAT THE
                . WATER WAS FINE - IF PROBLEM CONTINUES PLEASE CALL US -
                . PULL'D BACTI SAMPLE
                .
                . BS
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RDATE :. 04/24/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 197972
ACCOUNT# :. 6330020091
CUSTOMER NAME :. LAWHORN,MICHAEL
SERVICE ADDRESS:. 12748 ERYN BLVD
DDATE :. 04/17/95
TYPE :. 32
FOPER :. JA
COMMENT :. *ANSWERITE CALL
. BAD TASTE/SMELL WATER
RESOLUTION :. CHLORINE PROBLEM - RAISED VISTAS CHLORINE TO OFFSET THE ORANGES
. SPOKE W/ THE HOME OWNER
. JA
RDATE :. 04/17/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 198323
ACCOUNT# :. 6330020402
CUSTOMER NAME :. WILKINSON,CHARLES H
SERVICE ADDRESS:. 12411 ERYN CT
DDATE :. 05/05/95
TYPE :. 29
FOPER :. BS
COMMENT :. CUSTOMER SAID WATER IS CAUSING HER BATH TUB TO TURN ORANGE.
. NEIGHBORS DO NO HAVE THIS PROBLEM. SHE JUST CLEANED TILE AND THE
. ORANGE FILM RETURNED
RESOLUTION :. FLUSH'D SYSTEM - ADJUSTED CHLORINE
. JA
RDATE :. 05/05/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 200682
ACCOUNT# :. 6330020411
CUSTOMER NAME :. MAHAFFEY,ROBT
SERVICE ADDRESS:. 12403 ERYN CT
DDATE :. 05/31/95
TYPE :. 29
FOPER :. JA
COMMENT :. CUST WROTE NOTE CONCERNING: DISCOLORED WATER
. BAD SMELLING WATER
. *CUST MAY NEED PHOSPHATE
RESOLUTION :. LEFT TAGE EXPLAINED THAT I WOULD FLUSH SYSTEM AND ADJUST CHLORINE
. JA
RDATE :. 06/29/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 202449

ACCOUNT# :. 6330020141
CUSTOMER NAME :. HOOD,TONY G
SERVICE ADDRESS:. 12838 ERYN BLVD
DDATE :. 06/05/95
TYPE :. 32
FOPER :. JA
COMMENT :. *ANSWERITE CALL BAD SMELLING WATER
RESOLUTION :. TALKED W/CUST SAY WATER HAS BEEN FINE REPLACED CLS TUBING AND IT SEEMS
. TO HAVE HELPED W/THE ODOR PROBLEM
. JA
. C
RDATE :. 06/05/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 202474
ACCOUNT# :. 6330020281
CUSTOMER NAME :. DICKEY,WES
SERVICE ADDRESS:. 11335 MANDARIN DR
DDATE :. 05/25/95
TYPE :. 43
FOPER :. JA
COMMENT :. *ANSWERITE CALL NO WATER
RESOLUTION :. KID CLOSED VALVE TO HOUSE - WATER BACK ON
.
. JA
RDATE :. 05/25/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 203254
ACCOUNT# :. 6330020261
CUSTOMER NAME :. LANIEWSKI,DAVID A
SERVICE ADDRESS:. 11345 MANDARIN DR
DDATE :. 06/23/95
TYPE :. 32
FOPER :. JA
COMMENT :. WATER HAS SULPHUR ODOR AND CLOUDY APPEARANCE. PLS CHECK AND ADVISE
RESOLUTION :. TALKED TO CUST AND EXPLAINED WE ARE STARTING A FLUSHING PROGRAM THAT
. SHOULD HELP THE ODOR
. JA
RDATE :. 06/23/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 206289
ACCOUNT# :. 6330010160
CUSTOMER NAME :. WIGGINS,JEFFREY
SERVICE ADDRESS:. 12627 ERYN BLVD
DDATE :. 07/25/95
TYPE :. 32
FOPER :. JA
COMMENT :. CUSTOMER SAYS WATER HAS A ROTTEN EGG SWELL.
.
. * GAVE ON RADIO TO JAY
RESOLUTION :. SYSTEM WAS FLUSHED AT ALL LOCATIONS
. CHLORINE RESIDULE WAS RAISED AT THE WATER PLANT TO ELIMENT ODOR

.
. BS
RDATE :. 07/25/95

SUBDIVISION :. 633
ROUTE :. 633
SERVICE ORDER# :. 215423
ACCOUNT# :. 6330020321
CUSTOMER NAME :. MCDEAVITT,WILLIAM
SERVICE ADDRESS:. 11307 MANDARIN DR
DDATE :. 10/23/95
TYPE :. 32
FOPER :. JA
COMMENT :. CUSTOMER COMPLAINS OF ODOR IN THE WATER
. PLEASE CK AND ADVISE
RESOLUTION :. LOW CHLORINE LEVEL - FLUSHED -ADJ CHL AT PLANT
.
. JA
RDATE :. 10/23/95

SUBDIVISION :. 634
ROUTE :.
SERVICE ORDER# :. 188548
ACCOUNT# :. 6340000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 01/17/95
TYPE :. 26
FOPER :. JA
COMMENT :. LOT#41 GARNET - AMBER HILL
.
. CONTRACTOR BROKE LINE
RESOLUTION :. CONTRACTOR BROKE LIN
.
. BS
RDATE :. 01/17/95

SUBDIVISION :. 634
ROUTE :.
SERVICE ORDER# :. 219852
ACCOUNT# :. 6340000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 12/01/95
TYPE :. 26
FOPER :. BS
COMMENT :. BROKEN LINE AT LOT#60 & LOT#59
.
. CUST STATES METER ARE LOCATED INCORRECTLY & WILL NEED TO BE MOVED
.
. PLEASE ADVISE CUST JERRY @ DURACRAFT 904-394-4115 & THE OFFICE
RESOLUTION :. 12/01/95 JAY SPOKE W/ DURA CRAFT HOMES CONCERNING PROBLEM
.
. 12/0/95 HC CONNELL SCHEDULE TO DO ROAD CROSSING MOVE METERS AND
. MAIN LINE
. BS

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                .
                . 12/03/95   ROAD CROSSING
                .            NEW TAP/NEW BOX
                .            RELOCATED CUST'S SERVICE LINE
                .            COMPLETE - BS
RDATE           :. 12/06/95

SUBDIVISION     :. 634
ROUTE           :. 634
SERVICE ORDER#  :. 191782
ACCOUNT#        :. 6340010361
CUSTOMER NAME   :. MATTHEIS,JAY
SERVICE ADDRESS:. 12712  LAKE RIDGE CIR
DDATE           :. 02/22/95
TYPE            :. 29
FOPER           :. BS
COMMENT         :. CUST HAD "BROWN" AND "ORANGE" WATER 02/20/95
                .
                . WATER IS CLEAR NOW - CUST IS REQUESTING PHOSPHATE FOR LAUNDRY
                .                      PLEASE LEAVE ON FRONT PORCH - ENOUGH FOR 3 LOADS
RESOLUTION      :. DELIVERED PHOSPHATE FOR LAUNDRY
                .
                . FLUSH'D LINE
                .
                . BS
RDATE           :. 02/22/95


SUBDIVISION     :. 636
ROUTE           :.
SERVICE ORDER#  :. 194847
ACCOUNT#        :. 6360000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 03/28/95
TYPE            :. 43
FOPER           :. BS
COMMENT         :. **GAVE ON THE RADIO          NO WATER IN THE VISTA'S
                .
                . 14146 VISTA DEL LAGO
                . 14204 VISTA DEL LAGO
                .
RESOLUTION      :. CONTRACTOR SHUT DOWN WRONG VAVLE
                .
                . BS
RDATE           :. 03/28/95

SUBDIVISION     :. 636
ROUTE           :. 636
SERVICE ORDER#  :. 195198
ACCOUNT#        :. 6360010300
CUSTOMER NAME   :. GOULSTONE,JAMES E
SERVICE ADDRESS:. 13645  VISTA DEL LAGO
DDATE           :. 03/31/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. WATER SMELLS LIKE SULPHUR
```

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 628 631 632 633 634 636 662 665 BY SUB 16:26:31 04-18-96

```
RESOLUTION      :. *GAVE ON RADIO TO JAY
                 .
                 . SPOKE W/ CUSTOMER & FLUSH'D SYSTEM
                 . CUSTOMER WILL CALL AGAIN IF PROBLEM RE-OCCURS
                 .
                 . BS
RDATE           :. 03/31/95

SUBDIVISION     :. 636
ROUTE           :. 636
SERVICE ORDER#  :. 201538
ACCOUNT#        :. 6360010231
CUSTOMER NAME   :. JAMES,LEWIS A
SERVICE ADDRESS:. 10431  LAGO LOUISA CT
DDATE           :. 06/07/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. CUST COMP OF RUSTY SMELLY WATER
RESOLUTION      :. WENT TO HOUSE & TALKED TO THEM.  WATER WAS FINE AT THAT TIME.
                 . JA
RDATE           :. 06/07/95

SUBDIVISION     :. 636
ROUTE           :. 636
SERVICE ORDER#  :. 203655
ACCOUNT#        :. 6360011111
CUSTOMER NAME   :. MARCINIK,THOMAS E
SERVICE ADDRESS:. 10601  VISTA DEL SOL CIR
DDATE           :. 06/28/95
TYPE            :. 29
FOPER           :. JA
COMMENT         :. CUSTOMER PHONED STATING HIS WATER IS A SANDY-COLOR AND WHEN HE DOES
                 . NOT USE THE WATER FOR A DAY OR TWO THE ODOR APPEARS TO BE LIKE
                 . ROTTEN EGGS.  PLEASE CHECK AND ADVISE CUSTOMER OF FINDINGS PER TAG
RESOLUTION      :. TALKED TO CUST EXPLAINED WE WOULD BE ON A FLUSHING SYS TO HELP KEEP HIS
                 . WATER FRESHER
                 . JA
RDATE           :. 06/28/95

SUBDIVISION     :. 636
ROUTE           :. 636
SERVICE ORDER#  :. 209016
ACCOUNT#        :. 6360011220
CUSTOMER NAME   :. BILL THOMAS CONSTRUCTION,
SERVICE ADDRESS:. LOT# 61  VISTA DEL SOL CIR
DDATE           :. 08/21/95
TYPE            :. 43
FOPER           :. JA
COMMENT         :. CUSTOMER PHONED REPORTING NO WATER TO HOUSE.  PLEASE CHECK AND ADVISE
RESOLUTION      :. 08/21  FOUND METER NOT HOOKED UP HOOKED METER UP AND GOT SERV ON
RDATE           :. 08/21/95

SUBDIVISION     :. 636
ROUTE           :. 636
SERVICE ORDER#  :. 209542
ACCOUNT#        :. 6360010261
CUSTOMER NAME   :. BRADY,DANIEL
```

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 628 631 632 633 634 636 662 665 BY SUB 16:26:31 04-18-96

SERVICE ADDRESS:. 10409 LAGO LOUISA CT
DDATE :. 08/24/95
TYPE :. 42
FOPER :. KM
COMMENT :. MRS. TAMMY BRADY PHONED TO STATE THAT HER CHILDREN HAVE HAD A LONG
. HISTORY OF INTESTINAL PROBLEMS AND NOW SHE HAS ALSO DEVELOPED THE SAME
. PROBLEMS. HER DOCTOR FEELS IT MAY BE HER WATER. SHE IS REQUESTING
. A COPY OF TESTING RESULTS FROM THIS WELL AND WHAT THE WATER IS TESTED
. FOR. CONTACT HER AT 904-242-0481 THANK YOU
RESOLUTION :. 8/29/95 MAILED BACTERIOLOGICAL ANALYSIS REPORT TO CUSTOMER
RDATE :. 08/29/95

SUBDIVISION :. 636
ROUTE :. 636
SERVICE ORDER# :. 211963
ACCOUNT# :. 6360010300
CUSTOMER NAME :. GOULSTONE,JAMES E
SERVICE ADDRESS:. 13645 VISTA DEL LAGO
DDATE :. 09/20/95
TYPE :. 32
FOPER :. JA
COMMENT :. SULPHER SMELL
. WATER DID NOT COME OUT OF TAP FOR 10 SECONDS
RESOLUTION :. FLUSHED LINE - NO PROBLEM FOUND
RDATE :. 09/20/95

SUBDIVISION :. 636
ROUTE :. 636
SERVICE ORDER# :. 219698
ACCOUNT# :. 6360010231
CUSTOMER NAME :. JAMES,LEWIS A
SERVICE ADDRESS:. 10431 LAGO LOUISA CT
DDATE :. 12/04/95
TYPE :. 29
FOPER :. JA
COMMENT :. CUSTOMER COMPLAINS OF DISCOLORED WATER
. LEAVING SAMPLE BY THE FRONT DOOR
. 394-6974
RESOLUTION :. FLUSHED SYSTEM JAY A. KNOCKED ON THE DOOR BUT NO ONE WAS HOME
.
. JA
RDATE :. 12/05/95

SUBDIVISION :. 636
ROUTE :. 636
SERVICE ORDER# :. 219756
ACCOUNT# :. 6360010480
CUSTOMER NAME :. KIWAN,YAHYA
SERVICE ADDRESS:. 13830 SIERRA CT
DDATE :. 12/04/95
TYPE :. 32
FOPER :. JA
COMMENT :. HIGH CHLORINE COMPLAINT. PLS CHECK AND ADVISE
RESOLUTION :. GAVE THE SERVICE ORDER TO JAY OVER THE RADIO CHECKED THE ADDRESS
. FOR CHLORINE LEVEL IT IS O.K. FLUSHED LINES ANYWAY
.
. JA

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 628 631 632 633 634 636 662 665 BY SUB 16:26:31 04-18-96

RDATE :. 12/04/95

SUBDIVISION :. 636
ROUTE :. 636
SERVICE ORDER# :. 221690
ACCOUNT# :. 6360010041
CUSTOMER NAME :. ELDON,LYNN
SERVICE ADDRESS:. 14119 VISTA DEL LAGO BLVD
DDATE :. 12/22/95
TYPE :. 32
FOPER :.
COMMENT :. MR ELDON CALLED OFFICE - HE HAS NEW SERVICE AND HAS NOTICED THAT THEIR
. IS A STRONG ODOR TO WATER - WOULD LIKE US TO CHECK IT OUT AND LEAVE A
. TAG ON THE DOOR TO LET THEM KNOW OF FINDINGS
RESOLUTION :. NO ODOR PRESENT - FLUSHED SYSTEM
.
. TAG'D HOUSE
.
. BS
.
. 1/23/96 CUST PHONED OFFICE STATED ODOR IS STILL PRESENT CHECK & TAG CUST
.
. NO ODOR PRESENT - SPOKE W/ CUST - FLUSHED SYSTEM
. JA
RDATE :. 01/23/96

SUBDIVISION :. 636
ROUTE :. 636
SERVICE ORDER# :. 222268
ACCOUNT# :. 6360011111
CUSTOMER NAME :. MARCINIK,THOMAS E
SERVICE ADDRESS:. 10601 VISTA DEL SOL CIR
DDATE :. 12/29/95
TYPE :. 28
FOPER :.
COMMENT :. CUSTOMER CALLED RE: FLUCTUATING WATER PRESSURE - HIS SPRINKLER SYSTEM
. DOES NOT FUNCTION PROPERLY - HE SPOKE WITH ONE OF OUR OPERATORS WHILE
. AT HIS HOME 12/28/95 AND THEY TOOK SOME GUAGE READINGS
RESOLUTION :. 12/29/95 WENT TO CUST HOUSE -SPOKE W/ CUST ABOUT PRESSURE
. HOUSE IS LOCATED AT DEAD END - GAVE HIM A PRESSURE
. REGULATOR HE WILL INSTALL
.
. 01/11/96 FOLLOWED UP W/ CUST - EVERYTHING IS FINE AT THIS TIME
. PRESSURE REGULATOR DID THE TRICK
.
. BS
RDATE :. 12/29/95

SUBDIVISION :. 662
ROUTE :.
SERVICE ORDER# :. 187141
ACCOUNT# :. 6620000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 12/22/94
TYPE :. 26

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 628 631 632 633 634 636 662 665 BY SUB 16:26:31 04-18-96

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FOPER          :. PS
COMMENT        :. CUSTOMER ON LAKE HILL DRIVE CALLED ANDWERITE, SAID HEARD WATER
                . RUNNING ON SIDE OF ROAD.
RESOLUTION     :. 12/22/94 TIME CALL RECEIVED   9:00 PM
                . ARRIVE ON LOCATION           10:00 PM
                . TIME CALL COMPLETED          12:30 PM
                . BROKEN SERVICE LINE AT CURB STOP.  GROUND WAS SATURATED WITH WATER,
                . SHUT OFF SERVICE LINE AT MAIN AND RAN A TEMP SVC. TO CUSTOMER FROM
                . HYDRANT    TAGGED DOOR WITH SAME INFO
                .
                . PHIL
RDATE          :. 12/22/94

SUBDIVISION    :. 662
ROUTE          :.
SERVICE ORDER# :. 187868
ACCOUNT#       :. 6620000000
CUSTOMER NAME  :. ,
SERVICE ADDRESS:.
DDATE          :. 01/06/95
TYPE           :. 27
FOPER          :. JA
COMMENT        :. AT 1:30 PM WATER OFF.  CONTRACTOR (JAY DOES NOT KNOW WHICH CONTRACTOR)
                . HIT OUR LINE.
RESOLUTION     :. 1/6/95  SERVICE LINE REPAIRED AND WATER RESTORED AT 2:30
                . AT 2:50 P.M. , LINE WAS BROKEN AGAIN BY SAME CONTRACTOR.   JAY SAID
                . HE KNOWS THE CONTRACTOR WAS A SUB FOR SPRINT BUT DOES NOT KNOW WHOO.
                . LINE REPAIRED AGAIN.
RDATE          :. 01/06/95

SUBDIVISION    :. 662
ROUTE          :.
SERVICE ORDER# :. 190312
ACCOUNT#       :. 6620000000
CUSTOMER NAME  :. ,
SERVICE ADDRESS:.
DDATE          :. 02/01/95
TYPE           :. 43
FOPER          :. JA
COMMENT        :. SEVERAL CALLS FROM ANSWERING SERVICE INDICATING NO WATER OR LOW PRESSURE
RESOLUTION     :. 10532 LAKE HILL DRIVE REPORTED LEAK, BROKEN LINE AT METER.
                . SHUT OFF STREET TO REPAIR LINE.
                .
                . JA/DAMc    ADVISED J.A. TO PROVIDE SERVICE CALL RESPONSE REPORT SHEET
                .            2/1 AND 2/2 AND 2/3
RDATE          :. 02/01/95

SUBDIVISION    :. 662
ROUTE          :.
SERVICE ORDER# :. 192413
ACCOUNT#       :. 6620000000
CUSTOMER NAME  :. ,
SERVICE ADDRESS:.
DDATE          :. 02/27/95
TYPE           :. 26
FOPER          :. JA
COMMENT        :. SUMPTER ELECTRIC BROKE WATER LINE ON HILLVIEW DR
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(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 628 631 632 633 634 636 662 665 BY SUB 16:26:31 04-18-96

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RESOLUTION      :. SUMTER ELECTRIC CO AND H.C. CONNELL CO TRENCHING WITHOUT LOCATES, HIT
                 . OUR 8" INTERCONECT.  SYSTEM WAS DOWN FOR  5 1/2 HRS.  H.C. CONNELL
                 . CALLED IN FOR REPAIR.   CONNELL TRUCK # 267.  SUMTER ELECTRIC TRUCK
                 . LICENSE NUMBER JQW33X.   ITEMS USED FOR REPAIR:
                 .    2 EA.   8" RESTRAINT JOINTS
                 .    4 FT    C-900 PIPE
                 .    4 SETS  BACTIES PULLED
                 .    4 MEN   HAND OUT BOIL ORDER FOR 3 HOURS.
                 .
                 . WS/DAMc
RDATE           :. 02/27/95

SUBDIVISION     :. 662
ROUTE           :.
SERVICE ORDER#  :. 194425
ACCOUNT#        :. 6620000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 02/27/95
TYPE            :. 26
FOPER           :. KM
COMMENT         :. SECO WAS DOING WORK IN CRESCENT WEST AND TORE UP THE INTERCONNECT
                 . WITH CRESCENT BAY  "NO LINE LOCATED REQESTED"
RESOLUTION      :. BOIL ORDERS WERE ISSUED  180 CUSTOMER AFFECTED  DEP NOTICED ON 2/27/95
                 . APPROX 2.30 PM CONTACT PERSON "TRUDY"  BOIL ORDER IN FORCE FROM
                 . 2/27/95 THRU 3/1/95
                 .
                 . "ALL SAMPLES PASSED  NO ADDITONAL REQUIREMENTS TO CUSTOMERS"
                 .
                 . KM
RDATE           :. 02/27/95

SUBDIVISION     :. 662
ROUTE           :.
SERVICE ORDER#  :. 197332
ACCOUNT#        :. 6620000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 04/26/95
TYPE            :. 26
FOPER           :. JA
COMMENT         :. CUSTOMER PHONED AND SAID THERE IS A 1" MAIN BREAK ON LAKE HILL DRIVE
                 . IN CRESCENT WEST SUBDIVISION   PLEASE CHECK AND ADVISE
RESOLUTION      :. 4/26/95  SERVICE LINE BROKE.  SHUT DOWN PART OF ROAD AND REPAIRED.
                 .
                 . JA/DAMc
RDATE           :. 04/26/95

SUBDIVISION     :: 662
ROUTE           :.
SERVICE ORDER#  :. 213085
ACCOUNT#        :. 6620000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 09/17/95
TYPE            :. 27
FOPER           :. BS
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(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 628 631 632 633 634 636 662 665 BY SUB 16:26:31 04-18-96

COMMENT :. CUSTOMER FROM 10686 LAKE HILL DRIVE CALLED TO REPORT BROKEN WATER
. LINE AT LAKE CRESCENT HILLS WATER PLANT
RESOLUTION :. LIQUID LUBE LINE ON WELL HAD BROKEN REPAIRED
. TIME CALL RECEIVED: 10:03
. ARRIVE ON LOCATION: 11:15
. TIME CALL COMLETE 12:45 METER READ N/A
RDATE :. 09/17/95

SUBDIVISION :. 662
ROUTE :. 662
SERVICE ORDER# :. 192257
ACCOUNT# :. 6620010181
CUSTOMER NAME :. SULLIVAN,BRIAN M
SERVICE ADDRESS:. 10413 LAKE HILL DR
DDATE :. 02/27/95
TYPE :. 28
FOPER :. JA
COMMENT :. CUST COMP OF LOW PRESSURE
RESOLUTION :. 3/6/95 PRESSURE 60 PSI. LEFT TAG TO ADVISE
.
. WS/DAMc
RDATE :. 03/06/95

SUBDIVISION :. 662
ROUTE :. 662
SERVICE ORDER# :. 192893
ACCOUNT# :. 6620010181
CUSTOMER NAME :. SULLIVAN,BRIAN M
SERVICE ADDRESS:. 10413 LAKE HILL DR
DDATE :. 03/07/95
TYPE :. 32
FOPER :. BS
COMMENT :. HIGH CHLORINE COMPLAINT
RESOLUTION :. DISPATCHED OPERATOR OVER RADIO, ADVISED OF PROBLEM. BILL SECOY SAID
. CHLORINE WAS HIGH THERE BUT HE HAS BEEN FLUSHING ALL AFTERNOON. I
. ADVISED CUSTOMER IF PROBLEM PERSISTED THROUGH EVENING, CALL US FIRST
. THING IN MORNING AND OPERATOR WILL RETURN TO CUSTOMER'S HOUSE
.
. DAMc
RDATE :. 03/07/95

SUBDIVISION :. 662
ROUTE :. 662
SERVICE ORDER# :. 212133
ACCOUNT# :. 6620010531
CUSTOMER NAME :. HAWBAKER,DAVID L
SERVICE ADDRESS:. 10686 LAKE HILL DR
DDATE :. 09/17/95
TYPE :. 26
FOPER :. BS
COMMENT :. BROKEN WATER LINE AT LAKE CRESCENT HILLS WATER PLANT CALLED IN
. BY CUSTOMER AT 10686 LAKE HILL DRIVE
RESOLUTION :. 9/17/95 LIQUID LUB LINE ON WELL HAD BROKEN. REPAIRS MADE
RDATE :. 09/17/95

SUBDIVISION :. 665

ROUTE :. 665
SERVICE ORDER# :. 196507
ACCOUNT# :. 6650010641
CUSTOMER NAME :. WINNER,JOHN
SERVICE ADDRESS:. 11201 LAKE KATHERINE CR
DDATE :. 04/18/95
TYPE :. 32
FOPER :. BS
COMMENT :. CUSTOMER SAID WATER IS ALMOST "WHITE" LOOKING, HAS A VERY STRONG
. CHLORINE ODOR
RESOLUTION :. 4/18/95 THE HOUSE IS NEXT TO WELL. LOWERED CL2 AND FLUSHED.
. TALKED TO OWNER, SEEMS TO BE OKAY.
.
. JA/DAMc
RDATE :. 04/18/95

SUBDIVISION :. 665
ROUTE :. 665
SERVICE ORDER# :. 202409
ACCOUNT# :. 6650010911
CUSTOMER NAME :. JONES,BRIAN
SERVICE ADDRESS:. 11223 LAKE KATHERINE CIR
DDATE :. 06/15/95
TYPE :. 29
FOPER :. JA
COMMENT :. CUSTOMER CALLED AND COMPLAINS OF RUSTY COLORED WATER AND IS
. LEAVING A RING IN HER TOLIET PLEASE CHECK AND ADVISE
RESOLUTION :. 6/15/95 FLUSHED SYSTEM. TAGGED HOUSE. TOLD CUSTOMER TO CALL IF
. PROBLEM CONTINUED. WS
RDATE :. 06/15/95

SUBDIVISION :. 665
ROUTE :. 665
SERVICE ORDER# :. 202503
ACCOUNT# :. 6650010771
CUSTOMER NAME :. MINEAR,TAMMY
SERVICE ADDRESS:. 10537 MESA LN
DDATE :. 06/16/95
TYPE :. 29
FOPER :. JA
COMMENT :. CUSTOMER PHONED ANSWERING SERVICE 7:29 A.M. 6/16/95 COMPLAINING OF
. GREENISH TINT TO WATER. PLEASE CHECK AND ADVISE.
RESOLUTION :. 6/16/95 WENT TO HOME, NO ONE THERE. TAGGED AND FLUSHED HYDRANT ON ST.
. JAY
RDATE :. 06/16/95

SUBDIVISION :. 665
ROUTE :. 665
SERVICE ORDER# :. 209828
ACCOUNT# :. 6650010641
CUSTOMER NAME :. WINNER,JOHN
SERVICE ADDRESS:. 11201 LAKE KATHERINE CR
DDATE :. 08/29/95
TYPE :. 32
FOPER :. JA
COMMENT :. CUST CALLED COMPLAINING OF STRONG CHLORINE SMELL IN WATER GAVE TO JAY
. ON RADIO

RESOLUTION :. 8/29/95 TAGGED HOUSE TO ADVISE WE WERE FLUSHING SYSTEM AND LOWERING CHL
RDATE :. 08/29/95

SUBDIVISION :. 665
ROUTE :. 665
SERVICE ORDER# :. 214547
ACCOUNT# :. 6650011071
CUSTOMER NAME :. MOORE,WILLIAM
SERVICE ADDRESS:. 11512 LAKE KATHERINE CR
DDATE :. 10/13/95
TYPE :. 31
FOPER :. JA
COMMENT :. PER CUSTOMER'S CORRESPONDENCE TO OFFICE, EXCESSIVE AIR IN WATER
. PLEASE CHECK AND ADVISE CUSTOMER OF FINDINGS.
RESOLUTION :. TALKED TO CUSTOMER AND EXPLAINED WE WERE WORKING ON THIS PROBLEM
. JA
RDATE :. 10/24/95

72 records listed.

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
628		26	1
628		28	1
628			2
628	001	28	1
628	001	31	1
628	001	32	2
628	001	43	1
628	001		5
628	002	29	2
628	002		2
628			9

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
631		27	1
631			1
631	631	11	1
631	631	26	1
631	631	29	1
631	631	32	8
631	631	43	5
631	631		16
631			17

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
632		29	1
632			1
632	632	29	1
632	632	32	1
632	632		2
632			3

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
633	633	29	3
633	633	32	9
633	633	43	2
633	633		14
633			14

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
634		26	2
634			2
634	634	29	1
634	634		1
634			3

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
636		43	1
636			1
636	636	28	1
636	636	29	2
636	636	32	5
636	636	42	1
636	636	43	1
636	636		10
636			11

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
662		26	4
662		27	2
662		43	1
662			7
662	662	26	1
662	662	28	1
662	662	32	1
662	662		3
662			10

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
665	665	29	2
665	665	31	1
665	665	32	2
665	665		5
665			5
			72

72 records listed.

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 661 664 666 667 BY SUB 16:44:02 04-18-96

SUBDIVISION :. 661
ROUTE :.
SERVICE ORDER# :. 190554
ACCOUNT# :. 6610000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 02/03/95
TYPE :. 43
FOPER :. BS
COMMENT :. THERE WAS A SERVICE LINE BREAK AT LAKEHILL DR IN THE PM AFTER HOURS
RESOLUTION :. SERVICE LINE BREAK HAD TO SHUT DOWN LAKEHILL DR THIS ALSO CAUSED WATER
. OUTAGE IN PRESTON COVE, CRESCENT BAY AND SURROUNDING AREAS UNABLE
. TO NOTIFY ALL CUSTOMERS PRIOR TO OUTAGE
. JA
RDATE :. 02/03/95

SUBDIVISION :. 661
ROUTE :.
SERVICE ORDER# :. 194427
ACCOUNT# :. 6610000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 02/27/95
TYPE :. 26
FOPER :. KM
COMMENT :. SECO WAS DOING WORK IN CRESCENT WEST AND TORE UP THE INTERCONNECT
. WITH CRESCENT BAY "NO LINE LOCATE REQUESTED"
RESOLUTION :. 180 CUSTOMERS WERE AFFECTED "BOIL ORDER" ISSUED FROM 2/27/95 THRU
. 3/1/95 DEP NOTICED AT APPROX 2:30 PM CONTACT "TRUDY"
.
. "ALL SAMPLES PASSED NO ADDITIONAL REQUESTED TO CUSTOMERS"
.
. KM
RDATE :. 02/27/95

SUBDIVISION :. 661
ROUTE :. 661
SERVICE ORDER# :. 188126
ACCOUNT# :. 6610010035
CUSTOMER NAME :. FORSYTH,LAURA
SERVICE ADDRESS:. 11217 CRESCENT BAY BLVD
DDATE :. 12/23/94
TYPE :. 28
FOPER :. BS
COMMENT :. LAURA FORSYTH CALLED TO ADV OF LOW PRESSURE
. PLEASE PROVIDE INFO ON CALL
RESOLUTION :. HAD TO CLOSE VALVE IN CRESCENT WEST CAUSING LOW PRESSURE IN
. CRESCENT BAY
.
. BS
RDATE :. 12/23/94

SUBDIVISION :. 661
ROUTE :. 661
SERVICE ORDER# :. 188154
ACCOUNT# :. 6610011041
CUSTOMER NAME :. FREEMAN,ALAN G

(742) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 661 664 666 667 BY SUB 16:44:02 04-18-96

SERVICE ADDRESS:. 11201 SKYWAY DR
DDATE :. 12/23/94
TYPE :. 43
FOPER :. BS
COMMENT :. CUST CALLED ANS SERV AT 12:38P HAD NO WATER - PLS SUPPLY INFO
RESOLUTION :. HAD A WATER LINE BREAK IN CRESCENT WEST HAD TO SHUT DOWN VALVE THAT
. CAUSED LOW PRESSURE IN CRESCENT BAY
.
. BS
RDATE :. 12/23/94

SUBDIVISION :. 661
ROUTE :. 661
SERVICE ORDER# :. 188160
ACCOUNT# :. 6610010970
CUSTOMER NAME :. FELT,KENNETH A
SERVICE ADDRESS:. 11121 SKYWAY DR
DDATE :. 12/23/94
TYPE :. 43
FOPER :. BS
COMMENT :. CUST CALLED ANS SRV AT 3:50P HAD NO WATER - PLS SUPPLY INFO
RESOLUTION :. HAD TO CLOSE VALVE IN CRESCENT WEST CAUSING LOW PRESSURE IN
. CRESCENT BAY
.
. BS
RDATE :. 12/23/94

SUBDIVISION :. 661
ROUTE :. 661
SERVICE ORDER# :. 190597
ACCOUNT# :. 6610011041
CUSTOMER NAME :. FREEMAN,ALAN G
SERVICE ADDRESS:. 11201 SKYWAY DR
DDATE :. 02/03/95
TYPE :. 43
FOPER :. JA
COMMENT :. CUSTOMER PHONED ANS SERVICE AND ALSO OFFICE TO ADVISE OF INCONVENIENCE
. OF "NO WATER" FREQUENTLY
RESOLUTION :. CUSTOMER WAS APOLOGIZED TO FOR INCONVENIENCE AND ADVISED THAT THE
. LINE BREAKS ARE BEYOND COMPANY CONTROL WHEN CONTRACTOR'S ACCIDENTIALLY
. CUT LINES THE RECENT OUTAGE WAS BECAUSE OF A LINE BREAK IN LAKE HILL
. SUB
.
. JA
RDATE :. 02/03/95

SUBDIVISION :. 661
ROUTE :. 661
SERVICE ORDER# :. 199904
ACCOUNT# :. 6610010260
CUSTOMER NAME :. LASLEY,FRANKLIN
SERVICE ADDRESS:. 11150 CRESCENT BAY BLVD
DDATE :. 05/10/95
TYPE :. 43
FOPER :. JA
COMMENT :. CUSTOMER PHONED ANS SERV AT APPROX 7:51 PM TO ADVISE THAT HE DID NOT
. HAVE ANY WATER PLEASE PROVIDE RESOLUTION

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RESOLUTION      :. 5/10/95 JA CALLED OWNER AFTER ANS SER CALLED ME
                 . OWNER FOUND HIS FILTER CLOGGED EVERYYTHING WAS OKAY
                 . JA
RDATE           :. 05/10/95

SUBDIVISION     :. 661
ROUTE           :. 661
SERVICE ORDER#  :. 201061
ACCOUNT#        :. 6610010592
CUSTOMER NAME   :. 20TH CENTURY HOMES,
SERVICE ADDRESS:. 11216  COUNTRY HILL RD
DDATE           :. 06/02/95
TYPE            :. 29
FOPER           :. JA
COMMENT         :. CUST HAD CALLED ANS SERV EARLY AND ALSO CALLED OFFICE WATER IS MILKY
                 . COLOR
RESOLUTION      :. JAY TALKED TO CUSTOMER EXPLAIN THE PROBLEM AND HOW WE ARE WORKING ON
                 . THE PROBLEM
                 . JAY SPOKE WITH CUST TOLD HIM EXCESSIVE AIR WHEN CRES BAY WELL IS UP
                 . SHOULD CORRECT PROBLEM
                 . JA
RDATE           :. 06/02/95

SUBDIVISION     :. 661
ROUTE           :. 661
SERVICE ORDER#  :. 201376
ACCOUNT#        :. 6610010821
CUSTOMER NAME   :. SHERWOOD,MARION P
SERVICE ADDRESS:. 11035  COUNTRY HILL RD
DDATE           :. 06/06/95
TYPE            :. 29
FOPER           :. JA
COMMENT         :. CUSTOMER COMPLAINS OF RUSTY WATER
                 . PLEASE CHECK AND ADVISE
RESOLUTION      :. 6/6/95 JAY TO CALL THIS EVENING WILL ADVISE TOMMOROW MORINING  6/7
                 . 6/7/95 JAY SPOKE TO CUSTOMER JACUZZI WAS BEING FILLED AT TIME OF LINE
                 . BREAK RESULTED IN DISCOLORED WATER CUSTOMER WANTS 300 GAL CREDIT
                 . JA
RDATE           :. 06/06/95


SUBDIVISION     :. 664
ROUTE           :.
SERVICE ORDER#  :. 209841
ACCOUNT#        :. 6640000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 08/28/95
TYPE            :. 28
FOPER           :. CS
COMMENT         :. SEVERAL CUSTOMES FROM NEIGHBORHOOD CALLING TO COMPLAIN OF LOW PRESSURE
RESOLUTION      :. LIGHTNING HIT PUMP HOUSE.  BRIAN STARLING ELECTRIC TO REPAIR WITH CHUCK
RDATE           :. 08/28/95

SUBDIVISION     :. 664
ROUTE           :. 664
SERVICE ORDER#  :. 200921
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ACCOUNT# :. 6640010391
CUSTOMER NAME :. GALOS,NICHOLAS
SERVICE ADDRESS:. 31639 GLADY'S LN
DDATE :. 05/31/95
TYPE :. 29
FOPER :. CS
COMMENT :. DISCOLORED WATER, RED , SAYS HER HUSBAND'S PHARMACY JACKET DISCOLORED
RESOLUTION :. 5/31/95 C.S. TOOK PHOSPHATE TO CUSTOMER. CUSTOMER SATISFIED
RDATE :. 05/31/95

SUBDIVISION :. 664
ROUTE :. 664
SERVICE ORDER# :. 215626
ACCOUNT# :. 6640010042
CUSTOMER NAME :. HENDERSON,WALTER K
SERVICE ADDRESS:. 15422 CARROLL'S CT
DDATE :. 10/25/95
TYPE :. 29
FOPER :. CS
COMMENT :. CUSTOMER HAS DISCOLORED WATER, SAYS DUE TO EXCESSIVE IRON IN WATER
. PLEASE CHECK AND ADVISE CUSTOMER OF SITUATION. ALSO, SHE IS INQUIRING
. ABOUT A FILTER TO BE INSTALLED IN LAKE SAUNDERS?
RESOLUTION :. GAVE PHOSPHATE TO CUSTOMER. CS
RDATE :. 10/25/95

SUBDIVISION :. 664
ROUTE :. 664
SERVICE ORDER# :. 222287
ACCOUNT# :. 6640010310
CUSTOMER NAME :. STAFFORD,RUTH ANN
SERVICE ADDRESS:. 15423 CARROLL'S CT
DDATE :. 12/29/95
TYPE :. 29
FOPER :. MG
COMMENT :. CUST COMPLAINS OF DISCOLORED, WHITE WATER
. PLEASE CK AND ADVISE
RESOLUTION :. I SPOKE W/ MIKE HE ADVISED TO CALL CUSTOMER - DISCOLORED WATER CAUSED
. BY AIR IN LINES FROM FLUSHING EARLIER IN DAY SAID TO ADVISE CUSTOMER
. TO FLUSH LINES FROM OUTSIDE UNTIL CLEAR AND TO CALL BACK IF PROBLEM
. CONTINUES
. MG/KS
RDATE :. 12/29/95

SUBDIVISION :. 666
ROUTE :.
SERVICE ORDER# :. 212132
ACCOUNT# :. 6660000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 09/16/95
TYPE :. 27
FOPER :. BS
COMMENT :. BROKEN WATER LINE AT LOT 89 AND 90 IN PRESTON COVE SUB DIVISION
RESOLUTION :. TIME CALL RECEIVED: 4:30
. ARRIVED ON LOCATION: 5:15
. TIME CALL COMPLETED: 6:30 METER READ N/A SERVICE LINE ON LOTS

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                . 89 AND 90 PRESTON COVE DRIVE WAS HIT BY COMPANY MOWING LOT.  COULD
                . NOT OBTAIN INFORMATION WHO DID REPAIRS
RDATE           :. 09/16/95

SUBDIVISION     :. 666
ROUTE           :.
SERVICE ORDER#  :. 213095
ACCOUNT#        :. 6660000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
DDATE           :. 09/16/95
TYPE            :. 27
FOPER           :. BS
COMMENT         :. LOTS 89 AND 90  PRESTON COVE  BROKEN WATER LINE
RESOLUTION      :. 9/16/95  SERVICE LINE ON LOTS 89 AND 90  HIT BY COMPANY MOWING LOT
                . COULD NOT OBTAIN INFORMATION AS TO WHO DID THIS   REPAIRED
RDATE           :. 09/16/95

SUBDIVISION     :. 666
ROUTE           :. 666
SERVICE ORDER#  :. 192590
ACCOUNT#        :. 6660010560
CUSTOMER NAME   :. CULLINAN,JAN D
SERVICE ADDRESS:. 11214  SOONER DR
DDATE           :. 03/02/95
TYPE            :. 43
FOPER           :. BS
COMMENT         :. CUSTOMER PHONED OFFICE COMPLAINT:  NO WATER
                .
                . "TO BS RADIO"
RESOLUTION      :. 3/2/95  WATER WAS ON AT HOUSE.  FOUND THE SCREEN AT KITCHEN SINK
                . PLUGGED.
                .
                . WS/DAMc
RDATE           :. 03/02/95

SUBDIVISION     :. 666
ROUTE           :. 666
SERVICE ORDER#  :. 201625
ACCOUNT#        :. 6660010181
CUSTOMER NAME   :. CURTIS,PAUL S
SERVICE ADDRESS:. 11132  HASKELL DR
DDATE           :. 06/09/95
TYPE            :. 28
FOPER           :. JA
COMMENT         :. CUSTOMER HAS HAD LOW PRESSURE COMPLAINTS.  CHECK QUALITY OF WATER
                . AND PRESSURE.
RESOLUTION      :. 6/13/95  J.A. FOUND NO ONE HOME.
                . 6/16/95  J.A. FOUND NO ONE HOME.
                .          ANSWERING MACHINE.    J.A.
RDATE           :. 06/13/95


SUBDIVISION     :. 667
ROUTE           :.
SERVICE ORDER#  :. 194247
ACCOUNT#        :. 6670000000
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(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 661 664 666 667 BY SUB 16:44:02 04-18-96

CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE   :. 03/21/95
TYPE   :. 27
FOPER   :. JA
COMMENT   :. NEIGHBOR CALLED FOR 10738 PORTER TRAIL, REPORTING BUSTED SERVICE LINE
                . NO METER THERE YET   PLEASE ADVISE
RESOLUTION   :. 3/28/95 CONNELL CO. REPAIRED
RDATE   :. 03/28/95

SUBDIVISION   :. 667
ROUTE   :.
SERVICE ORDER# :. 206876
ACCOUNT#   :. 6670000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE   :. 07/31/95
TYPE   :. 11
FOPER   :. JA
COMMENT   :. METER NO. 94968375 IS REPORTED BY BUILDER TO BE MISSING. HOUSE IS
                . COMPLETED, AND NO WATER WAS REGISTERED PRIOR READINGS. THEY STATED
                . THEY USED WATER "NEXT DOOR"   DO NOT REPLACE METER UNTIL NEW APPLY
                . CALLS OFFICE.   IF YOU COME ACROSS THIS METER, PLEASE CONTACT OFFICE
RESOLUTION   :. REPLACED WITH NEW METER #95563885 MR 10
                .   OLD METER S/N 94968375 NO CONS.
                .
                . LEFT LINE, NO WELL, POOL, IRRIGATION, OR BACKFLOW
                .
                . WS
RDATE   :. 08/01/95

SUBDIVISION   :. 667
ROUTE   :.
SERVICE ORDER# :. 208288
ACCOUNT#   :. 6670010311
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE   :. 08/14/95
TYPE   :. 29
FOPER   :. JA
COMMENT   :. CUST CALL'D W/ "RUST" COLOR'D WATER W/ A "FOUL" SMELL
                .
                . CUST WILL BE AT HOME - KNOCK ON THE DOOR
RESOLUTION   :. FLUSHED LINE
RDATE   :. 08/14/95

SUBDIVISION   :. 667
ROUTE   :.
SERVICE ORDER# :. 208870
ACCOUNT#   :. 6670000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE   :. 08/18/95
TYPE   :. 27
FOPER   :. BS
COMMENT   :. H.C. CONNELL CALLED 8/18/95 8:21 A.M. TO REPORT THEY HIT A LINE
                . AT INTERSECTION OF DANVIEW COURT AND MEADOW CREST IN THE HILLS OF

. LAKE LOUISA NOTIFIED BILL SECOY IMMEDIATELY VIA RADIO.
RESOLUTION :. CONTRACTOR HIT 3/4 " SERVICE LINE. REPAIRED WS
RDATE :. 08/18/95

SUBDIVISION :. 667
ROUTE :.
SERVICE ORDER# :. 221377
ACCOUNT# :. 6670000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
DDATE :. 12/18/95
TYPE :. 43
FOPER :. BS
COMMENT :. SCOTT WITH SIENA HOMES PHONED APPROXIMATELY 4:15 P.M. TO REPORT THERE IS
. NO WATER ON LAKE RALPH DRIVE. SCOTT ALSO REPORTED THAT HE THINKS THAT
. IT IS DUE TO BOYKIN CONSTRUCTION, THEY SHUT OFF THE HYDRANT AT THE END
. OF LAKE RALPH. PAGED AND BEEPED JAY AND BILL AT 4:18 P.M. NO RESPONSE
. SCOTT ON PHONE WAS DISCONNETED AND HAD NOT CALLED BACK AS OF 4:35 P.M.
RESOLUTION :. 12/19 ARRANGEMENTS WERE MADE TO MEET SCOTT BY BILL S.
. AGREEMENT WAS TO HAVE WATER TO THE TWO HOMES UNDER CONSTRCTION BY THURS.
. 12/21/95. AT THAT TIME, DRYWALL PEOPLE WERE TO BE ON SITE.
. DRYWALL PEOPLE SHOWED UP EARLY, SO SCOTT WAS UNDER STRESS TO PROVIDE
. WATER. I PROVIDED HOSES AND TALKED TO BOTH PARTIES, REGANS RUN
. CONTRACTOR AND SCOTT. W.S.
RDATE :. 12/19/95

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 187266
ACCOUNT# :. 6670082070
CUSTOMER NAME :. DITTRICH,TODD
SERVICE ADDRESS:. 11215 OSWALT RD
DDATE :. 01/03/95
TYPE :. 28
FOPER :. MG
COMMENT :. CUSTOMER PHONED ANSWERING SERVICE, NO WATER PRESSURE. PLEASE ADVISE
RESOLUTION :. TIME CALL RECEIVED 6:30 PM (1-3-95)
.
. CUSTOMER SAID PSI WAS NOT ASHIGH AS IT USUALLY IS BUT IT WOULD BE OKAY
. UNTIL 1-4-95. I TOLD CUSTOMER SERVICE MAN COULD CHECK OUT IN A.M. BILL
. CHECKED ON SAME DAY LATER IN AFTERNOON. HE SAID HE HAD 52 PSI AT TAP
. WITH METER OUT AND SAME PSI AT HOUSE TAP WITH METER IN. MIKE GAVALETZ.
.
. 1-4-95 BILL SECOY REPLACED METER. PRESENT FLOW IS 32 GPM, 51 PSI.
. OLD METER # 94587850 MR 10 NO CONS. NEW METER # 9416877 MR 10
RDATE :. 01/04/95

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 187574
ACCOUNT# :. 6670040560
CUSTOMER NAME :. WALLS,COLLEEN R
SERVICE ADDRESS:. 10721 PORTER TR
DDATE :. 01/07/95
TYPE :. 28
FOPER :. MG
COMMENT :. CUSTOMER PHONED ANSWERING SERVICE REGARDING LOW PRESSURE.

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                . TIME CALL RECEIVED:   10:30 A.M.
                . ARRIVED AT LOCATION:  13:00 P.M.
                . TIME CALL COMPLETED:  14:50 PM.    METER READING:  0000070
RESOLUTION      :. 1/7/95  CUSTOMER LIVES IN BEVERLY ESTATES. CUSTOMER IS FIRST TO BE
                . HOOKED UP TO 2" PVC MAIN. ALL OTHER TAPS ARE IN BUT NO ONE ELSE HOOKED
                . UP. CUST SAID THAT WHEN PLMBR WAS HOOKING UP LINE TO HOUSE, PSI WAS MIN.
                . TOOK OUT METER, CHECKED PSI AT MAIN,VERY LOW. CHECKED OTHER SERVICE TAPS
                . AND FOUND SAME. CHECKED VALVES IIN AREA, ALL OPEN. DISCONNECTED CUST
                . FROM TAP SO HE COULD HOOK BACK TO HIS OWN WELL. H.C. CONNELL TO CHECK
                . LINE ON 1/9/95. ALL VALVES CHECKED ON 1/8/95 CHECKED FLOW AND
                . PRESSURE AT ALL OUTLYING LOCATION, FLOW LOW.
                . MG/DAMc
RDATE           :. 01/07/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 188750
ACCOUNT#        :. 6670040560
CUSTOMER NAME   :. WALLS,COLLEEN R
SERVICE ADDRESS:. 10721  PORTER TR
DDATE           :. 01/19/95
TYPE            :. 27
FOPER           :. BS
COMMENT         :. CUSTOMER PHONED ANSWERING SERVICE TO REPORT A BUSTED PIPE IN BACKYARD
                . BRYAN G. ON CALL, TOOK INFORMATION.  SERVICE LINE BREAK AFTER METER
                . REFERRED TO CLERMONT OPERATOR TO TURN OFF (JAY A.) IN MORNING, ASAP,
                . PER CUSTOMER REQUEST.
RESOLUTION      :. 1/19/95  JAY TURNED OFF WATER PER CUSTOMER REQUEST.  NO ON HOME
                . AND JAY TAGGED HOME TO ADVISE CUSTOMER TO CALL WHEN READY FOR WATER TO
                . BE RESTORED     DAMc
                .
                .
                . 2/15/95 MR 8300   ASKED BKG WHY WATER WAS NOT TURNED OFF WHEN CUST
                . CALLED THAT EVENING ABOUT THE BREAK.  THE CUSTOMER REQUESTED TO BRYAN
                . NOT TO SHUT IT OFF IN EVENING, THEY NEEDED TO GET READY FOR WORK, ETC
                . AND TO COME FIRST THING IN MORNING AS WE DID.
RDATE           :. 01/19/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 189752
ACCOUNT#        :. 6670088600
CUSTOMER NAME   :. CLEGG,DONALD  B
SERVICE ADDRESS:. 9343  LAKE SHORE DR
DDATE           :. 01/30/95
TYPE            :. 31
FOPER           :. JA
COMMENT         :. AIR IN WATER/CLOUDY WATER/ STRONG TASTE OF CHLORINE
RESOLUTION      :. 1/31/95  INSPECTED WATER, NO AIR WAS PRESENT.  CL2 - 1.5 PPM.
                .           TAGGED HOUSE TO INFORM.  FLUSHING LINE.
RDATE           :. 01/31/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 189884
ACCOUNT#        :. 6670050040
CUSTOMER NAME   :. GUERRIERI,CHARLES
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SERVICE ADDRESS:. 10914 POINT NELLIE DR
DDATE :. 01/31/95
TYPE :. 32
FOPER :. JA
COMMENT :. CUST COMP OF RUSTY WATER TASTE BAD CANNOT DRINK IT AND SMELLS
RESOLUTION :. 1//31/95 CL2 1.0 PPM AT TIME OF TEST, NO SOLIDS INDICATED.
. I BELIEVE SOLIDS ARE DUE TO SAND IN LINE FROM CONSTRUCTION.
. FLUSHING SYSTEM SHOULD SOLVE THIS PROBLEMS. TAGGED HOUSE
.
. WS/DAMc
RDATE :. 01/31/95

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 189887
ACCOUNT# :. 6670050030
CUSTOMER NAME :. SPEED,JIM
SERVICE ADDRESS:. 10900 POINT NELLIE DR
DDATE :. 01/31/95
TYPE :. 32
FOPER :. BS
COMMENT :. CUSTOMER VERY UNHAPPY WITH QUALITY OF WATER, SAID HIGH CHLORINE
. TASTE, MUCH SEDIMENT IN WATER. PLEASE CHECK SITUATION AND ADVISE
. CUSTOMER WILL BE HOME
RESOLUTION :. 1/31/95 CL2 - 1.5 PPM. SEDIMENT,SAND AND LINE
. TALKED TO CUSTOMER. FLUSHING SYSTEM SHOULD SOLVE PROBLEM
.
. WS/DAMc
RDATE :. 01/31/95

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 190281
ACCOUNT# :. 6670082070
CUSTOMER NAME :. DITTRICH,TODD
SERVICE ADDRESS:. 11215 OSWALT RD
DDATE :. 02/02/95
TYPE :. 11
FOPER :. JA
COMMENT :. JAY, PER RADIO - WATER HEATER BURNED OUT, AWARE THAT CUSTOMER HAS
. NO BACKFLOW PREVENTOR. PLEASE ADVISE WHAT HAPPENED, AND WHAT YOU DID
RESOLUTION :. 2/2/95 READING 0000990 INSTALLED 3/4" CHECK VALVE ON 2/14/95
.
. BS/DAMc
RDATE :. 02/14/95

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 190306
ACCOUNT# :. 6670010070
CUSTOMER NAME :. SCRIBNER,HOWARD W
SERVICE ADDRESS:. 10836 LOG HOUSE RD
DDATE :. 02/02/95
TYPE :. 43
FOPER :. JA
COMMENT :. ANSWERING SERVICE CALL 6:54 A.M. 2/2/95 REPORTING NO WATER.
. PLEASE SUBMIT ANSWERING SERVICE RESPONSE SERVICE CALL SHEET WITH

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                . EXPLANATION.
RESOLUTION      :. 2/3/95  JAY PHONED CUSTOMER. EXPLAINED THIS RELATED TO BREAK IN
                . CRESCENT WEST S/D.   CUSTOMER SATISFIED
                .
                . JA/DAMc
RDATE           :. 02/02/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 191230
ACCOUNT#        :. 6670100100
CUSTOMER NAME   :. POWELL,ASHLEY
SERVICE ADDRESS:. 12117  ELBERT ST
DDATE           :. 02/14/95
TYPE            :. 32
FOPER           :. BS
COMMENT         :. CUST CALL'S WITH "MILKY" COLORED WATER AND "STRONG" CHEMICAL TASTE
                .
                . PLEASE CHECK AT THE OUTSIDE FAUCET (TO THE RIGHT OF FRONT DOOR)
                . PLEASE TAG CUST WITH RESULTS
                .
RESOLUTION      :. 2/15/95  CHECKED, FOUND SOME AIR AND CL2 AT 2.0   TAGGED HOUSE
                .
                . 2/15/95  FLUSHED COMPLETE SYSTEM, 2700 GALS.  SHOULD SOLVE PROBLEM.
                .          SET SYSTEM UP ON FLUSH SCHEDULE
                .
                . WS/DAMc
RDATE           :. 02/15/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 191767
ACCOUNT#        :. 6670100330
CUSTOMER NAME   :. WASSMANN,KARL
SERVICE ADDRESS:. 12002  BURTON ST
DDATE           :. 02/21/95
TYPE            :. 29
FOPER           :. JA
COMMENT         :. CUST COMP OF FILMING WATER AND AIR BUBBLES
RESOLUTION      :. FLUSHED LINE
RDATE           :. 02/21/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 191764
ACCOUNT#        :. 6670100320
CUSTOMER NAME   :. BRYANT,JAMES A
SERVICE ADDRESS:. 11944  BURTON ST
DDATE           :. 02/22/95
TYPE            :. 31
FOPER           :. JA
COMMENT         :. CUST SAYS TINY BUBBLES IN WATER DRAWN FROM SPIGET BUBBLE STILL IN WATER
                . 12 HRS LATER HAS BEEN HAPPENNING FOR ABOUT 4 WEEKS, NIEGHBORS COMPL OF
                . SAME PROB.
RESOLUTION      :. FLUSHED LINE
                . BS
RDATE           :. 02/21/95
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SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 192297
ACCOUNT# :. 6670100320
CUSTOMER NAME :. BRYANT,JAMES A
SERVICE ADDRESS:. 11944 BURTON ST
DDATE :. 02/28/94
TYPE :. 31
FOPER :. BS
COMMENT :. CUST IS CALLING WITH EXCESSIVE AIR IN THE LINES
. .
. PLEASE TAG W/ RESOLUTION TO THE PROBLEM
RESOLUTION :. 2/28/95 FLUSHED LINES. TAGGED HOME
. .
. WS/DAMc
RDATE :. 02/28/95

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 199352
ACCOUNT# :. 6670020231
CUSTOMER NAME :. MISURACA,DOUG
SERVICE ADDRESS:. 10309 MADISON PARK CT
DDATE :. 05/14/95
TYPE :. 27
FOPER :. BS
COMMENT :. CUSTOMER PHONED ANSWERING SERVICE TO REPAIR PIPE FROM WATER MAIN BROKE
. AND HAS CAUSED FLOODING IN YARD.
RESOLUTION :. TIME CALL RECEIVED 7:30
. ARRIVED ON LOCATION 8:30
. TIME CALL COMPLETED 9:00 METER READING: 77160 (5/14/95)
. .
. CUSTOMER SERVICE LINE BROKEN ON HOUSE SIDE OF METER. REPAIRED.
. NO OTHER CUSTOMER'S AFFECTED, NO TIME WITHOUT SERVICE, NO AGENCY
. NOTIFIED, NO BOIL ISSUES NECESSARY A DAILY READING WILL BE OBTAINED
. TO ESTABLISH CUSTOMER'S AVERAGE.
RDATE :. 05/14/95

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 200608
ACCOUNT# :. 6670090700
CUSTOMER NAME :. WESTERHOUSE,JON
SERVICE ADDRESS:. 10425 LAKE LOUISA RD
DDATE :. 05/30/95
TYPE :. 32
FOPER :. JA
COMMENT :. STRONG SMELL OF CHLORINE
RESOLUTION :. 5/30/95 PROBLEM DUE TO INOPERATIVE CHL PUMP. REPAIRED AND FLUSHED
RDATE / :. 05/30/95

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 200760
ACCOUNT# :. 6670090800
CUSTOMER NAME :. THIELER,RICHARD
SERVICE ADDRESS:. 10435 LAKE LOUISA RD

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DDATE           :. 05/30/95
TYPE            :. 32
FOPER           :. JA
COMMENT         :. CUST COMPLAINED OF CHLORINE ODOR IN WATER THROUGHOUT RES.  CUST STATED
                 . THAT IF IT IS NECESSARY TO USE AN OUTDOOR FAUCET, USE THE FAUCET TO THE
                 . LEFT OF THE 2-CAR GARAGE.  PLEASE CHECK WATER, RESOLVE PROBLEM AS
                 . NECESSARY & TAG.
RESOLUTION      :. J.A. FLUSHED,  HIGH CHLORINE DUE TO VACUUM, CHL PUMP INOPERATIVE
                 . J.A. REPAIRED PUMP.  DAVE ZUSI REQUESTED JAY TAKE CHL RESIDUAL.
                 . RESIDUAL WAS .4    DAVE S. TO CALL CUSTOMER   CUSTOMER UNHAPPY AND
                 . SAID HIGH CHLORINE CAUSED CLOTHING IN LAUNDRY TO FADE COLOR
RDATE           :. 05/30/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 201377
ACCOUNT#        :. 6670030060
CUSTOMER NAME   :. GREAT AMERICAN HOMES,
SERVICE ADDRESS:. 10305  NORTH GLEN DR
DDATE           :. 06/06/95
TYPE            :. 43
FOPER           :. JA
COMMENT         :. CUSTOMER PHONED SAID NO WATER TO HOUSE.  PLEASE CHECK AND ADVISE OF
                 . PROBLEM.
RESOLUTION      :. BILL SECOY RADIO'D RESOLUTION TO OFFICE, SAID THAT TELEPHONE CONTRACTOR
                 . HAD CUST THE SERVICE.  INSTEAD OF REPAIRING THE LINE, THEY TWISTED IT
                 . OFF WHICH PREVENTED WATER SERVICE TO METER.  SOD IS SCHEDULED TO
                 . BE REPLACED.  CUSTOMER WAS ADVISED OF SITUATION.  PER BILL, CUST OK
RDATE           :. 06/08/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 201619
ACCOUNT#        :. 6670100320
CUSTOMER NAME   :. BRYANT,JAMES A
SERVICE ADDRESS:. 11944  BURTON ST
DDATE           :. 06/09/95
TYPE            :. 31
FOPER           :. JA
COMMENT         :. CUSTOMER COMPLAINS THAT WATER IS ALWAYS CLOUDY.  HIS LINE IS LOOPED,
                 . BUT NO PLACE TO FLUSH.  INSTALL BLOW-OFF ON END OF LINE AND FLUSH.
                 . STOP AT CUSTOMER'S RESIDENCE TO SEE HIM.
RESOLUTION      :. 6/19/95  TALKED WITH CUSTOMER AND EXPLAINED THAT THE BLOW OFF WAS
                 . INSTALLED.  TOLD HER I WOULD CHECK BACK FROM TIME TO TIME.  JA
RDATE           :. 06/19/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 201622
ACCOUNT#        :. 6670100330
CUSTOMER NAME   :. WASSMANN,KARL
SERVICE ADDRESS:. 12002  BURTON ST
DDATE           :. 06/09/95
TYPE            :. 31
FOPER           :. JA
COMMENT         :. CUSTOMER HAS HAD COMPLAINTS REGARDING EXCESSIVE AIR IN WATER.
                 . INSTALL BLOW-OFF AT END OF LINE AND FLUSH.
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RESOLUTION      :. 6/13/95  TALKED TO CUSTOMER AND EXPLAINED WE WOULD HAVE A BLOW OFF
                 . INSTALLED WITHIN 30 DAYS AND FLUSH LINE TO HELP WITH PROBLEMS.  JA.
RDATE           :. 06/13/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 207024
ACCOUNT#        :. 6670010280
CUSTOMER NAME   :. GOLDEN,ROSS
SERVICE ADDRESS:. 11007  OLEANDER DR
DDATE           :. 08/01/95
TYPE            :. 28
FOPER           :. BS
COMMENT         :. TIM BANKS FROM DEP CALLED TO STATE CUSTOMER CONTACTED THEM TO COMPLAIN
                 . ABOUT EXTREME HIGH PRESSURE, AND THIS IS BLOWING THEIR PLUMBING OUT
                 . ALSO, THERE WERE TWO SLAB LEAKS FOUND BY STATE'S PLUMBING COMPANY.
                 . WHEN WE WENT OUT TO CHECK FOR HIGH CONS, NO LEAKS WERE FOUND PER J.A.
                 . PLEASE CHECK AND ADVISE CUSTOMER
RESOLUTION      :. 8/1/95  MR 239060   B.S. HAS INDICATED THERE IS A NOTICEABLE LEAK
                 .         METER IS SPINNING, EVEN WITH NO WATER ON INSIDE HOME.
                 .         PSI IS 82-84.   B.S. LEFT A BUSINESS CARD TO CALL HIM FOR
                 .         FURTHER INFORMATION.
                 .
                 . WE WILL BE INSTALLING A PRESSURE REDUCING FIXTURE .  THE OPERATOR WILL
                 . BE IN CONTACT WITH HIM TO ESTABLISH A SUITABLE PRESSURE AND TIME FOR
                 . INSTALLATION
RDATE           :. 08/01/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 207107
ACCOUNT#        :. 6670100330
CUSTOMER NAME   :. WASSMANN,KARL
SERVICE ADDRESS:. 12002  BURTON ST
DDATE           :. 08/01/95
TYPE            :. 29
FOPER           :. BS
COMMENT         :. CUSTOMER HAS CONTACTED DON R. REGARDING PROBLEM STILL EXITS WITH
                 . CLOUDY WATER.  PLEASE FLUSH, AND DON HAS REQUESTED YOU TALK WITH
                 . CUSTOMER.
RESOLUTION      :. CUSTOMER HAD LEAK ON HIS SIDE OF METER 8/1/95.  METER SHUT OFF AND
                 . REPAIR WAS MADE.   MR 30270
RDATE           :. 08/01/95

SUBDIVISION     :. 667
ROUTE           :. 667
SERVICE ORDER#  :. 207797
ACCOUNT#        :. 6670040091
CUSTOMER NAME   :. GRIGGS,JOHN
SERVICE ADDRESS:. 10739  DENALI DR
DDATE           :. 08/08/95
TYPE            :. 29
FOPER           :. JA
COMMENT         :. COMP OF BROWN WATER GAE TO JAY ON RADIO
RESOLUTION      :. FLUSHED LINE
RDATE           :. 08/08/95
```

(912) SERVICE ORDERS WITH COMPLAINTS FOR SUBDIVISION 661 664 666 667 BY SUB 16:44:02 04-18-96

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 208011
ACCOUNT# :. 6670086001
CUSTOMER NAME :. HENRY,KEITH E
SERVICE ADDRESS:. 11013 ROSE HILL DR
DDATE :. 08/11/95
TYPE :. 29
FOPER :. JA
COMMENT :. CUSTOMER STATES THAT WATER IN BATHROOM IN MORNINGS HAS A "SOAPY FILM
. APPEARANCE" TO IT. THIS DOES NOT OCCUR IN KITCHEN. PLEASE ADVISE
. CUSTOMER YOU ARE THERE WHEN YOU CHECK THIS, PER HER REQUEST. OBTAIN
. READ ALSO. THANK YOU
RESOLUTION :. 8/10/95 MR 0006870 EXPLAINED THAT WE ARE FLUSHING THE SYSTEM ON A
. REGULAR SCHEDULE. CUSTOMER SATISFIED
RDATE :. 08/10/95

SUBDIVISION :. 667
ROUTE :. 667
SERVICE ORDER# :. 213259
ACCOUNT# :. 6670030141
CUSTOMER NAME :. SPITZ,PETER
SERVICE ADDRESS:. 10236 NORTH GLEN DR
DDATE :. 09/29/95
TYPE :. 29
FOPER :. JA
COMMENT :. 9/15/95 READ 47010 CONS 47000
.
. CUST CALL'D WITH DIRTY WATER - CUST ALSO DISPUTING CONS
PLEASE SCHEDULE METER FIELD TEST
.
RESOLUTION :. METER TESTED WITHIN ACCURACY
RDATE :. 09/29/95

45 records listed.

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
661		26	1
661		43	1
661			2
661	661	28	1
661	661	29	2
661	661	43	4
661	661		7
661			9

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
664		28	1
664			1
664	664	29	3
664	664		3
664			4

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
666		27	2
666			2
666	666	28	1
666	666	43	1
666	666		2
666			4

(912) SERVICE ORDER RECAP

SUB	ROUTE	SO TYP	COUNT
667		11	1
667		27	2
667		29	1
667		43	1
667			5
667	667	11	1
667	667	27	2
667	667	28	3
667	667	29	5
667	667	31	5
667	667	32	5
667	667	43	2
667	667		23
667			28
			45

45 records listed.

COPIES OF:

Notices of Violation
Consent Orders
Letters of Notice
Warning Notices

for Lake Utility Services, Inc.

Part 4 of 4

DOCUMENT NUMBER-DATE
06109 JUN-3 98
FPSC-RECORDS/REPORTING

CLERMONT I

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor — Carol M. Browner, Secretary

June 29, 1992

Utilities Inc of Florida
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

OCD-PW-CE-92-1300

Attention: Donald Rasmussen

Lake County - PW
Clermont #1 - Four Winds Subdivision
PWS ID Number 3351582

Dear Mr. Rasmussen:

This will confirm receipt of copies of turbidity, primary, secondary and gross alpha analysis results for samples collected on April 22, 1992 from the distribution system and performed by Flowers Chemical Laboratories, Incorporated.

The iron and manganese were determined to be 0.311 and 0.211 mg/L respectively which exceed the maximum contaminant levels of 0.30 and 0.05 mg/L respectively. In view of these results and pursuant to Rule 17-550.520(2), Florida Administrative Code, you are required to initiate and complete three (3) additional analyses for iron and manganese (at the same sampling point as the original sample) within one month.

Samples shall be collected and submitted to an approved laboratory and this Department notified of the date of submittal and laboratory name no later than seven (7) days from the date of this letter or this matter will be referred for appropriate ENFORCEMENT action. You must submit a copy of the laboratory results to this office upon your receipt of such from the laboratory.

If you have any questions, please call Ms. Marie Carrasquillo at 407/894-7555.

Sincerely,

W.E. Darling, Supervisor
Drinking Water Compliance/Enforcement

HC
WED:mc/mg

cc: Lake County Health Department

Recycled Paper

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor

Carol M. Browner, Secretary

CERTIFIED
P 252 137 774

August 25, 1992

Utilities Incorporated
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

OCD-PW-CE-92-1592

Attention: Donald Rasmussen
Regional Director of Operations

Lake County - PW
Clermont I - PWS ID Number 3351582
The Oranges - PWS ID Number 3354685

Dear Mr. Rasmussen:

This will confirm receipt of copies of iron and manganese analysis results (copies enclosed) for samples collected on June 22, 24 and 25, 1992 from the distribution system and performed by Flowers Chemical Laboratories, Inc.

The average of the last four manganese analyses exceeds the maximum contaminant level of 0.05 mg/L. In view of these results you are required to complete three (3) additional analyses for this parameter.

If you choose not to do so, you will be required at this time to take corrective action approved by the Department to meet the applicable standard for manganese.

A written response will be expected within seven (7) days after your receipt of this letter regarding which option will be taken to correct this deficiency.

If you have any questions concerning this letter, please contact Ms. Marie Carrasquillo at 407/894-7555.

Sincerely,

Paul J. Morrison

Paul J. Morrison, Section Supervisor
Drinking Water Compliance/Enforcement

PJM:mc/mg

Enclosures

cc: Lake County Health Department

Recycled Paper

Florida Department of
Environmental Protection

RECEIVED
OCT 20 1994

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

~~Virginia B. Wetherell~~
Secretary

Date: October 17, 1994

CERTIFIED
Z 188 583 345(2)

Utilities of Florida Inc
200 Weathersfield
Altamonte Springs FL 32714

OCD-PW-SS-94-2834

Attention: Donald Rasmussen

Lake County - PW

PWS Name: Clermont #1 (Four Winds)

PWS ID Number: 3351552

Dear Mr. Rasmussen:

This will confirm a visit to the subject ☒"community" ☐~~"non-transient non-community"~~ ☐"non-community" public water system on October 4, 1994 by W.E. Darling of this office in the presence of Bryan Sapyne for the purpose of conducting a sanitary survey. A copy of the report is enclosed for your reference and records. Deficiencies noted during the survey and/or determined from records on file in this office are indicated by numbers, letters and "X" marks in the appropriate and applicable boxes "☐" on the attached pages, including the cited rules of the Florida Administrative Code (F.A.C).

To bring the subject system into complete compliance with relevant Department rules, please ~~correct the indicated deficiencies and~~ provide a written statement to the Department no later than October 31, 1994, stating ~~that all indicated deficiencies have been corrected.~~ what action will be taken concerning auxiliary power

Please provide information, where readily available, for items marked on the sanitary survey report as "unknown".

Reference materials on applicable drinking water regulations as well as cross-connection control are available upon telephone request to Ms. Trudy Wilkes at (407) 894-7555, extension 251.

If you have any questions concerning this letter, please contact W.E. Darling at the address listed above or by phone at (407) 894-7555.

Sincerely,

W.E. Darling, Supervisor
Drinking Water ~~Compliance~~/Enforcement

cc: Lake County Health Department

DATE _____

☐ No chlorination system was being provided as required. The necessary apparatus shall be designed, according to acceptable engineering practices, to maintain an absolute minimum 0.2 mg/L free chlorine residual or its equivalent throughout the distribution system. [Rule 62-555.320(4), F.A.C.] _____

☐ Free chlorine residual determination must be conducted with a DPD-type chlorine test kit on a daily basis. Such a test kit must be available on site. [Rule 62-550.550(2), F.A.C.]

☐ There was a lack of safety and control equipment for chlorine gas use. In accordance with Rule 62-555.320(5), F.A.C., the following items are required:

- ☐ Warning signs about the danger of chlorine gas posted at a conspicuous location
- ☐ A wrench fitted on the chlorinator shut-off valve stem at all times
- ☐ A separate approved above-grade room for the gas chlorination facilities
- ☐ Room light with on/off switch outside the room
- ☐ Adequate weighing device for the gas cylinder(s)
- ☐ Gas chlorine cylinder properly secured with a chain
- ☐ A bottle of fresh ammonia solution to test for chlorine gas leakage
- ☐ Exhaust powered ventilation for chlorine room (floor-level, cross-ventilation with on/off switch outside the room)
- ☐ Dual gas chlorination with an automatic switchover device (chlorine demand/usage is greater than ten (10) pounds per day)
- ☐ Sufficient spare parts and lead washers for the chlorinator available on site to provide expeditious repair in case of failure
- ☐ An air-pak or self-contained breathing apparatus, compatible with those used by your local fire department and meeting the requirements of the National Institute for Occupational Safety and Health (NIOSH), stored on-site at a convenient location, but not inside any room where chlorine is used or stored, or be available in on-call operator's service vehicle
- ☐ Device to sound an alarm outside of the gas chlorine room or in the office or laboratory of the plant upon the loss of chlorination capability. Required for systems using in excess of ten (10) pounds per day based on the average daily system chlorine demand on a monthly basis.
- ☐ Protection from weather, the elements, tampering and vandalism for the chlorinator

☒ ☒ Auxiliary power with automatic start up capability ~~☐ and a second well has/have not~~ been provided as required for all community systems serving more than 150 service connections or 350 or more persons. Retain a Florida registered professional engineer to assist you in obtaining the required construction permit(s). [Auxiliary Power - Rule 62-555.320(6), F.A.C.] [Second Well - Rule 62-555.315(1), F.A.C.] 102 connections X 3.5 = 357 population

☐ The auxiliary power unit shall be run under load either for four (4) continuous hours per month or for one hour per week as required by Rule 62-555.320(6)(c), F.A.C.

☐ Auxiliary power plan that details how the system meets the auxiliary power code requirements and an operation and maintenance log must be provided on site. [Rule 62-555.320(6)(e), F.A.C.] _____

☐ In accordance with Rule 62-555.350(1), F.A.C., the following are required for proper operating condition and protection from contamination of the ☐ aerator ☐ ground storage tank ☐ _____:

- ☐ Aerator trays must be cleaned.
- ☐ Aerator screen must be repaired.
- ☐ Ground storage tank vent(s)/overflow(s) screen(s) must be repaired.
- ☐ Ground storage tank hatch must have a gasket and a padlock to prevent contamination, tampering and vandalism.
- ☐ Exterior condition of storage tank is unacceptable due to ☐ rust, ☐ peeling paint, ☐ leakage.
- ☐ _____

PWS ID 335/582
Date 10/14/94

MONITORING VIOLATIONS		MCL VIOLATIONS	

DEFICIENCIES: (See cover letter for recommended actions)

102 service connections X 3.5 = 357 population. Auxiliary required for community systems serving 350, or more, persons.

Inspector [signature] Title Env Sup II Date 10/14/94

Approved by _____ Title _____ Date / /

LAKE RIDGE CLUB

RECEIVED

Department of Environmental Protection

Lawton Chiles
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Virginia B. Wetherell
Secretary

October 23, 1995

Utilities, Inc. of Florida
200 Weathersfield Avenue
Altamonte Springs, FL 32714

OCD-PW-CE-95-3259

Attention: Mr. Donald Rasmussen

Lake County - PW
Lake Ridge Club
PWS ID Number 3354884

Mailed Prepared 11/6/95

Dear Mr. Rasmussen:

This acknowledges receipt of the iron analysis results (copies enclosed) performed by Flowers Chemical Laboratories. These results are unacceptable since the approved Department's computer format (copy enclosed) for reporting all water analysis results was not used, in accordance with Rule 62-550.730, Florida Administrative Code. Please resubmit the analysis results in the appropriate format which will include the required information.

You may contact Ms. Marie Carrasquillo at (407) 894-7555 should you have any questions.

Thank you for your continued cooperation in our drinking water program.

Sincerely,

W.E. Darling, Supervisor
Drinking Water Compliance/Enforcement

WED:mc/tw
Enclosures

cc: Lake County Public Health Unit
Flowers Chemical Laboratories
Marie Carrasquillo, DEP Drinking Water Program

THE ORANGES

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor — Carol M. Browner, Secretary

June 29, 1992

Utilities Incorporated of Florida
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

OCD-PW-CE-92-1299

Attention: Donald Rasmussen

Lake County - PW
The Oranges Subdivision
PWS ID Number 3354685

Dear Mr. Rasmussen:

This will confirm receipt of copies of turbidity, primary and secondary analysis results for samples collected on April 22, 1992 from the distribution system and performed by Flowers Chemical Laboratories, Incorporated.

The iron and manganese were determined to be 0.307 and 0.244 mg/L which exceed the maximum contaminant levels of 0.30 and 0.05 mg/L. In view of these results and pursuant to Rule 17-550.520(2), Florida Administrative Code, you are required to initiate and complete three (3) additional analyses for iron and manganese (at the same sampling point as the original sample) within one month.

Samples shall be collected and submitted to an approved laboratory and this Department notified of the date of submittal and laboratory name no later than seven (7) days from the date of this letter or this matter will be referred for appropriate ENFORCEMENT action. You must submit a copy of the laboratory results to this office upon your receipt of such from the laboratory.

If you have any questions, please call Ms. Marie Carrasquillo at 407/894-7555.

Sincerely,

W.E. Darling, Supervisor
Drinking Water Compliance/Enforcement

WED:mc/mg

cc: Lake County Health Department

Recycled Paper

Florida Department of Environmental Regulation

Central District • 3319 Maguire Boulevard, Suite 232 • Orlando, Florida 32803-3767

Lawton Chiles, Governor — Carol M. Browner, Secretary

CERTIFIED
P 252 137 774

August 25, 1992

Utilities Incorporated
200 Weathersfield Avenue
Altamonte Springs, Florida 32714

OCD-PW-CE-92-1592

Attention: Donald Rasmussen
Regional Director of Operations

Lake County - PW
Clermont I - PWS ID Number 3351582
The Oranges - PWS ID Number 3354685

Dear Mr. Rasmussen:

This will confirm receipt of copies of iron and manganese analysis results (copies enclosed) for samples collected on June 22, 24 and 25, 1992 from the distribution system and performed by Flowers Chemical Laboratories, Inc.

The average of the last four manganese analyses exceeds the maximum contaminant level of 0.05 mg/L. In view of these results you are required to complete three (3) additional analyses for this parameter.

If you choose not to do so, you will be required at this time to take corrective action approved by the Department to meet the applicable standard for manganese.

A written response will be expected within seven (7) days after your receipt of this letter regarding which option will be taken to correct this deficiency.

If you have any questions concerning this letter, please contact Ms. Marie Carrasquillo at 407/894-7555.

Sincerely,

Paul J. Morrison

Paul J. Morrison, Section Supervisor
Drinking Water Compliance/Enforcement

PJM:mc/mg

Enclosures

cc: Lake County Health Department

Recycled Paper