ORIGINAL

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

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ADDITIONAL ENGINEERING INFORMATION

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UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

CMP ____
COM 5
CTR ____
ECR ____
GCL 1
OPC 1
RCA ____
SCR ____
SGA ____
SEC 1
OTH ____

VOLUME III

Test Year Ended December 31, 2005

Pouch 1 of 2

DOCUMENT NUMBER-DATE
04254 MAY 15 g
FPSC-COMMISSION CLERK

ADDITIONAL ENGINEERING INFORMATION

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

Test Year Ended December 31, 2005

INDEX

	TAB
DETAILED MAP	1
CHEMICALS USED	2
CHEMICAL ANALYSIS	3
OPERATIONS REPORT	4
INSPECTION REPORTS	5
PERMITS	6
NOTICES	7
FIELD EMPLOYEES	8
VEHICLES	9
CUSTOMER COMPLAINTS	10

ADDITIONAL ENGINEERING INFORMATION
UTILITIES, INC. OF PENNBROOKE
DOCKET NO.: 060261-WS
LAKE COUNTY

Test Year Ended December 31, 2005

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (1)
Detailed Map

Test Year Ended December 31, 2005

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (2)
Chemicals Used

Test Year Ended December 31, 2005

Dosage rates vary depending on various factors in order to produce potable water or treated effluent that meets all regulatory requirements.

Company	W/S	Invoice Number	Type	Quantity	Per Unit	Amount	Tax	Total
UTILITIES, INC OF PENNBROOKE	W&S	545	Hypochloritesolutions	350	0.95	332.50	-	332.50
UTILITIES, INC OF PENNBROOKE	W&S	1673	Hypochloritesolutions	535	0.95	508.25	-	508.25
UTILITIES, INC OF PENNBROOKE	W&S	1737	Hypochloritesolutions	650	0.95	617.50	-	617.50
UTILITIES, INC OF PENNBROOKE	W&S	1737	Sodium Hypochlorite	110	14.50	1,595.00	111.65	1,706.65
UTILITIES, INC OF PENNBROOKE	W&S	3215	Hypochloritesolutions	700	0.95	665.00		665.00
UTILITIES, INC OF PENNBROOKE	W&S	4099	Aqua Mag	55	14.50	797.50		
UTILITIES, INC OF PENNBROOKE	W&S	4099	Fuelsurcharge	1	9.00	9.00		
UTILITIES, INC OF PENNBROOKE	W&S	4099	Total for invoice No. 4099			806.50	55.83	862.33
UTILITIES, INC OF PENNBROOKE	W&S	74270	Hypochloritesolutions	525	0.95	498.75	-	498.75
UTILITIES, INC OF PENNBROOKE	W&S	75530	Hypochloritesolutions	635	0.95	603.25		603.25
UTILITIES, INC OF PENNBROOKE	W&S	75530	Trichloroisocyanuric Acid Dry	2	98.00	196.00		196.00
UTILITIES, INC OF PENNBROOKE	W&S	75530	Aqua Mag	55	14.50	797.50		797.50
UTILITIES, INC OF PENNBROOKE	W&S	75530	Total for invoice No. 75530			993.50	69.55	1,063.05
UTILITIES, INC OF PENNBROOKE	W&S	76163	Hypochloritesolutions	650	0.95	617.50	-	617.50
UTILITIES, INC OF PENNBROOKE	W&S	78093	Hypochloritesolutions	760	0.95	722.00	-	722.00
UTILITIES, INC OF PENNBROOKE	W&S	78093	Aqua Mag	110	14.50	1,595.00	111.65	1,706.65
UTILITIES, INC OF PENNBROOKE	W&S	78407	Hypochloritesolutions	525	0.95	498.75	-	498.75
UTILITIES, INC OF PENNBROOKE	W&S	79574	Hypochloritesolutions	600	0.95	570.00	-	570.00
UTILITIES, INC OF PENNBROOKE	W&S	79614	Zep MR BIG II	1	133.25	133.25		
UTILITIES, INC OF PENNBROOKE	W&S	79614	Shipping/Handling	1	15.36	15.36		
UTILITIES, INC OF PENNBROOKE	W&S	79614	Total for invoice No. 79614			148.61	9.33	157.94
UTILITIES, INC OF PENNBROOKE	W&S	80855	Hypochloritesolutions	510	0.95	484.50	-	484.50
UTILITIES, INC OF PENNBROOKE	W&S	82243	Hypochloritesolutions	1	600.00	570.00	-	570.00
UTILITIES, INC OF PENNBROOKE	W&S	82243	Aqua Mag	15	110.00	1,595.00	111.65	1,706.65
UTILITIES, INC OF PENNBROOKE	W&S	83767	Hypochloritesolutions	60	0.95	57.00	-	57.00
UTILITIES, INC OF PENNBROOKE	W&S	83782	Zep MR BIG II	1	140.60	140.60		
UTILITIES, INC OF PENNBROOKE	W&S	83782	Shipping/Handling	1	19.98	19.98		
UTILITIES, INC OF PENNBROOKE	W&S	83782	Total for invoice No. 83782			160.58	9.85	170.43
UTILITIES, INC OF PENNBROOKE	W&S	84329	Hypochloritesolutions	400	0.95	380.00	-	380.00
UTILITIES, INC OF PENNBROOKE	W&S	84916	Sodium Hypochlorite	375	0.95	356.25	-	356.25
UTILITIES, INC OF PENNBROOKE	W&S	85391	Hypochloritesolutions	450	0.95	427.50	-	427.50
UTILITIES, INC OF PENNBROOKE	W&S	87527	Hypochloritesolutions	750	0.95	712.50	-	712.50
UTILITIES, INC OF PENNBROOKE	W&S	87527	Aqua Mag	110	14.50	1,595.00	111.65	1,706.65
UTILITIES, INC OF PENNBROOKE	W&S	88387	Sodium Hypochlorite	550	0.95	522.50	-	522.50
UTILITIES, INC OF PENNBROOKE	W&S	89567	Hypochloritesolutions	350	0.95	332.50	-	332.50
UTILITIES, INC OF PENNBROOKE	W&S	90934	Hypochloritesolutions	850	0.95	807.50	-	807.50
UTILITIES, INC OF PENNBROOKE	W&S	90934	Aqua Mag	110	14.50	1,595.00	111.65	1,706.65
UTILITIES, INC OF PENNBROOKE	W&S	92386	Hypochloritesolutions	650	0.95	617.50	-	617.50
UTILITIES, INC OF PENNBROOKE	W&S	92386	Trichloroisocyanuric Acid Dry	1	108.00	108.00	-	108.00
UTILITIES, INC OF PENNBROOKE	W&S	93249	Hypochloritesolutions	625	0.95	593.75	-	593.75
UTILITIES, INC OF PENNBROOKE	W&S	94349	Hypochloritesolutions	700	0.95	665.00	-	665.00
UTILITIES, INC OF PENNBROOKE	W&S	95838	Hypochloritesolutions	575	0.95	546.25	-	546.25
UTILITIES, INC OF PENNBROOKE	W&S	95916	Odo-Way	65	2.10	136.50		
UTILITIES, INC OF PENNBROOKE	W&S	95916	Shipping/Handling	1	22.02	22.02		
UTILITIES, INC OF PENNBROOKE	W&S	95916	Total for invoice No. 95916			158.52	9.56	168.08
UTILITIES, INC OF PENNBROOKE	W&S	97264	Hypochloritesolutions	810	0.95	769.50	-	769.50
UTILITIES, INC OF PENNBROOKE	W&S	98694	Hypochloritesolutions	575	0.95	546.25	-	546.25
UTILITIES, INC OF PENNBROOKE	W&S	98694	Aqua Mag	110	14.50	1,595.00	111.65	1,706.65
UTILITIES, INC OF PENNBROOKE	W&S	99351	Hypochloritesolutions	710	0.95	674.50	-	674.50

3

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (3)
Chemical Analyses

Test Year Ended December 31, 2005

UTILITIES, INC. OF PENNBROOKE
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

July 26, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

Re: Annual Nitrate & Nitrite 2005
Chapter 62-550 FAC
Pennbrooke System
PWS ID# 3354653

Dear Mr. Morrison:

Enclosed please find the results of samples taken for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

UTILITIES, INC. OF PENNBROOKE

Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager

691

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

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

System Name: Pennbrooke PWS I.D. #: 3 3 5 4 6 5 3

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: Utilities Inc. of Pennbrooke
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051648-02 Location Code (if known):

Sample Date: 5/11/05 Sample Time: 10 20 (AM) PM (Circle One)

Sample Location (be specific): Entry point to distribution system

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

Sample Type (Check Only One)

- ☐ Distribution
- ☑ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Charles Schwedes

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Charles Schwedes (Print Name), Lead Operator (Print Title),

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

Signature: Charles Schwedes Date: 7/25/05

Advanced
Environmental Laboratories, Inc.

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client:	Utilities, Inc.	**Report No.:**	A051648
Project Name:	Annual NO3/NO2	**Date Sampled:**	5/11/2005
Project Number:		**Date Received:**	5/11/05 14:50
PWS ID#:		**Date Reported:**	5/25/2005
Attention:	William Coates		
Phone Number:	8002721919		
Address:	200 Weathersfield Ave.		
	Altamonte Springs, FL 32714		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Annual NO3/NO2

Approved By: [redacted]

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 10

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2005
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1):
Date Sample(s) Received: 5/11/2005 2:50:00
Lab Assigned Report Number or Job ID A051648
Sample Number (From page 1) A051648-02

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

Inorganics
- ☐ All 17
- ☐ Partial
- ☑ Nitrate
- ☑ Nitrite
- ☐ Asbestos Only

Synthetic Organics
- ☐ All 30
- ☐ All Except Dioxin
- ☐ Partial
- ☐ Dioxin Only

Volatile Organics
- ☐ All 21
- ☐ Partial

Radionuclides
- ☐ Single Sample
- ☐ Qtrly Composite**

Disinfection Byproducts
- ☐ Trihalomethanes
- ☐ Haloacetic Acids
- ☐ Bromate
- ☐ Chlorite

Secondaries
- ☐ All 14
- ☐ Partial

Were any analyses subcontracted? ☑ Yes ☐ No
If yes, please provide DOH certification number E82574
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago (Print Name), Laboratory Manager

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

Signature: Myrna Santiago Date: 7-18-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:
Comments
Date Reviewed: DEP/DOH Reviewing Official:

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Annual NO3/NO2
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 2
Site: Pennbrooke POE
Sample Number: A051648-02

Report No.: A051648
Date/Time Sampled: 05/11/05 10:20
Date/Time Received: 5/11/05 14:50

Sampled By: Chuck Schwades
Shipping Method: AEL Courier

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	**Nitrate (as N)**	10	mg/L	**0.014**	U	SM4500NO3-F	**0.014**	5/12/2005	16:35	E82574
1041	**Nitrite (as N)**	1.0	mg/L	**0.037**	I	SM4500NO3-F	**0.013**	5/12/2005	16:35	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Labs Inc
Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A) **Project name:** GOLDEN HILLS/PENN/LK SAUND.

Date/Time Rcvd: 5/11/05 14.50 **Log-In request number:** A051648

Received by: RPG **Completed by:** RPG

Cooler/Shipping Information:

Courier: ☒ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ Other (describe): _____

Type: ☒ Cooler ☐ Box ☐ Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID	1				
Temp (°C)	2				
Temp taken from	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
2. Were custody papers properly included with samples?	✓		
3. Were custody papers properly filled out (ink, signed, match labels)?	✓		
4. Did all bottles arrive in good condition (unbroken)?	✓		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	✓		
6. Did the sample labels agree with the chain of custody?	✓		
7. Were correct bottles used for the tests indicated?	✓		
8. Were proper sample preservation techniques indicated on the label?	✓		
9. Were samples received within holding times?	✓		
10. Were all VOA vials checked for the presence of air bubbles?			✓
11. Were there air bubbles present in the VOA vials?			✓
12. Were samples in direct contact with wet ice? If "No," check one: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID **Comments:**

P.1

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myma Santiago

AEL Jax
6601 Southpoint Parkway
Jacksonville, Fl 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

Project #: A051648
CustomerName: Utilities, Inc.
Collector: Chuck Schwades

☐ **Check if Rush**

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051648-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005	8:40	5/11/05 14:50	5/13/2005		250mL Poly
A051648-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005	8:40	5/11/05 14:50	5/13/2005		250mL Poly
A051648-02	2	Nitrate (J)-DW	Drinking Water	5/11/2005	10:20	5/11/05 14:50	5/13/2005		250mL Poly
A051648-02	2	Nitrite (J)-DW	Drinking Water	5/11/2005	10:20	5/11/05 14:50	5/13/2005		250mL Poly
A051648-03	3	Nitrate (J)-DW	Drinking Water	5/11/2005	11:20	5/11/05 14:50	5/13/2005		250mL Poly
A051648-03	3	Nitrite (J)-DW	Drinking Water	5/11/2005	11:20	5/11/05 14:50	5/13/2005		250mL Poly

Orlando Relinquisher: RM
Shipping Relinquisher: AEL Courier
Shipping Receiver: AEL Courier
Date/Time: 5/12/05 1700
Jacksonville Receiver: JM
Date/Time: 5/12/05 1045

P.8

07/19/2005 11:33 4079371597 AEL ORLANDO PAGE 13/15

Environmental Laboratories, Inc.
- ☐ Jacksonville: 6801 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- ☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33619 • (813) 630-9616 Fax (813) 630-4327
- ☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050
- ☑ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB N[redacted] A051[redacted]48

CLIENT NAME: Utilities Inc. of FL	PROJECT NAME: Annual Nitrate + Nitrite
ADDRESS: 200 Weatherfield Ave	P.O. NUMBER / PROJECT NUMBER:
Altamonte Springs FL 33714	PROJECT LOCATION: Golden Hills, Pennbrooke, Lake Saunders
PHONE: 407-869-1919 FAX: 407-869-6961	
CONTACT: Bill Coates	SAMPLED BY: C. Schwindes M. Anderson

TURN AROUND TIME: ☑ STANDARD ☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS: Please FAX Results to 352-622-7090

BOTTLE SIZE & TYPE: 250 mL

ANALYSIS REQUIRED: NO3 NO2

WW- waste water SW-surface water GW-ground water DW-drinking water OIL A-air SO-soil SL-sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	[redacted]	Preserv							LAB NUMBER
								I							
GH 1	Golden Hills P.O.C	Grab	5/11/05	0840	DW	1		X							01
PB 1	Pennbrooke P.O.C	Grab	5/11/05	1020	DW	1		X							02
L.S. 1	Lake Saunders P.O.C	Grab	5/11/05	1120	DW	1		X							03

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

[redacted]

	Relinquished by:	Date	Time	Received by:	Date	Time
1		5/11/05	1240		5/11/05	1350
2		5/11/05	1450		5/11/05	1450
3						
4						

Received on ice: ☑ yes ☐ no QC: ☐ cert [redacted]

P.9

07/19/2005 11:33 4079371597 AEL ORLANDO PAGE 14/15

Jeb Bush
Governor

HEALTH

John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574 **EPA Lab Code: FL00949** **(904) 363-9350**

E82574
Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants,Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

P.15

UTILITIES, INC. OF PENNBROOKE
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
Pennbrooke - PWS ID 3354653

Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

UTILITIES, INC. OF PENNBROOKE

Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A.M., UIOF

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

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

System Name: Pennbrooke PWS I.D. #: 3 3 5 4 6 5 3

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: Utilities, Inc. of Pennbrooke
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052849 Location Code (if known):

Sample Date: 8/10/05 Sample Time: 4:40-5:15 AM (PM) (Circle One)

Sample Location (be specific): 1136 Eagles Landing, Leesburg, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Daniel Anderson

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Daniel Anderson (Print Name), Operator (Print Title)

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

Signature: Daniel S. Anderson Date: 9/20/05

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Orlando
Address: 528 S. North Lake Blvd., Suite 1016
Altamonte Springs, FL 32701

Florida Certification #: E53076
Certification Expiration Date: 6/30/2006
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1): _____
Date Sample(s) Received: 8/11/2005 1:10:00
Lab Assigned Report Number or Job ID A052849
Sample Number (From page 1) A052849-01 & A05

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☑ Haloacetic Acids
☐ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☐ Nitrite	☐ Dioxin Only	☐ Single Sample	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☑ Yes ☐ No
If yes, please provide DOH certification number E82574
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago (Print Name), Laboratory Manager,

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

Signature: Myrna Santiago Date: 9/2/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: _____ Date Notified: _____

Comments _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Advanced
Environmental Laboratories, Inc.

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client:	Utilities, Inc.	**Report No.:**	A052849
Project Name:	Pennbrooke	**Date Sampled:**	8/10/2005
Project Number:		**Date Received:**	8/11/05 13:10
PWS ID#:		**Date Reported:**	9/2/2005
Attention:	William Coates		
Phone Number:	8002721919		
Address:	200 Weathersfield Ave.		
	Altamonte Springs, FL 32714		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Pennbrooke

Approved By: _____

Myrna Santiago, Laboratory Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 8 9

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Pennbrooke
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 1136 Eagles Lan
Sample Number: A052849-01

Report No.: A052849
Date/Time Sampled: 08/10/05 16:45
Date/Time Received: 8/11/05 13:10

Sampled By: Daniel Anderson
Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/19/2005	8:55	E82574
2451	Dichloroacetic Acid		ug/L	5.3		E552.2	0.56	8/19/2005	8:55	E82574
2452	Trichloroacetic Acid		ug/L	7.2		E552.2	0.60	8/19/2005	8:55	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	8/19/2005	8:55	E82574
2454	Dibromoacetic Acid		ug/L	1.8	I	E552.2	0.45	8/19/2005	8:55	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Pennbrooke
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 2
Site: 1136 Eagles Lan
Sample Number: A052849-02

Report No.: A052849
Date/Time Sampled: 08/10/05 17:10
Date/Time Received: 8/11/05 13:10

Sampled By: Daniel Anderson
Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform		ug/L	25		E502.2	0.31	8/15/2005	14:26	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	8/15/2005	14:26	E82574
2943	Bromodichloromethane		ug/L	8.1		E502.2	0.38	8/15/2005	14:26	E82574
2944	Dibromochloromethane		ug/L	2.0		E502.2	0.28	8/15/2005	14:26	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A) **Project name:** PENNBROOKE

Date/Time Rcvd: 8/11/05 13.10 **Log-In request number:** A052849

Received by: RPG **Completed by:** RPG

Cooler/Shipping Information:

Courier: ☒ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ Other (describe): _____

Type: ☒ Cooler ☐ Box ☐ Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID	1				
Temp (°C)	3				
Temp taken from	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
2. Were custody papers properly included with samples?	✓		
3. Were custody papers properly filled out (ink, signed, match labels)?	✓		
4. Did all bottles arrive in good condition (unbroken)?	✓		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	✓		
6. Did the sample labels agree with the chain of custody?	✓		
7. Were correct bottles used for the tests indicated?	✓		
8. Were proper sample preservation techniques indicated on the label?	✓		
9. Were samples received within holding times?	✓		
10. Were all VOA vials checked for the presence of air bubbles?			✓
11. Were there air bubbles present in the VOA vials?			✓
12. Were samples in direct contact with wet ice? If "No," check one: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID **Comments:**

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

AEL Jax
6601 Southpoint Parkway
Jacksonville, Fl 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

Project #: A052849
CustomerName: Utilities, Inc.
Collector: Daniel Anderson

☐ **Check if Rush**

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052849-01	1	550 Haloacetic Acids (J)-55	Drinking Water	8/10/2005	16:45	8/11/05 13:10	8/24/2005		40mL Vial Amber
A052849-02	2	THMs (DW)	Drinking Water	8/10/2005	17:10	8/11/05 13:10	8/24/2005		40mL VOC vial

Orlando Relinquisher: _____ **Shipping Receiver:** AEL Courier **Date/Time:** 8/11/05 17:00

Shipping Relinquisher: AEL Courier **Jacksonville Receiver:** _____ **Date/Time:** 8/15/05 0830

Advanced
Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB NO. A052849

- Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CLIENT NAME: Utilities Inc. of Pennbrooke

ADDRESS: 200 Weatherfield Ave.

Altamonte Springs FL 32714

PHONE: 800-272-1919 FAX: 352-728-1005

CONTACT:

PROJECT NAME: Pennbrooke WTP

P.O. NUMBER / PROJECT NUMBER: DA 691 W

PROJECT LOCATION: Pennbrooke WTP (MRT)

SAMPLED BY: Daniel S. Anderson

TURN AROUND TIME:

X STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

Cl_2 Res. 1.4 mg/L

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab / Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	BOTTLE SIZE & TYPE: 60ml Glass Vial (HAA)	50 ml Glass (THM)	Preserv: NH4Cl	T	LAB NUMBER
1,2,3	1136 Eagles Landing	Grab	8/10/05	4:40 4:45 4:50 Pm	DW	3					
4,5,6	1136 Eagle's Landing	Grab	8/10/05	5:05 5:10 5:15 Pm	DW	3	X				1
								X			2

ANALYSIS REQUIRED

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #
Out: / /	Via:	RB	D/T
		AB	D/T
Ret: / /	Via:	Trip Bl.	

	Relinquished by:	Date	Time	Received by:	Date	Time
1	Daniel S. Anderson	8/11/05	9:24 Am		8/11/05	940
2		8/11/05	1310		8/11/05	1310
3						

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574 **EPA Lab Code:** FL00949 (904) 363-9350

E82574
Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		**HAA5 COMPLIANCE SUMMARY**	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	35.1	Calculate the arithmetic average all HAA5s samples taken over the last year	14.3
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/(NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/(NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.
**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

TOTAL TRIHALOMETHANE (TTHM) ANALYSIS RESULTS FOR REPORTING PERIOD								
Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	TTHM Analysis Result (ug/L)
1136 Eagles Landing	MRT	8/10/05	1.4	D. Anderson & Schneider	8/15/05	E502.2	AEL E53076	35.1

HALOACETIC ACIDS 5 (HAA5) ANALYSIS RESULTS FOR REPORTING PERIOD

Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	HAA5 Analysis Result (ug/L)
1136 Eagles Landing	MRT	8/10/05	1.4	D. Anderson	8/19/05	E552.2	AEL E53076	14.3

UTILITIES, INC. OF PENNBROOKE
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

FILE COPY

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

December 17, 2003

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

Re: Triennial Monitoring
Chapter 62-550 FAC
Pennbrooke System
PWS ID# 3354653

Dear Mr. Morrison:

Enclosed please find the results of samples taken for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 234.

Sincerely,

UTILITIES, INC. OF PENNBROOKE

Scotty L. Haws
Assistant Operations Manager

SLH/lnw

Enclosure

ec: Patrick Flynn, Regional Director, UIOF
David L. Orr, PE, Regional Manager, UIOF
James Houston, Area Manager, UIOF

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: UTILITIES INC. OF PENNBROOKE Pennbrooke Water Treatment Plant PWS ID #: 3354653

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 200 Weathersfield Ave.

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-1919

E-Mail Address: p.c.flynn@utilitiesinc-usa.com

Sample Information (to be completed by sampler)

Sample Number: 15991 Location Code (if known): POE

Sample Date: October 22nd 2003 Sample Time: 8:00 - 12:00 NOON (AM) PM (circle one)

Sample Location (be specific): Point of Entry to Distribution

Sample Type (check only one)

- ☐ Distribution
- ☑ Entry Point (to distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Avg Residence Time
- ☐ Near First Customer

Sample Reason(s) (check all that apply)

- ☐ Confirmation of MCL Exceedance •
- ☐ Replacement (of invalidated sample)
- ☐ Clearance (permitting)
- ☐ Composite of Multiple Sites •
- ☐ Quarterly (which quarter?) _____
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution 62-550
- ☑ Other TRIENNIAL SAMPLING

Comments: _____

• See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

•• See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: Daniel S. Anderson

Sampler's Phone #: 352-622-7090 Sampler's Fax #: 352-622-7090

Sampler's E-Mail Address: demita@atlantic.net

Certification (to be completed by sampler)

I, Daniel S. Anderson, Lead Operator

(Print Name) (Print Title)

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

Signature: Daniel S. Anderson Date: 12/12/03

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2004
Phone #: 407-339-5984

Analysis Information (to be completed by lab)

Sample Number: 15991

Report Number: 1599120031022
Date Sample Received: 10/22/03

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics
- ☒ All 17
- ☐ Partial
- ☐ Nitrate
- ☐ Nitrite
- ☐ Asbestos

Volatile Organics
- ☒ All 21 ☐ Partial

Synthetic Organics
- ☒ All 30 ☐ Partial

Radionuclides
- ☐ Single Sample
- ☐ Qtrly Composite**

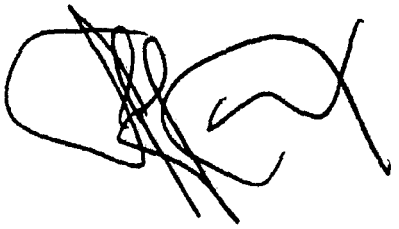
Secondaries
- ☒ All 14 ☐ Partial

Disinfection Byproducts
- ☐ Trihalomethanes
- ☐ Haloacetic Acids
- ☐ Bromate
- ☐ Chlorite

Were any analyses subcontracted? ☐ Yes ☒ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

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

Signature: 

Date: 11/19/03

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory
☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 15991

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1005	Arsenic	mg/L	0.05	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1010	Barium	mg/L	2	0.015		EPA200.8	0.002	10/29/03	08:00 AM
1015	Cadmium	mg/L	0.005	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1020	Chromium	mg/L	0.1	0.009		EPA200.8	0.001	10/29/03	08:00 AM
1024	Cyanide	mg/L	0.2	0.01	U	SM4500CNE	0.01	10/29/03	10:00 AM
1025	Fluoride	mg/L	2.0	0.2	U	EPA300.0	0.2	10/28/03	12:30 PM
1030	Lead	mg/L	0.015	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1035	Mercury	mg/L	0.002	0.0002	U	EPA245.1	0.0002	10/29/03	10:00 AM
1036	Nickel	mg/L	0.1	0.002		EPA200.8	0.001	10/29/03	08:00 AM
1040	Nitrate	mg/L	10	0.2	U	EPA300.0	0.2	10/23/03	03:45 PM
1041	Nitrite	mg/L	1	0.2	U	EPA300.0	0.2	10/23/03	03:45 PM
1045	Selenium	mg/L	0.05	0.002	U	EPA200.8	0.002	10/29/03	08:00 AM
1052	Sodium	mg/L	160	6.38		EPA200.7	0.5	10/30/03	03:07 PM
1074	Antimony	mg/L	0.006	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1075	Beryllium	mg/L	0.004	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1085	Thallium	mg/L	0.002	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 15991

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1002	Aluminum	mg/L	0.2	0.02	U	EPA200.8	0.02	10/29/03	08:00 AM
1017	Chloride	mg/L	250	7.95		EPA300.0	0.4	10/23/03	11:00 AM
1022	Copper	mg/L	1.0	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1025	Fluoride	mg/L	2.0	0.2	U	EPA300.0	0.2	10/28/03	12:30 PM
1028	Iron	mg/L	0.3	0.203		EPA200.7	0.01	10/30/03	02:31 PM
1032	Manganese	mg/L	0.05	0.005	U	EPA200.7	0.005	10/30/03	02:39 PM
1050	Silver	mg/L	0.1	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1055	Sulfate	mg/L	250	1	U	EPA300.0	1	10/23/03	11:00 AM
1095	Zinc	mg/L	5	0.01	U	EPA200.8	0.01	10/29/03	08:00 AM
1905	Color	PCU	15 color units	10.0		SM2120B	5	10/23/03	09:30 AM
1920	Odor	TON	3	1	U	SM2150B	1	10/23/03	09:20 AM
1925	pH	pH	6.5 -8.5	7.39		EPA150.1	0.05	10/23/03	08:10 AM
1930	Total Dissolved Solids	mg/L	500	368		SM2540C	2.5	10/29/03	08:10 AM
2905	Foaming Agents	mg/L	0.5	0.2	U	SM5540C	0.2	10/23/03	09:00 AM

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 15991

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2378	1,2,4,-trichlorobenzene	ug/L	70	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2380	cis-1,2-Dichloroethylene	ug/L	70	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2955	Xylenes	ug/L	10,000	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2964	Dichloromethane	ug/L	5	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2968	o-dichlorobenzene	ug/L	600	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2969	Para-dichlorobenzene	ug/L	75	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2976	Vinyl Chloride	ug/L	1	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2977	1,1-dichloroethylene	ug/L	7	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2979	trans-1,2-Dichloroethylene	ug/L	100	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2980	1,2-dichloroethane	ug/L	3	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2981	1,1,1-trichloroethane	ug/L	200	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2982	Carbon tetrachloride	ug/L	3	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2983	1,2-dichloropropane	ug/L	5	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2984	Trichloroethylene	ug/L	3	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2985	1,1,2-trichloroethane	ug/L	5	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2987	Tetrachloroethene	ug/L	3	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2989	Monochlorobenzene	ug/L	100	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2990	Benzene	ug/L	1	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2991	Toluene	ug/L	1,000	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2992	Ethylbenzene	ug/L	700	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2996	Styrene	ug/L	100	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 15991

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2005	Endrin	ug/L	2	0.01	U	EPA505	0.01	10/28/03	08:00 AM
2010	Lindane	ug/L	0.2	0.01	U	EPA505	0.01	10/28/03	08:00 AM
2015	Methoxychlor	ug/L	40	0.05	U	EPA505	0.05	10/28/03	08:00 AM
2020	Toxaphene	ug/L	3	0.5	U	EPA505	0.5	10/28/03	08:00 AM
2031	Dalapon	ug/L	200	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2032	Diquat	ug/L	20	0.4	U	EPA549.2	0.4	10/25/03	12:00 PM
2033	Endothall	ug/L	100	9	U	EPA548.1	9	10/29/03	08:10 AM
2034	Glyphosate	ug/L	700	100	U	EPA547	100	10/29/03	03:00 PM
2035	Di(2-ethylhexyl) adipate	ug/L	400	3	U	EPA525.2	3	11/18/03	08:00 AM
2036	Oxamyl (Vydate)	ug/L	200	100	U	EPA531.1	100	10/23/03	08:00 AM
2037	Simazine	ug/L	4	2	U	EPA507	2	10/27/03	08:00 AM
2039	Di(2-ethylhexyl)phthalate	ug/L	6	3	U	EPA525.2	3	11/18/03	08:00 AM
2040	Picloram	ug/L	500	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2041	Dinoseb	ug/L	7	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2042	Hexachlorocyclopentadiene	ug/L	50	0.1	U	EPA505	0.1	10/28/03	08:00 AM
2046	Carbofuran	ug/L	40	20	U	EPA531.1	20	10/23/03	08:00 AM
2050	Atrazine	ug/L	3	0.1	U	EPA507	0.1	10/27/03	08:00 AM
2051	Alachlor	ug/L	2	0.2	U	EPA507	0.2	10/27/03	08:00 AM
2065	Heptachlor	ug/L	0.4	0.01	U	EPA505	0.01	10/28/03	08:00 AM
2067	Heptachlor_Epoxide	ug/L	0.2	0.01	U	EPA505	0.01	10/28/03	08:00 AM
2105	2,4-D	ug/L	70	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2110	2,4,5-TP	ug/L	50	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2274	Hexachlorobenzene	ug/L	1	0.1	U	EPA505	0.1	10/28/03	08:00 AM
2306	Benzo(a)pyrene	ug/L	0.2	0.02	U	EPA550	0.02	10/31/03	12:00 PM
2326	Pentachlorophenol	ug/L	1	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2383	PCB	ug/L	.5	0.1	U	EPA505	0.1	10/28/03	08:00 AM
2931	Dibromochloropropane	ug/L	0.2	0.1	U	EPA504.1	0.1	10/28/03	08:00 AM
2946	Ethylene Dibromide	ug/L	0.02	0.01	U	EPA504.1	0.01	10/28/03	08:00 AM
2959	Chlordane	ug/L	2	0.01	U	EPA505	0.01	10/28/03	08:00 AM

Flowers

KNL
LABORATORY SERVICES
P.O. Box 1833
Tampa, Florida 33601
(813) 229-2879
Fax (813) 229-0002

PUBLIC DRINKING WATER ANALYSIS REPORT

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

System Name:_____ I.D. #:_____

Address:_____ Phone #:_____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): ___/ ___/ ____ Sample Time: _____

Sample Location (be specific):_____

Sampler Name and Phone:_____

Sampler's Signature:_____Title:_____

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

LABORATORY CERTIFICATION INFORMATION(to be completed by lab) -- Attach Analyte Sheet

Lab Name: KNL Laboratory Services DOH#: E84025 Expiration Date: June Renewal
Address: PO Box 1833, Tampa, FL 33601 Phone #: 813-229-2879

Subcontracted Lab DOH #:_____ Groups Analyzed:_____

Subcontracted Lab DOH #:_____ Groups Analyzed:_____

ANALYSIS INFORMATION(to be completed by lab) -- KNL Sample No. 10988 15991

Date Sample(s) Received: 10-27-03 Group(s) Analyzed:

( ) Nitrate/Nitrite Only ( ) Asbestos Only ( ) Trihalomethanes [field Cl, _____]

Inorganics--
( ) All 17
( ) All except asbestos
( ) Partial

Volatile Organics--
( ) All 21
( ) Partial

Secondaries--
( ) All 14
( ) Partial
[field pH _____]

Pesticides & PCB's--
( ) All 30
( ) All except dioxin
( ) Partial

Group I Unregulateds--
( ) All 13
( ) Partial

Group II Unregulateds--
( ) All 23
( ) Partial

Group III Unregulateds--
( ) All 11
( ) Partial

Radiochemicals--
(X) Single Sample
( ) Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, James W. Hayes, do HEREBY CERTIFY that all attached analytical data are correct.

Signature James W Hayes Title: Laboratory Mgr. Date: 11-12-03

COMPLIANCE INFORMATION(to be completed by State)
Sample Collection Satisfactory_____ Sample Analysis Satisfactory_____
Resample Requested for_____ Reason:_____
Person notified to resample:_____ Date Notified_____
DEP/DOH Reviewing Official_____

Effective 9/94

LABORATORY SERVICES
2742 N. Florida Ave.
P.O. Box 1833
Tampa, Florida 33601
(813) 229-2879
Fax (813) 229-0002

DEP COMPQAP #870251
Lab ID: E84025

Client ID: 15991

CERTIFICATE OF ANALYSIS

RADIOCHEMICAL ANALYSIS

62-550.310(4)

(PWS033)

Parameter ID	Name	MCL	Sample Number	Analysis Result		Analytical Method	Analysis Date/Time	Detection Limit
4002	Gross Alpha	15 pCi/l	10988	1.9	pCi/l	EPA 900.0	11-06-03/0800	0.7
4030	Radium-228		10988	U	pCi/l	EPA Ra-05	11-07-03/1500	1.0

Alpha Standard: Th-230

U = indicates that the compound was analyzed for but not detected.

Test results meet all requirements of the NELAC standards. Statement of estimated certainty available upon request.

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: **E84025** EPA Lab Code: **FL00117** **813-229-2879**

E84025
KNL Laboratory Services
2742 North Florida Avenue
Tampa, FL 33601

Program SDWA

Analyte	Method	Category	Certification Type	Effective Date
Aluminum	SM 3111 D	Secondary Inorganic Contaminants	NELAP	1/24/2001
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Arsenic	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Barium	SM 3111 D	Primary Inorganic Contaminants	NELAP	1/24/2001
Beryllium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Cadmium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Chloride	SM 4500 Cl D	Secondary Inorganic Contaminants	NELAP	1/24/2001
Chloride	SM 4500 Cl C	Secondary Inorganic Contaminants	NELAP	1/24/2001
Chromium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Copper	SM 3111 B	Secondary Inorganic Contaminants.Primary Inorganic Contaminants	NELAP	1/24/2001
Cyanide	SM 4500-CN E	Primary Inorganic Contaminants	NELAP	1/24/2001
Fecal coliforms	SM 9221 E	Microbiology	NELAP	1/24/2001
Fluoride	SM 4500 F-C	Secondary Inorganic Contaminants	NELAP	1/24/2001
Gross-alpha	EPA 900	Radiochemistry	NELAP	7/1/2001
Gross-beta	EPA 900	Radiochemistry	NELAP	7/1/2001
Iron	SM 3111 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Manganese	SM 3111 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Natural uranium	EPA 908	Radiochemistry	NELAP	7/1/2001
Nickel	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Nitrate	SM 4500-NO3 D	Primary Inorganic Contaminants	NELAP	1/24/2001
Nitrite	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
pH	SM 4500-H B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Radium-226	EPA 903	Radiochemistry	NELAP	7/1/2001
Radium-226	EPA 903.1	Radiochemistry	NELAP	7/1/2001
Radium-228	EPA Ra-05	Radiochemistry	NELAP	7/1/2001
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Silver	SM 3111 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Silver	SM 3113 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Sodium	SM 3111 B	Primary Inorganic Contaminants	NELAP	1/24/2001

FLOWERS CHEMICAL LABORATORIES INCORPORATED

CHAIN OF CUSTODY RECORD
DRINKING WATER 62-550

CLIENT	Client #:	Billing ADDRESS	PHONE
Utilities Inc. of Pennbrooke		200 Weathersfield Ave. Altamonte Springs, FL 32714	800-272-1919

Public Drinking Water ID # PWS# 3354653 | Public Water System Name: Utilities Inc. of Pennbrooke

Project #

PO # DA89-691 W

Public Water System Type: ☐ Limited Use Commercial/Public ☑ Community ☐ Non_Community ☐ Special Non_Community

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

Per Site	Total	PRESERVATIVE: HNO3	NaOH	Na2S2O3	H2SO4	HCL	PLASTIC CONTAINERS: 60 mL	125 mL	250 mL Colored Amber	500 mL	1 Liter clear	2 Liter clear	Whirl-Pak Bag	GLASS CONTAINERS: 40 mL	250 mL	500 mL	1 Liter AMBER	2 Liter	4 Liter
	3			X		X								X					
	3			X										X					
	2					X											X		
	1			X															X
	1																X		
	1		X							X									
	1	X									X								
	1	X								X									
	1	X									X								

<4oc
pH<2
pH>10

Kit Relinquished:	Date: Time:	Kit Received:	Date: Time:

PARAMETERS: Prim. Inorganics w/o asbestos_____; Asbestos_____; NO3_____ NO2_____ THM_____;
Volatile Organics_____; Pesticides & PCBs (w/o dioxin)_____; Radiological_____; Secondary Standards_____;
Group I Unreg._____; Group II Unreg.___ ___; Group III Unreg_____; Lead & Copper_____.

Laboratory Number	Client Identification/Description
15991	#1 3- VOCs (B)
	#2 3- EDB/DBCP/(SOC)
	#3 2- Pest + PCB/(SOC)
	#4 1- Pest + PCB/(SOC)
	#5 1- odor/Color
	#6 1- Cn(A)
	#7 1- Primary + Secondaries
	#8 1- GA
	#9 1- R228
	#10 1- Dinat/549 (SOC)
	#11 1- Primary + Secondaries

Do Not Write In Shaded Area

PICK UP
Cheryl LeBaron 10 cc

		Date	Time
Sample Collection:	Daniel J. Anderson	10/22/03	1437 hours
Transportation:	Cheryl LeBaron	10/22/03	1437 hours
Lab Acceptance:		10/22/03	1612

431 NEWBURYPORT
ALTAMONTE SPRIN
FLORIDA 32
P.O. BOX 150
ALTAMONTE SPRIN
FLORIDA 32715-0
BUS: (407) 339-5
FAX: (407) 250-6
WEB: www.flowerslabs.

Serving Your Analytical and Environmental Needs Since 1957

UTILITIES, INC. OF PENNBROOKE
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

FILE COPY

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

December 17, 2003

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

Re: Triennial Monitoring
Chapter 62-550 FAC
Pennbrooke System
PWS ID# 3354653

Dear Mr. Morrison:

Enclosed please find the results of samples taken for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 234.

Sincerely,

UTILITIES, INC. OF PENNBROOKE

Scotty L. Haws
Assistant Operations Manager

SLH/lnw

Enclosure

ec: Patrick Flynn, Regional Director, UIOF
David L. Orr, PE, Regional Manager, UIOF
James Houston, Area Manager, UIOF

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: UTILITIES INC. OF PENNBROOKE Pennbrooke Water Treatment Plant PWS ID #: 3354653

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: 200 Weathersfield Ave.

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407-869-1919

E-Mail Address: p.c.flynn@utilitiesinc-usa.com

Sample Information (to be completed by sampler)

Sample Number: 15991 Location Code (if known): POE

Sample Date: October 22nd 2003 Sample Time: 8:00 - 12:00 NOON (AM) PM (circle one)

Sample Location (be specific): Point of Entry to Distribution

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☐ Confirmation of MCL Exceedance •	☐ Quarterly (which quarter?) ____
☑ Entry Point (to distribution)	☐ Replacement (of invalidated sample)	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Clearance (permitting)	☐ Violation Resolution 62-550
☐ Raw (at well or intake)	☐ Composite of Multiple Sites •	☑ Other TRIENNIAL SAMPLING
☐ Max Residence Time	Comments:	
☐ Avg Residence Time		
☐ Near First Customer		

• See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

•• See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: Daniel S. Anderson

Sampler's Phone #: 352-622-7090 Sampler's Fax #: 352-622-7090

Sampler's E-Mail Address: demita@atlantic.net

Certification (to be completed by sampler)

I, Daniel S. Anderson (Print Name), Lead Operator (Print Title)

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

Signature: Daniel S. Anderson Date: 12/12/03

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2004
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 15991

Report Number: 1599120031022
Date Sample Received: 10/22/03

Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics
- ☒ All 17
- ☐ Partial
- ☐ Nitrate
- ☐ Nitrite
- ☐ Asbestos

Volatile Organics
- ☒ All 21 ☐ Partial

Synthetic Organics
- ☒ All 30 ☐ Partial

Radionuclides
- ☐ Single Sample
- ☐ Qtrly Composite**

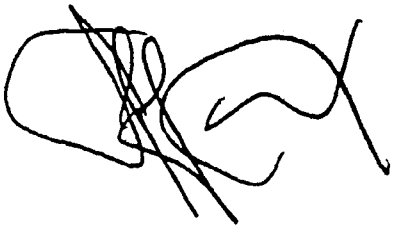
Secondaries
- ☒ All 14 ☐ Partial

Disinfection Byproducts
- ☐ Trihalomethanes
- ☐ Haloacetic Acids
- ☐ Bromate
- ☐ Chlorite

Were any analyses subcontracted? ☐ Yes ☒ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

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

Signature: 

Date: 11/19/03

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 15991

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1005	Arsenic	mg/L	0.05	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1010	Barium	mg/L	2	0.015		EPA200.8	0.002	10/29/03	08:00 AM
1015	Cadmium	mg/L	0.005	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1020	Chromium	mg/L	0.1	0.009		EPA200.8	0.001	10/29/03	08:00 AM
1024	Cyanide	mg/L	0.2	0.01	U	SM4500CNE	0.01	10/29/03	10:00 AM
1025	Fluoride	mg/L	2.0	0.2	U	EPA300.0	0.2	10/28/03	12:30 PM
1030	Lead	mg/L	0.015	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1035	Mercury	mg/L	0.002	0.0002	U	EPA245.1	0.0002	10/29/03	10:00 AM
1036	Nickel	mg/L	0.1	0.002		EPA200.8	0.001	10/29/03	08:00 AM
1040	Nitrate	mg/L	10	0.2	U	EPA300.0	0.2	10/23/03	03:45 PM
1041	Nitrite	mg/L	1	0.2	U	EPA300.0	0.2	10/23/03	03:45 PM
1045	Selenium	mg/L	0.05	0.002	U	EPA200.8	0.002	10/29/03	08:00 AM
1052	Sodium	mg/L	160	6.38		EPA200.7	0.5	10/30/03	03:07 PM
1074	Antimony	mg/L	0.006	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1075	Beryllium	mg/L	0.004	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1085	Thallium	mg/L	0.002	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 15991

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1002	Aluminum	mg/L	0.2	0.02	U	EPA200.8	0.02	10/29/03	08:00 AM
1017	Chloride	mg/L	250	7.95		EPA300.0	0.4	10/23/03	11:00 AM
1022	Copper	mg/L	1.0	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1025	Fluoride	mg/L	2.0	0.2	U	EPA300.0	0.2	10/28/03	12:30 PM
1028	Iron	mg/L	0.3	0.203		EPA200.7	0.01	10/30/03	02:31 PM
1032	Manganese	mg/L	0.05	0.005	U	EPA200.7	0.005	10/30/03	02:39 PM
1050	Silver	mg/L	0.1	0.001	U	EPA200.8	0.001	10/29/03	08:00 AM
1055	Sulfate	mg/L	250	1	U	EPA300.0	1	10/23/03	11:00 AM
1095	Zinc	mg/L	5	0.01	U	EPA200.8	0.01	10/29/03	08:00 AM
1905	Color	PCU	15 color units	10.0		SM2120B	5	10/23/03	09:30 AM
1920	Odor	TON	3	1	U	SM2150B	1	10/23/03	09:20 AM
1925	pH	pH	6.5 -8.5	7.39		EPA150.1	0.05	10/23/03	08:10 AM
1930	Total Dissolved Solids	mg/L	500	368		SM2540C	2.5	10/29/03	08:10 AM
2905	Foaming Agents	mg/L	0.5	0.2	U	SM5540C	0.2	10/23/03	09:00 AM

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Volatile Organics: 62-550.310(2)(b) Lab ID: 15991

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2378	1,2,4,-trichlorobenzene	ug/L	70	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2380	cis-1,2-Dichloroethylene	ug/L	70	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2955	Xylenes	ug/L	10,000	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2964	Dichloromethane	ug/L	5	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2968	o-dichlorobenzene	ug/L	600	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2969	Para-dichlorobenzene	ug/L	75	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2976	Vinyl Chloride	ug/L	1	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2977	1,1-dichloroethylene	ug/L	7	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2979	trans-1,2-Dichloroethylene	ug/L	100	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2980	1,2-dichloroethane	ug/L	3	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2981	1,1,1-trichloroethane	ug/L	200	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2982	Carbon tetrachloride	ug/L	3	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2983	1,2-dichloropropane	ug/L	5	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2984	Trichloroethylene	ug/L	3	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2985	1,1,2-trichloroethane	ug/L	5	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2987	Tetrachloroethene	ug/L	3	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2989	Monochlorobenzene	ug/L	100	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2990	Benzene	ug/L	1	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2991	Toluene	ug/L	1,000	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2992	Ethylbenzene	ug/L	700	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM
2996	Styrene	ug/L	100	0.5	U	EPA502.2	0.5	10/24/03	08:00 AM

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Synthetic Organics: 62-550.310(2)(c) Lab ID: 15991

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
2005	Endrin	ug/L	2	0.01	U	EPA505	0.01	10/28/03	08:00 AM
2010	Lindane	ug/L	0.2	0.01	U	EPA505	0.01	10/28/03	08:00 AM
2015	Methoxychlor	ug/L	40	0.05	U	EPA505	0.05	10/28/03	08:00 AM
2020	Toxaphene	ug/L	3	0.5	U	EPA505	0.5	10/28/03	08:00 AM
2031	Dalapon	ug/L	200	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2032	Diquat	ug/L	20	0.4	U	EPA549.2	0.4	10/25/03	12:00 PM
2033	Endothall	ug/L	100	9	U	EPA548.1	9	10/29/03	08:10 AM
2034	Glyphosate	ug/L	700	100	U	EPA547	100	10/29/03	03:00 PM
2035	Di(2-ethylhexyl) adipate	ug/L	400	3	U	EPA525.2	3	11/18/03	08:00 AM
2036	Oxamyl (Vydate)	ug/L	200	100	U	EPA531.1	100	10/23/03	08:00 AM
2037	Simazine	ug/L	4	2	U	EPA507	2	10/27/03	08:00 AM
2039	Di(2-ethylhexyl)phthalate	ug/L	6	3	U	EPA525.2	3	11/18/03	08:00 AM
2040	Picloram	ug/L	500	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2041	Dinoseb	ug/L	7	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2042	Hexachlorocyclopentadiene	ug/L	50	0.1	U	EPA505	0.1	10/28/03	08:00 AM
2046	Carbofuran	ug/L	40	20	U	EPA531.1	20	10/23/03	08:00 AM
2050	Atrazine	ug/L	3	0.1	U	EPA507	0.1	10/27/03	08:00 AM
2051	Alachlor	ug/L	2	0.2	U	EPA507	0.2	10/27/03	08:00 AM
2065	Heptachlor	ug/L	0.4	0.01	U	EPA505	0.01	10/28/03	08:00 AM
2067	Heptachlor_Epoxide	ug/L	0.2	0.01	U	EPA505	0.01	10/28/03	08:00 AM
2105	2,4-D	ug/L	70	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2110	2,4,5-TP	ug/L	50	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2274	Hexachlorobenzene	ug/L	1	0.1	U	EPA505	0.1	10/28/03	08:00 AM
2306	Benzo(a)pyrene	ug/L	0.2	0.02	U	EPA550	0.02	10/31/03	12:00 PM
2326	Pentachlorophenol	ug/L	1	0.25	U	EPA515.1	0.25	10/28/03	08:00 AM
2383	PCB	ug/L	.5	0.1	U	EPA505	0.1	10/28/03	08:00 AM
2931	Dibromochloropropane	ug/L	0.2	0.1	U	EPA504.1	0.1	10/28/03	08:00 AM
2946	Ethylene Dibromide	ug/L	0.02	0.01	U	EPA504.1	0.01	10/28/03	08:00 AM
2959	Chlordane	ug/L	2	0.01	U	EPA505	0.01	10/28/03	08:00 AM

Flowers

KNL
LABORATORY SERVICES
P.O. Box 1833
Tampa, Florida 33601
(813) 229-2879
Fax (813) 229-0002

PUBLIC DRINKING WATER ANALYSIS REPORT

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

System Name:_____ I.D. #:_____

Address:_____ Phone #:_____

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

SAMPLE INFORMATION (to be completed by sampler)

Sample Date (MMDDYY): ___/ ____/ ____ Sample Time: _____

Sample Location (be specific):_____

Sampler Name and Phone:_____

Sampler's Signature:_____Title:_____

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

LABORATORY CERTIFICATION INFORMATION(to be completed by lab) -- Attach Analyte Sheet

Lab Name: KNL Laboratory Services DOH#: E84025 Expiration Date: June Renewal
Address: PO Box 1833, Tampa, FL 33601 Phone #: 813-229-2879

Subcontracted Lab DOH #:_____ Groups Analyzed:_____

Subcontracted Lab DOH #:_____ Groups Analyzed:_____

ANALYSIS INFORMATION(to be completed by lab) -- KNL Sample No. 10988 15991

Date Sample(s) Received: 10-27-03 Group(s) Analyzed:

( ) Nitrate/Nitrite Only ( ) Asbestos Only ( ) Trihalomethanes [field Cl, _____]

Inorganics--
( ) All 17
( ) All except asbestos
( ) Partial

Volatile Organics--
( ) All 21
( ) Partial

Secondaries--
( ) All 14
( ) Partial
[field pH _____]

Pesticides & PCB's--
( ) All 30
( ) All except dioxin
( ) Partial

Group I Unregulateds--
( ) All 13
( ) Partial

Group II Unregulateds--
( ) All 23
( ) Partial

Group III Unregulateds--
( ) All 11
( ) Partial

Radiochemicals--
(X) Single Sample
( ) Qtrly Composite*

*Provide radiochemical sample dates & locations for each quarter

I, James W. Hayes, do HEREBY CERTIFY that all attached analytical data are correct.

Signature James W Hayes Title: Laboratory Mgr. Date: 11-12-03

COMPLIANCE INFORMATION(to be completed by State)
Sample Collection Satisfactory_____ Sample Analysis Satisfactory_____
Resample Requested for_____ Reason:_____
Person notified to resample:_____ Date Notified_____
DEP/DOH Reviewing Official_____

Effective 9/94

LABORATORY SERVICES
2742 N. Florida Ave.
P.O. Box 1833
Tampa, Florida 33601
(813) 229-2879
Fax (813) 229-0002

DEP COMPQAP #870251
Lab ID: E84025

Client ID: 15991

CERTIFICATE OF ANALYSIS

RADIOCHEMICAL ANALYSIS

62-550.310(4)

(PWS033)

Parameter ID	Name	MCL	Sample Number	Analysis Result		Analytical Method	Analysis Date/Time	Detection Limit
4002	Gross Alpha	15 pCi/l	10988	1.9	pCi/l	EPA 900.0	11-06-03/0800	0.7
4030	Radium-228		10988	U	pCi/l	EPA Ra-05	11-07-03/1500	1.0

Alpha Standard: Th-230

U = indicates that the compound was analyzed for but not detected.

Test results meet all requirements of the NELAC standards. Statement of estimated certainty available upon request.

Jeb Bush
Governor

FLORIDA DEPARTMENT OF HEALTH

John O. Agwunobi, M.D., M.B.A.
Secretary

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E84025 EPA Lab Code: FL00117 813-229-2879

E84025
KNL Laboratory Services
2742 North Florida Avenue
Tampa, FL 33601

Program SDWA

Analyte	Method	Category	Certification Type	Effective Date
Aluminum	SM 3111 D	Secondary Inorganic Contaminants	NELAP	1/24/2001
Antimony	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Arsenic	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Barium	SM 3111 D	Primary Inorganic Contaminants	NELAP	1/24/2001
Beryllium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Cadmium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Chloride	SM 4500 Cl D	Secondary Inorganic Contaminants	NELAP	1/24/2001
Chloride	SM 4500 Cl C	Secondary Inorganic Contaminants	NELAP	1/24/2001
Chromium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Color	SM 2120 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Copper	SM 3111 B	Secondary Inorganic Contaminants,Primary Inorganic Contaminants	NELAP	1/24/2001
Cyanide	SM 4500-CN E	Primary Inorganic Contaminants	NELAP	1/24/2001
Fecal coliforms	SM 9221 E	Microbiology	NELAP	1/24/2001
fluoride	SM 4500 F-C	Secondary Inorganic Contaminants	NELAP	1/24/2001
Gross-alpha	EPA 900	Radiochemistry	NELAP	7/1/2001
Gross-beta	EPA 900	Radiochemistry	NELAP	7/1/2001
Iron	SM 3111 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Manganese	SM 3111 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Natural uranium	EPA 908	Radiochemistry	NELAP	7/1/2001
Nickel	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Nitrate	SM 4500-NO3 D	Primary Inorganic Contaminants	NELAP	1/24/2001
Nitrite	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
pH	SM 4500-H B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Radium-226	EPA 903	Radiochemistry	NELAP	7/1/2001
Radium-226	EPA 903.1	Radiochemistry	NELAP	7/1/2001
Radium-228	EPA Ra-05	Radiochemistry	NELAP	7/1/2001
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/24/2001
Silver	SM 3111 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Silver	SM 3113 B	Secondary Inorganic Contaminants	NELAP	1/24/2001
Sodium	SM 3111 B	Primary Inorganic Contaminants	NELAP	1/24/2001

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

Print Date 6/24/2002 12:10:26 PM

FLOWERS CHEMICAL LABORATORIES INCORPORATED

CHAIN OF CUSTODY RECORD
DRINKING WATER 62-550

CLIENT: Utilities Inc. of Pennbrooke

Client #:

Billing ADDRESS: 200 Weathersfield Ave, Altamonte Springs, FL 32714

PHONE: 800-272-1919

Public Drinking Water ID #: PWS# 3354653

Public Water System Name: Utilities Inc. of Pennbrooke

Project #:

PO #: DA89-691 W

Public Water System Type: ☐ Limited Use Commercial/Public ☑ Community ☐ Non_Community ☐ Special Non_Community

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

Per Site	Total	PRESERVATIVE: HNO3	NaOH	Na2S2O3	H2SO4	HCL	PLASTIC CONTAINERS: 60 mL	125 mL	250 mL clear & Amber	500 mL	1 Liter clear	2 Liter clear	Whirl-Pak Bag	GLASS CONTAINERS: 40 mL	250 mL	500 mL	1 Liter AMBER	2 Liter	4 Liter
	3			X		X								X					
	3			X										X					
	2					X											X		
	1			X															X
	1		X							X							X		
	1	X									X								
	1	X								X									
	1	X									X								

<4°C
pH<2
pH>10

Kit Relinquished: Date: Time:

Kit Received: Date: Time:

PARAMETERS

Prim. Inorganics w/o asbestos_____; Asbestos_____; NO3_____ NO2_____ THM_____;
Volatile Organics_____; Pesticides & PCBs (w/o dioxin)_____; Radiological_____; Secondary Standards_____;
Group I Unreg._____; Group II Unreg.___ ___; Group III Unreg_____; Lead & Copper_____.

Laboratory Number: 15991

Do Not Write In Shaded Area

Client Identification/Description

#1 3- VOCs (B)
#2 3- EDB/DBCP/(SOC)
#3 2- Pest + PCB/(SOC)
#4 1- Pest + PCB/(SOC)
#5 1- Odor/Color
#6 1- Cn(A)
#7 1- Primary + Secondaries
#8 1- SA
#9 1- R228
#10 1- Diquat/549 (SOC)
#11 1- Primary + Secondaries

PICK UP
Cheryl LeBoeuf 10 cc

		Date	Time
Sample Collection:	Daniel L. Anderson	10/22/03	1437 hours
Transportation:	Cheryl LeBoeuf	10/22/03	1431 hours
Lab Acceptance:		10/22/03	1612

Page 1 of 1

431 NEWBURYPORT
ALTAMONTE SPRIN
FLORIDA 32
P.O. BOX 150
ALTAMONTE SPRIN
FLORIDA 32715-0
BUS: (407) 339-5
FAX: (407) 250-6
WEB: www.flowerslab

UTILITIES, INC. OF PENNBROOKE

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
E-Mail: uif@iag.net

July 26, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd.
Orlando, FL 32803

Re: Annual Nitrate & Nitrite 2005
Chapter 62-550 FAC
Pennbrooke System
PWS ID# 3354653

Dear Mr. Morrison:

Enclosed please find the results of samples taken for the above referenced analysis and system.

If you have any questions or require additional information, please do not hesitate to contact me at (407) 869-8588, ext. 226.

Sincerely,

UTILITIES, INC. OF PENNBROOKE

Bryan K. Gongre
Assistant Operations Manager

Enclosures: Sample Results

Cc: Bill Coates, Area Manager

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

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

System Name: Pennbrooke PWS I.D. #: 3 3 5 4 6 5 3

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: Utilities Inc. of Pennbrooke
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A051648-02 Location Code (if known):

Sample Date: 5/11/05 Sample Time: 10 20 (AM) PM (Circle One)

Sample Location (be specific): Entry point to distribution system

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

Sample Type (Check Only One)

- ☐ Distribution
- ☑ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☐ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter? _____)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of Invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Charles Schwades

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Charles Schwades (Print Name), Lead Operator (Print Title),

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

Signature: Charles Schwades Date: 7/25/05

Advanced
Environmental Laboratories, Inc.

8801 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client:	Utilities, Inc.	**Report No.:**	A051648
Project Name:	Annual NO3/NO2	**Date Sampled:**	5/11/2005
Project Number:		**Date Received:**	5/11/05 14:50
PWS ID#:		**Date Reported:**	5/25/2005
Attention:	William Coates		
Phone Number:	8002721919		
Address:	200 Weathersfield Ave.		
	Altamonte Springs, FL 32714		

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Annual NO3/NO2

Approved By: [redacted]

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 10

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Orlando
Florida Certification #: E53076
Address: 528 S. North Lake Blvd., Suite 1016
Certification Expiration Date: 6/30/2005
Altamonte Springs, FL 32701
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1):
Date Sample(s) Received: 5/11/2005 2:50:00
Lab Assigned Report Number or Job ID A051648
Sample Number (From page 1) A051648-02

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☐ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☐ Haloacetic Acids
☑ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☑ Nitrite	☐ Dioxin Only	☐ Single Sample	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☑ Yes ☐ No
If yes, please provide DOH certification number E82574
ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago (Print Name), Laboratory Manager

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

Signature: Myrna Santiago Date: 7-18-05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:
Comments
Data Reviewed: DEP/DOH Reviewing Official:

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Annual NO3/NO2
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 2
Site: Pennbrooke POE
Sample Number: A051648-02

Report No.: A051648
Date/Time Sampled: 05/11/05 10:20
Date/Time Received: 5/11/05 14:50

Sampled By: Chuck Schwades
Shipping Method: AEL Courier

Inorganic Contaminants

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
1040	**Nitrate (as N)**	10	mg/L	**0.014**	U	SM4500NO3-F	**0.014**	5/12/2005	16:35	E82574
1041	**Nitrite (as N)**	1.0	mg/L	**0.037**	I	SM4500NO3-F	**0.013**	5/12/2005	16:35	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

D5

Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A) **Project name:** GOLDEN HILLS/PENN/LK SAUND.

Date/Time Rcvd: 5/11/05 14.50 **Log-In request number:** A051648

Received by: RPG **Completed by:** RPG

Cooler/Shipping Information:

Courier: ☒ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ Other (describe): _____

Type: ☒ Cooler ☐ Box ☐ Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID	1				
Temp (°C)	2				
Temp taken from	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
2. Were custody papers properly included with samples?	✓		
3. Were custody papers properly filled out (ink, signed, match labels)?	✓		
4. Did all bottles arrive in good condition (unbroken)?	✓		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	✓		
6. Did the sample labels agree with the chain of custody?	✓		
7. Were correct bottles used for the tests indicated?	✓		
8. Were proper sample preservation techniques indicated on the label?	✓		
9. Were samples received within holding times?	✓		
10. Were all VOA vials checked for the presence of air bubbles?			✓
11. Were there air bubbles present in the VOA vials?			✓
12. Were samples in direct contact with wet ice? If "No," check one: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID **Comments:**

P.1

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myma Santiago

Project #: A051648
CustomerName: Utilities, Inc.
Collector: Chuck Schwades

AEL Jax
6601 Southpoint Parkway
Jacksonville, Fl 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

☐ **Check if Rush**

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A051648-01	1	Nitrate (J)-DW	Drinking Water	5/11/2005	8:40	5/11/05 14:50	5/13/2005		250mL Poly
A051648-01	1	Nitrite (J)-DW	Drinking Water	5/11/2005	8:40	5/11/05 14:50	5/13/2005		250mL Poly
A051648-02	2	Nitrate (J)-DW	Drinking Water	5/11/2005	10:20	5/11/05 14:50	5/13/2005		250mL Poly
A051648-02	2	Nitrite (J)-DW	Drinking Water	5/11/2005	10:20	5/11/05 14:50	5/13/2005		250mL Poly
A051648-03	3	Nitrate (J)-DW	Drinking Water	5/11/2005	11:20	5/11/05 14:50	5/13/2005		250mL Poly
A051648-03	3	Nitrite (J)-DW	Drinking Water	5/11/2005	11:20	5/11/05 14:50	5/13/2005		250mL Poly

Orlando Relinquisher: [signature] **Shipping Receiver:** AEL Courier **Date/Time:** 5/12/05 1045

Shipping Relinquisher: AEL Courier **Jacksonville Receiver:** gm **Date/Time:** 5/12/05 1045

P.8

05/12/2005 11:33 4075751591 AEL ORLANDO PAGE 13/15

Environmental Laboratories, Inc.
☐ Jacksonville: 6801 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
☐ Tampa: 9610 Princess Palm Avenue, Tampa, FL 33819 • (813) 630-9616 Fax (813) 630-4327
☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32608 • (352) 367-1500 Fax (352) 367-0050
☑ Orlando: 528 S. North Lake Blvd., Suite 1016, Altamonte Springs, FL 32701 • (407) 937-1594 Fax (407) 937-1597

LAB N[redacted]

A051[redacted]48

CLIENT NAME: Utilities Inc. of FL.	PROJECT NAME: Annual Nitrate+Nitrite
ADDRESS: 200 Weathersfield Ave	P.O. NUMBER / PROJECT NUMBER:
Altamonte Springs FL 32714	PROJECT LOCATION: Golden Hills, Pennbrooke, Lake Saunders
PHONE: 407-869-1919 FAX: 407-869-6961	
CONTACT: Bill Coates	SAMPLED BY: C. Schwades for Anderson

TURN AROUND TIME:
☑ STANDARD
☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS: Please FAX results to 352-622-7090

BOTTLE SIZE & TYPE: 250 mL

ANALYSIS REQUESTED: NO3, NO2

WW- waste water SW-surface water GW-ground water DW-drinking water OIL A-air SO-soil SL-sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	[redacted]	Preserv	LAB NUMBER
GH 1	Golden Hills P.O.C	Grab	5/11/05	0840	DW	1		I	
PB 1	Pennbrooke P.O.C	Grab	5/11/05	1020	DW	1		X	01
L.S. 1	Lake Saunders P.O.C	Grab	5/11/05	1120	DW	1		X	02
								X	03

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

[redacted]

	Relinquished by:	Date	Time	Received by:	Date	Time
1						
2		5/11/05	1240		5/11/05	1350
3		5/11	1958		5/11/05	1455
4						

Received on ice: ☑ yes ☐ no QC ☐ sent ☐ received

P.9

07/19/2005 11:33 4079371597 AEL ORLANDO PAGE 14/15

Jeb Bush
Governor

HEALTH

John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary

Laboratory Scope of Accreditation

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574 **EPA Lab Code: FL00949** **(904) 363-9350**

E82574
Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Endothall	EPA 548.1	Synthetic Organic Contaminants	NELAP	1/21/2005
Endrin	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Ethylbenzene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Ethylbenzene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
gamma-BHC (Lindane, gamma-Hexachlorocyclohexane)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heptachlor epoxide	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Heterotrophic plate count	SM 9215 B	Microbiology	NELAP	1/21/2005
Hexachlorobenzene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Hexachlorocyclopentadiene	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Iron	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Lead	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Lead	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Magnesium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	4/4/2002
Mercury	SM 3112 B	Primary Inorganic Contaminants	NELAP	4/4/2002
Methoxychlor	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Nitrate	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrate-nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite	SM 4500-NO3 F	Primary Inorganic Contaminants	NELAP	2/13/2003
Nitrite as N	SM 4500-NO2 B	Primary Inorganic Contaminants	NELAP	1/21/2005
Odor	SM 2150 B	Secondary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	EPA 365.1	Primary Inorganic Contaminants	NELAP	2/13/2003
Orthophosphate as P	SM 4500-P E	Primary Inorganic Contaminants	NELAP	1/21/2005
Oxamyl	EPA 531.1	Synthetic Organic Contaminants	NELAP	4/19/2005
PCBs	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
Pentachlorophenol	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
pH	EPA 150.1	Primary Inorganic Contaminants,Secondary Inorganic Contaminants	NELAP	4/4/2002
Picloram	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	1/21/2005
Residue-filterable (TDS)	EPA 160.1	Secondary Inorganic Contaminants	NELAP	4/4/2002
Selenium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/17/2002
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	4/4/2002

"STATE" indicates certification for the analyte by the method specified. "NELAP" further indicates certification compliant with the NELAC Standards.

NON-TRANSFERABLE 04/24/2005-E82574

P.10

UTILITIES, INC. OF PENNBROOKE
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

September 23, 2005

Mr. Paul Morrison, Environmental Manager
Drinking Water Program
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, FL 32803-3767

RE: Total Trihalomethane / Haloacetic Acids
Annual Monitoring
Pennbrooke - PWS ID 3354653

Dear Mr. Morrison:

Please find the enclosed sample results as specified above for the 2005 monitoring period.

If you should have any questions, please call 407.869.8588, extension 226.

Sincerely,

UTILITIES, INC. OF PENNBROOKE

Bryan K. Gongre
Assistant Operations Manager

Enclosures

cc: Bill Coates, A.M., UIOF

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

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

System Name: Pennbrooke PWS I.D. #: 3 3 5 4 6 5 3

System Type (check one): ☑ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: Utilities, Inc. of Pennbrooke
200 Weathersfield Avenue

City: Altamonte Springs State: FL ZIP Code: 32714

Phone #: 407.869.1919 Fax #: 407.869.6961

E-Mail Address:

SAMPLE INFORMATION (to be completed by sampler)

Sample Number: A052849 Location Code (if known):

Sample Date: 8/10/05 Sample Time: 4:40-5:15 AM (PM) (Circle One)

Sample Location (be specific): 1136 Eagles Landing, Leesburg, FL

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): 1.4 mg/L Field pH:

Sample Type (Check Only One)

- ☐ Distribution
- ☐ Entry Point (to Distribution)
- ☐ Plant Tap (not for compliance with 62-550)
- ☐ Raw (at well or intake)
- ☑ Max Residence Time
- ☐ Ave Residence Time
- ☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☑ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance*
- ☐ Composite of Multiple Sites**
- ☐ Clearance (permitting)
- ☐ Other:
- ☐ Quarterly (Which Quarter?)
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated Sample)

Sampling Procedure Used or Other Comments:

*See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrite MCL exceedances.

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

Sampler's Name: Daniel Anderson

Sampler's Phone #: 407.869.1919 Sampler's Fax #: 407.869.6961

Sampler's E-Mail Address:

CERTIFICATION (to be completed by sampler)

I, Daniel Anderson (Print Name), Operator (Print Title)

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

Signature: Daniel S. Anderson Date: 9/20/05

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

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)
ATTACH CURRENT DOH ANALYTE SHEET*

LabName: Advanced Environmental Labs - Orlando
Florida Certification #: E53076

Address: 528 S. North Lake Blvd., Suite 1016
Certification Expiration Date: 6/30/2006

Altamonte Springs, FL 32701
Telephone #: (407) 937-1594

ANALYSIS INFORMATION (to be completed by lab

PWS ID (from page 1):
Date Sample(s) Received: 8/11/2005 1:10:00

Lab Assigned Report Number or Job ID A052849
Sample Number (From page 1) A052849-01 & A05

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

Inorganics	Synthetic Organics	Volatile Organics	Disinfection Byproducts
☐ All 17	☐ All 30	☐ All 21	☑ Trihalomethanes
☐ Partial	☐ All Except Dioxin	☐ Partial	☑ Haloacetic Acids
☐ Nitrate	☐ Partial	Radionuclides	☐ Bromate
☐ Nitrite	☐ Dioxin Only	☐ Single Sample	☐ Chlorite
☐ Asbestos Only		☐ Qtrly Composite**	Secondaries
			☐ All 14
			☐ Partial

Were any analyses subcontracted? ☑ Yes ☐ No

If yes, please provide DOH certification number E82574

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB

CERTIFICATION

I, Myrna Santiago (Print Name), Laboratory Manager,

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

Signature: Myrna Santiago Date: 9/2/05

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

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

COMPLIANCE DETERMINATION (to be completed by DEP or DOH)

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

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

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

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

Person Notified: Date Notified:

Comments

Date Reviewed: DEP/DOH Reviewing Official:

Advanced
Environmental Laboratories, Inc.

6601 Southpoint Parkway
Jacksonville, Florida 32216
(904) 363-9350
FAX (904) 363-9354

Client:	Utilities, Inc.	**Report No.:**	A052849
Project Name:	Pennbrooke	**Date Sampled:**	8/10/2005
Project Number:		**Date Received:**	8/11/05 13:10
PWS ID#:		**Date Reported:**	9/2/2005

Attention: William Coates
Phone Number: 8002721919

Address: 200 Weathersfield Ave.

Altamonte Springs, FL 32714

Project Description

The analytical results for the samples contained in this report were submitted for analysis as outlined by the Chain of Custody.

Project Name: Pennbrooke

Approved By: _____

Wyme Santiago, Laboratory Manager

If there are any questions involving this report, the above named should be contacted.

THIS REPORT SHALL NOT BE REPRODUCED, EXCEPT IN FULL, WITHOUT THE WRITTEN APPROVAL OF THE LABORATORY.

Advanced Environmental Laboratories certifies that the test results in this report meet all requirements of the NELAC standards, unless notated otherwise in the body of the report.

Total Number of Pages = 8 9

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Pennbrooke
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 1
Site: 1136 Eagles Lan
Sample Number: A052849-01

Report No.: A052849
Date/Time Sampled: 08/10/05 16:45
Date/Time Received: 8/11/05 13:10

Sampled By: Daniel Anderson
Shipping Method: AEL Courier

DisInfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2450	Chloroacetic Acid		ug/L	0.81	U	E552.2	0.81	8/19/2005	8:55	E82574
2451	Dichloroacetic Acid		ug/L	5.3		E552.2	0.56	8/19/2005	8:55	E82574
2452	Trichloroacetic Acid		ug/L	7.2		E552.2	0.60	8/19/2005	8:55	E82574
2453	Bromoacetic Acid		ug/L	0.34	U	E552.2	0.34	8/19/2005	8:55	E82574
2454	Dibromoacetic Acid		ug/L	1.8	I	E552.2	0.45	8/19/2005	8:55	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Laboratories, Inc.

Analytical Report

Client: Utilities, Inc.
Project Name: Pennbrooke
Matrix: Drinking Water
PWS ID#:
Client Sample ID: 2
Site: 1136 Eagles Lan
Sample Number: A052849-02

Report No.: A052849
Date/Time Sampled: 08/10/05 17:10
Date/Time Received: 8/11/05 13:10

Sampled By: Daniel Anderson
Shipping Method: AEL Courier

Disinfection Byproducts

Contam ID	Contam Name	MCL	Units	Analysis Results	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert. #
2941	Chloroform		ug/L	25		E502.2	0.31	8/15/2005	14:26	E82574
2942	Bromoform		ug/L	0.36	U	E502.2	0.36	8/15/2005	14:26	E82574
2943	Bromodichloromethane		ug/L	8.1		E502.2	0.38	8/15/2005	14:26	E82574
2944	Dibromochloromethane		ug/L	2.0		E502.2	0.28	8/15/2005	14:26	E82574

I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
U The compound was analyzed for but not detected.
MDL Method Reporting Limit
For all Results qualified with an I, the PQL is defined to be 4 times the MDL

Advanced Environmental Labs Inc

Advanced Environmental Labs
528 S North Lake Blvd, Ste 1016
Altamonte Springs, FL 32701

Client: UTILITIES, INC. (UTL-A) **Project name:** PENNBROOKE

Date/Time Rcvd: 8/11/05 13.10 **Log-In request number:** A052849

Received by: RPG **Completed by:** RPG

Cooler/Shipping Information:

Courier: ☒ AEL ☐ Client ☐ UPS ☐ Pony Express ☐ FedEx ☐ Other (describe): _____

Type: ☒ Cooler ☐ Box ☐ Other (describe) _____

Cooler temperature: Identify the cooler and document the temperature blank or ice water measurement

Cooler ID	1				
Temp (°C)	3				
Temp taken from	☐ Temp blank ☒ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler	☐ Temp blank ☐ Cooler
Temp measured with	☒ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):	☐ IR gun ☐ Thermometer (enter ID):

Other Information:

Any discrepancies should be explained in the "Comments" section below.

CHECKLIST	YES	NO	NA
1. Were custody seals on shipping container(s) intact?			✓
2. Were custody papers properly included with samples?	✓		
3. Were custody papers properly filled out (ink, signed, match labels)?	✓		
4. Did all bottles arrive in good condition (unbroken)?	✓		
5. Were all bottle labels complete (sample #, date, signed, analysis, preservatives)?	✓		
6. Did the sample labels agree with the chain of custody?	✓		
7. Were correct bottles used for the tests indicated?	✓		
8. Were proper sample preservation techniques indicated on the label?	✓		
9. Were samples received within holding times?	✓		
10. Were all VOA vials checked for the presence of air bubbles?			✓
11. Were there air bubbles present in the VOA vials?			✓
12. Were samples in direct contact with wet ice? If "No," check one: ☐ NO ICE ☐ BLUE ICE	✓		
13. Was the cooler temperature less than 6°C?	✓		
14. Were sample pHs checked and recorded by Sample control? *NOTE: VOA samples are checked by laboratory analysts.*			✓
15. Were the sample containers provided by AEL?	✓		
16. Were samples accepted into the laboratory?	✓		
17. Was it necessary to split samples into other bottles?		✓	

Kit ID **Comments:**

Chain-of-Custody for AEL Orlando to AEL Jax

AEL Orlando
528 South North Lake Blvd, S
Altamonte Springs FL 32701

Contact Person: Myrna Santiago

AEL Jax
6601 Southpoint Parkway
Jacksonville, Fl 32216
904-363-9350 Fax 904-363-9354
Contact Person: Sean Hyde

Project #: A052849
CustomerName: Utilities, Inc.
Collector: Daniel Anderson

☐ **Check if Rush**

Lab Code	Client Sample ID	Test	Matrix	Collect Date	/ Time	Receive Date	Due Date	# Bottles	Bottle Type (Pres.)
A052849-01	1	550 Haloacetic Acids (J)-55	Drinking Water	8/10/2005	16:45	8/11/05 13:10	8/24/2005		40mL Vial Amber
A052849-02	2	THMs (DW)	Drinking Water	8/10/2005	17:10	8/11/05 13:10	8/24/2005		40mL VOC vial

Orlando Relinquisher: _____

Shipping Relinquisher: AEL Courier

Shipping Receiver: AEL Courier

Jacksonville Receiver: _____

Date/Time: 8/11/05 / 17:20

Date/Time: 8/12/05 0830

Advanced
Environmental Laboratories, Inc.

CHAIN OF CUSTODY RECORD

LAB #

A052849

- ☐ Jacksonville: 6601 Southpoint Parkway, Jacksonville, FL 32216 • (904) 363-9350 Fax (904) 363-9354
- ☐ Tampa: 5810-D Breckenridge Parkway, Tampa, FL 33610 • (813) 630-9616 Fax (813) 630-4327
- ☐ Gainesville: 2106 NW 67th Place, Suite 7, Gainesville, FL 32606 • (352) 367-1500 Fax (352) 367-0050

CLIENT NAME: Utilities Inc. of Pennbrooke	PROJECT NAME: Pennbrooke WTP
ADDRESS: 200 Weatherfield Ave.	P.O. NUMBER / PROJECT NUMBER: DA 691 W
Altamonte Springs FL 32714	PROJECT LOCATION: Pennbrooke WTP (MRT)
PHONE: 800-272-1919 FAX: 352-728-1005	
CONTACT:	SAMPLED BY: Daniel S. Anderson

TURN AROUND TIME:

☒ STANDARD

☐ RUSH _____

REMARKS / SPECIAL INSTRUCTIONS:

Cl_2 Res. 1.4 mg/L

WW= waste water SW=surface water GW=ground water DW=drinking water OIL A=air SO=soil SL=sludge

SAMPLE ID	SAMPLE DESCRIPTION	Grab Composite	SAMPLING DATE	SAMPLING TIME	MATRIX	NO. CONT.	Preserv	BOTTLE SIZE & TYPE: 60ml Glass Vial	50 ml Glass	LAB NUMBER
	ANALYSIS REQUIRED							HAA	THM	
								NH_4Cl	T	
1,2,3	1136 Eagles Landing	Grab	8/10/05	4:40 4:45 4:50 Pm	DW	3		X		1
4,5,6	1136 Eagle's Landing	Grab	8/10/05	5:05 5:10 5:15 Pm	DW	3			X	2

I = Ice H = (HCl) S = (H_2SO_4) N = (HNO_3) T = (Sodium Thiosulfate)

Shipment	Method	Sample Kit	Cooler #		Relinquished by:	Date	Time	Received by:	Date	Time
Out: / /	Via:	RB	D/T	1	Daniel S. Anderson	8/11/05	9:24 AM		8/11/05	940
		AB	D/T	2		8/11/05	1310		8/11/05	1310
Ret: / /	Via:	Trip Bl.		3						

THIS LISTING OF ACCREDITED ANALYTES SHOULD BE USED ONLY WHEN ASSOCIATED WITH A VALID CERTIFICATE

State Laboratory ID: E82574 EPA Lab Code: FL00949 (904) 363-9350

E82574
Advanced Environmental Laboratories, Inc.
6601 Southpoint Parkway
Jacksonville, FL 32216

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Silica as SiO2	EPA 200.7	Primary Inorganic Contaminants	NELAP	1/21/2005
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002
Silvex (2,4,5-TP)	EPA 515.3	Synthetic Organic Contaminants	NELAP	1/21/2005
Simazine	EPA 525.2	Synthetic Organic Contaminants	NELAP	3/24/2005
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	4/4/2002
Styrene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Sulfate	EPA 375.4	Secondary Inorganic Contaminants	NELAP	2/13/2003
Surfactants - MBAS	EPA 425.1	Secondary Inorganic Contaminants	NELAP	1/21/2005
Tetrachloroethylene (Perchloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	4/4/2002
Toluene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Total coliforms	SM 9222 B	Microbiology	NELAP	4/4/2002
Total coliforms & E. coli	SM 9223 B	Microbiology	NELAP	9/5/2002
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	1/21/2005
Total trihalomethanes	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Total trihalomethanes	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Toxaphene (Chlorinated camphene)	EPA 508	Synthetic Organic Contaminants	NELAP	3/24/2005
trans-1,2-Dichloroethylene	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
trans-1,2-Dichloroethylene	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Trichloroacetic acid	EPA 552.2	Group I Unregulated Contaminants	NELAP	1/21/2005
Trichloroethene (Trichloroethylene)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Trichloroethene (Trichloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Turbidity	EPA 180.1	Secondary Inorganic Contaminants	NELAP	7/17/2002
Vinyl chloride	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Vinyl chloride	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Xylene (total)	EPA 502.2	Other Regulated Contaminants	NELAP	4/4/2002
Xylene (total)	EPA 524.2	Other Regulated Contaminants	NELAP	1/21/2005
Zinc	EPA 200.7	Secondary Inorganic Contaminants	NELAP	4/4/2002

TTHM/HAA5 REPORTING COMPLIANCE SUMMARY FOR PWSs MONITORING ANNUALLY			
TTHM COMPLIANCE SUMMARY		**HAA5 COMPLIANCE SUMMARY**	
Provide the number of TTHM samples taken during the last year*	1	Provide the number of HAA5 samples taken during the last year*	1
Calculate the arithmetic average of all TTHM samples taken over the last year	35.1	Calculate the arithmetic average all HAA5s samples taken over the last year	14.3
Does the arithmetic average of the TTHM samples exceed the Maximum Contaminant Level of 0.080 mg/L for TTHMs? (YES/(NO)**	NO	Does the arithmetic average of the HAA5 samples exceed the Maximum Contaminant Level of 0.060 mg/L for HAA5s? (YES/(NO)**	NO

*Also, for each sample taken during the last year, provide the information requested in the tables on pages 3 and 4 of this format.
**If the TTHM or HAA5 sample (or average of the samples, if more than one sample is taken) exceeds the Maximum Contaminant Level, the system must increase monitoring to one TTHM and one HAA5 sample per treatment plant per quarter, taken at a point in the distribution system reflecting the maximum residence time, until the system meets the criteria in 40 CFR 131.132(b)(1)(iv). Please see 40 CFR 141.132 (b)(1) for complete details.

TOTAL TRIHALOMETHANE (TTHM) ANALYSIS RESULTS FOR REPORTING PERIOD								
Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	TTHM Analysis Result (ug/L)
1136 Eagles Landing	MRT	8/10/05	1.4	D. Anderson C. Schroeder	8/15/05	E502.2	AEL E53076	35.1

HALOACETIC ACIDS 5 (HAA5) ANALYSIS RESULTS FOR REPORTING PERIOD

Sample Location	Sample Location in the Distribution System (Average or Maximum Residence Time)	Date of Sample Collection (mo/da/yr)	Disinfectant Residual (mg/L) at Time of Sample Collection	Name of Person Collecting Sample	Date of Analysis (mo/da/yr)	Analytical Method	Laboratory Name & Certification Number	HAA5 Analysis Result (ug/L)
113b Eagles Landing	MRT	8/10/05	1.4	D. Anderson	8/19/05	E552.2	AEL E53076	14.3

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: _____ PWS ID #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommur

Address: _____

_____

City: _____ State:

Phone #: _____

E-Mail Address: _____

RECEIVED

MAY 27 2004

Sample Information (to be completed by sampler)

Sample Number: 18048 Location Code

Sample Date: _____ Sample Time:

Sample Location (be specific): _____

Disinfectant Residual (required when reporting trihalomethanes and haloacet

Sample Type (check only one)	Sample Reason	
☐ Distribution	☐ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☐ Entry Point (for Distribution)	☐ Confirmation of MCL Exceedance *	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites **	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of invalidated sample)
☐ Max Residence Time	☐ Other: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Commants: _____	
☐ Near First Customer	_____	

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, _____, _____

(Print Name) (Print Title)

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

Signature: _____ Date: _____

691-3.2

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2004
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 18048

Report Number: 1804820040427
Date Sample Received: 04/27/04

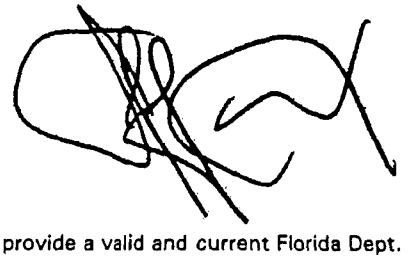
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☐ All 21 ☐ Partial	☐ Single Sample	☐ Trihalomethanes
☑ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☐ All 30 ☐ Partial	☐ All 14 ☑ Partial	

Were any analyses subcontracted? ☐ Yes ☑ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

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

Signature: 

Date: 05/26/04

* Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 18048

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1005	Arsenic	mg/L	0.05	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1010	Barium	mg/L	2	0.0150		EPA200.8	0.00200	04/29/04	08:00 AM
1015	Cadmium	mg/L	0.005	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1020	Chromium	mg/L	0.1	0.0210		EPA200.8	0.00100	04/29/04	08:00 AM
1025	Fluoride	mg/L	2.0	0.200	U	EPA300.0	0.200	05/05/04	01:00 PM
1030	Lead	mg/L	0.015	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1035	Mercury	mg/L	0.002	0.000200	U	EPA245.1	0.000200	05/04/04	10:00 AM
1036	Nickel	mg/L	0.1	0.00300		EPA200.8	0.00100	04/29/04	08:00 AM
1040	Nitrate	mg/L	10	0.200	U	EPA300.0	0.200	04/28/04	08:20 AM
1041	Nitrite	mg/L	1	0.200	U	EPA300.0	0.200	04/28/04	08:20 AM
1045	Selenium	mg/L	0.05	0.00200	U	EPA200.8	0.00200	04/29/04	08:00 AM
1052	Sodium	mg/L	160	5.34		EPA200.7	0.500	05/21/04	03:07 PM
1074	Antimony	mg/L	0.006	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1075	Beryllium	mg/L	0.004	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1085	Thallium	mg/L	0.002	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 18048

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1002	Aluminum	mg/L	0.2	0.0200		EPA200.8	0.0200	04/29/04	08:00 AM
1017	Chloride	mg/L	250	9.72		EPA300.0	0.400	05/05/04	11:00 AM
1022	Copper	mg/L	1.0	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1025	Fluoride	mg/L	2.0	0.200	U	EPA300.0	0.200	05/05/04	01:00 PM
1028	Iron	mg/L	0.3	1.29		EPA200.7	0.0100	05/25/04	12:40 PM
1032	Manganese	mg/L	0.05	0.0220		EPA200.7	0.00500	05/21/04	12:40 PM
1050	Silver	mg/L	0.1	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1055	Sulfate	mg/L	250	1.68		EPA300.0	1.00	05/05/04	11:00 AM
1095	Zinc	mg/L	5	0.0100	U	EPA200.8	0.0100	04/29/04	08:00 AM
1925	pH	pH	6.5 -8.5	7.91		EPA150.1	0.0500	04/27/04	01:16 PM
1930	Total Dissolved Solids	mg/L	500	238		SM2540C	2.50	04/30/04	01:16 PM
2905	Foaming Agents	mg/L	0.5	0.200	U	SM5540C	0.200	04/27/04	01:16 PM

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Public Water System Information (to be completed by sampler)

System Name: _____ PWS ID #: ☐☐☐☐☐☐☐

System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity

Address: _____

_____

City: _____ State: _____ ZIP Code: _____

Phone #: _____

E-Mail Address: _____

Sample Information (to be completed by sampler)

Sample Number: 18049 Location Code (if known): well#2 raw tap

Sample Date: _____ Sample Time: _____ AM PM (circle one)

Sample Location (be specific): _____

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

Sample Type (check only one)	Sample Reason(s) (check all that apply)	
☐ Distribution	☐ Routine Compliance (with 62-550)	☐ Quarterly (which quarter?) _____
☐ Entry Point (for Distribution)	☐ Confirmation of MCL Exceedance *	☐ Special (not for compliance with 62-550)
☐ Plant Tap (not for compliance with 62-550)	☐ Composite of Multiple Sites **	☐ Violation Resolution
☐ Raw (at well or intake)	☐ Clearance (permitting)	☐ Replacement (of invalidated sample)
☐ Max Residence Time	☐ Other: _____	
☐ Avg Residence Time	Sampling Procedure Used or Other Commants: _____	
☐ Near First Customer	_____	

* See 62-550.500(6) for requirements and restrictions.
NOTE: See 62-550.512(3) for additional requirements for nitrate or nitrate MCL exceedances.

** See 62-550.550(2) for requirements and attach a results page for each site.

Sampler's Name: _____

Sampler's Phone #: _____ Sampler's Fax #: _____

Sampler's E-Mail Address: _____

Certification (to be completed by sampler)

I, _____, _____

(Print Name) (Print Title)

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

Signature: _____ Date: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Laboratory Certification Information (to be completed by lab)

Lab Name: Flowers Chemical Laboratories, Inc.
Address: P. O. Box 150597
Altamonte Springs, FL 32715-0597

Florida Certification #: E83018
Certification Expiration Date: 6/30/2004
Phone #: 407-339-5984

Analysis Information (to be completed by lab)
Sample Number: 18049

Report Number: 1804820040427
Date Sample Received: 04/27/04

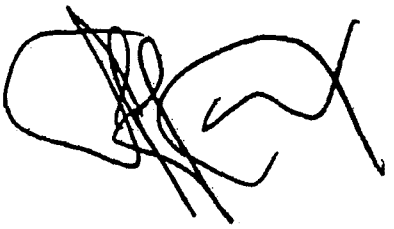
Group(s) analyzed and results attached for compliance with Chapter 62-550, F.A.C. (check all that apply)

Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
☐ All 17	☐ All 21 ☐ Partial	☐ Single Sample	☐ Trihalomethanes
☑ Partial		☐ Qtrly Composite**	☐ Haloacetic Acids
☐ Nitrate			☐ Bromate
☐ Nitrite	Synthetic Organics	Secondaries	☐ Chlorite
☐ Asbestos	☐ All 30 ☐ Partial	☐ All 14 ☑ Partial	

Were any analyses subcontracted? ☐ Yes ☑ No (If yes, please provide subcontractor's Florida drinking water certification number with each result provided by that lab).

Certification

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

Signature: 

Date: 05/26/04

- Failure to provide a valid and current Florida Dept. of Health lab ID number and a current Analyte Sheet for the attached analysis results will result in rejection of the report and possible enforcement against the public water system for failure to sample.

** Please provide radiochemical sample dates and locations for each quarter.

Compliance Determination (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No Sample Analysis Info Satisfactory ☐ Yes ☐ No

☐ Resample Requested (circle or highlight groups above) ☐ Revised Report Requested (circle or highlight groups above)

Reason(s): ☐ Incomplete Report ☐ Location Unsatisfactory ☐ Analysis Unsatisfactory

☐ Missing Analyte Sheet(s) ☐ Other _____

Person Notified: _____ Date Notified: _____

Comments: _____

Date Reviewed: _____ DEP/DOH Reviewing Official: _____

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Inorganic Contaminants: 62-550.310(1) Lab ID: 18049

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1005	Arsenic	mg/L	0.05	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1010	Barium	mg/L	2	0.0180		EPA200.8	0.00200	04/29/04	08:00 AM
1015	Cadmium	mg/L	0.005	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1020	Chromium	mg/L	0.1	0.0220		EPA200.8	0.00100	04/29/04	08:00 AM
1025	Fluoride	mg/L	2.0	0.200	U	EPA300.0	0.200	05/05/04	01:00 PM
1030	Lead	mg/L	0.015	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1035	Mercury	mg/L	0.002	0.000200	U	EPA245.1	0.000200	05/04/04	10:00 AM
1036	Nickel	mg/L	0.1	0.00300		EPA200.8	0.00100	04/29/04	08:00 AM
1040	Nitrate	mg/L	10	0.200	U	EPA300.0	0.200	04/28/04	08:20 AM
1041	Nitrite	mg/L	1	0.200	U	EPA300.0	0.200	04/28/04	08:20 AM
1045	Selenium	mg/L	0.05	0.00200	U	EPA200.8	0.00200	04/29/04	08:00 AM
1052	Sodium	mg/L	160	5.99		EPA200.7	0.500	05/21/04	03:07 PM
1074	Antimony	mg/L	0.006	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1075	Beryllium	mg/L	0.004	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1085	Thallium	mg/L	0.002	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM

Florida Department of Environmental Protection

Safe Drinking Water Program Laboratory Reporting Form

Secondary Contaminants: 62-550.320 Lab ID: 18049

Contam ID	Contam Name	Units	MCL	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time
1002	Aluminum	mg/L	0.2	0.0200	U	EPA200.8	0.0200	04/29/04	08:00 AM
1017	Chloride	mg/L	250	9.75		EPA300.0	0.400	05/05/04	11:00 AM
1022	Copper	mg/L	1.0	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1025	Fluoride	mg/L	2.0	0.200	U	EPA300.0	0.200	05/05/04	01:00 PM
1028	Iron	mg/L	0.3	0.344		EPA200.7	0.0100	05/25/04	12:40 PM
1032	Manganese	mg/L	0.05	0.0120		EPA200.7	0.00500	05/21/04	12:40 PM
1050	Silver	mg/L	0.1	0.00100	U	EPA200.8	0.00100	04/29/04	08:00 AM
1055	Sulfate	mg/L	250	1.00		EPA300.0	1.00	05/05/04	11:00 AM
1095	Zinc	mg/L	5	0.0240		EPA200.8	0.0100	04/29/04	08:00 AM
1925	pH	pH	6.5 -8.5	8.12		EPA150.1	0.0500	04/27/04	01:16 PM
1930	Total Dissolved Solids	mg/L	500	260		SM2540C	2.50	04/30/04	01:16 PM
2905	Foaming Agents	mg/L	0.5	0.200	U	SM5540C	0.200	04/27/04	01:16 PM

FLOWERS CHEMICAL LABORATORIES INCORPORATED

PICK UP

☐ Flowers Chemical Laboratories, Inc.
481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5181
Fax: 407-260-6110
www.flowerslabs.com

☐ Flowers Chem. al Labs-South
8253 South US Hwy. 1
Port St. Lucie, FL 34952
Bus: 772-343-8006
Fax: 772-343-8089

Client: Utilities Inc. of FL (Pennbrooke)
Address: 200 Weathersfield Ave.
Altamonte Springs, FL. 32714
Phone: 800-272-1919
Sampled By (PRINT): Daniel S. Anderson

Public Water System Name: Pennbrooke WTP
PWS ID#: 3354653
P.O. #: DA 102-6915
FCL Lab Coordinator:
Kit #:

Public Water System Type: ☐ Limited Use Commercial / Public ☑ Community ☐ Non-Community ☐ Non-transient / Non-Community

COMMENTS

Sampler Signature: Daniel S Anderson
Date Sampled: 4/27/04

DRINKING WATER - Chain of Custody F.A.C. 62 - 550

ITEM NO.	SAMPLE DESCRIPTION	DATE	TIME	LAB NO.	NUMBER	PRESERVATIVES: NONE	NaOH	HNO_3	HCl	$Na_2S_2O_3$	ICE	Primary Inorg.	Secondaries	VOCs	SOCs	NO_2/NO_3	TTHM	THAA	Pb/Cu	GA / RA228	RA226 Asbestos	Field pH	Field Cl_2 Res
1	Well #1 Raw Tap	4/27/04	0817 hrs	18048							X	X	X										
2	Well #1 Raw Tap	4/27/04	0820 hrs					X			X	X	X										
3	Well #2 Raw Tap	4/27/04	0824 hrs	18049							X	X	X										
4	Well #2 Raw Tap	4/27/04	0827 hrs.					X			X	X	X										
5																							
6																							
7																							
8																							
9																							
10																							

<4°C pH<2

10.00

Cheryl Powers

Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time	Relinquished By / Affiliation	Date	Time	Accepted By / Affiliation	Date	Time
Daniel S. Anderson	4/27/04	0945 hrs.	Cheryl Powers	4/27/04	8:45	Cheryl Powers	4/27/04	1135	FLC	4/27/04	1142

• WHITE - Ship with Samples / T... P...

4

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (4)
Operations Reports

Test Year Ended December 31, 2005

FILE COI /

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

691

See page 4 for instructions.

I. General Information for the Month Year of: January / 2005

A. Public Water System (PWS) Information

PWS Name: Utilities Inc. of Pennbrooke WTP			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,112		Total Population Served at End of Month: 2,780	
PWS Owner: Utilities Inc. of Pennbrooke			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (407) - 869 - 1919		Contact Person's Fax Number: (407) - 869 - 6961	
Contact Person's E-Mail Address: pc.flynn@utilities-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc. of Pennbrooke WTP			Plant Telephone Number: 800-272-1919
Plant Address: 501 SR 44 west		City: Leesburg	State: FL Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III.		Plant Class (per subsection 62-699.310(4), F.A.C.): Class C	

Daniel S. Anderson	Class A	#A-7141 DW	Monday - Thursday / 8:00 Am - 4:30 pm
Charles G. Schwades	Class C	#C-7368 DW	Friday - Saturday / 8:00 Am - 4:30 pm
Daniel T. Sherwood	Class C	#C-8570 DW	Sunday / 8:00 Am - 4:30 pm

II. Certification by Lead/Chief Operator

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

Daniel S. Anderson 2/1/05 — Signature and Date

Daniel S. Anderson — Printed or Typed Name

#A-0007141 DW — License Number

02/17/2005 11:25 3527281005 PENNBROOKE PAGE 02

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

PWS Identification Number: 3364653 | Plant Name: Utilities Inc. of Pennbrooke WTP

Month Data for the Month Year of: January 2005

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

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

Days Plant Staffed (Place "X")	Hours Plant Staffed	Finished Water Pumped (Gallons)	Highest Turbidity Level of Combined Filter Effluent (NTU)	Lowest Reservoir Disinfectant Residual (mg/L)	Lowest Entry Point Disinfectant Residual (mg/L)	Number of Coliform Samples Positive	Number of Fecal Coliform or E. coli Samples Positive	Number of Distribution Coliform Samples Positive	Number of Distribution Fecal Coliform or E. coli Samples Positive	Number of Distribution Heterotrophic Bacteria Samples Exceeding 500/mL	Number of Distribution Chlorite Samples Exceeding 1.0 mg/L	Highest Distribution Disinfectant Residual (mg/L)	Comments
X	24	490,000										1.3	
X	24	563,000										1.2	
X	24	485,000										1.2	
X	24	270,000										1.3	
X	24	483,000										1.5	
X	24	586,000										1.9	
X	24	330,000										1.2	
X	24	593,000										1.0	
X	24	681,000										1.1	
X	24	440,000										1.1	
X	24	270,000										1.0	
X	24	610,000										1.0	
X	24	560,000										1.0	
X	24	270,000										1.1	
X	24	280,000										1.0	
X	24	268,000										1.0	
X	24	330,000										0.9	
X	24	240,000										1.0	
X	24	507,000										1.3	
X	24	452,000										1.2	
X	24	340,000										1.3	
X	24	424,000										1.2	
X	24	340,000										1.0	
X	24	420,000										1.1	
X	24	220,000										1.0	
X	24	475,000										1.6	
X	24	562,000										1.4	
X	24	280,000										1.3	
X	24	543,000										1.4	
X	24	529,000										1.3	
X	24	373,000										1.1	
		13,000											
		426,000											
		681,000											

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

02/17/2005 11:25 3527281005 PENNBROOKE PAGE 03

6.1

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: FEBRUARY,2005

A. Public Water System (PWS) Information

PWS Name: Utilities Inc. of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month:	Total Population Served at End of Month:		
PWS Owner: Utilities Inc. of Fl.			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	1,2,3,4,5,8,9,14,15,16,19,21,22,23,24,25,28
Other Operators:	Daniel S. Anderson	A	7141	7,10,11,12,17,18,26
	Daniel T. Sherwood	C	8570	6,13,20,27

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
Charles G. Schwades 3/1/05	Charles G. Schwades	C-7368

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

PWS Identification Number: 3354653 | Plant Name: Utilities Inc of Pennbrooke

III. Daily Data for the Month Year **FEBRUARY,2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	310,000										1.3	
2	X	24	533,000										1.5	
3	X	24	320,000										1.3	
4	X	24	220,000										1.2	
5	X	24	372,000										1.3	
6	X	24	558,000										1.1	
7	X	24	440,000										1.2	
8	X	24	210,000										1.1	
9	X	24	504,000										1.3	
10	X	24	639,000										1.2	
11	X	24	370,000										1.1	
12	X	24	548,000										1.3	
13	X	24	493,000										1.1	
14	X	24	352,000										1.3	
15	X	24	300,000										1.1	
16	X	24	550,000										1.1	
17	X	24	550,000										1.3	
18	X	24	310,000										1.5	
19	X	24	522,000										1.3	
20	X	24	699,000	684,000									1.2	
21	X	24	400,000										1.3	
22	X	24	304,000										1.2	
23	X	24	499,000										1.2	
24	X	24	471,000										0.4	
25	X	24	258,000										0.6	
26	X	24	510,000										0.7	
27	X	24	202,000										0.9	
28	X	24	274,000										0.70	
29														
30														
31														
Total			11,718,000	11,708,000										
Average			418,500											
Maximum			699,000	684,000										

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

6a1.

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MARCH 2005

A. Public Water System (PWS) Information

PWS Name: Utilities Inc. of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1237	Total Population Served at End of Month: ~~1856~~ 4,330		
PWS Owner: Utilities Inc. of Fl.			
Contact Person: Patrick Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc. of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 S>R> 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	1,2,7,9,10.14,17,18,19,21,22,23,24,28
Other Operators:	Daniel S. Anderson	A	7141	3,4,5,8,11,12,15,16,25,26,29,30,31
	Daniel T. Sherwood	C	8570	6,13,
	Nathaniel Q. Carver	C	13261	20,27

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 4/3/05

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

MON _Y OPERATION REPORT FOR PWSs TREATING RA GROUND WATER OR PURCHASED FINISHED WAT

PWS Identification Number: 3354653 | Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month/Year **MARCH 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	251,000										0.6	
2	X	24	567,000										0.6	
3	X	24	610,000										0.8	
4	X	24	200,000										0.9	
5	X	24	575,000										0.8	
6	X	24	475,000										1.0	
7	X	24	488,000										0.8	
8	X	24	270,000										0.8	
9	X	24	620,000										1.0	
10	X	24	251,000										0.8	
11	X	24	460,000										0.7	
12	X	24	632,000										1.2	
13	X	24	537,000										1.1	
14	X	24	534,000										0.8	
15	X	24	335,000										0.9	
16	X	24	490,000										1.2	
17	X	24	275,000										0.8	
18	X	24	221,000										1.0	
19	X	24	313,000										1.1	
20	X	24	539,000										1.0	
21	X	24	341,000										1.1	
22	X	24	308,000										1.0	
23	X	24	366,000										1.0	
24	X	24	429,000										0.9	
25	X	24	377,000										0.8	
26	X	24	280,000										1.1	
27	X	24	218,000										1.0	
28	X	24	283,000										1.1	
29	X	24	337,000										1.1	
30	X	24	520,000										1.2	
31	X	24	587,000										1.0	
Total			12,689,000											
Average			409,300											
Maximum			632,000											

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

691

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: April 2005

A. Public Water System (PWS) Information

PWS Name: Utilites Inc. Of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month:	Total Population Served at End of Month:		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	4,8,11,15,18,26,29
Other Operators:	Daniel Anderson	A	7141	1,2,5,6,7,9,12,13,14,16,19,20,21,22,23,25,27,28,30
	Nathaniel Q. Carver	C	13261	3,10,17,24,

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 5/3/05

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

MO[illegible]Y OPERATION REPORT FOR PWSs TREATING F[illegible]V GROUND WATER OR PURCHASED FINISHED W[illegible]R

PWS Identification Number: 3354653 | Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month/Year April 2005

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, If Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	420,000										0.9	
2	X	24	310,000										1.0	
3	X	24	399,000										1.0	
4	x	24	326,000										0.9	
5	x	24	342,000										0.7	
6	x	24	532,000										1.0	
7	x	24	584,000										1.0	
8	x	24	183,000										0.8	
9	X	24	627,000										1.0	
10	X	24	468,000										1.0	
11	x	24	293,000										0.8	
12	x	24	367,000										1.0	
13	x	24	560,000										1.3	
14	x	24	744,000										1.3	
15	x	24	447,000										1.4	
16	X	24	680,000										1.2	
17	X	24	652,000										1.3	
18	x	24	445,000										1.3	
19	x	24	450,000										1.0	
20	x	24	694,000										1.1	
21	x	24	860,000										1.0	
22	x	24	550,000										0.8	
23	X	24	810,000										1.0	
24	x	24	200,000										0.9	
25	x	24	390,000										0.8	
26	x	24	290,000										0.7	
27	x	24	290,000										0.7	
28	x	24	586,000										1.1	
29	x	24	366,000										1.1	
30	X	24	778,000										1.1	
31														
Total			14,643,000											
Average			488,100											
Maximum			860,000											

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

6a'

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY,2005

A. Public Water System (PWS) Information

PWS Name: Utilites Inc. Of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,317	Total Population Served at End of Month: 4,610		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	2,3,5,6,9,10,16,20,23,27,30,31
Other Operators:	Daniel Anderson	A	7141	4,7,11,12,13,14,17,18,19,21,24,25,26,28,
	Nathaniel Q. Carver	C	13261	1,8,15,22,29

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 5/31/05

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

MO HLY OPERATION REPORT FOR PWSs TREATING I V GROUND WATER OR PURCHASED FINISHED WA ER

PWS Identification Number: 3354653 | Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month/Year: **MAY,2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	394,000										0.9	
2	X	24	394,000										1.1	
3	X	24	386,000										1.0	
4	x	24	550,000										1.2	
5	x	24	249,000										0.9	
6	x	24	170,000										1.0	
7	x	24	480,000										0.9	
8	x	24	525,000										0.9	
9	X	24	442,000										0.9	
10	X	24	349,000										0.9	
11	x	24	610,000										1.2	
12	x	24	226,000										1.0	
13	x	24	434,000										0.8	
14	x	24	660,000										1.0	
15	x	24	652,000										1.0	
16	X	24	450,000										1.0	
17	X	24	400,000										0.8	
18	x	24	508,000										1.2	
19	x	24	696,000										1.0	
20	x	24	440,000										1.0	
21	x	24	770,000										0.9	
22	x	24	331,000										0.8	
23	X	24	440,000										0.8	
24	x	24	370,000										1.0	
25	x	24	712,000										1.2	
26	x	24	804,000										1.2	
27	x	24	464,000										1.2	
28	x	24	887,000										1.3	
29	x	24	618,000										1.0	
30	X	24	552,000										1.1	
31	X	24	430,000										1.1	
430,000			15,393,000											
14,643,000			496,500											
Maximum			887,000											

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

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

FILE COPY 691

See page 4 for instructions.

I. General Information for the Month, Year of: JUNE,2005

A. Public Water System (PWS) Information

PWS Name: Utilites Inc. Of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,317	Total Population Served at End of Month: 4,610		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke		Plant Telephone Number: 407-869-1919	
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	3,6,7,9,13,15,17,20,22,23
Other Operators:	Daniel Anderson	A	7141	1,2,4,8,10,11,14,16,18,21,24,25,27,28,29,30
	Nathaniel Q. Carver	C	13261	5,12,19,26

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 6/30/05

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

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

PWS Identification Number: 3354653	Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month/Year **JUNE,2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	287,000										1.0	
2	X	24	459,000										0.5	
3	X	24	311,000										1.0	
4	x	24	556,000										1.1	
5	x	24	196,000										1.1	
6	x	24	167,000										1.1	
7	x	24	231,000										1.0	
8	x	24	662,000										1.7	
9	X	24	573,000										1.6	
10	X	24	330,000										1.2	
11	x	24	490,000										1.0	
12	x	24	190,000										1.0	
13	x	24	170,000										1.0	
14	x	24	264,000										0.9	
15	x	24	536,000										1.0	
16	X	24	607,000										1.1	
17	X	24	336,000										1.0	
18	x	24	740,000										1.2	
19	x	24	464,000										1.0	
20	x	24	338,000										1.0	
21	x	24	340,000										1.1	
22	x	24	507,000										1.3	
23	X	24	486,000										1.2	
24	x	24	407,000										1.1	
25	x	24	569,000										1.3	
26	x	24	283,000										1.2	
27	x	24	372,000										1.0	
28	x	24	196,000										1.0	
29	x	24	340,000										1.2	
30	X	24	250,000										0.9	
31														
Total			11,657,000											
Average			388,600											
Maximum			740,000											

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

691

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY,2005

A. Public Water System (PWS) Information

PWS Name: Utilites Inc. Of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,317	Total Population Served at End of Month: 4,610		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	1,2,4,5,6,7,8,9,11,13,15,18,19,20,30
Other Operators:	Daniel Anderson	A	7141	12,14,16,21,22,23,25,26,27,28,29,31
	Nathaniel Q. Carver	C	13261	3,10,17,24

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 8/2/05 — Signature and Date

Charles G. Schwades — Printed or Typed Name

C-7368 — License Number

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

PWS Identification Number: 3354653 | Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month/Year **JULY,2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	172,000										0.8	
2	X	24	392,000										1.0	
3	X	24	396,000										1.0	
4	x	24	265,000										1.0	
5	x	24	231,000										1.0	
6	x	24	544,000										1.1	
7	x	24	701,000										0.9	
8	x	24	385,000										0.8	
9	X	24	479,000										0.8	
10	X	24	197,000										0.8	
11	x	24	222,000										0.8	
12	x	24	200,000										0.4	
13	x	24	434,000										0.9	
14	x	24	390,000										0.7	
15	x	24	312,000										0.8	
16	X	24	447,000										0.6	
17	X	24	481,000										0.7	
18	x	24	371,000										0.8	
19	x	24	246,000										1.0	
20	x	24	591,000										1.1	
21	x	24	650,000										1.7	
22	x	24	443,000										1.4	
23	X	24	712,000										1.4	
24	x	24	477,000										1.0	
25	x	24	216,000										1.0	
26	x	24	305,000										1.0	
27	x	24	751,000										1.5	
28	x	24	780,000										1.7	
29	x	24	500,000										1.2	
30	X	24	249,000										1.1	
31	X	24	264,000										0.7	
Total			12,803,000											
Average			413,000											
Maximum			780,000											

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: August,2005

A. Public Water System (PWS) Information

PWS Name: Utilites Inc. Of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,317	Total Population Served at End of Month: 4,610		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	26,29
Other Operators:	Daniel Anderson	A	7141	1,2,3,4,5,6,8,9,10,11,12,13,15,16,17,18,19,20,22,23,24,25,27,30
	Nathaniel Q. Carver	C	13261	7,14.21,28

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
Charles G. Schwades 8/31/05	Charles G. Schwades	C-7368

MONTHLY OPERATION REPORT FOR PWSs TREATING R[illegible] GROUND WATER OR PURCHASED FINISHED WA[illegible]R

PWS Identification Number: 3354653	Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month/Year **August,2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	307,000										0.8	
2	X	24	300,000										0.9	
3	X	24	240,000										1.1	
4	x	24	570,000										1.5	
5	x	24	410,000										1.4	
6	x	24	620,000										1.7	
7	x	24	623,000										1.5	
8	x	24	197,000										1.3	
9	X	24	260,000										1.2	
10	X	24	590,000										1.4	
11	x	24	590,000										1.4	
12	x	24	410,000										1.2	
13	x	24	670,000										1.3	
14	x	24	694,000										1.1	
15	x	24	446,000										1.2	
16	X	24	350,000										1.2	
17	X	24	750,000										1.4	
18	x	24	820,000										1.7	
19	x	24	550,000										1.6	
20	x	24	760,000										1.3	
21	x	24	228,000										0.8	
22	x	24	452,000										1.2	
23	X	24	310,000										0.9	
24	x	24	360,000										1.1	
25	x	24	620,000										1.3	
26	x	24	141,000										1.1	
27	x	24	629,000										1.1	
28	x	24	576,000										1.1	
29	x	24	164,000										1.2	
30	X	24	250,000										1.5	
31	X	24	590,000										1.6	
Total			14,477,000											
Average			467,000											
Maximum			820,000											

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: September,2005

A. Public Water System (PWS) Information

PWS Name: Utilites Inc. Of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,317	Total Population Served at End of Month: 4,610		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke		Plant Telephone Number: 407-869-1919	
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	
Other Operators:	Daniel Anderson	A	7141	1,2,3,6,10,13,14,15,17,20,21,22,24,27,28,29,30
	Nathaniel Q. Carver	C	13261	4,11,18,25
	Lyle F. Steady	C	7170	5,7,8,9,12,16,23,26

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 10/1/05 — Signature and Date

Charles G. Schwades — Printed or Typed Name

C-7368 — License Number

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

PWS Identification Number: 3354653	Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month/Year **September,2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	460,000										1.7	
2	X	24	270,000										1.6	
3	X	24	560,000										1.7	
4	x	24	435,000										1.5	
5	x	24	445,000										1.0	
6	x	24	290,000										1.1	
7	x	24	198,000										0.9	
8	x	24	403,000										1.1	
9	X	24	360,000										1.0	
10	X	24	679,000										1.4	
11	x	24	437,000										1.0	
12	x	24	466,000										1.1	
13	x	24	377,000										1.5	
14	x	24	750,000										1.6	
15	x	24	740,000										1.5	
16	X	24	394,000										1.1	
17	X	24	776,000										1.4	
18	x	24	525,000										1.1	
19	x	24	539,000										1.2	
20	x	24	396,000										1.0	
21	x	24	370,000										1.1	
22	x	24	630,000										1.2	
23	X	24	218,000										0.8	
24	x	24	672,000										1.1	
25	x	24	681,000										1.2	
26	x	24	353,000										1.1	
27	x	24	356,000										1.4	
28	x	24	640,000										2.4	
29	x	24	290,000										1.6	
30	X	24	380,000										1.8	
31														
Total			14,090,000											
Average			469,600											
Maximum			776,000											

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

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

FILE COPY

See page 4 for instructions.

6a1

I. General Information for the Month/Year of: OCTOBER,2005

A. Public Water System (PWS) Information

PWS Name: Utilites Inc. Of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,317	Total Population Served at End of Month: 4,610		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS MON-FRI
Other Operators:	Daniel Anderson	A	7141	DAYS TUE-SAT
	Nathaniel Q. Carver	C	13261	SUNDAY
	Lyle F. Steady Jr.	C	7170	DAYS MON-SAT

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 11/2/05 | Charles G. Schwades | C-7368

Signature and Date | Printed or Typed Name | License Number

Daniel Anderson Steve Pfouts
Nate Carver Allsom McPhee

PENNBROOKE WATER

	DATE	TOTAL H.S.P.	TOTAL WELLS	WELL #1 METER	TOTAL X 1000	WELL #1 ETM	HRS	WELL #2 METER	TOTAL X 1000	WELL#2 ETM	HRS
	PREVIOUS 30	410/380		672370		(Flow÷48)		220670		37340.8	
0530	1	500	490	672490	120		2.5	221040	370	37347.4	6.6
	2	780	807	672670	180		3.8	221667	627	37358.4	11
	3	370	353	672670	0		0	222020	353	37364.4	6.0
1500	4	320	292	672670	0		0	222312	292	373693	4.9
1530	5	420	428	673710	40		0.8	222700	388	373760	6.7
	6	470	451	672760	50		1.0	223101	401	37382.9	6.9
	7	280	307	672790	30		0.6	223378	277	37387.6	4.7
1745	8 (1815)	510	462	672810	20		0.4	223820	442	37395.1	7.5
	9	250	232	672810	0		0	224052	232	37399.3	4.2
	10	340	347	672810	0		0	224399	347	37404.9	5.6
	11	300	277	672810	0		0	224676	277	37409.6	4.7
	12	630	627	672970	160		3.3	225143	467	374180	8.4
	13	660	666	673090	120		2.5	225689	546	37428.0	10.0
	14	480	460	673090	0		0	226149	460	37435.3	7.3
	15	620	610	673250	160		3.3	226599	450	37443.1	7.8
	16	750	783	673400	150		3.1	227232	633	37454.3	11.2
	17	500	474	673400	0		0	227706	474	37462.4	8.1
1440	18 (1630)	370	352	673400	0		0	228058	352	37468.4	6.0
1530	19	720	730	673580	180		3.7	228608	550	37478.2	9.8
1400	20	740	729	673730	150		3.6	229187	579	37488.4	10.2
	21	440	427	673730	0		0	229614	427	37495.7	7.3
1830	22 (1900)	580	556	673770	40		0.8	230130	516	37504.6	8.9
	23	380	384	673830	60		1.2	230454	324	37510.2	5.6
	24	160	153	673830	0		0	230607	153	37512.8	2.6
1400	25 (1500)	230	230	673830	0		0	230837	230	37517.1	4.3
1530	26	560	570	673950	120		2.5	231287	450	37524.9	7.8
30-13	27 (30)	570	560	674020	70		1.5	231777	490	37533.4	8.5
545-17	28 (15)	370	348	674020	0		0	232125	348	37539.3	5.9
↳	29	720	720	674150	130		2.7	232715	590	37549.6	10.3
	30	580	604	674270	120		2.5	233199	484	37558.0	8.4
	31	420	410	674270	0		0	233609	410	37564.8	6.8
	TOTAL		14839		1900				12939		
	AVG										

ELECTRIC METER START 38965 (9-30-05)

STOP

PLANT MONTH/YEAR October 2005

H.S.P.#1 X 1000	GAL	H.S.P.#2 X 1000	GAL	H.S.P.#3 X 1000	GAL	AQUA MAG	IN	PSI 76	CL2 GALS	USED GALS	CL2 RES	RT RES	GEN ITM	HRS	INIT	
635750		519800		169340		29.0							830.1			
635820	70	520110	310	169460	120	27.0	2.0	58/56	730	35	2.5	1.9	830.1	Ø	DSA	1
635870	50	520670	560	169630	170	23.0	4.0	60	675	55	2.0	1.5	830.1	0	NC	2
635870	Ø	521020	350	169650	20	20 GAL	3.0	60	670	5	2.0	1.5	830.1	Ø	DSA	3
635870	Ø	521340	320	169650	Ø	19 GAL	1.0	62	650	20	2.0	1.5	831.2	1.1	DSA	4
635870	Ø	521700	360	169710	60	18 GAL	1.0	62	630	20	1.8	1.3	831.2	Ø	DSA	5
635870	Ø	522090	390	169790	80	17 GAL	1.0	60	610	20	1.9	1.4	831.2	Ø	DSA	6
635870	Ø	522370	280	169790	Ø	15.5 GAL	1.5	62	590	20	1.4	1.1	831.2	Ø	DSA	7
635870	Ø	522810	440	169860	70	13.5 GAL	2.0	64/54	565	25	1.5	1.0	831.2	Ø	DSA	8
635870	0	523020	210	169900	40	12.0	1.5	60	550	15	1.4	1.0	831.2	0	NC	9
635870	Ø	523360	340	169900	Ø	11.0	1.0	60	540	10	1.6	1.1	831.2	Ø	DSA	10
635870	Ø	523660	300	169900	Ø	10.0	1.0	62	860	5	1.7	0.6	832.3	1.1	DSA	11
635940	70	524060	400	170060	160	7.0	3.0	60	810	40	2.1	1.0	832.3	Ø	DSA	12
635970	30	524560	500	170190	130	4↑57.0	3.0	60	770	40	2.6	1.7	832.3	Ø	DSA	13
635970	Ø	525020	460	170240	20	55.0	2.0	62	745	25	1.7	1.7	832.3	Ø	DSA	14
636030	60	525430	410	170360	150	53.0	2.0	64/48	710	35	2.0	1.3	832.3	Ø	DSA	15
636090	60	525980	530	170520	160	49.0	4.0	62	670	40	1.6	1.3	832.3	Ø	NC	16
636090	Ø	526430	470	170550	30	46.0	3.0	62	640	30	1.8	1.4	832.3	Ø	SP/DSA	17
636090	Ø	526800	370	170550	Ø	45.0	1.0	63/50	620	20	1.7	1.4	833.4	1.1	SP/DSA	18
636090	Ø	527320	520	170750	200	41.0	4.0	62/50	580	40	2.1	1.5	833.4	Ø	SP/DSA	19
636160	70	527850	530	170890	140	38.0	3.0	60/51	540	40	2.2	1.7	833.4	Ø	SP/DSA	20
636160	Ø	528260	410	170920	30	36.5/46.0	1.5	64/50	520	20	2.0	1.2	833.4	Ø	DSA	21
636160	Ø	528760	500	171000	80	43.5	2.5	64/46	490/860	30	1.4	1.0	833.4	Ø	DSA	22
636160	Ø	529060	300	171080	80	42.0	1.5	60/52	850	10	2.4	1.3	833.4	Ø	SP/NC	23
636160	Ø	529220	160	171080	Ø	41.0	1.0	69/50	540	10	2.0	1.2	833.4	Ø	DSA	24
636160	Ø	529450	230	171080	Ø	40.0	1.0	69/52	830	10	2.0	1.3	834.8	1.4	SP/DSA	25
636190	30	529850	400	171210	130	37.0	3.0	62/48	770	40	2.2	1.6	834.8	Ø	SP/DSA	26
636210	20	530300	450	171310	100	35.0	2.0	64/47	760	30	2.1	1.6	834.8	Ø	SP/DSA	27
636210	Ø	530650	350	171330	20	34.0	Ø	62/50	750	10	2.0	1.2	834.8	Ø	DSA	28
636250	40	531180	530	171480	150	31.0	3.0	69/47	705	45	2.1	1.5	834.8	Ø	DSA	29
636290	40	531590	410	171610	130	27.0	4.0	69/47	670	35	2.4	1.6	834.8	Ø	NC	30
636290	Ø	531990	400	171630	20	26.0	1.0	63/50	650	20	2.0	1.2	835.9	1.1	Ø	31

11/30/2004 13:29 3522420555 LAKE UTILITIES PAGE 01

691

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: NOVEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Utilites Inc. Of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,317	Total Population Served at End of Month: 4,610		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke		Plant Telephone Number: 407-869-1919	
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS MON-FRI
Other Operators:	Daniel Anderson	A	7141	DAYS TUE-SAT
	Nathaniel Q. Carver	C	13261	SUNDAY
	Steve Pfouts	C	14204	DAYS TUE-SAT
	James Carroll	C	8494	DAYS-SUN,MON,TUE

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 12-6-05

Signature and Date

Charles G. Schwades

Printed or Typed Name

C-7368

License Number

M ITHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354653	Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month Year **NOVEMBER,2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	321.000										1.4	
2	X	24	340.000										1.4	
3	X	24	510.000										1.2	
4	X	24	470.000										1.6	
5	X	24	650.000										1.9	
6	X	24	600.000										1.8	
7	X	24	430.000										1.1	
8	X	24	320.000										1.3	
9	X	24	750.000										2.2	
10	X	24	754.000										2.1	
11	X	24	556.000										2.1	
12	X	24	720.000										2.2	
13	X	24	659.000										2.2	
14	X	24	475.000										2.1	
15	X	24	240.000										1.9	
16	X	24	702.000										1.7	
17	X	24	675.000										1.8	
18	X	24	535.000										1.6	
19	X	24	627.000										1.4	
20	X	24	467.000										1.1	
21	X	24	446.000										1.6	
22	X	24	264.000										1.5	
23	X	24	715.000										1.8	
24	X	24	434.000										1.6	
25	X	24	568.000										1.4	
26	X	24	756.000										1.6	
27	X	24	650.000										1.3	
28	X	24	484.000										1.4	
29	X	24	184.000										1.1	
30	X	24	280.000										1.7	
31														
Total			~~14,830.00~~	15821,000										
Average			~~478.677~~	519,000										
Maximum			~~807.000~~	756.000										

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: DECEMBER 2005

A. Public Water System (PWS) Information

PWS Name: Utilites Inc. Of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,317	Total Population Served at End of Month: 4,610		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 S.R. 44 West	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	DAYS MON-FRI
Other Operators:	Daniel Anderson	A	7141	DAYS TUE-SAT
	Steve Pfouts	C	14204	DAYS TUE-SAT
	James Carroll	C	8494	DAYS-SUN,MON,TUE

II. Certification by Lead/Chief Operator

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

Signature and Date	Printed or Typed Name	License Number
Charles G. Schwades 1-4-06	Charles G. Schwades	C-7368

MOI ILY OPERATION REPORT FOR PWSs TREATING R. / GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 3354653	Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month/Year **DECEMBER , 2005**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	X	24	520.000										1.7	
2	X	24	398.000										1.6	
3	X	24	510.000										1.7	
4	X	24	607.000										1.3	
5	X	24	440.000										1.1	
6	X	24	178.000										1.7	
7	X	24	599.000										1.6	
8	X	24	239.000										1.7	
9	X	24	243.000										1.6	
10	X	24	191.000										1.8	
11	X	24	155.000										1.3	
12	X	24	204.000										1.5	
13	X	24	199.000										1.8	
14	X	24	407.000										1.8	
15	X	24	502.000										1.7	
16	X	24	290.000										1.2	
17	X	24	398.000										1.1	
18	X	24	188.000										1.0	
19	X	24	204.000										1.1	
20	X	24	171.000										1.1	
21	X	24	378.000										1.6	
22	X	24	542.000										1.4	
23	X	24	317.000										1.3	
24	X	24	473.000										1.5	
25	X	24	409.000										1.4	
26	X	24	265.000										1.2	
27	X	24	272.000										1.3	
28	X	24	424.000										1.6	
29	X	24	453.000										1.4	
30	X	24	273.000										1.4	
31	X	24	403.000										1.4	
Total			10,852											
Average			350											
Maximum			607											

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

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

PWS Identification Number: 3354653	Plant Name: Pennbrooke

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

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): Poly Phosphate
Sequestrant Dose, mg/L of phosphate as PO_4 or mg/L of silicate as SiO_2 = 6.5
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

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

See page 4 for instructions.

I. General Information for the Month Year of: Jan. , 2004

A. Public Water System (PWS) Information

PWS Name: Utilities, Inc. of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,100	Total Population Served at End of Month: 3,850		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Avenue	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: (407) 869-1919	Contact Person's Fax Number: (407) 869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: (407) 869-1919
Plant Address: 501 State Road 44	City: Leesburg	State: Fl	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Daniel Anderson	A	7141	Days
Other Operators:	Roger Holsapple	C	7436	Days
	David Shoffstall	C	7799	Days
	J. Frank Gratson	C	8514	Days
	Chuck Schwades	C	7368	Days

II. Certification by Lead Chief Operator

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

Daniel S. Anderson 2/5/04
Signature and Date

Daniel Anderson
Printed or Typed Name

#A-000 7141 DW
License Number

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

PWS Identification Number: 3354653	Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month Year of:

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Entry Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	413,000										1.3	
2	24	721,000										2.0	
3	24	600,000										1.6	
4	24	588,000										1.5	
5	24	542,000										1.7	
6	24	404,000										1.4	
7	24	542,000										1.4	
8	24	617,000										1.5	
9	24	494,000										2.0	
10	24	439,000										1.6	
11	24	418,000										1.5	
12	24	562,000										2.3	
13	24	347,000										2.3	
14	24	567,000										1.3	
15	24	570,000										1.5	
16	24	522,000										1.7	
17	24	507,000										1.6	
18	24	349,000										1.1	
19	24	296,000										1.5	
20	24	267,000										1.5	
21	24	423,000										1.6	
22	24	469,000										1.6	
23	24	471,000										1.5	
24	24	525,000										1.5	
25	24	433,000										1.5	
26	24	455,000										1.4	
27	24	290,000										1.0	
28	24	430,000										1.1	
29	24	495,000										1.5	
30	24	480,000										1.5	
31	24	497,000										1.5	
Total		14,673,000											
Average		476,000											
Maximum		721,000											

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

691

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

See page 4 for instructions.

I. General Information for the Month/Year of: Feb., 2004

A. Public Water System (PWS) Information

PWS Name: Utilities, Inc. of Pennbrooke		PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: ~~1,100~~ DSA 1,112	Total Population Served at End of Month: 2,780	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Avenue	City: Altamonte Springs / State: Fl	Zip Code: 32714
Contact Person's Telephone Number: (407) 869-1919	Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: (407) 869-1919	
Plant Address: 501 State Road 44	City: Leesburg	State: Fl	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.): Type III	Plant Class (per subsection 62-699.310(4), F.A.C.): Class C		

License Type	Name	Operator Class	License Number	Shift Worked
Lead/Chief Operator	Daniel Anderson	Class A	#A-0007141	Days
Other Operators	~~Roger Holcapple~~ DSA Chuck Schwades	Class C	#C-0007368	Days
	David Shoffstall	Class C	#C-0007799	Days

II. Certification by Lead/Chief Operator

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

Daniel S. Anderson March 3rd, 2004	Daniel Anderson	#A-0007141 DW
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3354653 | Plant Name: Utilities, Inc. of ~~Florida~~ Pembrook

III. Daily Data for the Month/Year of: February / 2004

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

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

Day of the Month	Hours Plant is Operated	Finished Water Quantity Produced (gallons)	CT Calculations: Lowest Measured Disinfectant Residual (mg/L) Before or at First Customer	Temperature of Disinfected Water (°C)	Actual Contact Time (minutes)	Value of CT Achieved	Minimum CT Required	Log Inactivation Achieved	Log Removal Achieved	Minimum Residual Disinfectant Concentration (mg/L) in Distribution System	Lowest Residual Disinfectant Concentration (mg/L) in Distribution System	Comments: Unusual Conditions; Repair or Maintenance Work That Involves Taking Water Source Out of Service
1	24	160,000									1.5	
2	24	248,000									2.0	
3	24	278,000									1.6	
4	24	470,000									1.0	
5	24	492,000									1.2	
6	24	453,000									1.5	
7	24	463,000									1.4	
8	24	292,000									1.4	
9	24	476,000									1.6	
10	24	411,000									1.8	
11	24	473,000									1.9	
12	24	380,000									2.0	
13	24	620,000									1.8	
14	24	510,000									1.9	
15	24	174,000									1.4	
16	24	417,000									1.6	
17	24	345,000									1.4	
18	24	490,000									1.8	
19	24	420,000									2.0	
20	24	507,000									1.6	
21	24	569,000									1.6	
22	24	510,000									1.5	
23	24	400,000									1.6	
24	24	370,000									1.5	
25	24	252,000									1.1	
26	24	235,000									1.5	
27	24	340,000									1.7	
28	24	477,000									1.5	
29	24	326,000									1.5	
30												
31												
Total		11,558,000										
Average		399,000										
Maximum		620,000										

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

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

See page 4 for instructions.

I. General Information for the Month/Year of: March, 2004

A. Public Water System (PWS) Information

PWS Name: Utilities, Inc. of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,100	Total Population Served at End of Month: 2,780		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Avenue	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: (407) 869-1919	Contact Person's Fax Number: (407) 869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: (407) 869-1919
Plant Address: 501 State Road 44	City: Leesburg	State: Fl	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 0.864 mgd			
Plant Category (per subsection 62-699.310(4), F.A.C.): Type III.	Plant Class (per subsection 62-699.310(4), F.A.C.): Class C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Daniel Anderson	Class A	#A-0007141 DW	Days
Other Operators:	Chuck Schwades	Class C	#C-0007368 DW	Days
	David Shoffstall	Class C	#C-0007799 DW	Days
	Dan Sherwood	Class C	#C-0008570	Days

II. Certification by Lead/Chief Operator

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

Daniel D. Anderson April 2nd, 2004	Daniel Anderson	#A-0007141 DW
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3354653 | Plant Name: Pembroke Water Treatment Plant

III. Daily Data for the Month/Year of: MARCH / 2004

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

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

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
			CT Calculations							UV Dose			
			Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm²	Minimum UV Dose Required, mW-sec/cm²		
1	24	475,000										2.0	
2	24	390,000										1.8	
3	24	523,000										1.5	
4	24	622,000										1.6	
5	24	516,000										1.5	
6	24	540,000										1.6	
7	24	584,000										1.4	
8	24	518,000										1.5	
9	24	426,000										1.5	
10	24	526,000										1.6	
11	24	600,000										1.5	
12	24	524,000										1.6	
13	24	623,000										1.6	
14	24	532,000										1.6	
15	24	523,000										1.3	
16	24	214,000										0.9	
17	24	260,000										0.8	
18	24	560,000										0.9	
19	24	433,000										0.9	
20	24	582,000										0.9	
21	24	571,000										0.8	
22	24	720,000										1.0	
23	24	430,000										1.8	
24	24	560,000										1.4	
25	24	723,000										1.5	
26	24	420,000										1.5	
27	24	596,000										1.1	
28	24	542,000										1.0	
29	24	626,000										1.1	
30	24	437,000										1.2	
31	24	636,000										1.2	
Total		16237000											
Average		524,000											
Maximum		728,000											

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

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

FILE 641

See page 4 for instructions.

I. General Information for the Month/Year of: April, 2004

A. Public Water System (PWS) Information

PWS Name: Utilities, Inc. of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,100	Total Population Served at End of Month: 3850		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Avenue	City: Altamonte Springs	State: Fl	Zip Code: 32714
Contact Person's Telephone Number: (407) 869-1919	Contact Person's Fax Number: (407) 869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: (407) 869-1919
Plant Address: 501 State Road 44	City: Leesburg	State: Fl	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators			
Lead/Chief Operator	Daniel Anderson	A	7141
Other Operators			
	David Shoffstall		
	Charles Schwades	C	7368

II. Certification by Lead/Chief Operator

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

Daniel A. Anderson 4/30/04
Signature and Date

Daniel Anderson
Printed or Typed Name

#A-0007141 DW
License Number

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

PWS Identification Number: 3354653	Plant Name: Utilities, Inc. of Florida	Pepplbrooke W. T. P.

III. Daily Data for the Month Year of: April 2004

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

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

Day of the Month	Hours Plant is Operating	Finished Water Pumped (gallons)										
1	24	593,000									1.2	
2	24	450,000									1.2	
3	24	666,000									1.3	
4	24	532,000									1.4	
5	24	669,000									1.2	
6	24	461,000									1.3	
7	24	698,000									1.0	
8	24	691,000									1.2	
9	24	563,000									0.9	
10	24	684,000									1.0	
11	24	679,000									1.1	
12	24	333,000									1.0	
13	24	311,000									1.1	
14	24	577,000									1.1	
15	24	660,000									1.4	
16	24	594,000									1.1	
17	24	687,000									1.1	
18	24	688,000									1.0	
19	24	540,000									1.3	
20	24	466,000									1.1	
21	24	732,000									1.2	
22	24	671,000									1.3	
23	24	700,000									1.2	
24	24	764,000									1.0	
25	24	748,000									1.1	
26	24	555,000									1.4	
27	24	510,000									1.3	
28	24	491,000									1.3	
29	24	978,000									1.3	
30	24	456,000									1.2	
31												
		18,108,000										
		603,600										
		978,200										

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: MAY,2004

A. Public Water System (PWS) Information

PWS Name: Utilties. inc. of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month:	Total Population Served at End of Month:		
PWS Owner: Utilities, Inc. of Florida			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida			Plant Telephone Number: 407-869-1919
Plant Address: 501 State Road 44	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	
Other Operators:	Daniel Anderson	A	7141	
	Dan Sherwood	C	8570	

P.B. X1000

My well #1 10205000

well #2 10420

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator lic ter treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accur: at all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable st C. I also certify that the following additional operations records for this plant were prepared each day that a licensed ope dicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operations records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Charles G. Schwades 6/3/04
Signature and Date

Charles G. Schwades
Printed or Typed Name

C 7368
License Number

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

PWS Identification Number: 3354653 | Plant Name: Utilities, Inc. of Florida

III. Daily Data for the Month/Year **MAY,2004**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, *minutes*	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	543,000										1.2	
2	x	24	488,000										1.10	
3	x	24	311,000										1.5	
4	x	24	191,000										1.2	
5	x	24	519,000										1.2	
6	x	24	715,000										1.1	
7	x	24	626,000										1.2	
8	x	24	608,000										1.2	
9	x	24	947,000										1.1	
10	x	24	494,000										1.2	
11	x	24	503,000										1.1	
12	x	24	716,000										1.0	
13	x	24	610,000										1.8	
14	x	24	701,000										1.2	
15	x	24	594,000										1.1	
16	x	24	1,019,000										1.2	
17	x	24	482,000										1.1	
18	x	24	431,000										1.3	
19	x	24	699,000										1.2	
20	x	24	823,000										1.8	
21	x	24	755,000										1.6	
22	x	24	666,000										1.6	
23	x	24	1,077,000										1.4	
24	x	24	657,000										1.2	
25	x	24	457,000										1.3	
26	x	24	545,000										1.5	
27	x	24	840,000										1.4	
28	x	24	1,133,000										1.0	
29	x	24	919,000										1.5	
30	x	24	846,000										1.4	
31	x	24	710,000										1.5	
Total			20,627,000	20.625										
Average			665,387											
Maximum			1,133,000											

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

691

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: June,2004

A. Public Water System (PWS) Information

PWS Name: Utilties. Inc.of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,194	Total Population Served at End of Month: 2735		
PWS Owner: Utilities, Inc. of Pennbrooke			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc.of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 State Road 44	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	Plant Class (per subsection 62-699.310(4), F.A.C.):		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Charles G. Schwades	C	7368	
Other Operators:	Daniel Anderson	A	7141	
	Dan Sherwood	C	8570	

II. Certification by Lead/Chief Operator

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

Charles G. Schwades 7/1/04 — Signature and Date

Charles G. Schwades — Printed or Typed Name

C-7368 — License Number

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

PWS Identification Number: 3354653 | Plant Name: Utilities Inc. of Pennbrooke

III. Daily Data for the Month/Year **June 2004**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	x	24	494,000										1.5	
2	x	24	870,000										1.4	
3	x	24	861,000										1.3	
4	x	24	526,000										1.3	
5	x	24	731,000										1.2	
6	x	24	925,000										1.1	
7	x	24	407,000										1.3	
8	x	24	274,000										1.2	
9	x	24	846,000										1.2	
10	x	24	262,000										1.2	
11	x	24	548,000										1.3	
12	x	24	686,000										1.4	
13	x	24	709,000										1.0	
14	x	24	320,000										1.0	
15	x	24	150,000										1.0	
16	x	24	590,000										1.3	
17	x	24	668,000										1.2	
18	x	24	658,000										1.2	
19	x	24	701,000										1.2	
20	x	24	678,000										1.0	
21	x	24	254,000										0.9	
22	x	24	190,000										1.0	
23	x	24	633,000										1.0	
24	x	24	627,000										1.0	
25	x	24	463,000										0.9	
26	x	24	454,000										1.1	
27	x	24	614,000										1.1	
28	x	24	283,000										1.1	
29	x	24	201,000										1.0	
30	X	24	367,000										1.20	
31														
Total			15,990,000											
Average			533,000											
Maximum			925,000											

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

WATER LOSS RECORD

Include Sevice Line and Main Breaks, Hydrant Exercise and Flushing

SYSTEM/SUB #: Pennbrooke

MONTH/YEAR: June 2004

DATE	SIZE	TYPE (see below)	FLUSHING/ BREAK TIME (MIN)	ESTIMATE RATE	TOTAL GALLONS	LOCATION OF FLUSHING OR LINE BREAK
1					20,000	BACK WASH
2					20,000	BACK WASH
3					20,000	" "
4					20,000	" "
5					20,000	" "
6					40,000	" "
7					20,000	" "
8					20,000	" "
9					20,000	" "
10						
11						
12						
13						
14						
15						
16						
17						
18					50,000	BACK WASH
19						
20						
21						
22						
23						
24						
25						
26					20,000	BACK WASH
27					270,000	FLUSHED Hydrant
28					20,000	BACK WASH
29					20,000	" "
30					20,000	" "
31						

Type Code
1) Water breaks
2) Flushing hydrants
3) Meter defect
4) Construction
5) Other

641

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: JULY,2004

A. Public Water System (PWS) Information

PWS Name: Utilties. Inc.of Pennbrooke			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month:	Total Population Served at End of Month:		
PWS Owner: Utilities, Inc. of Pennbrooke			
Contact Person: Patrick C. Flynn	Contact Person's Title: Regional Director		
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: Fl.	Zip Code: 32714
Contact Person's Telephone Number: 407-869-1919	Contact Person's Fax Number: 407-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities, Inc.of Pennbrooke			Plant Telephone Number: 407-869-1919
Plant Address: 501 State Road 44	City: Leesburg	State: Fl.	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): C		

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Daniel Anderson	A	7141	M-F WEEKEND VISIT
Other Operators:	Charles Schwades	C	7368	M-F WEEKEND VISIT
	Dan Sherwood	C	8570	M-F WEEKEND VISIT

II. Certification by Lead/Chief Operator

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

Daniel S. Anderson July 31st, 2004
Signature and Date

Daniel Anderson
Printed or Typed Name

OSA ~~C-7368~~ #A-0007141 DW
License Number

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

PWS Identification Number: 3354653	Plant Name: Utilities, Inc.of Pennbrooke

III. Daily Data for the Month/Year **JULY,2004**

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose			
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm^2	Minimum UV Dose Required, mW-sec/cm^2		
1	X	24	740,000										1.1	
2	x	24	470,000										1.3	
3	x	24	394,000										1.0	
4	x	24	581,000										1.0	
5	x	24	540,000										1.1	
6	x	24	361,000										1.1	
7	x	24	551,000										1.1	
8	x	24	478,000										1.0	
9	x	24	668,000										1.1	
10	x	24	637,000										1.2	
11	x	24	692,000										1.1	
12	x	24	399,000										1.2	
13	x	24	340,000										1.2	
14	x	24	645,000										1.2	
15	x	24	780,000										1.3	
16	x	24	558,000										1.3	
17	x	24	649,000										1.2	
18	x	24	600,000										1.1	
19	x	24	240,000										1.5	
20	x	24	280,000										1.4	
21	x	24	590,000										1.5	
22	x	24	637,000										1.1	
23	x	24	608,000										1.1	
24	x	24	444,000										1.1	
25	x	24	238,000										1.0	
26	x	24	580,000										1.0	
27	x	24	320,000										1.2	
28	x	24	270,000										1.3	
29	x	24	340,000										1.0	
30	x	24	490,000										1.4	
31	x	24	430,000										1.3	
Total			15,550,000											
Average			501,600											
Maximum			780,000											

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

691

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of August / 2004

A. Public Water System (PWS) Information

PWS Name: Pennbrooke WTP			PWS Identification Number: 3354653
PWS Type: ☑ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,112		Total Population Served at End of Month: 2,780	
PWS Owner: Utilities Inc. of Pennbrooke			
Contact Person: Bill Coates		Contact Person's Title: Area Manager	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (407)-509-9098		Contact Person's Fax Number: ~~(407)-509-9098~~ (352)-242-0565	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pennbrooke WTP			Plant Telephone Number: 800-272-1919
Plant Address: 200 Weathersfield Ave		City: Altamonte Springs	State: FL Zip Code: 32714
Type of Water Treated by Plant: ☑ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.): Class C	

Daniel S. Anderson	Class A	#A-0007141	Mon.-Thurs.	8:00 Am - 4:30 Pm
Charles G. Schwades	Class C	#C-0007368	Fri.-Sat.	8:00 Am - 4:30 Pm
Dan Sherwood	Class C	#C-0008570	Sun.	8:00 Am - 4:30 Pm

II. Certification by Lead Chief Operator

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

Daniel S. Anderson 8/31/04	Daniel S. Anderson	#A-0007141 DW
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: # 3354653 | Plant Name: Pennbrooke WTP

III. Data for the Month/Year of: August / 2004

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

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

Day	Plant Staffed (Yes or No)	Plant Visited by Operator (Place "X")	Hours Plant Staffed	Total Finished Water Produced (Gallons)	Lowest Reading for Turbidity of Combined Filter Effluent (NTU)	Highest Reading for Turbidity of Combined Filter Effluent (NTU)	Lowest Reading for Free Chlorine Residual in Finished Water (mg/L)	Highest Reading for Free Chlorine Residual in Finished Water (mg/L)	Lowest Reading for Combined Chlorine Residual in Finished Water (mg/L)	Highest Reading for Combined Chlorine Residual in Finished Water (mg/L)	Lowest Reading for Chlorine Dioxide Residual in Finished Water (mg/L)	Highest Reading for Chlorine Dioxide Residual in Finished Water (mg/L)	Lowest Reading for Free Chlorine Residual in Distribution System (mg/L)	Comments
1		X	24	620,000									1.1	
2		X	24	450,000									1.2	
3		X	24	250,000									1.0	
4		X	24	590,000									1.3	
5		X	24	620,000									1.3	
6		X	24	610,000									1.2	
7		X	24	552,000									1.1	
8		X	24	642,000									1.0	
9		X	24	250,000									1.0	
10		X	24	250,000									1.2	
11		X	24	360,000									1.2	
12		X	24	490,000									1.0	
13		X	24	409,000									1.0	
14		X	24	330,000									1.0	
15		X	24	211,000									1.0	
16		X	24	350,000									0.9	
17		X	24	310,000									1.2	
18		X	24	600,000									1.2	
19		X	24	420,000									1.3	
20		X	24	420,000									1.2	
21		X	24	693,000									1.2	Filtration Bypassed, Level contaminated.
22		X	24	170,000									1.0	
23		X	24	435,000									1.1	
24		X	24	220,000									0.9	
25		X	24	220,000									1.0	
26		X	24	443,000									1.1	
27		X	24	409,000									0.9	
28		X	24	558,000									1.0	
29		X	24	501,000									1.0	
30		X	24	410,000									1.0	
31		X	24	297,000									1.1	
				13,078,000										
				422,000										
				693,000										

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

FILE COPY

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

691

See page 4 for instructions.

I. General Information for the Month/Year of: Sept./2004

A. Public Water System (PWS) Information

PWS Name: Utilities, Inc. of Pennbrooke		PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Number of Service Connections at End of Month: 1,112	Total Population Served at End of Month: 2,780	
PWS Owner: Utilities, Inc. of Florida		
Contact Person: Patrick C Flynn	Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Avenue	City: Altamonte Springs / State: Fl	Zip Code: 32714
Contact Person's Telephone Number: (407) 869-1919	Contact Person's Fax Number: (407) 869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

B. Water Treatment Plant Information

Plant Name: Utilities, Inc. of Florida		Plant Telephone Number: (407) 869-1919
Plant Address: 501 State Road 44	City: Leesburg / State: Fl	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000		
Plant Category (per subsection 62-699.310(4), F.A.C.): III	Plant Class (per subsection 62-699.310(4), F.A.C.): Class C	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Daniel Anderson	Class A	#A-0007141 DW	Monday - Thursday / 8-430 pm
Other Operators:	Charles G. Schwades	Class C	#C-0007368 DW	Friday, Saturday / 8-430 pm
	Dan Sherwood	Class C	#C-0008570 DW	Sunday / 8-430 pm

II. Certification by Lead/Chief Operator

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

Daniel S. Anderson / 10/1/04
Signature and Date

Daniel Anderson
Printed or Typed Name

#A-0007141 DW
License Number

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

PWS Identification Number: 3354653 | Plant Name: Pembroke Water Treatment Plant

III. Daily Data for the Month/Year of: September/2004

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

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

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Named: October/2004

A. Public Water System (PWS) Information

PWS Name: Utilities Inc. of Pennbrooke WTP			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,112		Total Population Served at End of Month: 2,780	
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.		City: Altamonte Springs	State: FL Zip Code: 32714
Contact Person's Telephone Number: (407)-869-1919		Contact Person's Fax Number: (407)-896-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc. of Pennbrooke WTP			Plant Telephone Number: (407)-869-1919
Plant Address: 501 State Road 44 West		City: Leesburg	State: FL Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III.		Plant Class (per subsection 62-699.310(4), F.A.C.): Class C	

Name	Class	Certificate Number	Operating Shift
Daniel S. Anderson	Class A	#A-0007141 DW	Monday-Thursday / 8:00 Am - 4:30pm
Charles G. Schwades	Class C	#C-0007368 DW	Friday, Saturday / 8:00 Am - 4:30 pm
Dan Sherwood	Class C	#C-0008570 DW	Sunday / 8:00 Am - 4:30 pm

II. Certification by Lead/Chief Operator

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

Daniel S. Anderson 11/02/04	Daniel S. Anderson	#A-0007141 DW
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3354653 | Plant Name: Utilities Inc. of Pennbrooke WTP

III. Data for the Month Year: October / 2004

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

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

Day	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant Staffed or Visited by Operator	Total Finished Water Pumped (Gallons)									Lowest Free Chlorine Residual (mg/L)	
1	X	24	382,000									1.0	
2	X	24	423,000									1.2	
3	X	24	428,000									0.7	
4	X	24	480,000									1.1	
5	X	24	340,000									0.9	
6	X	24	443,000									1.0	
7	X	24	557,000									0.9	
8	X	24	310,000									0.8	
9	X	24	451,000									0.8	
10	X	24	738,000									0.9	
11	X	24	432,000									0.5	
12	X	24	239,000									1.1	
13	X	24	399,000									1.0	
14	X	24	525,000									1.4	
15	X	24	280,000									1.1	
16	X	24	470,000									1.0	
17	X	24	477,000									0.9	
18	X	24	340,000									1.0	
19	X	24	290,000									1.4	
20	X	24	480,000									1.6	
21	X	24	230,000									1.5	
22	X	24	340,000									1.2	
23	X	24	540,000									1.3	
24	X	24	496,000									1.2	
25	X	24	400,000									0.6	
26	X	24	310,000									1.4	
27	X	24	571,000									1.1	
28	X	24	634,000									1.0	
29	X	24	342,000									1.0	
30	X	24	657,000									1.0	
31	X	24	557,000									1.1	
Total			13,561,000										
Average			437,000										
Maximum			738,000										

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

1 of 1

MOR

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: NOVEMBER / 2004

A. Public Water System (PWS) Information

PWS Name: Utilities Inc. of Pennbrooke WTP			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,112		Total Population Served at End of Month: 2,780	
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave.	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: (407)-869-1919	Contact Person's Fax Number: (407)-869-6961		
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc--usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc. of Pennbrooke WTP		Plant Telephone Number:	
Plant Address: 501 State Road 44 West	City: Leesburg	State: FL	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III.	Plant Class (per subsection 62-699.310(4), F.A.C.): Class C		

Person in Charge	Name	Class of Lic.	License Number	Hours Worked
Lead/Chief Operator	Daniel S. Anderson	Class A	#A-0007141 DW	Monday-Thursday / 8:00 Am - 4:30 pm
Other Operator	Charles G. Schwades	Class C	#C-0007368 DW	Friday, Saturday / 8:00 Am - 4:30 pm
Other Operator	Dan Sherwood	Class C	#C-0008570 DW	Sunday / 8:00 Am - 4:30 pm

II. Certification by Lead/Chief Operator

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

Daniel S. Anderson 12/01/04 — Signature and Date

Daniel S. Anderson — Printed or Typed Name

#A-0007141 DW — License Number

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

PWS Identification Number: 3354653 | Plant Name: Utilities Inc. of Pennbrooke WTP

III. Daily Data for the Month Year of: NOVEMBER / 2004

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant Staffed	Net Quantity of Purchased Water Produced, gpd											
1	X	24	440,000										1.1	
2	X	24	370,000										1.0	
3	X	24	695,000										1.0	
4	X	24	702,000										1.2	
5	X	24	300,000										1.1	
6	X	24	642,000										1.0	
7	X	24	637,000										1.1	
8	X	24	440,000										1.0	
9	X	24	330,000										1.4	
10	X	24	537,000										1.3	
11	X	24	637,000										1.1	
12	X	24	416,000										1.1	
13	X	24	612,000										1.0	
14	X	24	310,000										1.1	
15	X	24	290,000										1.3	
16	X	24	250,000										1.0	
17	X	24	580,000										1.1	
18	X	24	509,000										0.9	
19	X	24	404,000										1.1	
20	X	24	629,000										1.1	
21	X	24	706,000										1.2	
22	X	24	460,000										0.8	
23	X	24	202,000										0.8	
24	X	24	611,000										0.7	
25	X	24	405,000										1.0	
26	X	24	350,000										1.1	
27	X	24	497,000										1.3	
28	X	24	440,000										1.2	
29	X	24	354,000										1.5	
30	X	24	240,000										1.1	
31														
Total			13,895,000 ✓											
Average			463,000											
Maximum			706,000											

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

691

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

FILE COPY

See page 4 for instructions.

I. General Information for the Month Year of: December, 2004

A. Public Water System (PWS) Information

PWS Name: Utilities Inc. of Pennbrooke WTP			PWS Identification Number: 3354653
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive			
Number of Service Connections at End of Month: 1,112		Total Population Served at End of Month: 2,780	
PWS Owner: Utilities Inc. of Florida			
Contact Person: Patrick C. Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Ave. Altamonte Springs FL	City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: (407)-869-1919		Contact Person's Fax Number: (407)-869-6961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com			

B. Water Treatment Plant Information

Plant Name: Utilities Inc. of Pennbrooke WTP			Plant Telephone Number: 800-272-1919
Plant Address: 501 SR. 44 West	City: Leesburg	State: FL	Zip Code: 34748
Type of Water Treated by Plant: ☒ Raw Ground Water ☐ Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 864,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): III.		Plant Class (per subsection 62-699.310(4), F.A.C.): Class C	

Daniel S. Anderson	Class A	#A-0007141 OW	Monday-Thursday 8:00 am - 4:30 pm
Charles G. Schwades	Class C	#C-0007368 OW	Friday, Saturday 8:00 am - 4:30 pm
Daniel T. Sherwood	Class C	#C-0008570	Sunday 8:00 - 4:30 pm

II. Certification by Lead Chief Operator

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

Daniel S. Anderson 12/31/04	Daniel S. Anderson	#A-0007141 OW
Signature and Date	Printed or Typed Name	License Number

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

PWS Identification Number: 3354653 | Plant Name: Utilities Inc. of Pennbrooke WTP

III. Daily Data for the Month Year of: December/2004

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

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

Day of Month	Was Plant Staffed for 24 Hours? (Place "X")	Hours Plant Staffed	Total Quantity Finished Water Produced (Gallons)										Lowest Free Chlorine Residual Measured in Distribution System (mg/L)	
1	X	24	580,000										1.1	
2	X	24	468,000										1.3	
3	X	24	407,000										1.2	
4	X	24	587,000										1.2	
5	X	24	560,000										1.4	
6	X	24	370,000										1.2	
7	X	24	280,000										1.2	
8	X	24	521,000										1.5	
9	X	24	590,000										1.8	
10	X	24	243,000										1.7	
11	X	24	260,000										1.7	
12	X	24	463,000										1.6	
13	X	24	370,000										1.3	
14	X	24	190,000										1.5	
15	X	24	504,000										1.4	
16	X	24	532,000										1.4	
17	X	24	240,000										1.3	
18	X	24	521,000										1.2	
19	X	24	566,000										1.1	
20	X	24	320,000										1.0	
21	X	24	272,000										1.0	
22	X	24	422,000										1.0	
23	X	24	517,000										1.6	
24	X	24	140,000										1.3	
25	X	24	210,000										1.1	
26	X	24	190,000										0.8	
27	X	24	160,000										1.2	
28	X	24	250,000										1.3	
29	X	24	483,000										1.4	
30	X	24	393,000										1.2	
31	X	24	290,000										1.5	
			11,894,000											
			384,000	(384,000) DSA										
			590,000											

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

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

PWS Identification Number: 3354653	Plant Name: Pennbrooke WTP

IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year: 2004

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =	Acrylamide Level, %† =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☐ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =	Epichlorohydrin Level, %† =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and 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 = 8.8
If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO_2 =

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

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

01/03/2005 15:26 3527281005 PENNBROOKE PAGE 02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed m his report to: Department of Environmental Protection, Central District, 3319 Maguire Bo. d Suite 232, Orlando, FL 32803-3767

FILE CUPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

641

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Jan. 1st, 2005 To Jan. 31st, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.066		MGD					0	5 Days/Week	Flow mtrs. + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.074		MGD					0	5 Days/Week	Flow mtrs. + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.011		MGD					0	5 Days/Week	Flow mtrs. + Tota
PARM Code 50050 Y Mon.Site No. FLW-34	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow mtrs. + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-34	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			MG/L	0	Every Two Weeks	8hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2.0	< 2.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.6			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	05/02/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUI .: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Jan. 1st, 2005 To Jan. 31st, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				88%			Percent	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2			#/100 ML	0	4Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.90			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.958			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				270			MG/L	0	Every Two Weeks	8-hour FR
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				330			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.094		MGD					0	5 Days/Week	Flow mtrs. + Totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.100	0.094	MGD					0	5 Days/Week	Flow mtrs. + Totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				52%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail report to: Department of Environmental Protection, Central District, 3319 Maguire Boul. Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Jan. 1st, 2005 To Jan. 31st, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.020		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-#3	Permit Requirement	0.030 (Mo.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.022	0.121	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-#3	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2.0	<2.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.6	7.7		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	05/02/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NU. λ: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: Jan. 1st, 2005 To Jan. 31st, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.3			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				200 (An Avg.)			#/100ML		Every Two Weeks	Grab
Mon Site NO EFA 1											
Coliform, Fecal	Sample Measurement				1	48		#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1											
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.56			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.50			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

Permit Number: FLA010570

DAILY SAMPLE RESULTS - PART B

Monitoring Period From: Jan. 1st, 2005 To: Jan. 31st, 2005

Facility: Pennbrooke WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1				7.6		5.00		1.298		
2				7.6		3.00		1.080		
3				7.4		5.00		1.349		
4				7.6		5.00		1.958		
5		<1		7.6		2.94	<2.0	0.467		
6		<1		7.5		1.90	<2.0	0.259		
7		<1		7.5		5.00	<2.0	0.286		
8				7.6		5.00		1.164		
9				7.6		5.00		0.985		
10				7.6		5.00		0.995		
11		<1		7.6		5.00	2.4	1.293		
12	<2.0	<1	0.67	7.6	<2.0	5.00	2.6	1.190	340	440
13		<1		7.6		4.92	2.2	1.220		
14		<1		7.7		5.00	2.4	1.332		
15				7.7		4.00		1.289		
16				7.7		4.81		1.310		
17		48		7.6		2.67	2.8	2.000		
18		<1		7.7		2.52	4.6	1.543		
19		<1		7.7		3.18	3.0	1.549		
20		<1		7.7		5.00	4.4	1.319		
21				7.6		2.56		2.253		
22				7.9		5.00		1.596		
23				7.7		5.00		0.848		
24		<1		7.8		5.00	<2.0	0.981		
25		2		7.7		2.39	2.0	1.140		
26	<2.0	<1	1.50	7.7	<2.0	5.00	<2.0	0.439	200	220
27		<1		7.6		2.94	<2.0	0.655		
28				7.8		5.00		0.669		
29				7.7		5.00		0.617		
30				7.7		5.00		1.660		
31		<1		7.7		4.40	<2.0	1.690		
Total	<4.0	64	2.17	237.1	<4.0	132.23	40.4	36.424	540	660
Mo. Avg.	<2.0	4	1.09	7.6	<2.0	4.27	2.5	1.175	270	330

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No:	#C-6490 DO	Name:	Allson S. McPhee
Evening Shift Operator	Class: B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
Night Shift Operator	Class: C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
L perator	Class: A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Jan. 1st, 2005 To: Jan. 31st, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.097	0.116	Ø	Ø						
2	0.099	0.119	Ø	Ø						
3	0.098	0.118	Ø	Ø						
4	0.092	Ø	0.092	Ø						
5	0.095	0.100	Ø	Ø						
6	0.107	0.133	Ø	Ø						
7	0.107	0.120	Ø	Ø						
8	0.096	0.113	Ø	Ø						
9	0.121	Ø	0.121	Ø						
10	0.105	Ø	0.105	Ø						
11	0.095	Ø	0.095	Ø						
12	0.106	0.117	Ø	Ø						
13	0.082	0.106	Ø	Ø						
14	0.092	0.110	Ø	Ø						
15	0.095	0.094	Ø	0.001						
16	0.112	Ø	0.028	0.084						
17	0.109	Ø	0.109	Ø						
18	0.083	Ø	Ø	0.083						
19	0.105	Ø	Ø	0.105						
20	0.110	Ø	0.027	0.083						
21	0.101	Ø	0.101	Ø						
22	0.106	0.091	Ø	0.015						
23	0.109	0.065	Ø	0.044						
24	0.110	0.062	Ø	0.048						
25	0.102	0.120	Ø	Ø						
26	0.100	0.116	Ø	Ø						
27	0.098	0.119	Ø	Ø						
28	0.090	0.113	Ø	Ø						
29	0.088	0.109	Ø	Ø						
30	0.093	0.115	Ø	Ø						
31	0.098	0.127	Ø	Ø						
Total	3.101	2.283	0.678	0.463						
Mo. Avg.	0.100	0.074	0.022	0.015						

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No:	#C-6490 DO	Name:	Allson S. McPhee
Evening Shift Operator	Class: B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
Night Shift Operator	Class: C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
.d Operator	Class: A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

CORRECTED COPY

DEPARTMENT OF ENVIRONMENTAL PR ECTION DISCHARGE MONITORING REPORT - PART A

691

When Completed ma.. .nis report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Feburary 1, 2005 To Feburary 28, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.073		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	~~0.116~~ 0.079		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.008		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.007		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.9			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.0			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the informa ubmitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accur nd complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	800-272-1919	05-03-14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITO .G REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: February 1, 2005 To February 28, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
)H	Sample Measurement				7.4	7.8		SU	0	5 Days/Week	Grab
'ARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				93			PER-CENT	0	4 Days/Week	Grab
'ARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3			#/100ML	0	4 Days/Week	Grab
'ARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				4.0			MG/L	0	Continuous	Meter
'ARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				2.514			NTU	0	Continuous	Meter
'ARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				250			MG/L	0	Every Two Weeks	8-hour FPC
'ARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				210			MG/L	0	Every Two Weeks	8-hour FPC
'ARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.08		MGD					0	5 Days/Week	Flow meters and totalizers
'ARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.102	0.097	MGD					0	5 Days/Week	Flow meters and totalizers
'ARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacit(TMADF/Permitted Capacity) x 100	Sample Measurement				53			PER-CENT	0	Monthly	Calculated
'ARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PRC CTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Feburary 1, 2005 To February 28, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low, To Perc Ponds 1 & 2	Sample Measurement	0.021		MGD					0	5 Days/Week	Calculated
ARM Code 50050 Y lon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculated
low, To Perc Ponds 1 & 2	Sample Measurement	0.025	0.110	MGD					0	5 Days/Week	Calculated
ARM Code 50050 1 lon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
OD, Carbonaceous 5 day, 20C	Sample Measurement				1.9			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 Y lon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
OD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 1 lon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended	Sample Measurement				3.7			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 Y lon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended	Sample Measurement				1.7	2.4		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 1 on.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
H	Sample Measurement				7.4	7.8		SU	0	5 Days/Week	Grab
ARM Code 00400 1 on.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the informa bmitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accur d complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	800-272-1919	05-03-14

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITO .G REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: February 1, 2005 To February 28, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.6			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				0.6	3		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				4.0			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.8			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
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	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: February 1, 2005 To: February 28, 2005

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: February 1, 2005 To: February 28, 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		3		7.8		5.0	<2	1.749		
2		<1		7.5		5.0	2.8	1.489		
3		<1		7.4		5.0	2.8	1.832		
4				7.5		5.0		1.072		
5				7.7		5.0		0.611		
6				7.7		5.0		0.731		
7		<1		7.5		5.0	<2	0.737		
8		<1		7.5		5.0	<2	0.956		
9	<2	<1	0.84	7.6	2.4	5.0	4	1.242	230	150
10		<1		7.6		5.0	<2	1.621		
11				7.6		4.0		1.537		
12				7.6		5.0		2.514		
13				7.6		5.0		1.773		
14		<1		7.7		5.0	<2	1.435		
15		<1		7.6		5.0	<2	0.704		
16		<1		7.6		5.0	<2	0.682		
17		<1		7.6		5.0	<2	1.558		
18				7.7		5.0		1.007		
19				7.6		5.0		0.999		
20				7.6		5.0		0.792		
21		<1		7.7		5.0	<2	0.823		
22				7.6		5.0		1.075		
23	<2	<1	0.66	7.6	<2	5.0	<2	1.554	270	270
24		<1		7.6		5.0	<2	1.836		
25				7.6		5.0		2.418		
26				7.6		4.1		1.999		
27				7.7		4.0		1.816		
28				7.8		5.0		2.234		
29										
30										
31										
Total	2.0	10	1.5	213.2	3.4	137.1	20.6	38.796	500	420
Mo. Avg.	1.0	0.6	0.75	7.6	1.7	4.89	1.47	1.385	250	210

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: February 1, 2005 To: February 28, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.102	0.103	0.000	0.000						
2	0.112	0.138	0.000	0.000						
3	0.110	0.133	0.000	0.000						
4	0.095	0.094	0.000	0.000						
5	0.094	0.000	0.070	0.024						
6	0.096	0.000	0.072	0.024						
7	0.101	0.000	0.075	0.026						
8	0.100	0.122	0.000	0.000						
9	0.093	~~0.103~~ 0.107	0.000	0.000						
10	0.120	0.138	0.000	0.000						
11	0.105	0.037	0.000	0.000						
12	0.101	0.102	0.000	0.000						
13	0.103	0.000	0.000	0.103						
14	0.100	0.111	0.000	0.000						
15	0.101	0.123	0.000	0.000						
16	0.103	~~0.124~~ 0.126	0.000	0.000						
17	0.081	0.000	0.060	0.021						
18	0.105	~~0.126~~ 0.132	0.000	0.000						
19	0.108	~~0.141~~ 0.140	0.000	0.000						
20	0.106	~~0.131~~ 0.132	0.000	0.000						
21	0.093	0.114	0.000	0.000						
22	0.100	~~0.120~~ 0.121	0.000	0.000						
23	0.094	0.116	0.000	0.000						
24	0.110	0.123	0.000	0.000						
25	0.101	0.000	0.101	0.000						
26	0.107	0.000	0.107	0.000						
27	0.110	0.000	0.110	0.000						
28	0.105	0.000	0.105	0.000						
29										
30										
31										
Total	2.856	2.206	0.700	0.198						
Mo. Avg.	0.102	~~0.116~~ 0.079	0.025	0.007						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

691

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: March 1, 2005 To March 31 , 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Typ
Flow, To Public Access Reuse	Sample Measurement	0.071		MGD					0	5 Days/Week	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meter and totalizer
Flow, To Public Access Reuse	Sample Measurement	0.066		MGD					0	5 Days/Week	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meter and totalizer
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.008		MGD					0	5 Days/Week	Flow meter and totalizer
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meter and totalizer
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.008		MGD					0	5 Days/Week	Flow meter and totalizer
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7	4.3		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the infor submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, acc complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DI
Steve Pfouts / Lead Operator	Steve Pfouts	800-272-1919	05-04-14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): SEE ATTACHED SHEET

DISCHARGE MON RING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: March 1, 2005 To March 31 , 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Typ
pH	Sample Measurement				7.2	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.7			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.866			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				300			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				315			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.09		MGD					0	5 Days/Week	Flow meter and totalize
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meter and totalize
Flow	Sample Measurement	0.106	0.103	MGD					0	5 Days/Week	Flow meter and totalize
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meter and totalize
Percent Capacit(TMADF/Permitted Capacity) x 100	Sample Measurement				57 %			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL I TECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: March 1, 2005 To March 31 , 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Typ
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.019		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.042	0.134	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	4.3		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.0			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.1	5.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.2	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the infor submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, acc complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DI
Steve Pfouts / Lead Operator	Steve Pfouts	800-272-1919	05-04-14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITOR , REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: March 1, 2005 To March 31 , 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
oliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
ARM Code 74055 Y ion.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
oliform, Fecal	Sample Measurement				<1	<1		#/100ML	0	Every Two Weeks	Grab
ARM Code 74055 1 ion.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
otal Residual Chlorine (For isinfection)	Sample Measurement				2.7			MG/L	0	5 Days/Week	Grab
ARM Code 50060 A ion.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
itrogen, Nitrate, Total (as N)	Sample Measurement				0.4			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00620 1 on.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: March 1, 2005 To: March 31 , 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1		7.8		2.6	<2	1.477		
2		<1		7.8		5.0	<2	1.042		
3		<1		7.8		5.0	<2	1.031		
4		<1		7.8		5.0		0.891		
5				7.7		5.0		0.908		
6				7.8		5.0		0.701		
7		<1		7.8		5.0	<2	0.683		
8		<1		7.5		5.0	<2	0.826		
9	<2	<1	0.43	7.7	5.0	5.0	<2	0.837	300	370
10		<1		7.7		5.0	<2	0.717		
11				7.7		4.5		0.743		
12				7.7		4.1		0.908		
13				7.7		3.8		0.362		
14		<1		7.2		3.7	<2	0.928		
15		<1		7.7		4.6	<2	1.512		
16		<1		7.6		4.1	<2	1.866		
17				7.6		4.2		2.668		
18				7.6		4.9		1.707		
19				7.5		4.5		0.721		
20				7.4		4.7		0.435		
21		<1		7.4		4.7	<2	0.536		
22		<1		7.5		3.4	<2	0.649		
23	4.3	<1	0.18	7.5	<2	3.6	<2	1.290	300	260
24		<1		7.6		4.7	<2	0.675		
25				7.6		4.4		0.874		
26				7.5		4.1		1.399		
27				7.6		3.9		2.163		
28				7.6		3.8		5.484		
29				7.6		5.0		5.880		
30				7.8		5.0		5.304		
31				7.7		5.0		1.775		
Total	5.3	<1	0.61	236.5	6.0	138.3	1.5	46.992	600	630
Mo. Avg.	2.7	<1	0.31	7.6	3.0	4.46	0.1	1.515	300	315

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: March 1, 2005 To: March 31 , 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.106	0.000	0.106	0.000						
2	0.102	0.027	0.075	0.000						
3	0.097	0.025	0.072	0.000						
4	0.101	0.122	0.000	0.000						
5	0.101	0.121	0.000	0.000						
6	0.100	0.124	0.000	0.000						
7	0.094	0.116	0.000	0.000						
8	0.099	0.121	0.000	0.000						
9	0.107	0.129	0.000	0.000						
10	0.110	0.128	0.000	0.000						
11	0.098	0.122	0.000	0.000						
12	0.109	0.135	0.000	0.000						
13	0.098	0.122	0.000	0.000						
14	0.097	0.117	0.000	0.000						
15	0.103	0.122	0.000	0.000						
16	0.108	0.128	0.000	0.000						
17	0.100	0.028	0.072	0.000						
18	0.103	0.000	0.103	0.000						
19	0.107	0.000	0.107	0.000						
20	0.107	0.132	0.000	0.000						
21	0.099	0.009	0.090	0.000						
22	0.107	0.038	0.069	0.000						
23	0.103	0.109	0.000	0.000						
24	0.109	0.058	0.013	0.038						
25	0.110	0.000	0.000	0.110						
26	0.111	0.000	0.000	0.111						
27	0.117	0.000	0.117	0.000						
28	0.134	0.000	0.134	0.000						
29	0.122	0.000	0.122	0.000						
30	0.120	0.000	0.120	0.000						
31	0.114	0.000	0.114	0.000						
Total	3.293	2.033	1.314	0.259						
Mo. Avg.	0.106	0.066	0.042	0.008						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

691

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: April 1. 2005 To April 30. 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.075		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.085		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.008		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.000		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.7	2.4		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.6			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/05/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITOR[illegible]G REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: April 1, 2005 To April 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				94 %			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				6			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.3			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.95			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				255			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				325			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.090		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.099	0.102	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity)x100	Sample Measurement				57 %			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROT TION DISCHARGE MONITORING REPORT - PART A

Vhen Completed mail report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: April 1, 2005 To April 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.018		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.026	0.125	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.7	2.4		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended	Sample Measurement				1.8			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended	Sample Measurement				1.0	1.0		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
H	Sample Measurement				7.6	7.9		SU	0	5 Days/Week	Grab
ARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

rtify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the rmation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, , accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

AME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
teve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/05/12

MMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: April 1, 2005 To April 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.8			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				6	6		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.3			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.56			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: April 1, 2005 To: April 30, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.115	0.000	0.115	0.000						
2	0.125	0.000	0.125	0.000						
3	0.112	0.000	0.112	0.000						
4	0.109	0.120	0.000	0.000						
5	0.111	0.138	0.000	0.000						
6	0.108	0.131	0.000	0.000						
7	0.112	0.134	0.000	0.000						
8	0.111	0.139	0.000	0.000						
9	0.098	0.000	0.098	0.000						
10	0.115	0.000	0.115	0.000						
11	0.091	0.000	0.091	0.000						
12	0.097	0.122	0.000	0.000						
13	0.099	0.117	0.000	0.000						
14	0.096	0.114	0.000	0.000						
15	0.095	0.103	0.000	0.000						
16	0.098	0.107	0.000	0.000						
17	0.092	0.065	0.027	0.000						
	0.093	0.084	0.009	0.000						
19	0.100	0.119	0.000	0.000						
20	0.096	0.114	0.000	0.000						
21	0.097	0.114	0.000	0.000						
22	0.096	0.097	0.000	0.000						
23	0.087	0.096	0.000	0.000						
24	0.095	0.110	0.000	0.000						
25	0.090	0.106	0.000	0.000						
26	0.085	0.098	0.000	0.000						
27	0.064	0.077	0.000	0.000						
28	0.086	0.000	0.086	0.000						
29	0.098	0.120	0.000	0.000						
30	0.099	0.116	0.000	0.000						
31										
Total	2.97	2.541	0.788	0.000						
Mo. Avg.	0.09	0.085	0.026	0.000						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Le erator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PF ECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Complet il this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

691

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: May 1, 2005 To May 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow, To Public Access Reuse	Sample Measurement	0.073		MGD					0	5 Days/Week	Flow mete and totalize
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow mete and totalize
Flow, To Public Access Reuse	Sample Measurement	0.050		MGD					0	5 Days/Week	Flow mete and totalize
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow mete and totalize
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.009		MGD					0	5 Days/Week	Flow mete and totalize
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow mete and totalize
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.013		MGD					0	5 Days/Week	Flow mete and totalize
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow mete and totalize
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.6			MG/L	0	Every Two Weeks	8-hour FP(
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FP(
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FP(
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FP(
Solids, Total Suspended	Sample Measurement				3.0			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/D
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/06/13

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): SEE ATTACHED SHEET.

DISCHARGE MONI ING REPORT - PART A (Continued)

FACILITY NA Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: May 1, 2005 To May 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
pH	Sample Measurement				7.4	8.2		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				94 %			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.90			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				210			MG/L	0	Every Two Weeks	8-hour FP
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FP
Solids, Total Suspended	Sample Measurement				280			MG/L	0	Every Two Weeks	8-hour FP
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FP
Flow	Sample Measurement	0.091		MGD					0	5 Days/Week	Flow mete and totalize
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow mete and totalize
Flow	Sample Measurement	0.085	0.097	MGD					0	5 Days/Week	Flow mete and totalize
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow mete and totalize
Percent Capacity, (TMADF/Permitted Capacity)x100	Sample Measurement				54 %			PER-CENT	0	Monthly	Calculate
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculate
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Complete, mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: May 1, 2005 To May 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.020		MGD					0	5 Days/Week	Calculate
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculate
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.029	0.107	MGD					0	5 Days/Week	Calculate
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculate
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.6			MG/L	0	Every Two Weeks	8-hour FP
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FP
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FP
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FP
Solids, Total Suspended	Sample Measurement				1.8			MG/L	0	Every Two Weeks	8-hour FP
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FP
Solids, Total Suspended	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FP
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FP
pH	Sample Measurement				7.4	8.2		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/D
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/06/13

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONI' 'ING REPORT - PART A (Continued)

FACILITY NA Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: May 1, 2005 To May 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
Coliform, Fecal	Sample Measurement				0.8			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				35			MG/L	1	Every Two Weeks	8-hour FP
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FP
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: May 1, 2005 To: May 31, 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1				7.7		3.8		1.60		
2		<1		7.6		5.0	3	1.85		
3		<1		7.7		3.4	<2	1.80		
4	<2	<1	0.52	7.7	<2	4.3	<2	1.00	220	230
5		<1		7.7		4.3	<2	1.50		
6				7.7		4.4		0.90		
7				7.6		4.8		1.80		
8				7.8		1.2		0.55		
9		<1		7.6		1.1	<2	1.50		
10		<1		8.2		1.2	<2	1.90		
11		<1		7.6		5.0	<2	1.00		
12		<1		8.0		5.0	<2	1.20		
13				7.8		1.2		1.50		
14				7.4		3.5		1.00		
15				7.7		5.0		1.00		
16		<1		7.7		5.0	<2	0.75		
17		<1		7.6		5.0	<2	1.50		
18	<2	<1	35	7.6	<2	5.0	<2	0.55	200	330
19		<1		7.6		5.0	<2	0.65		
20				7.6		4.2		1.30		
21				7.4		5.0		1.45		
22				7.6		4.6		1.45		
23		1		7.6		3.0	<2	1.25		
24		<1		7.6		2.5	<2	1.20		
25		<1		7.7		3.2	<2	1.25		
26		<1		7.8		5.0	<2	1.20		
27				7.8		5.0		0.90		
28				7.7		5.0		0.80		
29				7.8		5.0		1.10		
30		<1		7.9		5.0	<2	0.75		
31		<1		7.8		5.0	<2	0.80		
Total	<2	1	36	239	<2	126	20	37.00	420	560
Mo. Avg.	<2	0.06	18	7.7	<2	4.1	1.1	1.19	210	280

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Alison McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: May 1, 2005 To: May 31, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.097	0.116	0.000	0.000						
2	0.068	0.079	0.000	0.000						
3	0.083	0.032	0.051	0.000						
4	0.088	0.101	0.000	0.000						
5	0.102	0.118	0.000	0.000						
6	0.105	0.013	0.092	0.000						
7	0.107	0.000	0.107	0.000						
8	0.080	0.000	0.080	0.000						
9	0.092	0.000	0.092	0.000						
10	0.096	0.000	0.096	0.000						
11	0.069	0.000	0.069	0.000						
12	0.096	0.000	0.096	0.000						
13	0.094	0.002	0.092	0.000						
14	0.094	0.000	0.024	0.070						
15	0.093	0.000	0.023	0.070						
16	0.082	0.000	0.020	0.062						
17	0.093	0.000	0.023	0.070						
18	0.089	0.000	0.022	0.067						
19	0.078	0.000	0.019	0.059						
20	0.074	0.082	0.000	0.000						
21	0.076	0.093	0.000	0.000						
22	0.081	0.095	0.000	0.000						
23	0.078	0.095	0.000	0.000						
24	0.076	0.093	0.000	0.000						
25	0.078	0.091	0.000	0.000						
26	0.073	0.088	0.000	0.000						
27	0.081	0.091	0.000	0.000						
28	0.078	0.091	0.000	0.000						
29	0.078	0.094	0.000	0.000						
30	0.066	0.082	0.000	0.000						
31	0.081	0.097	0.000	0.000						
Total	2.626	1.553	0.906	0.398						
Mo. Avg.	0.085	0.050	0.029	0.013						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail report to: Department of Environmental Protection, Central District, 3319 Maguire Boule. , Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

691

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: June 1, 2005 To June 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.073		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.057		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.010		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.033		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/07/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITOR[illegible]G REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUM[illegible]: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: June 1, 2005 To June 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.7	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				89 %			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 % (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.5			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.60			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				253			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				270			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.092		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.088	0.091	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity)x100	Sample Measurement				51%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail Report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: June 1, 2005 To June 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.020		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.008	0.023	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.8			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.7	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/07/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: June 1, 2005 To: June 30, 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400		50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1	<2	<1	4.7	7.9	<2	4.4	<2	0.50	210	350
2	<2	<1		7.9	<2	4.6		0.75		
3				7.9		3.5		0.60		
4				7.7		4.7		0.50		
5				7.9		4.6		0.25		
6	<2	<1		7.8	<2	3.7		0.50		
7	<2	<1		7.9	<2	3.6		0.35		
8	<2	1		7.9	<2	4.3		1.00		
9	<2	1		7.8	<2	5.0		0.80		
10				7.9		5.0		0.70		
11				7.9		5.0		0.50		
12				7.9		5.0		0.35		
13	<2	<1		8.0	<2	4.9		0.60		
14	<2	<1		7.9	<2	4.8		0.65		
15	<2	<1	0.45	7.9	<2	3.8	<2	0.40	260	220
16	<2	<1		7.9	<2	3.9		0.60		
17				7.9		2.5		0.60		
				7.8		2.6		0.80		
19				8.0		3.9		0.30		
20	<2	<1		7.9	<2	3.6		0.80		
21	<2	<1		7.9	<2	4.3		1.20		
22	<2	<1		8.0	<2	4.9		0.40		
23	<2	<1		8.0	<2	5.0		1.10		
24				8.0		3.8		0.90		
25				8.0		5.0		0.50		
26				8.1		5.0		1.60		
27	<2	<1		8.1	<2	4.5		1.00		
28	<2	<1		8.0	<2	5.0		0.90		
29	<2	<1	0.51	7.9	<2	5.0	<2	0.80	290	240
30	<2	<1		7.9	<2	4.4		0.80		
31										
Total	<2	<1	6	238	<2	130	<2	20.75	760	810
Mo. Avg.	<2	<1	2	7.9	<2	4.3	<2	0.69	253	270

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Li perator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: June 1, 2005 To: June 30, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.080	0.096	0.000	0.000						
2	0.086	0.103	0.000	0.000						
3	0.086	0.107	0.000	0.000						
4	0.079	0.096	0.000	0.000						
5	0.080	0.098	0.000	0.000						
6	0.085	0.104	0.000	0.000						
7	0.084	0.102	0.000	0.000						
8	0.092	0.118	0.000	0.000						
9	0.092	0.112	0.000	0.000						
10	0.082	0.030	0.010	0.042						
11	0.093	0.000	0.019	0.074						
12	0.093	0.112	0.000	0.000						
13	0.091	0.000	0.018	0.073						
14	0.091	0.000	0.018	0.073						
15	0.083	0.000	0.016	0.067						
16	0.093	0.000	0.018	0.075						
17	0.084	0.001	0.016	0.067						
	0.079	0.000	0.015	0.064						
19	0.088	0.107	0.000	0.000						
20	0.078	0.098	0.000	0.000						
21	0.082	0.101	0.000	0.000						
22	0.087	0.109	0.000	0.000						
23	0.082	0.096	0.000	0.000						
24	0.080	0.101	0.000	0.000						
25	0.082	0.020	0.012	0.050						
26	0.096	0.000	0.019	0.077						
27	0.085	0.000	0.017	0.068						
28	0.115	0.000	0.023	0.092						
29	0.107	0.000	0.021	0.086						
30	0.117	0.000	0.023	0.094						
31										
Total	2.652	1.711	0.245	1.002						
Mo. Avg.	0.088	0.057	0.008	0.033						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Li erator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

691

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: July 1, 2005 To July 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow, To Public Access Reuse	Sample Measurement	0.076		MGD					0	5 Days/Week	Flow meter and totalize
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meter and totalize
Flow, To Public Access Reuse	Sample Measurement	0.054		MGD					0	5 Days/Week	Flow meter and totalize
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meter and totalize
Flow, To Pere Ponds 3 & 4	Sample Measurement	0.012		MGD					0	5 Days/Week	Flow meter and totalize
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meter and totalize
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.033		MGD					0	5 Days/Week	Flow meter and totalize
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meter and totalize
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.5			MG/L	0	Every Two Weeks	8-hour FP(
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FP(
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FP(
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FP(
Solids, Total Suspended	Sample Measurement				<2			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/D
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/08/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: July 1, 2005 To July 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
pH	Sample Measurement				7.7	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				93 %			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 % (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				3			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.6			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.50			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				235			MG/L	0	Every Two Weeks	8-hour FP
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FP
Solids, Total Suspended	Sample Measurement				280			MG/L	0	Every Two Weeks	8-hour FP
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FP
Flow	Sample Measurement	0.093		MGD					0	5 Days/Week	Flow mete and totalize
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow mete and totalize
Flow	Sample Measurement	0.088	0.087	MGD					0	5 Days/Week	Flow mete and totalize
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow mete and totalize
Percent Capacity, (TMADF/Permitted Capacity)x100	Sample Measurement				48%			PER-CENT	0	Monthly	Calculate
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculate
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PRO..CTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: July 1, 2005 To July 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.017		MGD					0	5 Days/Week	Calculatec
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculatec
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.008	0.024	MGD					0	5 Days/Week	Calculatec
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculatec
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.5			MG/L	0	Every Two Weeks	8-hour FP(
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FP(
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FP(
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60:0 (Max.)		MG/L		Every Two Weeks	8-hour FP(
Solids, Total Suspended	Sample Measurement				1.6			MG/L	0	Every Two Weeks	8-hour FP(
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FP(
Solids, Total Suspended	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FP(
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60:0 (Max.)		MG/L		Every Two Weeks	8-hour FP(
pH	Sample Measurement				7.7	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/D
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/08/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: July 1, 2005 To July 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
Coliform, Fecal	Sample Measurement				0.8			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.5			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.2			MG/L	0	Every Two Weeks	8-hour FP
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FP
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: July 1, 2005 To: July 31, 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1				7.8		2.6		1.50		
2				7.7		3.4		1.50		
3				7.8		4.6		0.40		
4		<1		7.8		4.0	<2	0.60		
5		<1		7.7		4.2	<2	0.90		
6		<1		7.8		4.0	<2	1.10		
7		3		7.8		5.0	<2	0.90		
8				7.7		5.0		0.50		
9				7.8		5.0		0.35		
10				7.8		5.0		0.30		
11		<1		8.0		4.7	<2	0.55		
12		<1		8.0		5.0	<2	0.45		
13	<2	<1	2.2	8.0	<2	4.7	<2	0.30	290	340
14		<1		7.9		4.0	<2	0.45		
15				7.9		3.0		0.60		
16				7.8		3.6		0.60		
[illegible]				7.8		2.8		0.70		
18		<1		7.9		5.0	<2	1.60		
19		<1		7.9		5.0	<2	1.25		
20		<1		8.0		5.0	<2	0.55		
21		<1		8.0		5.0	<2	0.40		
22				8.0		5.0		0.50		
23				7.8		5.0		0.75		
24				7.9		5.0		0.50		
25		<1		8.0		5.0	<2	0.55		
26		<1		7.9		5.0	<2	0.65		
27	<2	<1	1.8	8.0	<2	4.5	<2	0.35	180	220
28		<1		8.0		4.0	<2	0.40		
29				7.9		2.5		0.60		
30				8.0		4.5		0.35		
31				8.1		4.5		0.50		
Total	<2	3	4	245	<2		<2	2065		
Mo. Avg.	<2	0.1	2	7.9	<2		<2	0.66		

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Dr Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Le. Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: July 1, 2005 To: July 31, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.115	0.004	0.022	0.089						
2	0.099	0.000	0.002	0.079						
3	0.119	0.000	0.024	0.095						
4	0.105	0.000	0.021	0.084						
5	0.098	0.000	0.020	0.078						
6	0.088	0.000	0.018	0.070						
7	0.088	0.070	0.004	0.014						
8	0.081	0.072	0.002	0.007						
9	0.081	0.115	0.000	0.000						
10	0.098	0.105	0.000	0.000						
11	0.096	0.114	0.000	0.000						
12	0.079	0.003	0.015	0.061						
13	0.089	0.000	0.018	0.071						
14	0.095	0.000	0.019	0.076						
15	0.092	0.000	0.018	0.074						
16	0.090	0.004	0.017	0.069						
	0.088	0.109	0.000	0.000						
18	0.081	0.096	0.000	0.000						
19	0.085	0.000	0.017	0.068						
20	0.088	0.076	0.002	0.010						
21	0.076	0.038	0.008	0.030						
22	0.075	0.095	0.000	0.000						
23	0.091	0.112	0.000	0.000						
24	0.072	0.088	0.000	0.000						
25	0.082	0.098	0.000	0.000						
26	0.074	0.094	0.000	0.000						
27	0.073	0.091	0.000	0.000						
28	0.073	0.090	0.000	0.000						
29	0.078	0.096	0.000	0.000						
30	0.083	0.090	0.000	0.000						
31	0.083	0.004	0.016	0.063						
Total	2.715	1664	0.243	1038						
Mo. Avg.	0.088	0.054	0.008	0.033						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
[illegible]hift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

PENNBROOKE WASTEWATER TREATMENT PLANT

OPERATORS	LICENSE NO:	MONTH / YEAR	JULY 2005
STEVE PFOUTS	B-9509	ELEC. METER	FIRST 17699
DANIEL ANDERSON	A-8122		LAST 18166
ALLSON MCPHEE	C-6490		TOTAL
CHARLES SCHWADES	C-7747		

DAY	TIME	INIT	EFF FLOW METER X 1000	TOTAL M.G.D.	REUSE FLOW X 1000	TOTAL M.G.D.	RESIDUALS CL2	RESIDUALS TURIBITY	EFF P.H.	EFF TEMP	RAIN
PREVIOUS NO:			211815		39953.0						
1	0930	DSA	211930	0.115	39957.0	0.004	4.36	0.401	7.8	26.8	0.82
2	7:00	SP	212029	0.099	39957.0	0.00	4.36	0.461	7.7	27.1	0.02
3	7:00AM	SP	212148	0.119	39957.0	Ø	4.08	0.413	7.8	27.5	0.20
4	7:00AM	SP	212253	0.105	39957.0	Ø	5.00	0.385	7.8	27.8	0.16
5	7:00AM	SP	212351	0.098	39957.0	Ø	5.00	0.391	7.7	27.6	Ø
6	7:00AM	SP	212439	0.088	39957.0	Ø	5.00	0.925	7.8	27.4	Ø
7	7:00AM	SP	212527	0.088	40027.0	0.070	5.00	0.751	7.8	27.8	Ø
8	7:00 AM	DSA	212608	0.081	40099.0	0.072	5.00	0.328	7.7	27.8	0.00"
9	7:00 AM	DSA	212689	0.081	40214.0	0.115	5.00	0.232	7.8	28.6	0.04"
10	8:00AM	SP	212787	0.098	40319.0	0.105	5.00	0.221	7.8	28.4	1.81"
11	7:00AM	SP	212883	0.096	40433.0	0.114	5.00	0.306	8.0	26.3	0.13
12	7:00AM	SP	212962	0.079	40436.0	0.003	5.00	0.363	8.0	27.3	0.14
13	8:00AM	DSA	213051	0.089	40436.0	Ø	5.00	0.279	8.0	27.7	0.03
14	7:00AM	DSA	213146	0.095	40436.0	Ø	4.52	0.301	7.9	28.3	0.14
15	8:00AM	DSA	213238	0.092	40436.0	Ø	5.00	0.338	7.9	28.4	0.05
16	7:00	DSA	213328	0.090	40440.0	.004	5.00	0.345	7.8	28.5	0.00"
17	8:00	DSA	213416	0.088	40549.0	.109	5.00	0.356	7.8	28.4°	0.00"
18	7:00AM	SP	213497	0.081	40645.0	0.096	4.65	0.401	7.9	27.9	0.05"
19	7:00AM	SP	213582	0.085	40645.0	Ø	5.00	0.835	7.9	27.6	0.02"
20	7:00AM	SP	213670	0.088	40721.0	0.076	5.00	0.372	8.0	27.3	0.03
21	7:00AM	SP	213746	0.076	40759.0	0.038	5.00	0.404	8.0	27.4	Ø
22	7:00AM	DSA	213821	0.075	40854.0	0.095	5.00	0.242	8.0	28.1°	Ø
23	7:00 AM	DSA	213912	0.091	40966.0	0.112	5.00	0.296	7.8	28.3°	0.00"
24	7:00AM	SP	213984	0.072	41054.0	0.088	5.00	0.350	7.9	27.8	0.12"
25	7:00AM	SP	214066	0.082	41152.0	0.098	5.00	0.381	8.0	27.4	0.43"
26	7:00AM	SP	214140	0.074	41246.0	0.094	5.00	0.328	7.9	27.6	Ø
27	7:00AM	SP	214213	0.073	41337.0	0.091	5.00	0.277	8.0	28.0	Ø
28	7:00AM	SP	214286	0.073	41427.0	0.090	4.90	0.301	8.0	27.8	Ø
29	7:00AM	SP	214364	0.078	41523.0	0.096	5.00	0.196	7.9	28.9	Ø
30	0600 AM	DS	214447	0.083	41613.0	0.090	5.00	0.331	8.0	28.3	1.69
31	7:00AM	SP	214530	0.083	41617.0	0.004	5.00	0.270	8.1	27.5	1.20
TOTAL			2715	2.715	1664	1.664					
AVG				0.087							
PEAK DAILY FLOW											

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

hen Completed mail ... eport to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

691

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: August 1, 2005 To August 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low, To Public Access Reuse	Sample Measurement	0.076		MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 Y fon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
low, To Public Access Reuse	Sample Measurement	0.067		MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 1 fon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
low, To Perc Ponds 3 & 4	Sample Measurement	0.012		MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 Y fon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
low, To Perc Ponds 3 & 4	Sample Measurement	0.019		MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 1 fon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement				1.3			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 Y on.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
OD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 1 on.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
lids, Total Suspended	Sample Measurement				<2			MG/L	0	4 Days/Week	Grab
ARM Code 00530 1 on.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

tify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the rmation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, , accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

AME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
teve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/09/13

MMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORI[illegible] REPORT - PART A (Continued)

ACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: August 1, 2005 To August 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
H	Sample Measurement				7.8	8.1		SU	0	5 Days/Week	Grab
ARM Code 00400 1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
oliform, Fecal, % less than detection	Sample Measurement				100 %			PER-CENT	0	4 Days/Week	Grab
ARM Code 51005 1	Permit Requirement				75 % (Min.)			PER-CENT		4 Days/Week	Grab
oliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
ARM Code 74055 1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
otal Residual Chlorine (For isinfection)	Sample Measurement				1.6			MG/L	0	Continuous	Meter
ARM Code 50060 A	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
rbidity	Sample Measurement				1.60			NTU	0	Continuous	Meter
ARM Code 00070 1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
OD, Carbonaceous 5 day, 20C	Sample Measurement				185			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 G	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended	Sample Measurement				240			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
ow	Sample Measurement	0.094		MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 P	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
ow	Sample Measurement	0.079	0.085	MGD					0	5 Days/Week	Flow meters and totalizers
ARM Code 50050 Q	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
rcent Capacity, (TMADF/Permitted apacity)x100	Sample Measurement				47%			PER-CENT	0	Monthly	Calculated
ARM Code 00180 1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

hen Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

ERMITTEE NAME:	Pennbrooke Utilities, Inc.	PERMIT NUMBER	FLA010570		
AILING ADDRESS:	501 SR 44 West Leesburg, FL 34748	LIMIT: CLASS SIZE:	Final N/A	REPORT: GROUP:	Monthly Domestic
ACILITY: OCATION:	Pennbrooke WWTF 501 SR 44 West Leesburg, FL 34748	MONITORING GROUP NUMBER: MONITORING GROUP DESC:	R-002 Percolation Pond # 1 and # 2		
OUNTY:	Lake	NO DISCHARGE FROM SITE: ☐			
		MONITORING PERIOD From:	August 1, 2005 To	August 31, 2005	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
low, To Perc Ponds 1 & 2	Sample Measurement	0.017		MGD					0	5 Days/Week	Calculated
ARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculated
low, To Perc Ponds 1 & 2	Sample Measurement	0.005	0.017	MGD					0	5 Days/Week	Calculated
ARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.3			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended	Sample Measurement				1.6			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
olids, Total Suspended	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
H	Sample Measurement				7.8	8.1		SU	0	5 Days/Week	Grab
ARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

ertify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the formation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, e, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/09/13

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

ACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: August 1, 2005 To August 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
oliform, Fecal	Sample Measurement				0.8			#/100ML	0	Every Two Weeks	Grab
ARM Code 74055 Y ion.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
oliform, Fecal	Sample Measurement				<1	<1		#/100ML	0	Every Two Weeks	Grab
ARM Code 74055 1 ion.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean	800 (Max.)		#/100ML		Every Two Weeks	Grab
otal Residual Chlorine (For isinfection)	Sample Measurement				1.6			MG/L	0	5 Days/Week	Grab
ARM Code 50060 A ion.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
itrogen, Nitrate, Total (as N)	Sample Measurement				5.4			MG/L	0	Every Two Weeks	8-hour FPC
ARM Code 00620 1 ion.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
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	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: August 1, 2005 To: August 31, 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1		8.0		3.4	<2	0.70		
2		<1		8.1		5.0	<2	0.70		
3		<1		8.1		5.0	<2	0.70		
4		<1		8.1		5.0	<2	0.80		
5				7.9		5.0		1.40		
6				7.9		5.0		1.20		
7				8.1		5.0		1.60		
8		<1		7.8		2.7	<2	1.50		
9		<1		8.0		3.3	<2	1.00		
10	<2	<1	4.7	8.0	<2	1.6	<2	1.20	180	250
11		<1		7.9		5.0	<2	0.75		
12				8.0		5.0		0.70		
13				7.8		5.0		0.90		
14				8.0		5.0		0.50		
15		<1		7.9		4.8	<2	0.80		
16		<1		8.0		5.0	<2	0.70		
17		<1		8.0		5.0	<2	0.80		
18		<1		7.9		5.0	<2	0.80		
19				8.1		5.0		0.85		
20				8.0		4.8		1.20		
21				8.0		4.6		0.90		
22		<1		7.8		5.0	<2	1.10		
23		<1		8.0		5.0	<2	1.10		
24	<2	<1	5.4	8.1	<2	5.0	<2	0.40	190	230
25		<1		8.0		5.0	<2	0.80		
26				8.0		5.0		0.35		
27				8.0		3.8		0.45		
28				8.0		5.0		0.25		
29		<1		8.1		5.0	<2	0.42		
30		<1		8.1		5.0	<2	0.50		
31		<1		8.1		5.0	<2	0.50		
Total	<2	<1	10.1	248	<2	143	<2	25.57	370	480
Mo. Avg.	<2	<1	5.0	8.0	<2	4.6	<2	0.82	185	240

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: August 1, 2005 To: August 31, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.085	0.000	0.017	0.068						
2	0.077	0.000	0.015	0.062						
3	0.087	0.000	0.017	0.070						
4	0.100	0.057	0.009	0.034						
5	0.105	0.125	0.000	0.000						
6	0.026	0.008	0.004	0.014						
7	0.104	0.113	0.000	0.000						
8	0.105	0.129	0.000	0.000						
9	0.096	0.117	0.000	0.000						
10	0.085	0.096	0.000	0.000						
11	0.064	0.080	0.000	0.000						
12	0.069	0.088	0.000	0.000						
13	0.062	0.012	0.010	0.040						
14	0.077	0.030	0.009	0.038						
15	0.082	0.104	0.000	0.000						
16	0.081	0.100	0.000	0.000						
17	0.079	0.099	0.000	0.000						
18	0.080	0.099	0.000	0.000						
19	0.085	0.105	0.000	0.000						
20	0.076	0.093	0.000	0.000						
21	0.084	0.104	0.000	0.000						
22	0.068	0.082	0.000	0.000						
23	0.074	0.090	0.000	0.000						
24	0.078	0.092	0.000	0.000						
25	0.073	0.084	0.000	0.000						
26	0.084	0.100	0.000	0.000						
27	0.064	0.044	0.004	0.016						
28	0.081	0.000	0.016	0.065						
29	0.081	0.000	0.016	0.065						
30	0.070	0.000	0.014	0.056						
31	0.075	0.000	0.015	0.060						
Total	2.457	2.051	0.146	0.578						
Mo. Avg.	0.079	0.067	0.005	0.019						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

PENNBROOKE WASTEWATER TREATMENT PLANT

OPERATORS	LICENSE NO:	MONTH / YEAR	August 2005
STEVE PFOUTS	B-9509	ELEC. METER FIRST	18165
DANIEL ANDERSON	A-8122	LAST	18625
ALLSON MCPHEE	C-6490	TOTAL	459
CHARLES SCHWADES	C-7747		

DAY	TIME	INIT	EFF FLOW METER X 1000	TOTAL M.G.D.	REUSE FLOW X 1000	TOTAL M.G.D.	RESIDUALS CL2	RESIDUALS TURIBITY	EFF P.H.	EFF TEMP	RAIN
PREVIOUS NO:			214635		41617.0						
1	7:00	SP	214720	0.085	41617.0	"	5.00	0.293	8.0	27.7	"
2	7:00	SP	214777	0.057	41617.0	"	5.00	0.328	8.1	27.7	"
3	7:00	SP	214884	0.081	41617.0	"	5.00	0.373	8.1	27.9	0.02
4	6:00	SP	214984	0.100	41677.0	0.057	5.00	0.376	8.1	27.4	"
5	8:00	OSK	215089	0.105	41799.0	.125	5.00	0.728	7.9	27.9	0.05
6	7:00 AM	SP	215115	0.026	41807.0	0.008	4.30	1.201	7.9	27.8°	"
7	7:00 AM	SP	215219	0.104	41920.0	0.113	5.00	1.984	8.1	28.0	1.13
8	7:00 AM	SP	215324	0.105	42049.0	0.129	4.03	0.760	7.8	27.0	"
9	7:00 AM	SP	215420	0.096	42166.0	0.117	5.00	0.705	8.0	27.7	"
10	7:00 AM	SP	215505	0.085	42262.0	0.096	5.00	0.891	8.0	28.0	0.15
11	7:00 AM	SP	215569	0.064	42342.0	0.080	5.00	0.812	7.9	28.0	"
12	9:00	OSK	215638	0.069	42430.0	0.088	5.00	0.603	8.0	28.6	0.00
13	9:30	OSK	215700	0.062	42442.0	0.012	5.00	0.618	7.8	28.4	"
14	7:00 AM	SP	215777	0.077	42472.0	0.030	5.00	0.654	8.0	29.1	"
15	7:00 AM	SP	215859	0.082	42576.0	0.104	5.00	0.512	7.9	27.7	"
16	7:00 AM	SP	215940	0.081	42676.0	0.100	5.00	0.587	8.0	28.6	"
17	7:00 AM	SP	216019	0.079	42775.0	0.099	5.00	0.537	8.0	29.3	"
18	7:00 PM	SP	216099	0.080	42874.0	0.099	5.00	0.743	7.9	28.9	"
19	8:00	OSK	216184	0.085	42979.0	0.105	5.00	0.906	8.1	29.4	0.00"
20	7:00 AM	SP	216260	0.076	43072.0	0.093	5.00	0.816	8.0	29.6°	0.71"
21	7:00 AM	SP	216344	0.084	43176.0	0.104	5.00	0.902	8.0	28.4	"
22	7:00 AM	SP	216412	0.068	43258.0	0.082	5.00	1.035	7.8	31.1	"
23	7:00 AM	SP	216486	0.074	43348.0	0.090	5.00	0.820	8.0	28.7	0.20"
24	7:00 AM	SP	216564	0.078	43440.0	0.092	5.00	0.549	8.1	28.4	"
25	11:00 AM	OSK	216637	0.073	43524.0	0.084	5.00	0.422	8.0	28.7	"
26	8:00 PM	OSK	216721	0.084	43624.0	0.100	5.00	0.305	8.0	28.9°	0.44"
27	7:00 AM	SP	216785	0.064	43668.0	0.044	5.00	0.312	8.0	30.0°	0.00"
28	7:00 AM	SP	216866	0.081	43668.0	"	5.00	0.312	8.0	29.2	1.40"
29	7:00 AM	SP	216947	0.081	43668.0	"	5.00	0.298	8.1	28.7	045"
30	7:00 AM	SP	217017	0.070	43668.0	"	5.00	0.314	8.1	28.8	005"
31	7:00 AM	SP	217092	0.075	43668.0	"	5.00	0357	8.1	28.4	020"
TOTAL			2457	2457							
AVG				0.079							
PEAK DAILY FLOW				0.105							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: September 1, 2005 To September 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.075		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.049		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.014		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.027		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.8	2.5		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the informa submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accur complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/10/13

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: September 1, 2005 To September 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100 %			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 % (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.70			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				445			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				300			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.092		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.078	0.082	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity)x100	Sample Measurement				46%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: September 1, 2005 To September 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.015		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.007	0.020	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.8	2.5		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.4	8.1		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the informe submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accu complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/10/13

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: September 1, 2005 To September 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.8			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.6			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: September 1, 2005 To: September 30, 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1		8.1		5.0	<2	0.80		
2				8.0		5.0		1.30		
3				8.0		5.0		0.90		
4				8.1		2.0		1.30		
5		<1		8.0		1.6	<2	0.90		
6		<1		8.0		3.0	<2	0.90		
7	2.5	<1	7.6	8.0	<2	1.6	<2	0.70	660	300
8		<1		8.1		2.0	<2	1.20		
9				8.1		1.2		0.70		
10				8.0		1.4		1.70		
11				7.8		5.0		1.25		
12		<1		7.6		5.0	<2	1.30		
13		<1		7.5		5.0	<2	1.70		
14		<1		7.5		2.4	<2	0.60		
15		<1		7.7		1.5	<2	0.80		
16				7.8		2.2		0.50		
17				7.7		2.9		0.60		
18				7.6		2.3		0.50		
19		<1		7.4		2.6	<2	0.60		
20		<1		7.9		4.6	<2	1.20		
21	<2	<1	3.7	7.9	<2	4.7	<2	0.80	230	300
22		<1		8.0		4.7	<2	0.70		
23				8.0		4.7		0.50		
24				8.0		4.6		0.60		
25				8.0		4.6		0.70		
26		<1		8.0		4.5	<2	0.80		
27		<1		8.0		4.8	<2	0.95		
28		<1		8.0		4.3	<2	1.10		
29		<1		8.0		4.3	<2	0.90		
30				8.0		4.3		1.00		
31										
Total	3.5	<1	11	237	<2	107	<2	26.78	890	600
Mo. Avg.	1.8	<1	6	7.9	<2	3.6	<2	0.89	445	300

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: September 1, 2005 To: September 30, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.075	0.000	0.015	0.060						
2	0.078	0.000	0.016	0.062						
3	0.070	0.000	0.014	0.056						
4	0.096	0.000	0.019	0.077						
5	0.092	0.000	0.018	0.074						
6	0.086	0.000	0.017	0.069						
7	0.100	0.000	0.020	0.080						
8	0.087	0.000	0.017	0.070						
9	0.096	0.085	0.002	0.009						
10	0.081	0.099	0.000	0.000						
11	0.077	0.093	0.000	0.000						
12	0.070	0.085	0.000	0.000						
13	0.062	0.075	0.000	0.000						
14	0.075	0.090	0.000	0.000						
15	0.070	0.082	0.000	0.000						
16	0.082	0.097	0.000	0.000						
17	0.062	0.073	0.000	0.000						
18	0.074	0.085	0.000	0.000						
19	0.074	0.084	0.000	0.000						
20	0.068	0.073	0.000	0.000						
21	0.079	0.087	0.000	0.000						
22	0.075	0.080	0.000	0.000						
23	0.093	0.097	0.000	0.000						
24	0.063	0.009	0.011	0.043						
25	0.078	0.000	0.016	0.062						
26	0.077	0.024	0.011	0.042						
27	0.074	0.055	0.004	0.015						
28	0.064	0.022	0.008	0.034						
29	0.080	0.029	0.010	0.041						
30	0.083	0.046	0.007	0.030						
31										
Total	2.341	1.470	0.205	0.824						
Mo. Avg.	0.078	0.049	0.007	0.027						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
ay Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: October 1, 2005 To October 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.070		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.056		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.020		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the nformation submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/11/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: October 1, 2005 To October 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				94 %			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 % (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.80			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				290			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				275			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.091		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.082	0.080	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity)x100	Sample Measurement				44 %			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PRO..CTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: October 1, 2005 To October 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.016		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.012	0.084	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.3			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
PH	Sample Measurement				7.4	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/11/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITOR..G REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: October 1, 2005 To October 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.8			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: October 1, 2005 To: October 31, 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1				8.0		4.4		0.80		
2				8.0		3.3		0.60		
3		<1		7.9		3.2	<2	1.10		
4		<1		7.9		3.3	<2	1.00		
5	<2	<1	4.4	8.0	<2	5.0	<2	0.60	200	220
6		<1		8.0		5.0	<2	1.30		
7				8.0		5.0		1.20		
8				8.0		5.0		0.60		
9				8.0		2.2		1.50		
10		<1		8.0		2.9	<2	1.70		
11		<1		8.0		2.9	<2	1.80		
12		<1		7.7		5.0	<2	1.70		
13		<1		7.7		4.1	<2	1.50		
14				7.6		5.0		0.80		
15				7.7		2.0		0.70		
16				7.7		2.6		1.20		
17		<1		7.7		2.3	<2	0.60		
18		<1		7.7		3.9	<2	0.60		
19	<2	<1	2.8	7.7	<2	4.6	<2	0.50	380	330
20		<1		7.6		3.4	<2	1.60		
21				7.4		5.0		0.70		
22				7.6		5.0		1.80		
23				7.5		5.0		1.70		
24				7.6		5.0		1.60		
25		<1		7.7		4.4	<2	1.10		
26		<1		7.7		5.0	<2	0.80		
27		<1		7.7		3.8	<2	1.10		
28		2		7.7		3.3	<2	0.80		
29				7.6		2.0		0.80		
30				7.7		2.4		0.90		
31		<1		7.7		3.5	<2	1.20		
Total	<2	<1	7.2	241	<2	120	<2	33.90	580	550
Mo. Avg.	<2	<1	3.6	7.8	<2	3.9	<2	1.09	290	275

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: October 1, 2005 To: October 31, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.065	0.024	0.008	0.033						
2	0.078	0.084	0.000	0.000						
3	0.069	0.034	0.007	0.028						
4	0.073	0.076	0.000	0.000						
5	0.083	0.083	0.000	0.000						
6	0.076	0.010	0.013	0.053						
7	0.084	0.000	0.017	0.067						
8	0.068	0.000	0.014	0.054						
9	0.105	0.000	0.021	0.084						
10	0.105	0.000	0.021	0.084						
11	0.093	0.000	0.019	0.074						
12	0.084	0.000	0.084	0.000						
13	0.096	0.105	0.000	0.000						
14	0.058	0.046	0.012	0.000						
15	0.049	0.00	0.049	0.000						
16	0.075	0.044	0.031	0.000						
17	0.090	0.045	0.009	0.036						
18	0.087	0.013	0.015	0.059						
19	0.094	0.054	0.008	0.032						
20	0.093	0.103	0.000	0.000						
21	0.072	0.047	0.005	0.020						
22	0.084	0.103	0.000	0.000						
23	0.095	0.115	0.000	0.000						
24	0.028	0.017	0.011	0.000						
25	0.117	0.101	0.016	0.000						
26	0.090	0.116	0.000	0.000						
27	0.086	0.090	0.000	0.000						
28	0.089	0.110	0.000	0.000						
29	0.084	0.105	0.000	0.000						
30	0.084	0.104	0.000	0.000						
31	0.085	0.104	0.000	0.000						
Total	2.539	1.733	0.360	0.624						
Mo. Avg.	0.082	0.056	0.012	0.020						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

PENNBROOKE WASTEWATER TREATMENT PLANT

ERATORS	LICENSE NO:	MONTH / YEAR	October 2005
STEVE PFOUTS	B-9509	ELEC. METER FIRST	19034
DANIEL ANDERSON	A-8122	LAST	19534
ALLSON MCPHEE	C-6490	TOTAL	
CHARLES SCHWADES	C-7747		
Lv/E E. Stanley Jr.	B-8704		

DAY	TIME	INIT	EFF FLOW METER X 1000	TOTAL M.G.D.	REUSE FLOW X 1000	TOTAL M.G.D.	RESIDUALS CL2	RESIDUALS TURIBITY	EFF P.H.	EFF TEMP	RAIN
PREVIOUS NO:			219433		45138.0						
1	8:45 AM	[illegible]	219498	0.065	~~45138.0~~	0.024	5.0	0.525	8.0	26.9°	
2	7:00 AM	SP	219576	0.078	45246.0	0.087	5.00	0.570	8.0	26.4	0.04
3	7:00 AM	SP	219645	0.069	45280.0	0.034	5.00	0.608	7.9	27.1	
4	7:00 AM	SP	219718	0.073	45356.0	0.076	5.00	0.742	7.9	26.8	0.32
5	7:00 AM	SP	219801	0.083	45439.0	0.083	5.00	0.627	8.0	26.9	0.02
6	3:00 PM	DSA	219877	0.076	45449.0	0.010	5.00	0.513	8.0	26.6	0.22
7	8:45 AM	[illegible]	219961	0.084	45449.0	0.000	5.00	0.857	8.0	26.7°	0.02
8	7:00 AM	SP	220029	0.068	45449.0	0.000	5.00	0.543	8.0	26.6°	0.10
9	7:00 AM	SP	220134	0.105	45449.0		5.00	0.746	8.0	26.8	
10	7:00 AM	SP	220239	0.105	45449.0		5.00	1.668	8.0	26.7	
11	7:00 AM	SP	220332	0.093	45449.0		3.34	1.318	8.0	26.6	
12	7:00 AM	SP	220416	0.084	45449.0		5.00	1.857	7.7	26.8	
13			220512	.096	45554.0	0.1053	5.00	1.238	7.7	26.6	
14	8:45 AM	JAS	~~220572~~ 220570	~~.060~~ .058	~~45554.0~~ 45600.0	~~0.0885~~ .046	5.00	0.696	7.6	28.2	
15	7:00 AM	DSA	220619	0.049	45600.0		5.00	0.355	7.7	26.9°	
16	7:00 AM	SP	220694	0.075	45614.0	0.041	5.00	0.710	7.7	24.5	
17	7:00 AM	SP	220784	0.090	45689.0	0.045	2.85	0.745	7.7	23.9	
18	7:00 AM	SP	220871	0.087	45702.0	0.013	5.00	0.582	7.7	24.2	
19	7:00 AM	SP	220965	0.094	45756.0	0.054	5.00	0.590	7.7	24.3	
20			221058	0.093	45859.0	0.103	5.00	0.713	7.6	24.5	
21	10:15 AM	JAS	~~221058~~ 221130	~~0.072~~	~~45859.0~~ 45906.0	0.047	5.00	0.957	7.4	30.0°	0.16"
22	8:00 AM	DSA	~~221130~~ 221214	0.084	46004.0	0.102	5.00	0.788	7.6	34.7°	0.04
23	10:30 AM	SP	221309	0.095	46124.0	0.115	5.00	1.554	7.5	26.8	2.30"
24	7:00 AM	SP	221337	0.028	46141.0	0.017	5.00	1.205	7.6	26.4	0.02
25	7:00 AM	SP	221454	0.117	46242.0	0.101	5.00	1.015	7.7	18.1	
26	7:00 AM	SP	221574	0.070	46358.0	0.116	5.00	0.705	7.7	18.3	
27	8:15 AM	DSA	221630	0.086	46448.0	0.090	5.00	0.634	7.7	18.6	
28	8:00 AM	DSA	221719	0.089	46558.0	0.110	5.00	0.739	7.7	18.7	0.00"
29	7:00 AM	SP	221803	0.084	46663.0	0.105	3.70	0.600	7.6	18.9°	
30	7:00 AM	SP	221887	0.084	46767.0	0.104	3.51	0.921	7.7	18.7	
31	7:00 AM	SP	221972	0.085	46871.0	0.104	4.10	0.775	7.7	18.6	
TOTAL			2539	2.539	1733	1.733					
AVG				0.082		0.05					
PEAK DAILY FLOW				0.117							

(10/19) 220570 .058 45600.0 .046

DEPARTMENT OF ENVIRONMENTAL PRO..CTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

691

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: November 1, 2005 To November 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.068		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.084		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.002		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1	6.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/12/19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: November 1, 2005 To November 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 % (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.4			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.80			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				283			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				347			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.090		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.087	0.082	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity)x100	Sample Measurement				45 %			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: November 1, 2005 To November 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.017		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.016	0.085	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.1	6.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.2			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.5	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	05/12/19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: November 1, 2005 To November 30, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.8			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.4			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.9			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: November 1, 2005 To: November 30, 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1		7.7		5.0	<2	1.60		
2	<2	<1	1.4	7.7	<2	5.0	<2	1.70	410	340
3		<1		7.8		5.0	<2	1.50		
4				7.8		3.0		1.50		
5				7.7		5.0		1.50		
6				7.8		5.0		1.40		
7		<1		7.8		5.0	<2	1.30		
8		<1		7.8		1.5	<2	1.50		
9		<1		7.5		1.4	<2	1.20		
10		<1		7.7		5.0	<2	1.30		
11				7.8		5.0		1.30		
12				7.7		5.0		0.80		
13				8.0		5.0		1.10		
14		<1		7.8		5.0	<2	0.80		
15		<1		7.8		5.0	<2	1.50		
16	2.2	<1	1.9	7.7	<2	2.6	<2	1.50	340	450
17		<1		7.6		4.6	<2	1.50		
18				7.7		2.5		1.50		
19				7.7		5.0		1.80		
20				7.7		4.0		1.80		
21		<1		7.8		5.0	<2	1.60		
22		<1		7.9		5.0	<2	1.80		
23		<1		7.8		2.4	<2	1.40		
24		<1		7.5		2.3	<2	1.10		
25				7.7		2.2		1.50		
26				7.7		5.0		1.50		
27				7.7		4.7		1.40		
28		<1		7.7		2.7	<2	1.80		
29		<1		7.6		5.0	<2	1.80		
30	6.0	<1	1.3	7.8	<2	4.4	<2	1.00	100	250
31										
Total	9.2	<1	5.0	232	<2	123	<2	43.00	850	1040
Mo. Avg.	3.1	<1	2.0	7.7	<2	4.1	<2	1.43	283	347

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: November 1, 2005 To: November 30, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.090	0.111	0.000	0.000						
2	0.093	0.115	0.000	0.000						
3	0.084	0.106	0.000	0.000						
4	0.082	0.100	0.000	0.000						
5	0.089	0.110	0.000	0.000						
6	0.072	0.007	0.065	0.000						
7	0.085	0.108	0.000	0.000						
8	0.078	0.095	0.000	0.000						
9	0.082	0.104	0.000	0.000						
10	0.085	0.108	0.000	0.000						
11	0.088	0.116	0.000	0.000						
12	0.080	0.093	0.000	0.000						
13	0.075	0.094	0.000	0.000						
14	0.082	0.100	0.000	0.000						
15	0.090	0.111	0.000	0.000						
16	0.090	0.115	0.000	0.000						
17	0.085	0.106	0.000	0.000						
18	0.088	0.109	0.000	0.000						
19	0.080	0.050	0.030	0.000						
20	0.081	0.042	0.039	0.000						
21	0.095	0.000	0.085	0.010						
22	0.070	0.000	0.014	0.056						
23	0.084	0.000	0.084	0.000						
24	0.085	0.104	0.000	0.000						
25	0.105	0.131	0.000	0.000						
26	0.100	0.122	0.000	0.000						
27	0.100	0.015	0.085	0.000						
28	0.092	0.009	0.083	0.000						
29	0.091	0.110	0.000	0.000						
30	0.098	0.123	0.000	0.000						
31										
Total	2.599	2.514	0.485	0.066						
Mo. Avg.	0.087	0.084	0.016	0.002						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

PENNBROOKE WASTEWATER TREATMENT PLANT

ERATORS	LICENSE NO:
STEVE PFOUTS	B-9509
DANIEL ANDERSON	A-8122
ALLSON MCPHEE	C-6490
CHARLES SCHWADES	C-7747

MONTH / YEAR: November 2005

ELEC. METER — FIRST: 19084 — LAST: 20004 — TOTAL: 920 (x40) = 36,800

DAY	TIME	INIT	EFF FLOW METER X 1000	TOTAL M.G.D.	REUSE FLOW X 1000	TOTAL M.G.D.	RESIDUALS CL2	RESIDUALS TURIBITY	EFF P.H.	EFF TEMP	RAIN
PREVIOUS NO:			221972		46871.0						
1	DSA	1300 hrs	222062	0.090	46982.0	0.111	5.00	1.352	7.7	19.8	0.25"
2	SP	7:00 am	222155	0.093	47097.0	0.115	5.00	1.529	7.7	21.3	Trace
3	DSA	7:00 am	222239	0.084	47203.0	0.106	5.00	1.377	7.8	22.0	Trace
4	DSA	0830 hrs	222321	0.082	47303.0	0.100	5.00	0.798	7.8	21.8°	0.00"
5	OM	7:00	222410	0.089	47413.0	0.110	5.00	0.487	7.7	21.9°	0.00
6	OM	930	222482	0.072	47420.0	0.007	5.00	0.614	7.8	21.7°	0.00
7	DSA	0600 hrs	222567	0.085	47528.0	0.108	5.00	0.739	7.8	22.0°	ø
8	SP	7:00	222695	0.078	47630	0.095	5.00	0.875	7.8	21.8	ø
9	SP	7:00	222727	0.032	47727.0	0.104	3.49	0.681	7.5	22.5	ø
10	DSA	8:00 am	222812	0.085	47835.0	0.108	5.00	0.666	7.7	20.9	ø
11	OM	8:00	222900	0.088	47951.0	0.116	5.00	0.494	7.8	20.1	0.00"
12	SP	8:30	222980	0.080	48044.0	0.093	5.00	0.462	7.7	20.2°	ø
13	SP	7:00	223055	0.075	48138.0	0.094	5.00	0.872	7.9	22.1	ø
14	SP	7:00	223137	0.082	48238.0	0.100	5.00	0.945	7.8	21.8	ø
15	SP	7:00	223227	0.090	48349.0	0.111	5.00	0.789	7.8	21.9	ø
16	SP	7:00	223317	0.090	48464.0	0.115	5.00	0.718	7.7	22.4	ø
17	DSA	8:00 am	223402	0.085	48570.0	0.106	5.00	0.959	7.6	23.4	0.03"
18	SP	9:00	223490	0.088	48679.0	0.109	5.00	0.481	7.7	22.0	ø
19	OM	10:00	223570	0.080	48729.0	0.050	5.00	0.737	7.7	22.6	0.14"
20	DSA	0700 hrs	223651	0.081	48771.0	0.042	5.00	0.686	7.7	22.1°	Trace
21	DSA	0800 hrs	223746	0.095	48771.0	ø	5.00	1.034	7.8	22.3°	ø
22	DSA	0645 hrs	223816	0.070	48771.0	ø	5.00	0.990	7.9	21.8°	0.16"
23	DSA	0730 hrs	223900	0.084	48771.0	ø	5.00	1.201	7.8	21.3°	ø
24	DSA	1100 hrs	223985	0.085	48875.0	0.104	2.40	0.577	7.5	21.5°	ø
25	SP	8:40	224090	0.105	49006.0	0.131	4.82	0.851	7.7	22.0°	ø
26	OM	8:00	224190	0.100	49128.0	0.122	5.00	1.225	7.7	21.4	0.00"
27	DSA	0700 hrs	224290	0.100	49143.0	0.015	5.00	1.390	7.7	22.3	ø
28	DSA	0700 hrs	224382	0.092	49152.0	0.009	5.00	1.761	7.7	22.7°	0.70"
29	DSA	0700 hrs	224473	0.091	49262.0	0.110	4.33	0.945	7.6	23.2°	0.93"
30	DSA	0700 hrs	224571	0.098	49385.0	0.123	5.00	0.957	7.8	22.4°	ø
31							4.86	0.586	7.8	21.0°	
TOTAL			2599	2.599	2514						
AVG				0.087							
PEAK DAILY FLOW				0.105							

FILE COPY

691

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: December 1, 2005 To December 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.066		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.066		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.025		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	06/01/13

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: December 1, 2005 To December 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.7	8.2		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 % (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.40			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				265			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				300			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.090		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.088	0.086	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity)x100	Sample Measurement				47 %			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: December 1, 2005 To December 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.017		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (An.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.008	0.052	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.2			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2	<2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.7	8.2		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Steve Pfouts / Lead Operator	Steve Pfouts	**800-272-1919**	06/01/13

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITOkiNG REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: December 1, 2005 To December 31, 2005

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				0.8			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report Mo.Geo.Mean	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.5			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: December 1, 2005 To: December 31, 2005

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1		7.8		2.2	<2	0.90		
2				7.9		1.5		0.70		
3				8.0		1.6		0.80		
4				7.8		5.0		0.90		
5		<1		7.8		5.0	<2	1.20		
6		<1		7.9		5.0	<2	0.80		
7		<1		8.0		5.0	<2	0.70		
8		<1		8.0		5.0	<2	0.80		
9				8.0		5.0		1.00		
10				8.0		5.0		1.00		
11				8.0		5.0		0.70		
12		<1		8.1		5.0	<2	0.50		
13		<1		8.1		5.0	<2	1.00		
14	<2	<1	6.5	8.1	<2	4.3	<2	0.60	230	290
15		<1		8.1		5.0	<2	0.50		
16				8.0		5.0		1.00		
17				8.0		5.0		0.70		
18				8.0		2.6		0.80		
19		<1		8.0		2.5	2.2	1.40		
20		<1		8.0		3.3	<2	0.50		
21		<1		7.9		5.0	<2	0.40		
22		<1		8.0		5.0	<2	0.40		
23				8.0		3.3		0.40		
24				8.1		5.0		0.80		
25				8.2		3.3		0.60		
26		<1		8.2		5.0	<2	0.70		
27		<1		8.2		5.0	<2	0.70		
28	<2	<1	2.1	7.7	<2	2.0	<2	0.60	300	310
29		<1		7.9		2.8	<2	1.00		
30				7.7		3.8		0.90		
31				7.7		5.0		0.90		
Total	<2	<1	8.6	247	<2	128	18.2	23.80	530	600
Mo. Avg.	<2	<1	4.3	8.0	<2	4.1	1.0	0.77	265	300

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: December 1, 2005 To: December 31, 2005

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.097	0.122	0.000	0.000						
2	0.087	0.011	0.015	0.061						
3	0.091	0.000	0.018	0.073						
4	0.083	0.000	0.017	0.066						
5	0.076	0.000	0.019	0.057						
6	0.094	0.000	0.019	0.075						
7	0.092	0.000	0.018	0.074						
8	0.099	0.117	0.000	0.000						
9	0.090	0.110	0.000	0.000						
10	0.102	0.128	0.000	0.000						
11	0.081	0.033	0.010	0.038						
12	0.085	0.000	0.017	0.068						
13	0.083	0.000	0.017	0.066						
14	0.099	0.057	0.008	0.034						
15	0.091	0.113	0.000	0.000						
16	0.101	0.129	0.000	0.000						
17	0.093	0.113	0.000	0.000						
18	0.090	0.107	0.000	0.000						
19	0.074	0.062	0.002	0.010						
20	0.093	0.000	0.019	0.074						
21	0.080	0.000	0.016	0.064						
22	0.090	0.061	0.006	0.023						
23	0.077	0.100	0.000	0.000						
24	0.071	0.088	0.000	0.000						
25	0.079	0.100	0.000	0.000						
26	0.086	0.112	0.000	0.000						
27	0.073	0.096	0.000	0.000						
28	0.088	0.112	0.000	0.000						
29	0.088	0.036	0.052	0.000						
30	0.090	0.113	0.000	0.000						
31	0.109	0.137	0.000	0.000						
Total	2732	2057	0.253	0.783						
Mo. Avg.	0.088	0.066	0.008	0.025						

PLANT STAFFING:

Day Shift Operator	Class:	A	Certificate No:	8122	Name:	Daniel Anderson
Day Shift Operator	Class:	C	Certificate No:	6490	Name:	Allson McPhee
Day Shift Operator	Class:	C	Certificate No:	7747	Name:	Charles Schwades
Lead Operator	Class:	B	Certificate No:	9509	Name:	Steve Pfouts

PENNBROOKE WASTEWATER TREATMENT PLANT

OPERATORS	LICENSE NO:
STEVE PFOUTS	B-9509
DANIEL ANDERSON	A-8122
ALLSON MCPHEE	C-6490
CHARLES SCHWADES	C-7747

MONTH / YEAR: December 2005

ELEC. METER: FIRST 20004 / LAST 20503 / TOTAL 499

DAY	TIME	INIT	EFF FLOW METER X 1000	TOTAL M.G.D.	REUSE FLOW X 1000	TOTAL M.G.D.	RESIDUALS CL2	RESIDUALS TURIBITY	EFF P.H.	EFF TEMP	RAIN
PREVIOUS NO:			224 571		49385.0						
1	1030	DSA	224 668	0.097	49507.0	0.122	4.86	0.586	7.8	21.0°	Ø
2	9:30 AM	SP	224755	0.087	49518.0	0.011	5.00	0.432	7.9	21.5°	Ø
3	10 AM	CM	224846	0.091	49518.0	0.000	5.00	0.480	8.0	19.8	0.00"
4	7:00 AM	DSA	224929	0.083	49518.0	0.000	5.00	0.642	7.8	21.1°	Ø
5	0800 hrs	DSA	225 005	0.076	49518.0	0.000	5.00	0.937	7.8	21.3°	0.12"
6	0700 hrs	DSA	225 099	0.094	49518.0	0.000	5.00	0.412	7.9	20.2°	Ø
7	0745 hrs	DSA	225 191	0.092	49518.0	0.000	5.00	0.355	8.0	20.4°	1.30"
8	0700 hrs	DSA	225 290	0.099	49635.0	0.117	5.00	0.498	8.0	21.5°	0.35"
9	9:00 AM	SP	225380	0.090	49745.0	0.110	5.00	0.259	8.0	22.0°	0.02
10	10 AM	CM	225482	0.102	49873.0	0.128	5.00	0.940	8.0	21.7	0.00
11	7:00 AM	SP	225563	0.081	499060	0.033	5.0	0.492	8.0	20.9	0.20
12	7:00 AM	SP	225678	0.085	499060	Ø	5.00	0.520	8.0	15.5	Ø
13	7:00 AM	SP	225731	0.083	499060	Ø	5.00	0.361	8.1	15.6	Ø
14	7:30 AM	DSA	225830	0.099	49963.0	0.057	5.00	0.324	8.1	15.2	Ø
15	0800 hrs	DSA	225921	0.091	50076.0	0.113	5.00	0.343	8.1	15.7°	0.21"
16	11:30	SP	226022	0.101	50205.0	0.129	5.00	0.518	8.0	15.4°	0.03
17	1030 hrs	DSA	226 115	0.093	50318.0	0.113	5.00	0.520	8.0	15.8	0.33"
18	0730 hrs	DSA	226205	0.090	50425.0	0.107	5.00	0.570	8.0	15.1°c	0.05"
19	0730 hrs	DSA	226279	0.074	50487.0	0.062	5.00	0.465	8.0	15.7°	Ø
20	0730 hrs	DSA	226372	0.093	50487.0	Ø	5.00	0.451	7.9	16.4°	Ø
21	0800 hrs	DSA	226452	0.080	50487.0	Ø	5.00	0.359	8.0	16.5°	Ø
22	0730 hrs	DSA	226542	0.090	50548.0	0.061	5.00	0.296	8.0	16.7°	Ø
23	9:25 AM	SP	226619	0.077	50648.0	0.100	5.00	0.278	8.1	16.9°	Ø
24	7:00 AM	CM	226690	.071	50736.0	.088	5.00	0.250	8.2	18.6	0.06"
25	7:00 AM	SP	226769	0.079	50836.0	0.100	5.00	0.330	8.2	18.9°	0.01
26	8:00 AM	SP	226855	0.086	50948.0	0.112	5.00	0.424	8.2	18.4	Ø
27	7:00 AM	SP	226 928	0.073	51044.0	0.096	5.00	0.533	7.7	13.4	Ø
28	7:30 AM	SP	227016	0.088	51156.0	0.112	5.00	0.573	7.9	13.2	0.12
29	7:30 AM	SP	227104	0.088	51192.0	0.036	5.00	0.593	7.7	18.3	Ø
30	9:00 AM	SP	227194	0.090	51305.0	0.113	5.00	0.564	7.7	18.7	Ø
31	8:00 AM	CM	227303	.109	51442.0	.137	5.0	0.701	7.7	18.7	0.00"
TOTAL			2732	2.732	1057	2.057					
AVG				.088		.066					
PEAK DAILY FLOW				.109							

691

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY LOCATION: Pennbrooke WWTF, 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Jan. 1st, 2004 To Jan. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.052		MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.010		MGD					0	5 Days/Week	Flow meters + totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.020		MGD					0	5 days/Week	Flow mtrs, + totalizers
PARM Code 50050 Y Mon.Site No. FLW-14 DSA	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.002		MGD					0	5 Days/Week	Flows mtrs + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-14 DSA	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.1			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.57	3.59		mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.57			mg/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272 1919	04/02/22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

* TURBIDITY NTU OF 2.0 OR GREATER WERE AUTOMATICALLY DIVERTED TO RESET PONDS 1 & 2

DISCHARGE M ...TORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Jan. 1st, 2004 To Jan. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.00 U			#/100mL	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L	SLM	Continuous	Meter
Turbidity	Sample Measurement				* 3.708			NTU	20 days	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				302			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				272			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.114		MGD					0	5 Days/Week	Flow mtrs. + totalizer
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.091	0.087	MGD					0	5 Days/Week	Flow mtrs. + totalize
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				48%			Percent	0	Monthly	Calculate
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME/ MAILING ADDRESS	Pennbrooke Utilities, Inc. 501 SR 44 West Leesburg, FL 34748	PERMIT NUMBER	FLA010570		
		LIMIT: CLASS SIZE:	Final N/A	REPORT: GROUP:	Monthly Domestic
FACILITY/ LOCATION	Pennbrooke WWTF 501 SR 44 West Leesburg, FL 34748	MONITORING GROUP NUMBER: MONITORING GROUP DESC:	R-002 Percolation Pond # 1 and # 2		
COUNTY:	Lake	NO DISCHARGE FROM SITE: ☐			
		MONITORING PERIOD	From: Jan. 1st, 2004	To	Jan. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.012		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-#3 DSA	Permit Requirement	0.030 (AN Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.080	0.122	MGD					0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-#3 DSA	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.1			mg/L	0	Every Two Weeks	8hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.57	3.59		mg/L	0	Every Two Weeks	8hour FPC
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				DSA 2.3			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.70	8.40		mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.5	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272 1919	04/02/22

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: Jan. 1st, 2004 To Jan. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2.4			#/100 mL	0	Every Two weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.00 U	1.00 U		#/100 mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				13.0			mg/L	1	Every Two Weeks	8hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

M ring Period From: Jan. 1st, 2004 To: Jan. 31st, 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1				7.7		5.0		1.502		
2		1.00 U		7.7		5.0	2.57	1.679		
3				7.7		5.0		1.858		
4				7.8		5.0+		2.955		
5				7.8		5.0+		2.813		
6				7.6		5.0+		2.273		
7				7.7		5.0+		2.760		
8				7.8		5.0+		2.590		
9				7.8		5.0		2.380		
10				7.7		5.0		2.492		
11				7.8		5.0+		2.284		
12				7.6		5.0+		2.078		
13				7.7		5.0+		1.952		
14	3.54	1.00 U	13.00	7.6	1.00	5.0+		1.986	279	298
15				7.7		5.0+		1.939		
16				7.6		5.0+		1.073		
17				7.7		5.0+		1.329		
18				7.7		5.0		1.262		
19				7.8		5.0		0.918		
20				7.7		5.0		3.708		
21				7.6		5.0		2.728		
22				7.6		5.0		2.753		
23				7.5		5.0+		1.987		
24				7.6		5.0		1.071		
25				7.6		5.0+		1.216		
26				7.8		5.0+		1.158		
27				7.6		5.0+		0.755		
28				7.7		5.0+		0.824		
29	3.59		2.04	7.7	8.40	5.0+		1.215	324	245
30		1.00 U		7.7		5.0+		0.930		
31				7.7		5.0+		0.419	(.603) DSA	DSA
Total	7.13	3.00	15.04	238.3	9.40	155.0	2.57	56.887	[illegible]	8.543
Mo. Avg.	3.57	1.00U	7.52	7.7	4.70	5.0	2.57	1.835 DSA	.302	272

PLANT STAFFING:

Day Shift Operator Class: Class C Certificate No: #C-0005419 00 Name: Charles S. Richard

Even Shift Operator Class: Class B Certificate No: #B-0009509 00 Name: Steve Pfouts

Night Shift Operator Class: Class A Certificate No: #A-0008122 00 Name: Daniel S. Anderson

Lead Operator Class: Class A Certificate No: #A-0008122 00 Name: Daniel S. Anderson

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Jan. 1st, 2004 To: Jan. 31st, 2004

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.103	0.127	Ø	Ø						
2	0.066	0.082	Ø	Ø						
3	0.077	0.094	Ø	Ø						
4	0.082	0.017	Ø	0.065						
5	0.085	Ø	0.085	Ø						
6	0.109	Ø	0.109	Ø						
7	0.122	Ø	0.122	Ø						
8	0.086	Ø	0.086	Ø						
9	0.088	Ø	0.088	Ø						
10	0.090	Ø	0.090	Ø						
11	0.110	Ø	0.110	Ø						
12	0.069	Ø	0.069	Ø						
13	0.101	Ø	0.101	Ø						
14	0.079	Ø	0.079	Ø						
15	0.107	Ø	0.107	Ø						
1	0.099	Ø	0.099	Ø						
17	0.087	Ø	0.087	Ø						
18	0.098	Ø	0.098	Ø						
19	0.096	Ø	0.096	Ø						
20	0.097	Ø	0.097	Ø						
21	0.083	Ø	0.083	Ø						
22	0.102	Ø	0.102	Ø						
23	0.093	Ø	0.093	Ø						
24	0.075	Ø	0.075	Ø						
25	0.104	Ø	0.104	Ø						
26	0.092	Ø	0.092	Ø						
27	0.101	Ø	0.101	Ø						
28	0.084	Ø	0.084	Ø						
29	0.072	Ø	0.072	Ø						
30	0.080	Ø	0.080	Ø						
31	0.083	Ø	0.083	Ø						
Total	2,820	0.320	2,492	0.065						
No. Avg.	0.091	0.010	0.080	0.002						

ANT STAFFING:

ay Shift Operator	Class: ClassC	Certificate No:	#C-0005419 DO	Name:	Charles S. Richard
eni ift Operator	Class: Class B	Certificate No:	#B-0009509 DO	Name:	Steve Pfouts
ght Shift Operator	Class. ClassA	Certificate No:	#A-0008122 DO	Name:	Daniel S. Anderson
ad Operator	Class: ClassA	Certificate No:	#A-0008122 DO	Name	Daniel S. Anderson

691

DEPARTMENT OF ENVIRONMENTAL P TECTION DISCHARGE MONITORING REPORT - PART A

When Completed ...ail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Feb. 1st, 2004 To Feb. 29th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.048		MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
PARM Code 50050 Y	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.032		MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.023		MGD					0	5 Days/Week	Flow Meters + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-3 4 DSA	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.038		MGD					0	5 Days/Week	Flow meters + totalizers
PARM Code 50050 I Mon.Site No. FLW-3 4 DSA	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.64			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.04	4.09		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.8			MG/L	0	4 Days/Week	Grab
PARM Code 00530 I Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	(800) -272-1919	04/03/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONI UING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Feb. 1st, 2004 To Feb. 29th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				3.50			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.994			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				375			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				447			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.110		MGD					0	5 Days/Week	Flow meters + Totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.099	0.092	MGD					0	5 Days/Week	Flow Meters + totalizers
~~PARM Code 50050 Q~~ Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				51%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

Annual

MONITORING PERIOD From: Feb. 1st, 2004 To Feb. 29th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.015		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (Mo.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.032	0.173	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.64			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.04	4.09		MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.0			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.5	1.6		mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.2	7.8		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	(800) -272-1919	04/03/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONI ING REPORT - PART A (Continued)

FACILITY NAM. Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: Feb. 1st, 2004 To Feb. 29th 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2.38			#/100 ML	0	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				< 1	< 1		#/100 ML	0	Every Two Weeks	Grab
PARM Code 74055 1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1											
Total Residual Chlorine (For Disinfection)	Sample Measurement				3.50			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.010			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

Permit Number: FLA010570

DAILY SAMPLE RESULTS - PART B

Facility: Pennbrooke WWTF

Monitoring Period From: Feb. 1st, 2004 To: Feb. 29th, 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1				7.8		5.00		0.392		
2		<1		7.7		5.00	<1.0	0.352	DSA(0.352)	
3				7.7		5.00		1.037		
4				7.6		5.00		0.308		
5				7.7		4.60		0.598		
6				7.8		5.00		1.950		
7				7.7		5.00		2.109		
8				7.8		5.00		2.570		
9				7.7		5.00		0.652		
10				7.6		5.00		0.454		
11	4.09	<1	5.010	7.8	1.4	5.00	<1.0	0.780	286	325
12		<1		7.6		5.00	1.6	1.353		
13		<1		7.7		5.00	<1.0	1.340		
14				7.6		4.70		0.965		
15				7.7		5.00		0.469		
16				7.7		5.00		0.422		
17				7.6		5.00		0.482		
18				7.7		5.00		0.473		
19				7.6		5.00		1.306		
20				7.7		5.00		1.896		
21				7.6		5.00		1.014		
22				7.7		5.00		0.651		
23				7.6		5.00		1.994		
24		<1		7.6		5.00	<1.0	1.726		
25		<1		7.7		5.00	<1.0	1.229		
26		<1		7.8		3.50	2.8	1.371		
27	<2.00	<1	0.527	7.6	1.6	4.10	<1.0	1.431	464	568
28				7.2		3.90		0.672		
29				7.4		3.91		0.838		
30										
31										
Total	6.09	8	5.537	222.0	3.0	139.71	10.4	30.834	750	893
Mo. Avg.	3.04	<1	2.769	7.7	1.5	4.82	1.3	1.063	375	447

PLANT STAFFING:

Day Shift Operator Class: ClassC Certificate No: #C-0005419 DO Name: Charles S. Richard

Evening Shift Operator Class: ClassB Certificate No: #B-0009509 DO Name: Steve L. Pfouts

Night Shift Operator Class: ClassA Certificate No: #A-0008122 DO Name: Daniel S. Anderson

Relief Operator Class: ClassA Certificate No: #A-0008122 DO Name: Daniel S. Anderson

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Feb. 1st, 2004 To: Feb. 29th, 2004

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.086	0.000	0.086	0.000						
2	0.076	0.092	0.000	0.000						
3	0.105	0.014	0.091	0.000						
4	0.098	0.000	0.098	0.000						
5	0.098	0.000	0.098	0.000						
6	0.102	0.002	0.100	0.000						
7	0.093	0.000	0.093	0.000						
8	0.100	0.000	0.100	0.000						
9	0.087	0.000	0.087	0.000						
10	0.099	0.000	0.000	0.099						
11	0.100	0.097	0.000	0.003						
12	0.098	0.108	0.000	0.000						
13	0.100	0.121	0.000	0.000						
14	0.090	0.108	0.000	0.000						
15	0.047	0.055	0.000	0.000						
16	0.173	0.000	0.173	0.000						
17	0.098	0.000	0.000	0.098						
18	0.109	0.000	0.000	0.109						
19	0.098	0.000	0.000	0.098						
20	0.098	0.000	0.000	0.098						
21	0.096	0.000	0.000	0.096						
22	0.098	0.000	0.000	0.098						
23	0.099	0.000	0.000	0.099						
24	0.104	0.000	0.000	0.104						
25	0.111	0.050	0.000	0.061						
26	0.095	0.000	0.000	0.095						
27	0.108	0.050	0.000	0.058						
28	0.101	0.101	0.000	0.000						
29	0.100	0.129	0.000	0.000						
30										
31										
Total	2.867	0.927	0.926	1.116						
Mo. Avg.	0.099	0.032	0.032	0.038						

2.867

PLANT STAFFING:

Day Shift Operator	Class:	Class C	Certificate No:	#C-0005419 DO	Name:	Charles S. Richard
Evening Shift Operator	Class:	Class B	Certificate No:	#B-0009509 DO	Name:	Steve L. Pfouts
Night Shift Operator	Class:	Class A	Certificate No:	#A-0008122 DO	Name:	Daniel S. Anderson
Lead Operator	Class:	Class A	Certificate No:	#A-0008122 DO	Name:	Daniel S. Anderson

691

DEPARTMENT OF ENVIRONMENTA ...OTECTION DISCHARGE MONITORING REPORT - PART A

When Com... mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: March 1st, 2004 To March 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.049		MGD					Ø	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 Y	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.053		MGD					Ø	5 Days/Week	Flow mtrs + totalizers
PARM Code 50050 1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.021		MGD					Ø	5 Days/Week	Flow mtrs. + totali
PARM Code 50050 Y	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.011		MGD					Ø	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.59			mg/L	Ø	Every Two Weeks	8 hour FPC
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.48	2.96		mg/L	Ø	Every Two Weeks	8 hour FPC
PARM Code 80082 1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.00			mg/L	Ø	4 Days/Week	Grab
PARM Code 00530 1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	(800)-272-1919	04/04/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MO' ORING REPORT - PART A (Continued)

FACILITY N..E: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: March 1st, 2004 To March 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.8		S.U	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	0	4 Days/Week	Grab
PARM Code 51005 I Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1.00			#/100mL	0	4 Days/Week	Grab
PARM Code 74055 I Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.37			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.765			NTU	0	Continuous	Meter
PARM Code 00070 I Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				341			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				243			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.106		MGD					0	5 Days/Wk	Flow Mtrs. + Totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.098	0.096	MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				53%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTA ROTECTION DISCHARGE MONITORING REPORT - PART A

When Com **J mail this report to:** Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: March 1st, 2004 To March 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.018		MGD					Ø	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-03 DSA	Permit Requirement	0.030 (An.Avg.) DSA		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.042	0.110	MGD					Ø	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-03 DSA	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.59			mg/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.48	2.96		mg/L	Ø	Every Two Weeks	8hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.90	2.00		mg/L	Ø	Every Two Weeks	8 hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.5	7.8		SU	Ø	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	04/04/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE M TORING REPORT - PART A (Continued)

FACILIT ME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: March 1st, 2004 To March 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2.38			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1.00	<1.00		#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.37			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.01			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

Permit Number: FLA010570

DAILY SAMPLE RESULTS - PART B

Monitoring Period From: March 1st, 2004 To: March 31st, 2004 Facility: Pennbrooke WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1.00		7.6		3.60	<1.00	0.885		
2		<1.00		7.6		3.55	1.11	0.873		
3		<1.00		7.5		3.64	<1.00	0.943		
4		<1.00		7.6		4.13	2.20	1.029		
5				7.6		3.73		1.013		
6				7.5		4.31		1.405		
7				7.6		4.27		1.191		
8		<1.00		7.5		4.63	<1.00	0.978		
9		<1.00		7.8		5.00	<1.00	0.707		
10	<2.00	<1.00	2.01	7.7	2.00	5.00	<1.00	0.585	365	373
11		<1.00		7.7		5.00	<1.00	0.637		
12				7.6		5.00		0.572		
13				7.7		4.80		0.604		
14				7.8		5.00		0.610		
15		<1.00		7.7		4.60	<1.00	0.749		
16				7.6		5.00		1.024		
17				7.7		5.00		0.997		
18				7.6		5.00		0.898		
19				7.6		5.00		0.897		
20				7.6		5.00		0.878		
21				7.6		5.00		0.875		
22		<1.00		7.6		5.00	<1.00	1.400		
23		<1.00		7.7		4.00	<1.00	1.598		
24	2.96	<1.00	1.38	7.7	1.80	4.00	<1.00	1.667	317	112
25		<1.00		7.5		4.37	<1.00	1.580		
26				7.5		4.45		1.998		
27				7.5		4.65		2.022		
28				7.5		2.37		1.765		
29				7.6		5.00		1.850		
30		<1.00		7.6		5.00	3.00	0.396		
31				7.5		4.02		3.499		
Total	4.96	14.00	3.39	235.9	3.80	139.12	17.31	36.125	682	485
Mo. Avg.	2.48	<1.00	1.70	7.6	1.90	4.49	1.24	1.165	341	243

PLANT STAFFING:

Day Shift Operator	Class: Class B	Certificate No: #B-0009509 00	Name:	Steve L. Pfouts
Evening Shift Operator	Class: Class A	Certificate No: #A-0008122 00	Name:	Daniel S. Anderson
Night Operator	Class: Class C	Certificate No: #C-0005419 00	Name:	Charles S. Richard
Lead Operator	Class: Class A	Certificate No: #A-0008122 00	Name:	Daniel S. Anderson

Permit Number: FLA010570

DAILY SAMPLE RESULTS - PART B

Facility: Pennbrooke WWTF

Monitoring Period From: March 1st, 2004 To: March 31st, 2004

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.101	0.117	Ø	Ø						
2	0.125	0.155	Ø	Ø						
3	0.080	0.100	Ø	Ø						
4	0.101	0.122	Ø	Ø						
5	0.116	0.141	Ø	Ø						
6	0.082	0.100	Ø	Ø						
7	0.095	0.045	Ø	0.050						
8	0.111	0.022	Ø	0.089						
9	0.110	0.123	Ø	Ø						
10	0.089	0.106	Ø	Ø						
11	0.085	Ø	Ø	0.085						
12	0.103	Ø	Ø	0.103						
13	0.075	Ø	0.075	Ø						
14	0.098	Ø	0.098	Ø						
15	0.098	Ø	0.098	Ø						
16	0.098	Ø	0.098	Ø						
17	0.100	Ø	0.100	Ø						
18	0.101	Ø	0.101	Ø						
19	0.101	Ø	0.101	Ø						
20	0.096	Ø	0.096	Ø						
21	0.110	Ø	0.110	Ø						
22	0.106	0.013	0.093	Ø						
23	0.100	0.119	Ø	Ø						
24	0.099	0.117	Ø	Ø						
25	0.110	0.130	Ø	Ø						
26	0.108	0.013	0.095	Ø						
27	0.080	Ø	0.080	Ø						
28	0.112	0.098	0.014	Ø						
29	0.080	Ø	0.080	Ø						
30	0.089	0.089	Ø	Ø						
31	0.078	0.024	0.054	Ø						
Total	3.037	1.634	1.293	0.327						
Mo. Avg.	0.098	0.053	0.042	0.011						

PLANT STAFFING:

Day Shift Operator Class: Class B Certificate No: #B-0009509 DO Name: Steve L. Pfouts

Evening Shift Operator Class: Class A Certificate No: #A-0008122 DO Name: Daniel S. Anderson

Night Shift Operator Class: Class C Certificate No: #C-0005419 DO Name: Charles S. Richard

Lead Operator Class: Class A Certificate No: #A-0008122 DO Name: Daniel S. Anderson

DEPARTMENT OF ENVIRONMENTAL PR :CTION DISCHARGE MONITORING REPORT - PART A

FILE

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: April 1ST, 2004 To April 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.048		MGD					0	5 Days/Week	Flow mtrs + totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.042		MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.018		MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.001		MGD					0	5 Days/Week	Flow mtrs, + totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.62			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.54	9.00		MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.00			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272-1919	04/05/17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: April 1st, 2004 To April 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.2	7.6		SU.		5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				89%			Percent	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.00			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.96			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.106			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				320			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC.
Solids, Total Suspended	Sample Measurement				287			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.092		MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.088	0.095	MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				53%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West
Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West
Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: April 1st, 2004 To April 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.023		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (Mo.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.053	0.111	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.62			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.54	9.00		MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.21			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.10	7.20		MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.2	7.6		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	04/05/17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONIT NG REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: April 1st, 2004 To April 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2.3			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				1.00 U	1.00		#/100 ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.96			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.34			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: April 1st, 2004 To: April 30th, 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1				7.6		4.54		4.013		
2				7.6		3.62		4.191		
3				7.6		3.62		4.344		
4				7.4		4.39		3.750		
5				7.6		4.11		3.081		
6				7.6		4.04		3.023		
7	9.00	1.00 U	0.202	7.6	7.20	3.84		2.812	299	235
8				7.6		5.00		2.684		
9				7.6		4.09		2.473		
10				7.6		3.17		2.383		
11				7.2		5.00		1.976		
12				7.6		2.86		1.855		
13				7.6		2.63		1.749		
14				7.6		2.36		3.070		
15				7.6		2.85		3.136		
16				7.6		1.96		1.834		
17				7.6		2.20		1.580		
18				7.5		2.23		0.908		
19		1.00 U		7.5		2.42	1.00 U	0.842		
20		1.00 U		7.6		3.54	1.00 U	0.830		
21	4.07	1.00		7.6	1.00 U	2.25	1.00 U	0.686	340	338
22		1.00 U		7.5		1.99	2.00	0.992		
23				7.6		2.04		0.843		
24				7.6		2.07		1.001		
25				7.6		3.04		1.106		
26		1.00 U		7.6		3.93	2.00 U	0.822		
27		1.00 U		7.6		3.04	2.00 U	0.782		
28		1.00 U		7.6		2.92	2.00 U	0.749		
29		1.00 U	0.34	7.6		3.20	2.00 U	0.673		
30				7.6		3.12		0.766		
31										
Total	13.07	9.00	0.542	227.1	8.20	96.07	13.00	58.954	639	573
Mo. Avg.	6.54	1.00 U	0.271	7.6	4.10	3.20	1.63 U	1.965	320	287

PLANT STAFFING:

Day Shift Operator Class: Class A Certificate No: #A-0008122 DO Name: Daniel S. Anderson

Evening Shift Operator Class: Class B Certificate No: #B-0009509 DO Name: Steve L. Pfouts

Night Shift Operator Class: Class C Certificate No: #C-0007747 DO Name: Charles G. Schwades

Lea rator Class: Class A Certificate No: #A-0008122 DO Name: Daniel S. Anderson

Permit Number: FLA010570

DAILY SAMPLE RESULTS - PART B

Monitoring Period From: April 1st, 2004 To: April 30th, 2004 Facility: Pennbrooke WWTF

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.107	Ø	0.107	Ø						
2	0.086	Ø	0.086	Ø						
3	0.089	Ø	0.089	Ø						
4	0.097	Ø	0.097	Ø						
5	0.091	Ø	0.091	Ø						
6	0.093	Ø	0.093	Ø						
7	0.098	Ø	0.098	Ø						
8	0.089	Ø	0.089	Ø						
9	0.095	Ø	0.095	Ø						
10	0.092	Ø	0.092	Ø						
11	0.111	Ø	0.111	Ø						
12	0.087	Ø	0.087	Ø						
13	0.100	Ø	0.100	Ø						
14	0.090	Ø	0.090	Ø						
15	0.084	Ø	0.084	Ø						
16	0.086	Ø	0.086	Ø						
17	0.082	Ø	0.082	Ø						
	0.087	0.112	Ø	Ø						
19	0.094	0.109	Ø	Ø						
20	0.085	0.101	Ø	Ø						
21	0.079	0.098	Ø	Ø						
22	0.085	0.102	Ø	Ø						
23	0.080	0.079	Ø	0.001						
24	0.082	0.099	Ø	Ø						
25	0.081	0.097	Ø	Ø						
26	0.067	0.080	Ø	Ø						
27	0.086	0.100	Ø	Ø						
28	0.085	0.098	Ø	Ø						
29	0.070	0.078	Ø	Ø						
30	0.083	0.097	Ø	Ø						
31										
Total	2.641	1.250	1.577	0.001						
Mo. Avg.	0.088	0.042	0.053	0.001						

PLANT STAFFING:

Day Shift Operator	Class: ClassA	Certificate No: #A-0008122 DO	Name:	Daniel S. Anderson
Evening Shift Operator	Class: ClassB	Certificate No: #B-0009509 DO	Name:	Steve L. Pfouts
Night Shift Operator	Class: Class	Certificate No: #C-0007747 DO	Name:	Chuck Schwades
Lead Operator	Class: ClassA	Certificate No: #A-0008122 DO	Name:	Daniel S. Anderson

691

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed, mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pembrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pembrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

FILE COPY

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: May 1st, 2004 To May 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	DSA 0.0951		MGD					0	5 Days/Week	Flow Mtrs. + Totalizer
~~PARM Code 50050 Y Mon. Site No. FLW-2~~	~~Permit Requirement~~	~~0.180 (An. Avg.)~~		~~MGD~~						~~5 Days/Week~~	~~Flow meters and totalizers~~
Flow, To Public Access Reuse	Sample Measurement	0.073		MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
~~PARM Code 50050 1 Mon. Site No. FLW-2~~	~~Permit Requirement~~	~~Report (Mo. Avg.)~~		~~MGD~~						~~5 Days/Week~~	~~Flow meters and totalizers~~
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow meters + Totalizers
~~PARM Code 50050 Y Mon. Site No. FLW-3 4 DSA~~	~~Permit Requirement~~	~~0.080 (An. Avg.)~~		~~MGD~~						~~5 Days/Week~~	~~Flow meters and totalizers~~
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.007		MGD					0	5 Days/Week	Flow meters + Totalizers
~~PARM Code 50050 1 Mon. Site No. FLW-3 4 DSA~~	~~Permit Requirement~~	~~Report (Mo. Avg.)~~		~~MGD~~						~~5 Days/Week~~	~~Flow meters and totalizers~~
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.33			mg/L	0	Every Two Weeks	8 hour FPC
~~PARM Code 80082 Y Mon. Site No. EFA-1~~	~~Permit Requirement~~				~~20.0 (An. Avg.)~~			~~MG/L~~		~~Every Two Weeks~~	~~8-hour FPC~~
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two Weeks	8 hour FPC
~~PARM Code 80082 1 Mon. Site No. EFA-1~~	~~Permit Requirement~~				~~Report (Mo. Avg.)~~	~~60.0 (Max.)~~		~~MG/L~~		~~Every Two Weeks~~	~~8-hour FPC~~
Solids, Total Suspended	Sample Measurement				<2.0			mg/L	0	4 Days/Week	Grab
~~PARM Code 00530 1 Mon. Site No. EFB-1~~	~~Permit Requirement~~				~~5.0 (Max.)~~			~~MG/L~~		~~4 Days/Week~~	~~Grab~~

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	04/06/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONI ING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: May 1st, 2004 To May 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	8.0		SU	0	5days/week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	0	4days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ml	0	4days/week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.38			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.512			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				280			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				410			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.091		MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.074	0.087	MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				48%			PER-CENT	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PF ECTION DISCHARGE MONITORING REPORT - PART A

When Completed n: ail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME:	Pennbrooke Utilities, Inc.	PERMIT NUMBER	FLA010570		
MAILING ADDRESS:	501 SR 44 West Leesburg, FL 34748	LIMIT: CLASS SIZE:	Final N/A	REPORT: GROUP:	Monthly Domestic
FACILITY: LOCATION:	Pennbrooke WWTF 501 SR 44 West Leesburg, FL 34748	MONITORING GROUP NUMBER: MONITORING GROUP DESC:	R-002 Percolation Pond # 1 and # 2		
COUNTY:	Lake	NO DISCHARGE FROM SITE: ☐			
		MONITORING PERIOD From:	May 1st, 2004 To	May 31st, 2004	

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.023		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-#3 DSA	Permit Requirement	DSA 0.030 Annual (Mo.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.002	0.019	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-#3 DSA	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.33			mg/L	0	Every Two Weeks	8 hour Fpc
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two Weeks	8 hour Fpc
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.1			mg/L	0	Every Two Weeks	8 hour Fpc
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two Weeks	8 hour Fpc
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.6	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	(800) 272-1919	04/06/18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NA. Pennbrooke WWTF

DISCHARGE MONI UING REPORT - PART A (Continued)

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: May 1st, 2004 To May 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				2.2			#/100ml		Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1	Sample Measurement				<1	<1		#/100ml	0	Every Two Weeks	Grab
Coliform, Fecal	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
PARM Code 74055 1	Sample Measurement				1.38			mg/L	0	5 Days/Week	Grab
Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 50060 A	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1	Sample Measurement										
Nitrogen, Nitrate, Total (as N)	Permit Requirement										
PARM Code 00620 1	Sample Measurement										
Mon.Site No. EFA-1	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: May 1st, 2004 To: May 31st, 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Totnl (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1				7.6		3.12		1.275		
2				7.6		3.17		1.177		
3		<1		7.6		4.08	<2.0	1.275		
4		<1		7.6		3.63	<2.0	1.130		
5	<2.0	<1	1.5	7.6	<2.0	3.45	<2.0	0.849	270	390
6		<1		7.6		5.00	<2.0	0.626		
7				7.6		5.00		0.909		
8				7.6		1.38		1.301		
9				7.6		2.82		1.255		
10		<1		7.6		2.49	<2.0	1.025		
11		<1		7.6		5.00	<2.0	0.960		
12		<1		7.6		5.00	<2.0	1.186		
13		<1		7.6		5.00	<2.0	1.193		
14				7.6		5.00		0.933		
15				7.6		5.00		1.193		
16				7.6		5.00		1.067		
17		<1		7.9		5.00	<2.0	1.049		
18		<1		7.7		5.00	<2.0	0.634		
19	<2.0	<1	1.2	8.0	<2.0	5.00	<2.0	0.768	290	430
20		<1		7.9		5.00	<2.0	0.989		
21				8.0		5.00		1.201		
22				7.9		5.00		1.280		
23				7.8		4.40		1.060		
24		<1		8.0		5.00	<2.0	1.512		
25		<1		8.0		5.00	<2.0	0.675		
26		<1		7.9		5.00	<2.0	0.494		
27		<1		7.8		5.00	<2.0	0.398		
28				7.8		5.00		0.597		
29				7.8		5.00		0.500		
30				7.8		5.00		0.680		
31		<1		7.8		5.00	<2.0	0.549		
Total	<4.0	<17	2.7	239.7	<4.0	138.54	<34.0	29.740	560	820
Mo. Avg.	<2.0	<1	1.4	7.7	<2.0	4.47	<2.0	0.959	280	410

PLANT STAFFING:

Day Shift Operator Class: Class A Certificate No: #A-0008122 00 Name: Daniel S. Anderson

Evening Shift Operator Class: Class B Certificate No: #B-0009509 00 Name: Steve L. Pfouts

N hift Operator Class: Class C Certificate No: #C-0007747 00 Name: Charles G. Schwades

Lead Operator Class: Class A Certificate No: #A-0008122 00 Name: Daniel S. Anderson

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: May 1st, 2004 To: May 31st, 2004

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.080	0.096								
2	0.085	0.101								
3	0.078	0.088								
4	0.076	0.091								
5	0.078	0.094								
6	0.080	0.060	0.005	0.015						
7	0.071	0.089								
8	0.073	0.072	0.001							
9	0.079	0	0.019	0.060						
10	0.073	0.062	0.002	0.009						
11	0.084	0.094								
12	0.080	0.091								
13	0.070	0.072								
14	0.083	0.099								
15	0.067	0.030	0.009	0.028						
16	0.075	0.085								
17	0.072	0.081								
18	0.070	0.082								
19	0.072	0.088								
20	0.076	0.038	0.010	0.028						
21	0.076	0.047	0.007	0.022						
22	0.067	0.081								
23	0.065	0.043	0.006	0.016						
24	0.064	0	0.016	0.048						
25	0.067	0.083								
26	0.075	0.093								
27	0.068	0.085								
28	0.067	0.078								
29	0.072	0.089								
30	0.069	0.082								
31	0.067	0.081								
Total	2.279	2.275	0.075	0.226						
Mo. Avg.	0.074	0.073	0.002	0.007						

PLANT STAFFING:

Day Shift Operator Class: Class A Certificate No: #A-0008122 DO Name: Daniel S. Anderson

Evening Shift Operator Class: Class B Certificate No: #B-0009509 DO Name: Steve L. Pfouts

Night Shift Operator Class: Class C Certificate No: #C-0007747 DO Name: Charles G. Schwades

Lead Operator Class: Class A Certificate No: #A-0008122 DO Name: Daniel S. Anderson

DEPARTMENT OF ENVIRONMENTAL . .OTECTION DISCHARGE MONITORING REPORT - PART A

691

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: June 1st 2004 To June 30th 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.052		MGD					0	5 Days/Week	Flow Mtrs + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.063		MGD					0	5 Days/Week	Flow meters + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Mtrs + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-3 4 DSA	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow meters + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-3 4 DSA	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.0			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two	8hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272-1919	04/07/20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MON ORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: June 1st, 2004 To June 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.7	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ml	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				0.586			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				277			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC.
Solids, Total Suspended	Sample Measurement				313			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.089 (89)		MGD					0	5 Days/Week	Flow Mtrs + Totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.071	0.078	MGD					0	5 Days/Week	Flow Metrs. + Totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				43%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: June 1st, 2004 To June 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.023		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-#3 DSA	Permit Requirement	DSA 0.030 An.(Mo.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.002	0.014	MGD					0	5 Days/Week	Calculated
PARM Code 50050 I Mon.Site No. FLW-#3 DSA	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.0			mg/L	0	Every Two Weeks	8 hour Fpc
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two Weeks	8 hour Fpc
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.0			mg/L	0	Every Two Weeks	8 hour Fpc
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two Weeks	8 hour Fpc
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.7	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	David S. Anderson	800-272-1919	04/07/20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: June 1st, 2004 To June 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.1			#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				25			MG/L	2	Every Two Weeks	8 hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: June 1st, 2004 To: June 30th, 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1		7.9		5.00	<2.0	0.490		
2	<2.0	<1	0.19	7.9	<2.0	5.00	<2.0	0.586	300	260
3		<1		7.8		5.00	<2.0	0.537		
4				7.7		5.00		0.372		
5				7.8		5.00		0.285		
6				7.7		5.00		0.437		
7		<1		7.7		5.00	<2.0	0.282		
8		<1		7.9		5.00	<2.0	0.349		
9		<1		8.0		5.00	<2.0	0.277		
10		<1		8.0		5.00	<2.0	0.326		
11				7.9		5.00		0.373		
12				7.9		5.00		0.419		
13				8.0		5.00		0.400		
14		<1		8.0		5.00	<2.0	0.437		
15		<1		8.0		5.00	<2.0	0.373		
16	<2.0	<1	25	8.0	<2.0	5.00	<2.0	0.230	250	340
17		<1		7.9		5.00	<2.0	0.249		
18				8.0		5.00		0.311		
19				8.0		5.00		0.345		
20				8.0		5.00		0.270		
21		<1		8.0		5.00	<2.0	0.308		
22		<1		8.0		5.00	<2.0	0.223		
23		<1		8.0		5.00	<2.0	0.240		
24		<1		7.9		5.00	<2.0	0.343		
25				7.9		5.00		0.299		
26				8.0		5.00		0.398		
27				8.0		5.00		0.387		
28		<1		8.0		5.00	<2.0	0.380		
29		<1		8.0		5.00	<2.0	0.368		
30	<2.0	<1	24	8.0	<2.0	5.00	<2.0	0.575	280	340
31										
Total	60	18	49.19	237.9	60	150.00	36	10.869	830	940
o. Avg.	<2.0	<1	16.40	7.9	<2.0	5.00	<2.0	0.362	277	313

ANT STAFFING:

y Shift Operator	Class: ClassC	Certificate No: #C-6490 DO	Name:	Allson McPhee
enir ift Operator	Class: Class B	Certificate No: #B-9509 DO	Name:	Steve L. Pfouts
ght Shift Operator	Class: ClassC	Certificate No: #C-7747 DO	Name:	Charles G. Schwades
id Operator	Class: ClassA	Certificate No: #A-8122 DO	Name:	Daniel S. Anderso

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: June 1st, 2004 To: June 30th, 2004

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Ion. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.080	0.098	Ø	Ø						
2	0.072	0.076	Ø	Ø						
3	0.078	0.089	Ø	Ø						
4	0.065	0.082	Ø	Ø						
5	0.075	0.089	Ø	Ø						
6	0.054	0.067	Ø	Ø						
7	0.070	0.088	Ø	Ø						
8	0.067	0.075	Ø	Ø						
9	0.049	0.060	Ø	Ø						
10	0.079	0.095	Ø	Ø						
11	0.069	0.081	Ø	Ø						
12	0.075	0.089	Ø	Ø						
13	0.063	0.027	0.009	0.027						
14	0.079	0.093	Ø	Ø						
15	0.070	0.081	Ø	Ø						
16	0.070	0.080	Ø	Ø						
17	0.081	0.095	Ø	Ø						
18	0.079	0.023	0.014	0.042						
19	0.061	0.016	0.011	0.034						
20	0.080	0.027	0.013	0.040						
21	0.059	0.069	Ø	Ø						
22	0.070	0.081	Ø	Ø						
23	0.070	0.063	Ø	0.007						
24	0.060	Ø	Ø	0.060						
25	0.086	0.054	Ø	0.032						
26	0.070	0.081	Ø	Ø						
27	0.076	0.090	Ø	Ø						
28	0.079	0.025	Ø	0.054						
29	0.079	Ø	Ø	0.079						
30	0.067	Ø	Ø	0.067						
31										
Total	2.132	1.894	0.047	0.442						
lo. Avg.	0.071	0.063	0.002	0.015						

ANT STAFFING:

y Shift Operator	Class:	Class C	Certificate No:	#C-6490 DO	Name:	Allson McPhee
ening Shift Operator	Class:	Class B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
ght . Operator	Class:	Class C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
ad Operator	Class:	Class A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

NATIONAL 45-116 EYE-EASE 45-416 20/20 BUFF

JUNE/2004

	1 EFF Mtr. X 1000		2 Reuse Mtr. X 1000		3 Reuse ETM HRS		4 Backwash #1 ETM 0.1 hr = 1,600		5 Backwash #2 ETM 0.1 hr = 1,600		6 Decant Vol. Tanks		7 WASTE Resid. Lbs. out	Dig.
	175979		11686.0		1376.0		296.3		326.3					
Daniel S. Anderson I 0830 #A-0008122 DO O 1630	176059	80	11784.0	98.0	1389.0	10.0	296.7	0.4 6,400	326.6	0.3 4,800	4,6	7,500		3000 1 3000 2
Daniel S. Anderson I 0500 #A-0008122 DO O 1630	176131	72	11860.0	76.0	1396.6	7.6	296.9	0.2 3,200	326.9	0.2 4,800	0	0		3000 1 3000 2
Daniel S. Anderson I 0730 #A-0008122 DO O 1330	176209	78	11949.0	89.0	1405.6	9.0	297.3	0.3 4,800	327.4	0.3 4,800	(1-6)	15,000		3000 1 3000 2
C. Anderson #A-8122 I 1630 O 1630 C. Schwades #C-7747 I 0805 O [illegible]	176274	65	12031.0	82.0	1413.6	8.0	297.5	0.3 4,800	327.5	0.3 4,800	1,6	4,000		3000 1 3000 2
STEVE PFOUTS IN 8:00 B-7509 OUT 2:30	176349	75	12120.4	89.4	1422.5	8.9	297.8	4,800	327.8	4,800		0		3000 1 3000 2
STEVE PFOUTS IN 10:00 AM B-7509 10:30 AM	176403	54	12186.9	66.5	1429.2	6.7	298.1	4,800	328.1	4,800		0		3000 1 3000 2
D. Anderson #A-8122 I 0830 #A-8122 DO O 1630	176473	70	12277.9	88.0	1438.2	9.0	298.4	4,800	328.4	4,800	1,2,3,5	10,000		2,500 1 4,000 2
D. Anderson #A-8122 I 0730 #A-8122 DO O 1800	176540	67	12349.9	72.0	1445.9	7.7	299.0	0.6 9,600	329.2	0.8 12,800	1-4,6	8,500		4000 1 4000 2
D. Anderson #A-0008122 DO I 0630 O 1330	176589	49	12409.9	60.0	1452.5	6.6	299.5	0.5 8000	329.6	0.4 6,400	1,7	7,000		3000 1 4000 2
D. Anderson #A-0008122 DO I 0700 O 1330	176668	79	12504.9	95.0	1462.7	10.2	300.0	0.5 8,000	329.9	4,800	1,2,3	8000		4000 1 4000 2
C. Schwades #C7747 7:10-10 D. Anderson #A8122 11-6pm	176737	69	12585.5	80.6	1471.4	8.7	300.4	0.4 6,400	330.4	0.5 8,000	1-3	8000		3000 1 4000 2
STEVE PFOUTS IN 7:00 AM B-7509	176812	75	12674.8	89.3	1481.3	9.9	300.7	0.3 4800	330.7	0.3 4800		0		3000 1 3000 2
D. Anderson I=0300 #A-8122 DO O=0800	176875	63	12701.8	27.0	1484.2	2.9	301.1	0.4 6,400	331.1	0.4 6,400				1500 1 1500 2
D. Anderson I=0800 #A-8122 DO O=1630	176954	79	12794.8	93.0	1494.5	10.3	301.4	0.3 4,800	331.4	0.3 4,800	1-3	8000		3000 1 4000 2
D. Anderson I=1000 #A-0008122 DO O=1800	177024	70	12875.8	81.0	1503.3	8.8	301.7	0.3 4,800	331.7	0.3 4,800	1-3,6,7	13,000		3000 2 4000 2
D. Anderson I=0730 #A-0008122 DO O=1700	177094	70	12955.8	80.0	1512.1	8.8	302.0	0.3 4,800	332.0	0.3 4,800	1-5	13,000		2000 1 2000 2
D. Anderson I=0700 #A-0008122 DO O=1430	177175	81	13050.8	95.0	1522.5	10.4	302.3	0.3 4,800	332.3	0.3 4,800		0		0
D. Anderson A-8122 I=1000 C. Schwades C-7747 O=1650	177254	79	13073.5	22.7	1525.0	2.5	302.6	0.3 4,800	332.6	0.3 4,800	1	3,000		2000 1 2000 2
STEVE PFOUTS IN 7:00 AM B-7509 OUT - 1:30 PM	177315	61	13089.9	16.4	1526.8	1.8	302.9	0.3 4800	332.9	0.3 4800		0		0
D. Anderson I=0330 #A-0008122 DO O=0930	177395	80	13116.9	27.0	1529.8	3.0	303.2	0.3 4,800	333.2	0.3 4,800		0		2000 1 2000 2
D. Anderson I=0800 #A-0008122 DO O=1630	177454	59	13185.9	69.0	1537.2	7.4	303.5	0.3 4,800	333.5	0.3 4,800	1	3,000		1500 1 1500 2
D. Anderson I=0800 #A-0008122 DO O=1645	177524	70	13267.0	81.1	1546.2	9.0	303.8	0.3 4,800	333.8	0.3 4,800	1,4	5,000		2500 1 2500 2
D. Anderson I=0600 #A-0008122 DO O=1430	177594	70	13329.5	62.5	1552.9	6.7	304.1	0.3 4,800	334.1	0.3 4,800	1,2	5,000		3000 1 3000 2
D. Anderson #A8122 I=0600 C. Schwades #C7747 O=1730	177654	60	13329.5	0	1552.9	0	304.4	0.3 4,800	334.4	0.3 4,800	1	3,500	2 14,200	0
D. Anderson #A8122 I=0800 C. Schwades #C7747 O=1630	177740	86	13383.5	54.0	1558.9	6.0	304.7	0.3 4,800	334.8	0.4 6,400	1-4	9,000	2 14,200	3500 1 3500 2
D. Anderson #A822 I=0830 C. Schwades #C7747 O=1530 I=0600	177810	70	13464.5	81.0	1567.9	9.0	305.1	0.4 6,400	335.1	0.3 4,800		0		0
C. Schwades C7368 O 1200 B-7509 IN 8:00AM	177886	76	13554.1	89.6	1577.3	9.4	305.1	0	335.1	0		0		3000 1 3000 2
STEVE PFOUTS	177965	79	13579.5	25.4	1580.0	2.7	305.4	0.3 4800	335.4	0.3 4800		0		0
D. Anderson #A8122 I=0830 O=1800	178044	79	13579.5	0	1580.0	0	305.4	0	335.4	0	#5	6,000		3000 1 3000 2
D. Anderson #A822 I=0830 C. Schwades #C7747 O=1630	178111	67	13579.5	0	1580.0	0	305.9	0.5 8000	335.8	0.4 6400		0		0
		2132		1893.5		201.0		9.6 153,600		9.5 152,000		136,500	28,400	153,500
		71		63.1		6.7		0.3 5,120		0.3 5,067		4,550		5,100

Pennbrooke WWTP

JUNE 2004

8	9	10	11	12	13	14	15	16
Dosing #1	Dosing #2	Clarifier #1 Supernate Depth / #2 mLSS	TRC Turb. pH	Ponds 1 2	Ponds 3 4	Rainfall / Effl. Destination	EQ Basin Height / Gen Hrs.	Elec mtr. / Clz % / Gals Rem.
6.0	8703.0							11400 315
71.0 5.0	8749.0 16.0	7' 7'	5.00 0.490 7.9	Ø Ø	Ø Ø	Ø Reuse	3.6' 78.1	11418 70% 280
17.0 6.0	8733.3 14.3	8' 8'	5.00 0.586 7.9	0.1' Ø	Ø 0.1'	0.2" Smoke Reuse 4	3.0' 78.1	11435 70% 250
20.0 23.0	8733.3 Ø	8' 8'	5.00 0.537 7.8	Ø Ø	Ø Ø	Ø Reuse	2.6' 78.1	11450 70% 220
24.2 24.2	8733.3 Ø	7' 7'	5.00 0.372 7.7	Ø Ø	Ø Ø	T 0.1" Reuse	3.0' 78.4	11469 70% 190
24.4 25.7	8733.4 0.1	7' 7'	5.00 0.485 7.8	Ø Ø	Ø .03" Reuse		3.0 78.4	11487 70% 160
21.7 22.3	8733.4 Ø	7' 7'	5.00 0.487 7.7	Ø Ø	Ø Ø	Reuse	3.0 78.4	11502 70% 130
26.4 25.7	8733.4 Ø	7' 7'	5.00 0.282 7.7	Ø Ø	Ø 0.2"	Reuse	3.0 78.4	11520 60% 515
24.0 24.6	8733.4 Ø	9' 8'	5.00 0.349 7.9	Ø Ø	Ø 0.03"	REUSE	3.5 78.4	11537 60% 585
23.9 22.9	8733.4 Ø	9' 9'	5.00 0.277 8.0	Ø Ø	Ø 0.01"	REUSE	3.0 78.8	11552 60% 450
28.0 24.1	8733.4 Ø	8' 8'	5.00 0.326 8.0	Ø Ø	Ø 0.51"	REUSE	4.0 78.8	11567 60% 425
24.4 23.4	8733.4 Ø	7' 7'	5.00 0.373 7.9	Ø Ø	Ø 0.1	Reuse	3.0 78.8	11587 60% 400
25.9 24.5	8733.4 Ø	8 8	5.00 0.419 7.9	Ø Ø	Ø Ø	Reuse	3.0 78.8	11608 60%
29.1 23.5	8733.4 Ø	8' 8'	5.00 0.400 8.0	0.5' Ø	Ø 0.6'	Ø 1+4 Reuse	2.5 78.8	11624 60% 345
25.6	8733.4 Ø	8' 8'	5.00 0.437 8.0	Ø Ø	Ø Ø	Ø Reuse	3.0 78.8	11640 60% 335
20.0 25.0	8733.4 Ø	9' #1+2 11956 9'	5.00 0.373 8.0	Ø Ø	Ø 0.92	Reuse	4.0 78.8	11658 60% 290
18.0 22.0	8733.4 Ø	9' 9'	5.00 0.230 8.0	Ø Ø	Ø Ø	REUSE	3.5' 79.1	11675 60% 260
27.0 25.0	8733.4 Ø	9' 9'	5.00 0.249 7.9	Ø Ø	Ø Ø	REUSE	4.0' 79.1	11690 60% 230
23.0 26.0	8733.4 Ø	8.5' 8'	5.00 0.34 8.0	Ø Ø	Ø Ø	1+4 Reuse	3.0' 79.1	11707 55% 205
23.3 24.3	8733.4 Ø	8' 8'	5.00 0.345 8.0	Ø Ø	Ø Ø	1+4 Reuse	3.0' 79.1	11724 55%
27.7 24.4	8733.4 Ø	8' RAS 8'	5.00 0.270 8.0	0.5' Ø	0.5' Ø	1+4 Reuse	2.0' 79.1	11741 55% 150
31.7 24.0	8733.4 Ø	8' 8'	5.00 0.308 8.0	0.3' Ø	0.3' Ø	REUSE	4.0' 79.1	11758 55% 120 540
25.9 24.2	8733.4 Ø	9' 9'	5.00 0.223 8.0	0.1' Ø	0.1' 0.80"	REUSE	4.0' 80.4	11777 50% 485
29.1 23.2	8733.4 Ø	8' mLSS 8'	5.00 0.240 8.0	0.1' Ø	0.1' 0.74"	REUSE 1+4	4.0' 80.8	11797 50% 460
21.7 22.6	8733.4 Ø	9' 9'	5.00 0.343 7.9	0.0' Ø	0.5' 0"	HLO #4	3.0' 80.8	11815 50% 440
26.7 25.0	8733.4 Ø	8' ON skimmers 8'	5.00 0.299 7.9	0.0' Ø	0.6' 0.52"	HLO REUSE +4	3.0' 80.8	11837 50% 420
20.7 24.0	8733.4 Ø	7' 5'x2 Clear 7'	5.00 0.398 8.0	0.0' Ø	0.4' 0"	REUSE	2.5' 80.8	11856 50% 400
23.5 22.8	8733.4 Ø	8' 3'clear x 2' 8'	5.0 0.387 8.0	0.0' 0'	0.2" 2.6'	Reuse	3.0' 80.8	11870 50% 375
28.4 24.9	8733.4 Ø	4' 3'	5.00 0.380 8.0	0.0 0.0	0.4" 1.66	REUSE Pond 4	3.0 80.8	11886 50%
23.0 24.6	8733.4 Ø	5' 5'	5.00 0.368 8.0	0' 0'	1.0 0.2	Pond 4	3.0 80.8	11902 50% 335
25.4 22.4	8733.4 Ø	5' #1=2012 #2=8355	5.00 0.575 8.0	0' 0'	1.3 0.5	Pond 4	2.5 81.1	11912 50% 315
	30.4		150.0 10.869 237.9		9.49"		3.0	512
21.6	15.2		5.00 0.362 7.9		0.31"			17

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: July 1st, 2004 To July 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.049		MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.016		MGD					0	5 Days/Week	Flow mtrs. + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.0			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	04/08/17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MON..ORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: July 1st, 2004 To July 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.66			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				0.760			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				250			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				300			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.087		MGD					0	5 Days/Week	Flow mtrs. + Totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.076	0.074	MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				41%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: July 1st, 2004 To July 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.027		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (Mo.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.045	0.123	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.7			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.2			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				4.4	6.2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.5	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272-1919	04/08/17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: July 1st, 2004 To July 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.66			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				30			MG/L	0	Every Two Weeks	8 hour-FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: July 1st, 2004 To: July 31st, 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1		7.5		5.00	<2.0	0.431		
2				7.7		5.00		0.367		
3				7.7		5.00		0.331		
4				7.7		5.00		0.712		
5				7.6		5.00	<2.0	0.760		
6				7.7		5.00		0.563		
7				7.5		5.00		1.880		
8				7.5		2.66		1.990		
9				7.7		5.00		2.220		
10				7.6		5.00		1.590		
11				7.7		5.00		2.001		
12				7.6		5.00		1.411		
13				7.7		5.00		2.110		
14	<2.0		6.1	7.6	6.2	5.00		1.170	220	250
15		<1		7.7		5.00		2.001		
16				7.9		5.00		0.743		
17				7.9		5.00		0.410		
18				7.7		5.00		0.345		
19				7.7		5.00		0.316		
20		<1		7.8		5.00	<2.0	0.368		
21		<1		7.7		5.00	<2.0	0.313		
22		<1		8.0		5.00	<2.0	0.328		
23		<1		7.9		5.00	<2.0	0.386		
24				7.6		5.00		0.365		
25				7.9		5.00		0.375		
26		<1		8.0		5.00	<2.0	0.477		
27		<1		7.6		5.00	<2.0	0.310		
28		<1		7.7		5.00	<2.0	0.500		
29	<2.0	<1	30	7.8	2.6	5.00	<2.0	0.484	280	350
30				7.8		5.00		0.341		
31				7.7		5.00		0.521		
Total	<4.0	<10	36.1	239.2	8.8	152.66	<20.0		500	600
Avg.	<2.0	<1	18.1	7.7	4.4	4.92	<2.0		250	300

NT STAFFING:

Shift Operator	Class: C	Certificate No: #C-6409 DO	Name:	Allson S. McPhee	
ing Shift Operator	Class: B	Certificate No: #B-9509 DO	Name:	Steve L. Pfouts	
t Sh perator	Class: C	Certificate No: #C-7747 DO	Name:	Charles G. Schwades	
Operator	Class: A	Certificate No: #A-8122 DO	Name:	Daniel S. Anderson	

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: July 1st, 2004 To: July 31st, 2004

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.082	Ø	Ø	0.082						
2	0.080	Ø	Ø	0.080						
3	0.071	0.085	Ø	Ø						
4	0.068	0.082	Ø	Ø						
5	0.030	0.015	Ø	0.015						
6	0.123	Ø	0.123	Ø						
7	0.109	Ø	0.109	Ø						
8	0.076	Ø	0.076	Ø						
9	0.071	Ø	0.071	Ø						
10	0.076	Ø	0.076	Ø						
11	0.069	Ø	0.069	Ø						
12	0.066	Ø	0.066	Ø						
13	0.092	Ø	0.092	Ø						
14	0.079	Ø	0.079	Ø						
15	0.067	Ø	0.067	Ø						
16	0.079	Ø	0.079	Ø						
17	0.067	Ø	0.067	Ø						
18	0.077	Ø	0.077	Ø						
19	0.073	Ø	0.073	Ø						
20	0.076	Ø	0.076	Ø						
21	0.082	Ø	0.082	Ø						
22	0.075	Ø	0.075	Ø						
23	0.052	Ø	0.052	Ø						
24	0.092	0.106	Ø	Ø						
25	0.061	Ø	Ø	0.061						
26	0.059	Ø	Ø	0.059						
27	0.072	0.092	Ø	Ø						
28	0.082	0.098	Ø	Ø						
29	0.099	0.055	Ø	0.044						
30	0.082	Ø	Ø	0.082						
31	0.064	Ø	Ø	0.064						
Total	2.351	0.533	1.409	0.487						
Avg.	0.076	0.017	0.045	0.016						

NT STAFFING:

Shift Operator	Class: C	Certificate No:	#C-6409 DO	Name:	Allson S. McPhee
ng Shift Operator	Class: B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
Shi erator	Class: C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
Operator	Class: A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Aug. 1st 2004 To Aug. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.050		MGD					0	5 Days/Week	Flow Mtrs + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.059		MGD					0	5 Days/Week	Flow Mtrs + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.017		MGD					0	5 Days/Week	Flow Meters + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-3 4 DSA	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.015		MGD					0	5 Days/Week	Flow meters + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-3 4 DSA	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.4		mg/L	0	Every Two Weeks	8hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				< 2.0			mg/L	0	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson DSA / Lead Operator	Daniel S Anderson	800-272-1919	04/09/17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): 1 Nitrate Nitrogen Exceedance 8hr FPC sample on Aug. 11th, 2004.
Daniel S. Anderson

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Aug. 1st, 2004 To Aug. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100 %			Percent	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ml	0	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			mg/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				0.918			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				320			MG/L	0	Every Two Week	8 hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				360			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.084		MGD					0	5 Days/Week	Flow Mtrs, + Totalizors
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.075	0.074	MGD					0	5 Days/Week	Flow Mtrs. + Totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				41%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A
REPORT: Monthly
GROUP: Domestic
MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2
NO DISCHARGE FROM SITE: ☐
MONITORING PERIOD From: Aug. 1st, 2004 To Aug. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.027		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-#3 DSA	Permit Requirement	An 0.030 (Mo.Avg.) DSA		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.008	0.148	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-#3 DSA	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.5			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2	2.4		mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.2			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2.0	<2.0		MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.5	7.9		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272-1919	04/09/17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: Aug. 1st, 2004 To Aug. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				13.0			MG/L	1	Every Two Weeks	8 hour FPC
PARM Code 00620 1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Aug. 1st, 2004 To: Aug. 31st, 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Sample Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1				7.8		5.00		0.472		
2		<1		7.7		5.00	<2.0	0.452		
3		<1		7.8		5.00	<2.0	0.388		
4		<1		7.9		5.00	<2.0	0.408		
5		<1		7.7		5.00	<2.0	0.408		
6				7.8		5.00		0.403		
7				7.7		5.00		0.447		
8				7.7		5.00		0.382		
9		<1		7.8		5.00	<2.0	0.406		
10		<1		7.8		5.00	<2.0	0.302		
11	<2.0	<1	13.0	7.8	<2.0	5.00	<2.0	0.345	350	340
12		<1		7.7		5.00	<2.0	0.372		
13				7.8		5.00		0.491		
14				7.8		5.00		0.456		
15				7.7		5.00		0.440		
16				7.7		5.00		0.499		
17		<1		7.8		5.00	<2.0	0.602		
18		<1		7.7		5.00	<2.0	0.700		
19		<1		7.8		5.00	<2.0	0.621		
20		<1		7.8		5.00	<1	0.700		
21				7.8		5.00		0.918		
22				7.8		5.00		0.872		
23		<1		7.7		5.00	<2.0	0.800		
24		<1		7.7		5.00	<2.0	0.635		
25	2.4	<1	3.1	7.8	<2.0	5.00	<2.0	0.477	290	380
26		<1		7.5		5.00	<2.0	0.739		
27				7.6		5.00		0.494		
28				7.6		5.00		0.482		
29				7.5		5.00		0.399		
30		<1		7.9		5.00	<2.0	0.341		
31		<1		7.8		5.00	<2.0	0.250		
Total	4.4	<18	14.1	240.0	<4.0	155.00	<35.0	15.701	640	720
Mo. Avg.	2.2	<1	7.1	7.7	<2.0	5.00	<2.0	0.506	320	360

PLANT STAFFING:

Chief Shift Operator	Class: C	Certificate No: #C-6409 DO	Name:	Allison S. McPhee	
Admin Operator	Class: B	Certificate No: #B-9509 DO	Name:	Steve L. Pfonts	
Night Shift Operator	Class: C	Certificate No: #C-7747 DO	Name:	Charles G. Schwades	
Field Operator	Class: A	Certificate No: #A-8122 DO	Name:	Daniel S. Anderson	

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Aug. 1st, 2004 To: Aug. 31st, 2004

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mn. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.072	0.070	Ø	0.002						
2	0.070	0.055	Ø	0.015						
3	0.071	0.041	Ø	0.030						
4	0.075	0.073	Ø	0.002						
5	0.071	0.084	Ø	Ø						
6	0.065	0.070	Ø	Ø						
7	0.067	0.061	Ø	0.006						
8	0.068	0.080	Ø	Ø						
9	0.070	0.082	Ø	Ø						
10	0.063	0.074	Ø	Ø						
11	0.072	0.077	Ø	Ø						
12	0.081	0.021	Ø	0.060						
13	0.088	Ø	Ø	0.088						
14	0.022	Ø	Ø	0.022						
15	0.148	Ø	0.148	Ø						
16	0.090	Ø	0.090	Ø						
17	0.100	Ø	Ø	0.100						
18	0.070	Ø	Ø	0.070						
19	0.080	Ø	Ø	0.080						
20	0.097	0.119	Ø	Ø						
21	0.053	0.063	Ø	Ø						
22	0.076	0.089	Ø	Ø						
23	0.073	0.088	Ø	Ø						
24	0.082	0.094	Ø	Ø						
25	0.082	0.096	Ø	Ø						
26	0.087	0.106	Ø	Ø						
27	0.058	0.066	Ø	Ø						
28	0.063	0.073	Ø	Ø						
29	0.073	0.087	Ø	Ø						
30	0.066	0.076	Ø	Ø						
31	0.077	0.087	Ø	Ø						
Total	2.330	1.832	0.238	0.475						
No. Avg.	0.075	0.059	0.008	0.015						

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: #C-6409 DO	Name:	Allson S. McPhee	
Evening Shift Operator	Class: B	Certificate No: #B-9509 DO	Name:	Steve L. Pfouts	
Night Shift Operator	Class: C	Certificate No: #C-7747 DO	Name:	Charles G. Schwades	
Lead Operator	Class: A	Certificate No: #A-8122 DO	Name:	Daniel S. Anderson	

Pennbrooke WWTP August 2004

Oper. / Lic # - Times	1 Eff. mtr x 1000		2 Reuse Mtr X 1000		3 Reuse Hrs		4 Backwash #1 ET m e.Thr = 1600		5 Backwash #2 ET m e.Thr 1600		6 Decant Vol. TANK(S)		7 Waste Resid. Load Out	Dib.
	180462		14112.3		1635.5		314.0		344.0					
A Ilson Mephe C6490 0800-1630	180534	72	14182.1	69.8	1642.9	7.4	314.3 03 4800		344.3 03 4800				15K dec	1:2
Daniel S. Anderson A-8122 0800-1630	180604	70	14236.7	54.6	1648.6	5.7	314.6 03 4800		344.6 03 4800		1,2,3,7,8,9 = 11,500		3000 ea	1:2
Allison McPhee C6490 0800-1630	180675	71	14277.8	41.1	1652.9	4.3	314.9 03 4800		344.9 03 4800				2500 ea	1:2
Allison McPhee C6490 0800-1630 Daniel S. Anderson A-8122 1000-1400	180750	75	14351.2	73.4	1660.5	7.6	315.2 03 4800		345.2 03 4800				2000 ea	1:2
Allison McPhee C6490 0800-1630 S. Schwader C-7747 0800-1130	180821	71	14435.6	84.4	1669.0	8.5	315.5 03 4800		345.5 03 4800				(3350)	
D. Anderson A-8122 1500-1800 Steve Pfouts B-9509 0700-1530	180886	65	14508.1	72.5	1676.1	7.1	315.8 0.3 4,800		345.8 0.3 4,800				(4,200)	
Allison McPhee C6490 0800-1530 D. Anderson A-8122 1600-1800	180953	67	14576.4	68.3	1682.3	6.2	315.8 ø ø		345.8 ø				3000 ea	1:2
Allison McPhee C6490 0800-1530	181021	68	14646.6	70.2	1696.5	14.2	316.1 03 4800		346.1 03 4800		1,2,3,4,5	10000	3000 ea	1:2
Allison McPhee C6490 0700-1530	181091	70	14729.0	82.4	1698.8	2.3	316.4 03 4800		346.4 03 4800				3000 ea	1:2
Allison McPhee C6490 0700-1530	181154	63	14802.5	73.5	1706.3	7.5	316.7 03 4800		346.7 03 4800		1	3000	3,000	1:2
Allison McPhee C6490 0800-1630	181226	72	14879.2	76.7	1713.9	7.6	316.7 ø ø		346.7 ø ø					
D. Anderson A-8122 0500-1630	181307	81	14900.0	20.8	1716.0	2.1	317.0 0.3 4,800		347.0 0.3 4,800		1,2,3,5,6	13,000		ø
D. Anderson A-8122 0800-1400	181395	88	14900.0	ø	1716.0	ø	317.0 ø		347.0 ø					ø
Steve Pfouts B-9509	181477	82	14900.0	ø	1716.1	ø	317.0 ø		347.0 ø				3000 3000	1/2 1:2
Allison McPhee C700-1530	181565	148	14900.0	ø	1716.1	ø	317.0 ø		347.0 ø		2,3,5,6,8,9	11,500	3000 ea	1:2
Allison McPhee 0700-1530	181655	90	14900.0	ø	1716.1	ø	317.6 06 9600		347.6 06 9600		2,3,4,5,6,8,9=16,000		3000 ea	1:2
Allison McPhee 0700-1530	181755	100	14900.0	ø	1716.1	ø	317.9 03 4800		347.9 03 4800		2,3,7 =	2500	3000 ea	1:2
Allison McPhee 1000-1630 Daniel Anderson 0600-1100 A-8122 DO	181835	80	14900.0	ø	1716.1	ø	318.2 03 4800		348.2 03 4800		1,2,3,4,5	9000	3000 ea	1:2
Daniel Anderson 0800-1630	181905	97	15019.0	119.0	1740.2	24.1	318.5 03 4800		348.5 03 4800		2,3,7	6000	3000 ea	1:2
Steve Pfouts B-9509 7:00-3:30	182055	53	15082.0	63	1750.7	10.5	318.8 ø		349.0 ø		1,2,3	9,500	3000 each	1/2
Allison McPhee 0800-1630	182131	76	15171.2	89.2	1763.7	13.0	319.1 03 4800		349.3 03 4800				3000	1/2
Allison McPhee 0800-1630	182204	73	15259.3	88.1	1775.2	11.5	319.4 03 4800		349.6 03 4800				3000 ea	1:2
Allison McPhee 0800-1530 Daniel Anderson 0500-1000	182280	82	15353.5	94.2	1786.1	10.9	319.7 03 4800		349.9 03 4800		1,2,3,8,9	10500	3000 ea	1:2
Allison McPhee 0800-1630	182366	82	15449.3	95.8	1797.4	11.3	319.7 ø ø		349.9 ø ø				3000 ea	1:2
Allison McPhee 0800-1630	182455	87	15558.5	109.2	1809.0	11.6	320.5 0.8 12,800		350.7 08 12,800				(2 Loads 7849 14,200 gals	
Daniel S. Anderson 0800-1000	182513	58	15621.5	66.0	1816.4	7.4	321.1 0.6 9,600		351.1 0.4 6,400		3,4	4,500	(2 Loads 14,200	4000 1 4000 2
Steve Pfouts pu 7:00 AM B-9509 off 3:30 PM	182576	63	15694.8	73.3	1823.7	7.3	321.1 ø		351.1 ø		ø	ø		3000 1 3000 2
Allison McPhee 0800-1630	182649	73	15782.5	87.7	1832.9	8.7	321.4 03 4800		351.4 03 4800				3000 EA	1:2
Allison McPhee 0800-1630 Daniel S. Anderson A-8122 0600-1100	182715	66	15857.5	76.0	1840.0	7.6	321.7 03 4800		351.7 03 4800		1,2,3,4,5,6	15500	3000 EA	1:2
Allison McPhee C6490 0800-1630	182792	77	15944.7	87.2	1848.7	8.7	322.0 03 4800		352.0 03 4800		7	3500	3000 EA	1:2
	2,330	75	1832.4	59	213.2		8.0 128,000		8.0 129,000		117,200		55,950	129,000

Penobscot WWTP August 2004

	8	9		10		11		12		13		14		15		16	
	Desing #1	Desing #2		Clarifier #1 Sludge Depth ins	#2	TBC Tank - PH		Pond 2		Pond 3		Rainfall	Eff. Dest.	Ey Basin Height	Gen Hrs	Elec. mtr	c/2 Comb Pd.
								1	2	3	4						
	9391.0	8733.4														12391	
1	10.0	21.9	8733.4	ø	8' clear	8'	5.00	548	7.8	ø	ø	ø	ø	1.5	0.08	to Pond 4	3.0'	82.4	12412	56%
2	52.4	21.5	8733.4	ø	7' clear	7'	5.00	.452	7.7	ø	ø	ø	ø	1.8	0.03	to Pond 4	3.0'	82.4	12428	58%
3	104.6	22.2	8733.4	ø	7' clear	7'	5.00	.388	7.8	ø	ø	ø	ø	1.2	0.13	to Pond 4	2.8'	82.4	12447	60%
4	157.8	23.2	8733.4	ø	7' clear	7'	5.00	.408	7.9	ø	ø	ø	ø	1.4	0.02	to Pond 4	3.0	82.8	12467	60%
5	210.0	22.2	8733.4	ø	8' clear	8'	5.00	.403	7.7	ø	ø	ø	ø	1.4	0.04	to Pond 4	3.0'	82.8	12489	60%
6	264.1	24.1	8736.4	ø	7' clear	7'	5.00	.403	7.8	ø	ø	ø	ø	2.5	0.00	Reuse	3.2'	82.9	12509	60%
7	317.8	23.7	8733.4	ø	8' clear	8'	5.00	.447	7.7	ø	ø	ø	ø	2.4	0.00	Reuse	3.0	82.9	12531	60%
8	372.3	24.5	8733.4	ø	8' clear	8'	5.00	.382	7.7	ø	ø	ø	ø	2.0	0.03	Reuse	3.0'	82.8	12534	60%
9	441.8	25.5	8733.4	ø	8' clear	8'	5.00	.406	7.8	ø	ø	ø	ø	2.2	1.3"	Reuse	3.2	82.8	12550	60%
10	464.2	22.4	8733.4	ø	8' clear	8'	5.00	.302	7.8	ø	ø	ø	ø	2.0	.04	Reuse	3.0	82.8	12564	60%
11	488.3	24.1	8733.4	ø	8' clear	8'	5.00	.345	7.8	ø	ø	ø	ø	1.9	.05	Reuse	3.0	83.1	12582	60%
12	511.3	23.0	8733.4	ø	7' Clear	7'	5.00	.372	7.7	ø	ø	ø	ø	2.1	0.04	Pond 4 Reuse	2.0	83.1	12597	42%
13	535.8	24.5	8733.4	ø	7' Clear	7'	5.00	.491	7.8	ø	ø	ø	ø	2.0	ø"	Pond 4	3.0	83.1	12614	42%
14	RS		8733.4	ø	8' clear	8'	5.00	.456	7.8	ø	ø	ø	ø	2.0	.71	Pond 4	3.0' Clear Top	83.1	12632	42%
15	566.6	8.1	8733.4	ø	7' clear	7'	5.00	.446	7.7	ø	ø	ø	ø	2.2	1.38"	Pond #4	3.0'	83.1	12635	42%
16	566.6	0	8733.4	ø	7' clear	7'	5.00	.444	7.7	ø	ø	ø	ø	2.0	.02"	Pond #4	3.0'	83.1	12651	42%
17	586.8	19.5	8733.4	ø	8' clear	7'	5.00	.602	7.8	ø	ø	ø	ø	1.8	0.00	Pond #4	3.0'	83.1	12665	42%
18	608.6	21.9	8733.4	ø	7' clear	7'	5.00	.700	7.7	ø	ø	ø	ø	2.0	0.00"	Pond #4	3.0'	83.4	12679	58%
19	631.7	23.2	8733.4	ø	5' clear	5'	5.00	.621	7.8	ø	ø	ø	ø	1.7	0.23"	Pond #4	2.0'	83.4	12693	60% 43%
20	655.7	24.5	8733.4		5' Clear	5'	5.00	.700	7.8	ø	ø	ø	ø	1.5	0"	Reuse	1.0' Run 4 hrs 60 gpm	87.4	12711	60% 41%
21	680.8	25.1	8749.1	15.7	8' clear	8'	5.00	.918	7.8	ø	ø	ø	ø	1.4	0"	Reuse	2.0	87.4	12720	60%
22	680.8	ø	8757.5	8.4	6' clear	6'	5.00	.892	7.8	ø	ø	ø	ø	1.6	0.75"	Reuse	2.4	87.5	12736	60%
23	681.9	ø	8769.2	11.7	6' clear	6'	5.00	.800	7.7	ø	ø	ø	ø	1.4	0.00	Reuse	2.6	87.5	12751	60%
24	681.9	ø	8780.4	11.2	7' clear	7'	5.00	.635	7.7	ø	ø	ø	ø	1.6	0.38"	Reuse	2.8	87.5	12767	60%
25	686.9	ø	8794.7	14.3	6' clear	6'	5.00	.562	7.8	ø	ø	ø	ø	1.4	0.4"	Reuse	2.6	87.6	12783	60%
26	690		8802.1	7.4	7' clear	7'	5.00	.739	9.5	ø	ø	ø	ø	1.2	0.00"	Reuse	2.8	87.8	12799	60%
27	691.9	ø	8817.5	15.4	6' clear	6'	5.00	.494	7.6	ø	ø	ø	ø	1.0	0"	Reuse	2.8'	87.8	12814	60%
28	1.9	ø	8835.1	17.6	6' clear	6'	5.00	.482	7.6	ø	ø	ø	ø	1.0	.07"	Reuse	2.6	87.8	12828	60%
29	1.9	ø	8851.9	16.8	7' clear	7'	5.00	.394	7.5	ø	ø	ø	ø	1.0	0.03"	Reuse	2.6	87.8	12844	60%
30	1.9	ø	8867.3	15.4	7' clear	7'	5.00	.341	7.9	ø	ø	ø	ø	1.0	0.26"	Reuse	3.0	87.8	12858	58% 51%
31	1.9		8869.0	1.7	7' clear	7'	5.00	.250	7.8	ø	ø	ø	ø	1.0	0.00"	Reuse	2.6	87.8	12873	58%
32	422.9			135.6														5.4	482	
33																				
34																				

691

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Sept. 1st, 2004 To Sept. 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.051		MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 Y	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow, To Public Access Reuse	Sample Measurement	0.063		MGD					0	5 Days/Week	Flow mtrs. + Totalizers
PARM Code 50050 1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.016		MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 Y	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-3 & 4 DSA											
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.009		MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-3 & 4 DSA											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement				<2.0			MG/L	0	4 Days/Week	Grab
PARM Code 00530 1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
Mon.Site No. EFB-1											

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	04/10/17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Sept. 1st, 2004 To Sept. 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%			Percent	0	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	4Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			MG/L	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				2.200			NTU	0	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				195			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				355			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.085		MGD					0	5 Days/Week	Flow mtrs. and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.100	0.084	MGD					0	5 Days/Week	Flow mtrs. and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				47%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Sept. 1st, 2004 To Sept. 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.030		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y	Permit Requirement	0.030 An (Mo.Avg.)		MGD						5 Days/Week	Calculated
Mon.Site No. FLW-#3 DSA											
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.035	0.134	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
Mon.Site No. FLW-#3 DSA											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				3.3			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement				2.4			MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement				2.4	2.8		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
pH	Sample Measurement				7.5	8.0		SU	0	5 Days/Week	Grab
PARM Code 00400 1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Mon.Site No. EFA-1											

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	04/10/17

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: Sept. 1st, 2004 To Sept. 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1			#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement				<1	<1		#/100ML	0	Every Two Weeks	Grab
PARM Code 74055 1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				14.0			MG/L	1	Every Two Weeks	8-hour FPC
PARM Code 00620 1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Sept. 1st, 2004 To: Sept. 30th, 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1		7.7		5.00	<2.0	0.221		
2		<1		7.8		5.00	<2.0	0.210		
3				8.0		5.00		0.443		
4				7.8		5.00		0.340		
5				7.8		5.00		0.308		
6				7.7		5.00		0.275		
7				7.6		5.00		0.607		
8				7.7		5.00		0.560		
9	<2.0		14	7.6	2.8	5.00		0.740	240	370
10		<1		7.7		5.00		0.371		
11				7.7		5.00		0.278		
12				7.6		5.00		0.386		
13				7.5		5.00		0.426		
14		<1		7.5		5.00	<2.0	0.456		
15		<1		7.5		5.00	<2.0	0.386		
16		<1		7.5		5.00	<2.0	0.710		
17		<1		7.7		5.00	<2.0	0.731		
18				7.6		5.00		1.343		
19				7.6		5.00		1.245		
20		<1		7.5		5.00	<2.0	0.820		
21		<1		7.5		5.00	<2.0	0.268		
22	<2.0	<1	5.5	7.6	<2.0	5.00	<2.0	0.357	150	340
23		<1		7.5		5.00	<2.0	0.488		
24				7.5		5.00		0.457		
25				7.6		5.00		0.424		
26				7.7		5.00		0.433		
27		<1		7.7		5.00	<2.0	0.441		
28		<1		7.7		5.00	<2.0	1.720		
29				7.7		5.00		2.200		
30				7.6		5.00		1.980		
31										
Total	<2.0	<1	19.5	229.2	4.8	150.00	<2.0	19.624	390	710
Mo. Avg.	<2.0	<1	9.8	7.6	2.4	5.00	<2.0	0.654	195	355

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No:	#C-6409 DO	Name:	Allson S. McPhee
Evening Shift Operator	Class: B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
Night Shift Operator	Class: C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
Operator	Class: A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Sept. 1st, 2004 To: Sept. 30th, 2004

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.073	0.093	Ø	Ø						
2	0.074	0.087	Ø	Ø						
3	0.077	0.014	Ø	0.063						
4	0.052	0.048	Ø	0.004						
5	0.099	0.049	Ø	0.050						
6	0.098	0.048	Ø	0.050						
7	0.106	0.013	0.093	Ø						
8	0.113	Ø	0.113	Ø						
9	0.125	Ø	0.125	Ø						
10	0.122	Ø	0.122	Ø						
11	0.134	Ø	0.134	Ø						
12	0.122	Ø	0.122	Ø						
13	0.123	Ø	0.123	Ø						
14	0.094	Ø	0.094	Ø						
15	0.115	0.119	Ø	Ø						
16	0.118	0.131	Ø	Ø						
17	0.111	0.128	Ø	Ø						
	0.096	0.114	Ø	Ø						
19	0.090	0.108	Ø	Ø						
20	0.093	0.111	Ø	Ø						
21	0.102	0.118	Ø	Ø						
22	0.090	0.100	Ø	Ø						
23	0.085	0.025	Ø	0.060						
24	0.092	0.107	Ø	Ø						
25	0.075	0.092	Ø	Ø						
26	0.075	0.054	Ø	0.021						
27	0.074	0.053	Ø	0.021						
28	0.115	0.119	Ø	Ø						
29	0.128	0.146	Ø	Ø						
30	0.128	0.010	0.118	Ø						
31										
Total	2.999	1.887	1.044	0.269						
Mo. Avg.	0.100	0.063	0.035	0.009						

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No:	#C-6409 DO	Name:	Allson S. McPhee
Evening Shift Operator	Class: B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
Night Shift Operator	Class: C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
Lead Operator	Class: A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

Pembrooke WWTP Sept. 2004

Oper./Lic# - Time	1 Eff. mtr x 1000	2 Reuse mtr x 1000	3 Reuse Hrs	4 Backwash #1 ETM 0.1 hr = 1000	5 Backwash #2 ETM 0.1 hr = 1000	6 Decant Vol. Tank(s)	7 Waste Load out	Resid. Dib.
	182792	15944.7	1848.7	322.0	352.0			
Cl 99¢ Mike N. Mcphee 0800-1630	182865 73	16037.8 93	1858.0 9.3	322.3 03 4800	352.3 03 4800			
Cl 44¢ Mike N. Mcphee 0800-1530	182974 74	16125.2 87.4	1866.5 8.5	322.6 03 4800	352.6 03 4800		3000 ea	1:2
HA-8122 DC 1600-1630 Daniel S. Anderson	183016 77	16139.2 14.0	1867.9 1.4	323.0 0.4 6400	353.0 0.4 6400	1,2,3,6,7 14,000	4000 3000	#1 #2
Steve Proulx B-9509	183068 52	16187.4 48.2	1873.3 5.4	323.4 "	353.0 "	"	3000 3000	#1 #2
Cl 99¢ Mike N. Mcphee 1200-1330	183167 99	16236.6 49.2	1878.9 5.6	323.0 = "	353.0 = "	"	"	"
Cl 49¢ Mike N. Mcphee 0800-1600	183265 98	16284.4 47.8	1883.1 4.2	323.3 03 4800	353.3 03 4800	"	"	"
Cl 99¢ Mike N. Mcphee 0800-1630	183371 106	16297.1 12.7	1885.1 2.1	323.3 " "	353.3 = "	"	3000 ea	1:2
Mike N. Mcphee C6490 0800-1630	183484 113	16297.1 = "	1885.1 = "	323.8 05 8000	353.3 = "	"	"	"
Mike N. Mcphee C6490 0800-1630	183609 125	16297.1 = "	1885.1 = "	324.3 05 8000	353.7 04 6400	"	"	"
A-8122 DC 0700- Daniel S. Anderson 1900	183731 122	16297.1 "	1885.1 "	324.3 "	353.7 "	"	"	"
Steve Proulx B-9509	183865 134	16297.1 "	1885.1 "	324.3 "	353.7 "	4+5 5000 Tank	"	"
Mike N. Mcphee C6490 0800-1630	183987 122	16297.1 "	1885.1 "	324.3 "	353.7 "	1,2,3,6,7 12000	2550 ea	1:2
Anderson A-8122 0800-1100	184110 123	16297.1 "	1885.1 "	324.7 03 4800	354.0 03 4800	"	3000 ea	1:2
Mike N. Mcphee C6490 0800-1630	184204 94	16297.1 "	1885.1 "	325.0 03 4800	354.3 03 4800	"	1500 ea	1:2
Mike N. Mcphee C6490 0800-1630	184359 115	16416.3 119.2	1898.5 13.4	325.3 03 4800	354.3 03 4800	"	1500 ea	1:2
Mike N. Mcphee C6490 0800-1630	184437 118	16542.7 131.4	1914.1 15.6	325.6 03 4800	354.6 03 4800	1,2,3,5,6,7 12000	2000 ea	1:2
Anderson A8122 0800-1630	184548 111	16675.7 128.0	1928.4 14.3	326.0 0.4 6400	355.0 0.4 6400	"	"	"
Steve Proulx B-9509	184644 96	16789.6 113.9	1939.3 10.9	326.5 05 8000	355.5 05 8000	"	"	1:2
Mike N. Mcphee C6490 0800-1630	184734 90	16897.6 108	1949.5 10.2	326.8 03 4800	355.8 03 4800	"	1500 ea	1:2
Anderson A8122 0700-0800	184827 93	17009.0 111.4	1960.0 10.5	327.1 03 4800	356.1 03 4800	5,6 5000	1500 ea	1:2
Mike N. Mcphee 0800-1400	184929 102	17127.4 118.4	1971.2 10.2	327.4 03 4800	356.4 03 4800	"	"	"
Anderson A8122 0800-0900	185019 90	17227.4 100.0	1980.7 9.5	327.7 03 4800	356.7 03 4800	"	1500 ea	1:2
Mike N. Mcphee C6490 0800-1630	185104 85	17352.7 125.3	1983.0 2.3	328.0 03 4800	357.0 03 4800	1,4,2,000 Handled	1500 ea	1:2
Anderson A8122 0800-1630	185196 92	17360.0 107.3	1993.6 10.6	328.3 03 4800	357.3 03 4800	"	13,600 2 Loads	3500 1+2
Steve Proulx B-9509 1500	185271 75	17451.7 91.7	2002.1 8.5	328.7 04 6400	357.6 03 4800	"	3000 3000	1/2
HURRICANE JEANNE →	75	53.5						
Steve Proulx B-9509	185420 74	17558.6 53.4	2012.1 10.0	329.0 03 4800	357.9 03 6400	"	3000	1
Mike N. Mcphee 0800-1630	185535 115	17677.2 118.6	2023.4 11.3	329.3 03 4800	358.2 03 4800	"	3000 ea	1:2
Mike N. Mcphee 0800-1530	185663 128	17823.6 146.4	2037.4 14.0	329.6 03 4800	358.5 03 4800	2,3,4,6 = 8750	3000 ea	1:2
Mike N. Mcphee 0800-1630	185791 128	17833.3 9.7	2038.4 1.0	329.6 — "	358.5 — "	5,7 = 6500	3000 ea	1:2
	2,999	1888.6	189.7	7.6 121,600	6.5 104,000		88,100	
	100	63.0	6.3	0.3 4,800	0.2 3,200		2,900	

Pembroke WWTF Sept. 2004

Dosing #1	Dosing #2	Clarifier Depth #1	Sup. Mass	Clarifier Depth #2	TRC-Turb-PH			Ponds 1	2	3	4	Rainfall	Est. Dest.	Eq. Basin Height	Eq. Basin Hrs	Elec. meter	Elec. cir. brk.	Gals.
11361.9	8869.0																	
11361.9	8885	78.5	10.5	7' clear	7'	5.00	.221	7.7	ø	ø	ø	1.0	0.65"	Reuse	2.2	88.1	12890	56%
11361.9	8896.7	17.2		6' clear	7'	5.00	.210	7.8	ø	ø	ø	1.0	0.03"	Reuse	2.4	88.1	12906	56%
11361.9	8910.2	13.5		6' clear	6'	5.00	0.473	8.0	ø	ø	ø	1.2	0"	Reuse Pond 4	3.0	88.1	12922	56%
11361.9	8931.1	20.9		8' clear	8'	5.00	0.340	7.8	ø	ø	ø	1.0	.04	Reuse	2.4	88.1	12936	56%
11361.9	8956.1	30.0		7' clear	7'	5.00	0.308	7.8	ø	ø	ø	1.2	3.75"	Reuse	2.5	88.1	12950	56%
11361.9	8969.0	17.9		7' clear	7'	5.00	.275	7.7	ø	ø	ø	1.4	1.25"	Reuse	7.5	88.1	12967	56%
11361.9	8969.0	ø		1' clear	1'	5.00	.607	7.6	ø	ø	ø	2.0	0.40"	Pond 4	7.5	88.1	12982	56%
11361.9	8969.0	ø		5' clear	5'	5.00	.560	7.7	ø	ø	ø	2.0	0.20"	Pond 4	7.5	88.5	12997	56%
11361.9	8969.0	ø		6' clear	6'	5.00	.390	7.6	ø	ø	ø	1.5	0.00"	Pond 4	6.5	88.5	13013	56%
11361.9	8969.0	ø		5' clear	5'	5.00	0.371	7.7	4.0'	ø	ø	1.7	0.78"	Pond 1	5.5'	88.5	13026	60% Full
11361.9	8969.0	ø		6' clear	6'	5.00	0.278	7.7	4.1	ø	ø	1.7	ø	Pond 1	7.0	88.5	13040	
11361.9	8969.0	ø		6' clear	6'	5.00	.386	7.6	3.8	ø	ø	1.5	0.01"	Pond 1	3.5	88.5	13053	60%
11361.9	8969.0	ø		5' clear	5'	5.00	0.426	7.5	3.9	ø	ø	[illegible]	1.06"	Pond 1	4.5	88.5	13066	60%
11361.9	8969.0	ø		6' clear	6'	5.00	0.456	7.5	3.5	ø	ø	ø	0.44"	Pond 1 Pump to Pond 4	4.1	88.5	13078	60%
11382.4	8969.0	ø		6' clear	6'	5.00	.386	7.5	3.0	ø	ø	ø	0.01"	Reuse	4.0	88.8	13095	60%
11382.4	8969.0	ø		6' clear	6'	5.00	.710	7.5	3.0	ø	ø	[illegible]	0.00"	Reuse	3.0	88.8	13112	60%
11382.4	8969.0	ø		6' clear	6'	5.00	.731	7.7	3.0	ø	ø	2.2	0.00"	Reuse	4.0	88.8	13129	60%
11382.4	8969.0	ø		6' clear	6'	5.00	1.343	7.6	2.9	ø	ø	2.0	0.00	Reuse	3.0	88.8	13145	60%
11382.4	8975.0	6.0		6' clear	6'	5.00	1.245	7.6	2.4	ø	ø	1.7	0.00"	Reuse	3.0	88.8	13161	60%
11382.4	8990.3	15.3		6' clear	6'	5.00	1.177	7.5	1.5	ø	ø	1.4	0.00"	REUSE	3.0	88.8	13177	60%
11382.4	9014.2	13.9		7' clear	7'	5.00	.268	7.5	1.2	ø	ø	1.0	0.20"	Reuse	3.0	88.8	13193	60%
11382.4	9037.3	7.1		7' clear	7'	5.00	.357	7.6	1.2	ø	ø	1.0	0.00"	Reuse	3.0	89.1	13209	60%
11382.4	9053.2	15.9		7' clear	7'	5.00	.188	7.5	1.8	ø	ø	1.4	0.00"	Reuse	3.0	89.4	13223	50%
11382.4	9071.3	18.1		6' Clear	6'	5.00	.457	7.5	2.1'	ø	ø	1.4'	Trace	Reuse	3.0	89.4	13246	50% Full
11382.4	9083.1	11.8		6' clear	6'	5.00	.424	7.6	2.1	ø	ø	1.4	ø	Reuse	3.0	89.4	13253	
11382.4						5.00	.433	7.7										
11382.4	9126.8	21.8		4' Clear	3'	5.00	0.441	7.7	2.8	ø	ø	2.9	5.6"	Pond 1&4 Reuse	3.0	113.7	OFF Running on Eq.	
11382.4	9148.7	21.9		4' clear	4'	5.00	1.172	7.7	1.2	ø	ø	1.6	0.02"	Pond 1&4	3.0	113.7	13288	56%
11382.4	9160.6	11.9		5' clear	5'	5.00	2.20	7.7	1.2	ø	ø	1.4	0.00"	Pond 1&4	3.0	114.1	13306	56%
11382.4	9174.2	13.6		5' clear	5'	5.00	1.98	7.6	1.2	ø	ø	1.2	0.00"	Pond 1&4	3.0	114.1	13322	50%
21		305.2				150.00	19.624	229.2					13.84"			26.0	432	
20.7		10.2				5.00	0.654	7.6					0.46"			5.2 hrs	14.4	
																	x40	
																	576	

NOT FINAL

DEPARTMENT OF ENVIRONMENTAL PRO TION DISCHARGE MO...

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Oct. 1st, 2004 To Oct. 31st 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.055 ✓		MGD					Ø	5 Days/Week	Flow meters + totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.115 ✓		MGD					Ø	5 Days/Week	Flow meter + totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.012 ✓		MGD					Ø	5 Days/Week	Flow mtrs + totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	Ø		MGD					Ø	5 Days/Week	Flow mtrs and totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.) ✓		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				DSA 4.6 3.2 ✓			MG/L	Ø	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.2		MG/L	Ø	Every Two Weeks	8 hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.) ✓	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2.0			MG/L	Ø	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.) ✓			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272-1919	04/11/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY N. Pennbrooke WWTF PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Oct. 1st, 2004 To Oct. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6 ✓	7.8		SU	Ø	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.) ✓	8.5 (Max.) ✓		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100			Percent	Ø	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.) ✓			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#/100ML	Ø	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				5.00 ✓			MG/L	Ø	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.350			NTU	Ø	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				305			MG/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				215			MG/L	Ø	Every Two Weeks	8 hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.087 ✓		MGD					Ø	5 Days/Week	Flow Mtrs. and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.096 ✓	0.090 ✓	MGD					Ø	5 Days/Week	Flow mtrs. and totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				50%			Percent	Ø	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL . ...TECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Oct. 1st, 2004 To Oct. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.028		MGD					Ø	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	An. 0.030 (Mo.Avg.) ✓		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	Ø	Ø	MGD					Ø	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				OSA 4.6 3.2 ✓			MG/L	Ø	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.1	2.2 ✓		MG/L	Ø	Every Two Weeks	8hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report ✓ (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.5			MG/L	Ø	Every Two Weeks	8hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 ✓ (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.3 ✓	2.6		MG/L	Ø	Every Two Weeks	8hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report ✓ (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.6 ✓	7.8 ✓		SU	Ø	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
David S. Anderson / Lead Operator	Daniel S. Anderson	800-272-1919	04/11/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NAME: Pennbrooke WWTF

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: Oct. 1st, 2004 To Oct. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1			#/100ML	Ø	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1	Sample Measurement				<1	<1		#/100ML	Ø	Every Two Weeks	Grab
Coliform, Fecal	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
PARM Code 74055 1	Sample Measurement				5.00			MG/L	Ø	5 Days/Week	Grab
Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				8.6			MG/L	Ø	Every Two Weeks	8 hour FPC
PARM Code 50060 A	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1	Sample Measurement										
Nitrogen, Nitrate, Total (as N)	Permit Requirement										
PARM Code 00620 1	Sample Measurement										
Mon.Site No. EFA-1	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

Permit Number: FLA010570

DAILY SAMPLE RESULTS - PART B

Monitoring Period From: Oct. 1st, 2004 To: Oct. 31st, 2004 Facility: Pennbrooke WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1										
2				7.8		5.00		1.070		
3				7.8		5.00		1.320		
4				7.7		5.00		1.350		
5		<1		7.6		5.00	<2.0	1.320		
6		<1		7.6		5.00	<2.0	1.150		
7	<2.0	<1	1.6	7.7	2.6	5.00	2.0	1.307	260	160
8		<1		7.7		5.00	<2.0	0.877		
9				7.8		5.00		0.654		
10				7.8		5.00		0.524		
11				7.7		5.00		0.459		
12		<1		7.7		5.00	<2.0	0.672		
13		<1		7.6		5.00	<2.0	0.998		
14		<1		7.8		5.00	<2.0	0.705		
15		<1		7.7		5.00	<2.0	0.703		
16				7.7		5.00		1.073		
17				7.7		5.00		0.715		
18				7.7		5.00		0.543		
19		<1		7.7		5.00	<2.0	0.619		
20		<1		7.8		5.00	<2.0	0.849		
21	2.2	<1	8.6	7.6	<2.0	5.00	<2.0	0.791	350	270
22		<1		7.6		5.00	<2.0	0.731		
23				7.6		5.00		0.717		
24				7.7		5.00		0.849		
25				7.7		5.00		0.679		
26		<1		7.7		5.00	<2.0	0.438		
27		<1		7.7		5.00	<2.0	0.659		
28		<1		7.7		5.00	<2.0	0.386		
29		<1		7.8		5.00	<2.0	0.280		
30				7.7		5.00		0.448		
31				7.7		5.00		0.379		
Total				7.7		5.00		0.255		
Mo. Avg.	4.2	<16	10.2	238.8	4.6	155.00	<32.0	23.520	610	430
	2.1	<1	5.1	7.7	2.3	5.00	<2.0	0.759	305	215

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: #C-6409 00	Name:	Allson S. McPhee
Evening Shift Operator	Class: B	Certificate No: #B-9509 00	Name:	Steve L. Pfouts
Night Shift Operator	Class: C	Certificate No: #C-7747 00	Name:	Charles G. Schwades
Lead Operator	Class: A	Certificate No: #A-8122 00	Name:	Daniel S. Anderson

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Oct. 1st, 2004 To: Oct. 31st, 2004

	Flow (MGD), Total through plant	Flow (MGD), To Public Access Reuse	Flow (MGD), To Perc Ponds 1&2	Flow (MGD), To Perc Ponds 3&4						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.125	0.128	Ø	Ø						
2	0.118	0.141	Ø	Ø						
3	0.119	0.143	Ø	Ø						
4	0.104	0.127	Ø	Ø						
5	0.100	0.117	Ø	Ø						
6	0.092	0.111	Ø	Ø						
7	0.101	0.120	Ø	Ø						
8	0.088	0.108	Ø	Ø						
9	0.084	0.099	Ø	Ø						
10	0.092	0.111	Ø	Ø						
11	0.099	0.113	Ø	Ø						
12	0.101	0.119	Ø	Ø						
13	0.096	0.113	Ø	Ø						
14	0.104	0.121	Ø	Ø						
15	0.090	0.111	Ø	Ø						
16	0.082	0.098	Ø	Ø						
[illegible]	0.097	0.119	Ø	Ø						
[illegible]	0.080	0.101	Ø	Ø						
19	0.099	0.116	Ø	Ø						
20	0.100	0.119	Ø	Ø						
21	0.106	0.127	Ø	Ø						
22	0.095	0.112	Ø	Ø						
23	0.094	0.113	Ø	Ø						
24	0.090	0.112	Ø	Ø						
25	0.088	0.107	Ø	Ø						
26	0.084	0.101	Ø	Ø						
27	0.087	0.106	Ø	Ø						
28	0.091	0.109	Ø	Ø						
29	0.094	0.110	Ø	Ø						
30	0.096	0.116	Ø	Ø						
31	0.093	0.112	Ø	Ø						
Total	2.989	3.560	Ø	Ø						
Mo. Avg.	0.096	0.115	Ø	Ø						

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No:	#C-6409 DO	Name:	Allson S. McPhee
vening Shift Operator	Class: B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
ight [illegible] Operator	Class: C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
ead Operator	Class: A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

Operator Daniel/Allson/Steve

Pembrooke WWTP
Plant / ~~PWS #~~

CUP #

Month Oct 2004

Eff. Mtr (x 1000) Reuse (x 1000) Vol. Decant Vol. WAS Pumps Loads Out Backwash Tenths Gals. Backwash

Date	Time	~~Total~~ G.P.D.	Flow Flow 1 Meter	~~Mtr Flow 2~~ Meter	Flow Well 1 Meter	~~Total~~	~~EFM~~	Hrs	~~Well 2~~ Meter	ET in ~~Total~~	~~ET~~	~~Hrs~~	2 ET in ~~Well 2~~ Meter	~~Rain~~ Tenths ~~Total~~	Gals. ~~EFM~~
9/30	0800 Previous	185791	128	17833.3	9.7	6,500	3000	1+2	—	329.6	—	—	35815	—	—
	0800	185916	125	17961.3	128.0	—	3000	1	—	329.6	—	—	35805	—	—
	~~8:00~~	186034	118	18102.1	140.8	13,700	ø			329.9	0.3	4800	358.8	0.3	4800
	8:00	186153	119	18245.1	143	—	3000	1+2	—	329.9	0.3	4800	~~358.8~~	0.3	4800
	0700	186257	104	18372.1	127.0	ø	3000	1+2	ø	329.9	ø	ø	358.8	ø	ø
	0700	186357	100	18489.0	116.9	ø	2000	#2	ø	330.4	0.5	8,000	359.2	0.4	6,400
	0800	186449	92	18600.0	111.0	ø	ø	—	ø	330.4	ø	ø	359.2	ø	ø
	0700	186550	101	18720.0	120.0	13,000	3000	1+2	ø	330.7	0.3	4,800	359.7	0.5	8,000
	0800	186638	88	18828.0	108.0	10,000	3,000	1+2	ø	331.0	0.3	4,800	360.0	0.3	4,800
	~~8:00~~	~~186728~~	84	189268	98.8	5,000	3,000	1+2	ø	331.3	0.3	4800	360.3	0.3	4800
	8:00	186814	92	190376	111	~~4800~~	3000	1+2	ø 331.6	331.6	0.3	4800	360.6	0.3	4800
	0700	186913	99	19151.0	113.4	7,000	3500	1+2	ø	332.0	0.4	6,400	360.9	0.3	4,800
	0700	187014	101	19270.0	119.0	5,000	5,000	1+2	ø	332.3	0.3	4,800	361.3	0.4	6,400
	0800	187110	96	19383.0	113.0	2,500	5,000	1+2	ø	332.3	ø	ø	361.3	ø	ø
	0700	187214	104	19504.0	121.0	8,000	4,000 = #1 6,000 = #2		ø	332.6	0.3	4,800	361.6	0.3	4,800
	0800	187304	90	19615.0	111.0	4,000	5,000	#2	ø 123 = 2	332.9	0.3	4,800	361.9	0.3	4,800
	8:00	187386	82	19713.1	98.1	ø	3,000 3,000	1+2	ø	333.2	0.3	4800	362.2	0.3	4800
	9:30	187483	97	19818	118.7	6,000	3000 Each	1+2	ø	333.5	0.3	4801	362.5	0.3	4800
	8:12 Am	187563	80	19930	101.2	~~4800~~	3000 Each	1+2	2) 4,5,6	333.8	0.3	4800	362.8	0.3	4800
	9:00 Am	187662	99	20049.0	116.0	ø	5000	#1	ø	334.2	0.4	6,400	363.2	0.4	6,400
	8:00 Am	187762	100	20168.0	119.0	3,000	ø	—	ø	334.2	ø	ø	363.2	ø	ø
	8:00 Am	187868	106	20295.0	127.0	4,000	2000 5000	#2 #1	ø	334.5	0.3	4800	363.5	0.3	4,800
	8:00 Am	187963	95	20407.0	112.0	ø	3500 3000	#1 #2	ø	334.8	0.3	4800	363.8	0.3	4,800
	8:00 Am	188057	94	20520.0	113.0	14,000	5,000 5,000	#1 #2	ø	334.8	ø	ø	363.8	ø	ø
	8:00 Am	188147	90	20631.6	111.6	5,000	5000 5000	#1 #2	ø	335.1	0.3	4800	364.1	0.3	4800
	8:12 Am	188235	88	20738.8	107.2	13,000	4500 4500	#1 #2	ø	335.4	0.3	4800	364.4	0.3	4800
	8:12 Am	188319	84	20839.5	100.7	7,000	5000 5000	#1 #2	ø	335.7	0.3	4800	364.7	0.3	4800
	8:00 Am	188406	87	20945.8	106.3	8,000	5000 5000	#1 #2	ø	336.0	0.3	4800	365.0	0.3	4800
	7:00 DSA	188497	91	21055.0	109.2	6,000	3000 4000	#1 #2	ø	336.3	0.3	4,800	365.3	0.3	4800
	10:20 Am DSA	188591	94	21165.0	110.0	6,500	2,500 2,500	#1 #2	ø	336.3	ø	ø	365.3	ø	ø
	8:00 AM	188681	96	212805	115.5	ø			ø	336.6	0.3	4800	365.6	0.3	4800
	~~8:00~~ PM	188780	93	213929	112.4	5,000	2500 2500	#1 #2	ø	336.9	0.3	4800	365.9	0.3	4800
Total			2,989		3,560						7.3	116,800		7.4	118,400
Average			96		115						0.2	3,200		0.2	3,200
Maximum															

Pennbrooke WWTP

Cl_2 Remote Address _____

Year 2004 #2 Dosing tenths gals / Dosing tenths/Gals / Electric Meter First _____ Last _____

Clarifier TRC Turb pH / POND 5 / Rain Gft

#1 SPM	Hrs	FISP2 SPM	Hrs	SPM	Hrs	Super depth STM	Hrs	Re	Ox	EST	1 GEN.	2	3	4		INIT.	
11392.4		0 hrs.	9182	13.6		5' clear	5'	5.00	1.980	7.6	1.2'	0	0	1.2'	0.00 Re	ASM	
11382.4		0 hrs	9187.7	13	.5	5' clear	5'	5.00	1.070	7.8	3.0'	0	0	1.5'	0.00 Re	DSA	0800-1900 hrs
11382.4		0'	919	9.3	11.6	5' clear	5'	5.00	1.320	7.8	2.8	0	0	1.7	0.00 Rev	SP	7:00-3:00
11382.4		0	92	46.2	14.9	5' clear	5'	5.00	1.350	7.7	2.6	0	0	1.5	0.00" Rev	DSA	8:00-4:30
11382.4		0	923	6.6	17.4	5' clear	5'	5.00	1.320	7.6	2.4'	0	0	1.5'	0.00" Rev	DSA	0700-1000
11382.4		0	92	51.7	20.1	4' clear	4'	5.00	1.150	7.6	2.3'	0	0	1.4'	0.00" Rev	DSA	0700-1500
11382.4		0	92	70.7	19.0	5' clear	5'	5.00	1.307	7.7	2.1'	0	0	1.3'	0.05" Rev	DSA	0800-1630
11382.4		0	92	87.7	17.0	5' clear	5'	5.00	0.877	7.7	2.0'	0	0	1.2'	0.00" Rev	DSA	0800-1500
11382.4		0	93	10.2	22.5	6' clear	6'	5.00	0.654	7.8	1.8'	0	0	1.2'	0.00" Rev	DSA	0800-1430
11382.4		0	93	32.9	22.7	5' clear	5'	5.00	0.524	7.8	1.7	0	0	1.2	0.00"	SP	8:00-
11382.4		0	93	57.1	24.2	6' clear	6'	5.00	0.459	7.7	1.8'	0	0	1.2'	0.00 "	AM	8:00-4:30 pm
11382.4		0	93	71.1	14.0	5' clear	5'	5.00	0.672	7.7	1.4'	0	0	0.9'	0.07" Rev	DSA	0700-1400
11382.4		0	93	96.0	24.9	6' clear	6'	5.00	0.998	7.6	1.3'	0	0	0.8'	0.25" Rev	DSA	0700-1430
11.4		0	94	15.7	19.7	6' clear	6'	5.00	0.705	7.8	1.2'	0	0	0.8'	0.00" Rev	DSA	0800-1530
113	82.4	0	94	40.2	24.5	6' clear	6'	5.00	0.703	7.7	1.1'	0	0	0.7'	0.00 Rev	DSA	0700-1430
113	82.4	0	94	59.2	19.0	6' clear	6"	5.00	1.073	7.7	0.9'	0	0	0.6'	0.00" Rev	DSA	0800-1530
113	82.5	0.1	94	81.2	22.0	6' clear	6"	5.00	0.715	7.7	0.9'	0	0	0.6'	0.00 Rev	SP	8:00-1630
113	82.5	0	95	02.7	21.5	6' clear	6'	5.00	.543	7.7	0.9	0	0	0.6	0.00" Rev	AM	9:30-8:00 A
113	82.5	0	95	20.5	17.8	6' clear	6'	5.00	.619	7.7	0.9	0	0	0.6'	0.00 Rev	AM	8:00-4:30 pm
113	82.5	0	95	45.7	25.2	7' clear	7'	5.00	0.849	7.8	0.5'	0	0	0.0	0.00" REV	DSA	9:00-15:30
113	82.5	0	95	63.9	18.2	4' clear	5'	5.00	0.791	7.6	0.4'	0	0	0	0.12" REV	DSA	7:00-16:30
113	82.5	0	95	81.8	17.9	4' clear	4'	5.00	0.731	7.6	0.4'	0	0	0	0.65" REV	DSA	7:00-14:00
113	82.5	0	95	98.4	16.6	4' clear	4' 8' Train	5.00	0.717	7.6	0.3'	0	0	0	0.00" REV	DSA	8:00-1630 hrs
113	82.5	0	96	13.9	15.5	5' clear	5' 10' Train	5.00	0.849	7.7	0.2'	0	0	0	0.00" REV	DSA	8:00-1530 hrs
113	82.5	0	96	36.9	23.0	7' clear	7'	5.00	.679	7.7	0.2'	0	0	0	0.00" Rev	AM	8:00 am - 4:30 pm
13	82.5	0	96	54.8	17.9	7' clear	7'	5.00	.438	7.7	0.2'	0	0	0	0.00" Rev	AM	8:00 am - 4:30 pm
13	82.5	0	96	70.2	15.4	7' clear	7'	5.00	.659	7.7	0.2'	0	0	0	0.00" Rev	AM	8:00 am - 4:30 pm
13	82.5	0	96	90.6	20.4	7' clear	7'	5.00	.386	7.7	0.2'	0	0	0	0.00" Rev	AM	8:00 am - 4:30 pm
13	82.5	0	97	08.3	17.7	6' clear	6'	5.00	.280	7.8	0.1'	0	0	0	0.00" REV	DSA	7:00 - DSA - 1900 hrs
13	82.5	0	97	30.0	21.7	7' clear	7'	5.00	.448	7.7	0	0	0	0	0.00" REV	DSA	1030 AM 4:30 PM
13	82.5	0	97	51.3	21.3	7' clear	7'	5.00	.379	7.7	0	0	0	0	0.00 Rev	SP	8:00-4:30
13	.5	0	97	69.0	17.7	7' clear	7'	5.00	.255	7.7	0	0	0	0	0.00" Rev	AM	8:00 am - 4:30 pm
		0.1			594.8			155.00	23.520	238.8		0	0		1.14"		
					19.2			5.00	0.759	7.7					0.23		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

391

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Lake

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Nov. 1st, 2004 To Nov. 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.058		MGD					Ø	5 Days/Week	Flow mtrs + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-2	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Public Access Reuse	Sample Measurement	0.111		MGD					Ø	5 Days/Week	Flow mtrs + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.010		MGD					Ø	5 Days/Week	Flow mtrs + Totalizers
PARM Code 50050 Y Mon.Site No. FLW-3	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.000		MGD					Ø	5 Days/Week	Flow mtrs. + Totalizers
PARM Code 50050 1 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9			MG/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		MG/L	Ø	Every Two Weeks	8hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.2			MG/L	Ø	4 Days/Week	Grab
PARM Code 00530 1 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	04/12/14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MON. . ORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Nov. 1st, 2004 To Nov. 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5 ✓	7.8		SU	Ø	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.) ✓	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100 ✓			Percent	Ø	4 Days/Week	Grab
PARM Code 51005 1 Mon.Site No. EFA-1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1 ✓			#/100ML	Ø	4 Days/Week	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				3.90 ✓			MG/L	Ø	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				0.630 ✓			NTU	Ø	Continuous	Meter
PARM Code 00070 1 Mon.Site No. EFB-1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				320			MG/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				385			MG/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Flow	Sample Measurement	0.087 ✓		MGD					Ø	5 Days/Week	Flow meters + Totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.092 ✓	0.096 ✓	MGD					Ø	5 Days/Week	Flow mtrs + Totalizers
PARM Code 50050 Q Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				53 %			Percent	Ø	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Nov. 1st, 2004 To Nov. 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.028		MGD					Ø	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 (Mo.Avg.)		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.000	0.000	MGD					Ø	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.9 ✓			MG/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0 ✓	2.0 ✓		MG/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.6 ✓			MG/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.2 ✓	2.4 ✓		MG/L	Ø	Every Two Weeks	8-hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.5 ✓	7.8 ✓		SU	Ø	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	04/12/14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MO..TORING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: Nov. 1st, 2004 To Nov. 30th, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1 ✓			#/100mL	0	Every Two Weeks	Grab
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.) ✓			#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				<1 ✓	<1 ✓		#/100 mL	0	Every Two Weeks	Grab
PARM Code 74055 1	Permit Requirement				Report (Mo.Geo.Mean) ✓	800 (Max.) ✓		#/100ML		Every Two Weeks	Grab
Mon.Site No. EFA-1											
Total Residual Chlorine (For Disinfection)	Sample Measurement				3.90 ✓			MG/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.) ✓			MG/L		5 Days/Week	Grab
Mon.Site No. EFA-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.1 ✓			MG/L	0	Every Two Weeks	8 hour FPC
PARM Code 00620 1	Permit Requirement				12.0 (Max.) ✓			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Nov. 1st, 2004 To: Nov. 30th, 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1		<1		7.7		5.00	3.2	0.355		
2		<1		7.7		5.00	<2.0	0.391		
3	<2.0	<1	0.30	7.6	<2.0	5.00	<2.0	0.471	300	340
4		<1		7.7		5.00	<2.0	0.444		
5				7.6		5.00		0.265		
6				7.6		5.00		0.388		
7				7.6		5.00		0.336		
8		<1		7.6		5.00	<2.0	0.225		
9		<1		7.7		5.00	<2.0	0.198		
10		<1		7.7		5.00	<2.0	0.252		
11		<1		7.5		5.00	<2.0	0.225		
12				7.6		5.00		0.168		
13				7.6		5.00		0.311		
14				7.6		5.00		0.464		
15		<1		7.5		5.00	<2.0	0.292		
16		<1		7.6		5.00	<2.0	0.305		
17	2.0	<1	5.1	7.5	2.4	5.00	<2.0	0.201	340	430
18		<1		7.5		5.00	2.0	0.305		
19				7.5		3.91		0.500		
20				7.5		5.00		0.525		
21				7.5		3.90		0.362		
22		<1		7.6		5.00	<2.0	0.434		
23		<1		7.6		5.00	<2.0	0.395		
24		<1		7.7		5.00	<2.0	0.427		
25		<1		7.8		5.00	<2.0	0.629		
26				7.8		5.00		0.630		
27				7.8		5.00		0.537		
28				7.8		5.00		0.480		
29		<1		7.8		5.00	<2.0	0.444		
30		<1		7.8		5.00	<2.0	0.497		
31										
Total	4.0	<18	5.4	229.1	4.4	147.81	372	11.456	640	770
Mo. Avg.	2.0	<1	2.7	7.6	2.2	4.93	2.1	0.382	320	385

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	#C-6490 DO	Name:	Allson S. McPhee
Eve. Shift Operator	Class:	B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
Night Shift Operator	Class:	C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
Lead Operator	Class:	A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: Nov. 1st, 2004 To: Nov. 30th, 2004

	Flow (MGD), Total through plant ✓	Flow (MGD), To Public Access Reuse ✓	Flow (MGD), To Perc Ponds 1&2 ✓	Flow (MGD), To Perc Ponds 3&4 ✓						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.088	0.108	Ø	Ø						
2	0.101	0.117	Ø	Ø						
3	0.095	0.116	Ø	Ø						
4	0.083	0.102	Ø	Ø						
5	0.090	0.109	Ø	Ø						
6	0.088	0.105	Ø	Ø						
7	0.088	0.109	Ø	Ø						
8	0.086	0.106	Ø	Ø						
9	0.090	0.110	Ø	Ø						
10	0.097	0.114	Ø	Ø						
11	0.089	0.108	Ø	Ø						
12	0.089	0.107	Ø	Ø						
13	0.094	0.113	Ø	Ø						
14	0.090	0.106	Ø	Ø						
	0.093	0.107	Ø	Ø						
	0.085	0.101	Ø	Ø						
17	0.086	0.100	Ø	Ø						
18	0.094	0.118	Ø	Ø						
19	0.095	0.115	Ø	Ø						
20	0.085	0.103	Ø	Ø						
21	0.092	0.112	Ø	Ø						
22	0.095	0.114	Ø	Ø						
23	0.100	0.124	Ø	Ø						
24	0.104	0.125	Ø	Ø						
25	0.097	0.114	Ø	Ø						
26	0.097	0.118	Ø	Ø						
27	0.087	0.108	Ø	Ø						
28	0.101	0.117	Ø	Ø						
29	0.095	0.118	Ø	Ø						
30	0.096	0.120	Ø	Ø						
31										
Total	2.770	3.344	Ø	Ø						
Mo. Avg.	0.092	0.111	Ø	Ø						

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No:	#C-6490 DO	Name:	Allson S. McPhee
Eve. Shift Operator	Class: B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
Night Shift Operator	Class: C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
Lead Operator	Class: A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

Operator Daniel/Allson/Steve/Chuck

Plant / # Pennbrooke WWTP

Month Nov 2004

Date	Time	EFF. MTR.	x 1000 Total	Reuse MTR	x 1000 Total	Vol. Decant	Vol. WAS	P/WAS any?	Dosing #1 ETM	Dosing #2 ETM	Dosing #1 HRS	Dosing #2 HRS	REUSE HR ETM	REUSE HRS	Clar #1 Clear	Clar #2 Ft.
31	8:00 AM Previous	188780	(93)	21392.9	.112	5,000	2,500 2,500	#1 #2	11382.5	9769.0	Ø	17.1			7'	7'
	8:00 Am	188868	88	21501.0	.108	6,000	3000 3000	#1 #2	11382.5	9776.6	Ø	7.6	2386.6		7'	7'
	8:00 Am	188969	101	21618.0	.117	6,000	3000 3000	#1 #2	11382.5	9793.1	Ø	17.1	2396.6	10.0	7'	7'
	8:00 Am	189064	95	21734.0	.116	Ø	Ø	Ø	11382.5	9811.9	Ø	18.2	2407.7	11.1	7'	7'
	8:00 Am	189141	83	21836.4	.102	5,500	2500 3000	#1 #2	11382.5	9830.3	Ø	18.4	2417.6	9.9	7'	7'
	8:00 Am	189237	90	21945.4	.109	Ø	2,500 2,500	#1 #2	11382.5	9853.2	Ø	22.9	2428.4	10.8	7'	7'
	7:00 Am	189325	88	22050.5	.105	Ø	2500 2500	1 2	11382.5	9872.1	Ø	18.9	2438.9	10.5	7'	7'
	8:00 Am	189413	88	22159.3	.109	Ø	2500 2500	#1 #2	11382.5	9891.5	Ø	19.4	2449.6	10.7	7'	7'
	8:00 Am	189499	86	22265.3	.106	Ø	2500 2500	#1 #2	11382.5	9909.8	Ø	18.3	2460.4	10.8	7'	7'
	8:00 Am	189589	90	22375.2	.110	Ø	Ø	Ø	11382.5	9931.3	Ø	21.5	2471.9	11.5	7'	7'
	8:00 Am	189686	97	22488.8	.114	Ø	2500 2500	#1 #2	11382.5	9956.5	Ø	21.2	2483.5	11.6	7'	7'
	7:00 Am	189775	89	22596.4	.108	6000	2500 2500	#1 #2	11382.5	9971.5	Ø	15.0	2494.5	11.0	7'	7'
	10:00 hrs	189864	89	22703.0	.107	Ø	Ø	Ø	11382.5	9988.2	Ø	16.7	2505.4	10.9	6'	6'
	7:00	189958	94	22816.4	.113	Ø	Ø	Ø	11382.5	10010.7	Ø	22.5	2516.7	11.3	6'	6'
	9:00 Am	190048	90	22922.7	.106	5000	2000 2000	#1 #2	11382.5	10031.9	Ø	21.2	2527.5	10.8	7'	7'
	8:30 Am	190141	93	23030.1	.107	7,500	2000 2000	#1 #2	11382.5	10056.1	Ø	24.2	2538.9	11.4	7'	7'
	8:00 Am	190226	85	23130.8	.101	Ø	2000 2000	#1 #2	11382.5	10071.8	Ø	15.7	2550.1	11.2	7'	7'
	7:00 Am	190312	86	23230.8	.100	Ø	Ø	—	11382.5	10088.2	Ø	16.4	2561.7	11.6	4'	3'
	8:00 Am	190406	94	23348.7	.118	5000	2000 2000	#1 #2	11382.5	10105.8	Ø	17.6	2576.0	14.3	6'	6'
	10:00 Am	190501	95	23464.0	.115	5,000	4,000 4,000	#1 #2	11382.5	10123.8	Ø	18.0	2590.3	14.3	4'	4'
	7:00 Am	190586	85	23567.4	.103	6000	3000 3000	#1 #2	11382.5	10146.3	Ø	22.5	2603.2	12.9	4'	4'
	11:00 Am	190678	92	23679.7	.112	6,000	3000 3,000	#1 #2	11382.5	10165.5	Ø	19.2	2617.1	13.9	5'	4'
	7:00 Am	190773	95	23793.7	.114	6,000	6,000	#1	11382.5	10180.2	Ø	14.7	2627.8	10.7	5'	5'
	8:00 Am	190873	100	23912.6	.124	9,000	3000	#1	11382.5	10198.2	Ø	18.0	2640.2	12.4	4'	4'
	10:30 Am	190977	104	24043.0	.125	Ø	3000	#1	11382.5	10205.6	Ø	7.4?	2652.4	12.2	5'	5'
	09:00 hrs	191074	97	24157.0	.114	Ø	1500 1500	#1 #2	11382.5	10223.5	Ø	17.9	2663.5	11.1	5'	4'
	08:00 hrs	191171	97	24275.0	.118	Ø	5000 4000	#1 #2	11382.5	10246.5	Ø	23.0	2675.0	11.5	4'	4'
	8:00	191258	87	24383.5	.108	Ø	Ø	—	11382.5	10266.9	Ø	20.4	2685.6	10.6	4'	4'
	09:00 hrs	191359	101	24500.5	.117	9,000	2,500 2,500	#1 #2	11382.7	10290.0	0.2	23.1	2697.0	11.4	4'	3'
	8:00 Am	191454	95	24618.2	.118	Ø	2000 2000	#1 #2	11382.7	10312.1	Ø	22.1	2708.7	11.7	4'	4'
	8:00 Am	191550	96	24738.4	.120	Ø	2000 2000	#1 #2	11382.7	10332.5	Ø	20.4	2720.4	11.7	4'	4'
Total			2,770		3,344											
Average			92		.111											

Pennbrooke WWTP
NOV.

Year 2004 Electric Meter First 13859 Last

Back Wash #1 Eff	HRS	Back wash GALS	Loads OUT	Back Wash #2 Eff	HRS	Back wash GALS	TR Clz	Tur$_B$	PH	Po #1	N #2	O #3	S #4	GEN. HRS.	Rain / Eff. Dose	INIT.	LIC. #	Time out
336.9	0.3	4,800	Ø	365.9	0.3	4,800	5.00	.255	7.7	Ø	Ø	Ø	Ø	115.4	0.00" Reuse	ASR	C-6490	430 pm
337.2	0.3	4,800	Ø	366.2	0.3	4,800	5.00	.355	7.7	Ø	Ø	Ø	Ø	115.7	0.00" Reuse	ASR	C-6490	330 pm
337.5	0.3	4,800	Ø	366.5	0.3	4,800	5.00	.391	7.7	Ø	Ø	Ø	Ø	115.7	0.00" Reuse	ASR	C6490	330 pm
337.5	0.3	4,800	Ø	366.5	0.3	4,800	5.00	.471	7.6	Ø	Ø	Ø	Ø	115.7	0.00" Reuse	ASR	C6490	430 pm
337.8	0.3	4800	Ø	366.8	0.3	4,800	5.00	.444	7.7	Ø	Ø	Ø	Ø	115.7	0.00" Reuse	ASR	C6490	330 pm
338.3	0.5	8,000	4	367.2	0.4	6,400	5.00	.265	7.6	Ø	Ø	Ø	Ø	115.7	0.00" REU	DSA	A8122	200 pm
338.6	0.3	4800	Ø	367.5	0.3	4,800	5.00	.388	7.6	Ø	Ø	Ø	Ø	115.7	0.13 Reu	SP	B-9509	
338.9	0.3	4800	Ø	367.9	0.4	6400	5.00	.336	7.6	Ø	Ø	Ø	Ø	115.7	0.00 Reuse	ASR	C6490	430 pm
339.2	0.3	4800	Ø	368.2	0.3	4800	5.00	.225	7.6	Ø	Ø	Ø	Ø	115.7	0.00 Reuse	ASR	C6490	430 pm
339.5	0.3	4800	Ø	368.5	0.3	4800	5.00	.198	7.7	Ø	Ø	Ø	Ø	115.7	0.00 Reuse	ASR	C6490	200 pm
339.9	0.4	6400	Ø	368.9	0.4	6400	5.00	.252	7.7	Ø	Ø	Ø	Ø	115.7	0.00" Reuse	ASR	C6490	430 pm
340.2	0.3	4800	Ø	369.2	0.3	4800	5.00	.225	7.5	Ø	Ø	Ø	Ø	116.1	0.00" Reuse	RR	C6490	330 pm
340.5	0.3	4,800	Ø	369.5	0.3	4,800	5.00	.168	7.6	Ø	Ø	Ø	Ø	116.1	0.00" Reuse	DSA	A-8122 DO	1630 hrs
340.8	0.3	4800	Ø	369.8	0.3	4,800	5.00	.311	7.6	Ø	Ø	Ø	Ø	116.1	0.00" Reuse	SP	B-9509	
341.1	0.3	4800	Ø	370.1	0.3	4800	5.00	.464	7.6	Ø	Ø	Ø	Ø	116.1	0.14" Reuse	VM	C6490	430 pm
341.4	0.3	4800	Ø	370.4	0.3	4800	5.00	.292	7.5	Ø	Ø	Ø	Ø	116.4	0.00" Reuse	ASR	C6490	430 pm
341.7	0.3	4800	Ø	370.7	0.3	4800	5.00	.305	7.6	Ø	Ø	Ø	Ø	116.4	0.00" Reuse	ASR	C6490	430 pm
342.0	0.3	4,800	Ø	371.0	0.3	4,800	5.00	.201	7.5	Ø	Ø	Ø	Ø	116.4	0.00" Reuse	DSA	A-8122 DO	
342.7	0.7	11,200	Ø	371.3	0.3	4,800	5.00	.305	7.5	Ø	Ø	Ø	Ø	116.4	0.00" Reuse	SP	C6490	430 pm
343.2	0.5	8,000	Ø	371.6	0.3	4,800	3.91	.500	7.5	Ø	Ø	Ø	Ø	116.4	0.00" Reuse	DSA	A-8122 DO	430 pm
343.5	0.3	4800	Ø	371.9	0.3	4,800	5.00	.525	7.5	Ø	Ø	Ø	Ø	116.4	0.00 Reuse	SP	B-9509	
344.0	0.5	8,000	Ø	372.2	0.3	4,800	3.90	.362	7.5	Ø	Ø	Ø	Ø	121.7	0.00" Reuse	DSA	A-8122 DO	730 pm
344.0	Ø	Ø	Ø	372.2	Ø	Ø	5.00	.434	7.6	Ø	Ø	Ø	Ø	121.7	0.00" Reuse	DSA	A-8122 DO	1630 hrs
344.3	0.3	4800	Ø	372.5	0.2	4800 3600	5.00	.395	7.6	Ø	Ø	Ø	Ø	121.7	0.00 Reuse	ASR	C6490	430 pm
344.8	0.5	8,000	Ø	372.7	0.3	4,800	5.00	.427	7.7	Ø	Ø	Ø	Ø	121.7	0.00" Reuse	DSA	A-8122 DO	1730 hrs
344.8	Ø	Bump Ø	Ø	372.7	Ø	Bump Ø	5.00	.629	7.8	Ø	Ø	Ø	Ø	121.7	0.50" Reuse	DSA	A-8122 DO	1600 hrs.
345.2	0.4	6,400	Ø	373.1	0.4	6,400	5.00	.630	7.8	Ø	Ø	Ø	Ø	121.7	0.00" Reuse	DSA	A-8122 DO	1200 hrs.
345.5	0.3	4800	Ø	373.4	0.3	4,800	5.00	.537	7.8	Ø	Ø	Ø	Ø	121.7	0.00 Reuse	SP	B-9509	
346.0	0.5	8,000	Ø	373.7	0.3	4,800	5.00	.480	7.8	Ø	Ø	Ø	Ø	121.7	0.17" Reuse	DSA	#A-8122 DO	1600 hrs
346.3	0.3	4800	3	374.0	0.3	4800	5.00	.444	7.8	Ø	Ø	Ø	Ø	122.0	0.00" Reuse	ASR	C6490	430 pm
346	3	4800	2.3	374.3	0.3	4810	5.00	.497	7.8	Ø	Ø	Ø	Ø	122.0	0.00 Reuse	ASR	C6490	430 pm
							147.81	11.456	229.1									
							4.93	.382	7.6									
							5.00	.630	7.8									

691

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Complete, Mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

FILE COPY

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Public Access Reuse, including Influent

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Dec. 1st, 2004 To Dec. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Public Access Reuse	Sample Measurement	0.061		MGD					0	5 Days/Week	Flow mtrs. and totalizers
PARM Code 50050 Y	Permit Requirement	0.180 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow, To Public Access Reuse	Sample Measurement	0.095		MGD					0	5 Days/Week	Flow mtrs and totalizers
PARM Code 50050 1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.010		MGD					0	5 Days/Week	Flow mtrs. + totalizers
PARM Code 50050 Y	Permit Requirement	0.080 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow, To Perc Ponds 3 & 4	Sample Measurement	0.007		MGD					0	5 Days/Week	Flow mtrs and totalizers
PARM Code 50050 1	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-3											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement				3.2			mg/L	0	4 Days/Week	Grab
PARM Code 00530 1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
Mon.Site No. EFB-1											

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	05/01/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONI ING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: Dec. 1st, 2004 To Dec. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4	8.2		SU	0	5 Days/Week	Grab
PARM Code 00400 1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Mon.Site No. EFA-1											
Coliform, Fecal, % less than detection	Sample Measurement				94			Percent	0	4 Days/Week	Grab
PARM Code 51005 1	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				10			#/100ml	0	4 Days/Week	Grab
PARM Code 74055 1	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Mon.Site No. EFA-1											
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.44			mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Mon.Site No. EFA-1											
Turbidity	Sample Measurement				0.795			NTU	0	Continuous	Meter
PARM Code 00070 1	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
Mon.Site No. EFB-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				293			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 G	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Solids, Total Suspended	Sample Measurement				217			mg/L	0	Every two weeks	8 hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Flow	Sample Measurement	0.087		MGD					0	5 Days/ week	Flow meters + Totalizers
PARM Code 50050 P	Permit Requirement	0.18 (An.Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1											
Flow	Sample Measurement	0.089	0.092	MGD					0	5 Days/Week	Flow meters + Totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1											
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				51%			Percent	0	Monthly	Calculated
PARM Code 00180 1	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
Mon.Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										

DEPARTMENT OF ENVIRONMENTAL I TECTION DISCHARGE MONITORING REPORT - PART A

When Complete, mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pennbrooke Utilities, Inc.
MAILING ADDRESS: 501 SR 44 West, Leesburg, FL 34748

FACILITY: Pennbrooke WWTF
LOCATION: 501 SR 44 West, Leesburg, FL 34748

COUNTY: Lake

PERMIT NUMBER: FLA010570

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-002
MONITORING GROUP DESC: Percolation Pond # 1 and # 2

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: Dec. 1st, 2004 To Dec. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.025		MGD					0	5 Days/Week	Calculated
PARM Code 50050 Y Mon.Site No. FLW-4	Permit Requirement	0.030 An. (~~Mo.~~Avg.) DSA		MGD						5 Days/Week	Calculated
Flow, To Perc Ponds 1 & 2	Sample Measurement	0.003	0.079	MGD					0	5 Days/Week	Calculated
PARM Code 50050 1 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	Report (Max.Day)	MGD						5 Days/Week	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.7			mg/L	0	Every Two Weeks	8 hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two Weeks	8hour FPC
PARM Code 80082 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.6			mg/L	0	Every Two Weeks	8hour FPC
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				<2.0	<2.0		mg/L	0	Every Two Weeks	8hour FPC
PARM Code 00530 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
pH	Sample Measurement				7.4	8.2		SU	0	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272-1919	05/01/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): 1 Nitrate Nitrogen 8hr. flow prop. composite sample exceedance on 12/15/04.

DISCHARGE MON RING REPORT - PART A (Continued)

FACILITY NAME: Pennbrooke WWTF

PERMIT NUMBER: FLA010570 MONITORING GROUP NUMBER: R-002

MONITORING PERIOD From: Dec. 1st, 2004 To Dec. 31st, 2004

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1			#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal	Sample Measurement					10		#/100ml	0	Every Two Weeks	Grab
PARM Code 74055 1 Mon.Site No. EFA-1	Permit Requirement				Report (Mo.Geo.Mean)	800 (Max.)		#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.44			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				13			mg/L	1	Every Two Weeks	8 hour FPC
PARM Code 00620 1 Mon.Site No. EFA-1	Permit Requirement				12.0 (Max.)			MG/L		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: December 1st 2004 To: December 31st 2004

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	00530	00070	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	INF-1	INF-1
1	<2.0	<1	0.48	7.6	<2.0	3.18	<2.0	0.365	280	280
2		<1		7.7		3.77	<2.0	0.433		
3				7.7		3.51		0.304		
4				7.7		4.25		0.307		
5				7.7		4.62		0.345		
6		<1		7.6		2.86	<2.0	0.363		
7		<1		7.5		4.60	<2.0	0.375		
8		<1		7.5		3.41	<2.0	0.399		
9		<1		7.4		3.11	<2.0	0.395		
10				7.4		3.71		0.322		
11				7.5		3.67		0.392		
12				7.5		2.57		0.395		
13		<1		7.4		2.20	<2.0	0.340		
14		<1		7.4		3.46	<2.0	0.289		
15	<2.0	<1	13	7.4	<2.0	5.00	<2.0	0.166	310	220
16		<1		7.4		5.00	<2.0	0.147		
				7.4		3.85		0.135		
18				7.4		2.86		0.155		
19				7.4		5.00		0.186		
20		<1		7.4		2.30	<2.0	0.189		
21		<1		7.4		1.65	<2.0	0.222		
22		<1		7.4		2.20	<2.0	0.289		
23		10		7.5		1.44	<2.0	0.288		
24				7.5		2.65		0.454		
25				7.5		5.00		0.306		
26				7.5		3.67		0.306		
27		<1		7.5		3.34	<2.0	0.298		
28	<2.0		11	8.2	<2.0	3.47		0.795	290	150
29		<1		7.5		5.00	<2.0	0.578		
30		<1		7.7		4.01	3.2	0.437		
31	~~<6.0~~	<1		7.4		2.00	<2.0	0.728		
Total	<6.0	27	24.48	233.1	<6.0	107.36	37.2	10.703	880	650
Mo. Avg.	<2.0	1.5	8.16	7.5	<2.0	3.46	2.1	0.345	293	217

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No:	#C-6490 DO	Name:	Allson S. McPhee
Evening Shift Operator	Class: B	Certificate No:	#B-9509 DO	Name:	Steve L. Pfouts
Night Shift Operator	Class: C	Certificate No:	#C-7747 DO	Name:	Charles G. Schwades
Lead Operator	Class: A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010570 Facility: Pennbrooke WWTF

Monitoring Period From: December 1st, 2004 To: December 31st, 2004

	Flow (MGD), Total through plant ✓	Flow (MGD), To Public Access Reuse ✓	Flow (MGD), To Perc Ponds 1&2 ✓	Flow (MGD), To Perc Ponds 3&4 ✓						
Code	50050	50050	50050	50050						
Mon. Site	FLW-1	FLW-2	FLW-3	FLW-4						
1	0.095	0.117	Ø	Ø						
2	0.104	0.126	Ø	Ø						
3	0.078	0.109	Ø	Ø						
4	0.067	0.084	Ø	Ø						
5	0.094	0.112	Ø	Ø						
6	0.087	0.107	Ø	Ø						
7	0.093	0.114	Ø	Ø						
8	0.090	0.106	Ø	Ø						
9	0.086	0.101	Ø	Ø						
10	0.100	0.116	Ø	Ø						
11	0.085	0.098	Ø	Ø						
12	0.086	0.104	Ø	Ø						
13	0.093	0.110	Ø	Ø						
14	0.091	0.113	Ø	Ø						
15	0.087	0.106	Ø	Ø						
16	0.081	0.028	0.013	0.040						
	0.089	0.108	Ø	Ø						
18	0.094	0.113	Ø	Ø						
19	0.091	0.114	Ø	Ø						
20	0.089	0.109	Ø	Ø						
21	0.092	0.112	Ø	Ø						
22	0.092	0.111	Ø	Ø						
23	0.082	0.112	Ø	Ø						
24	0.094	0.117	Ø	Ø						
25	0.084	0.088	Ø	Ø						
26	0.081	0.081	Ø	Ø						
27	0.090	Ø	Ø	0.090						
28	0.079	Ø	0.079	Ø						
29	0.089	Ø	Ø	0.089						
30	0.092	0.116	Ø	Ø						
31	0.082	0.099	Ø	Ø						
Total	2.767 ✓	2.931 ✓	0.092	0.219 ✓						
Mo. Avg.	0.089 ✓	0.095 ✓	0.003	0.007 ✓						

LANT STAFFING:

ay Shift Operator	Class: C	Certificate No:	#C-6490 DC	Name:	Allson S. McPhee
vening Shift Operator	Class: B	Certificate No:	#B-9509 DC	Name:	Steve L. Pfeuts
ig ft Operator	Class: C	Certificate No:	#C-7747 DC	Name:	Charles G. Schwades
ead Operator	Class: A	Certificate No:	#A-8122 DO	Name:	Daniel S. Anderson

5

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (5)
Inspection Reports

Test Year Ended December 31, 2005

State of Florida
Department of Environmental Protection
Central District

19 1/12/00

WATER TREATMENT PLANT COMPLIANCE INSPECTION REPORT

Plant name PENNBROOKE FAIRWAYS County LAKE PWS ID 3354653
Address 501 SR 44 Leesburg 34748 Phone 352 326 5600
Owner name POLO BROOKE UTILITIES INC. Contact Tom Bankowski
Owner address 146 Horizon Ct. Lakeland FL 33813 Phone 352 326 5600
This inspection date 1/11/00 Last C.I. date 1/31/96 Last survey date 7/21/98
PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Non-Community
Service area characteristics Mobile Home Park No. of service connections 570
Food service? ☐ Yes ☒ No Served population 1000

OPERATION & MAINTENANCE 3/day 7/wk

Certified operator: ☒ Yes ☐ No ☐ N/A
Operator & certification class-number: Robert Stewart CC6407
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 ____

CHLORINATION

Chlorinator type: ☒ Gas ☐ Hypo
Cl_2 residual: Plant 1.0 Remote 0.6
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 Cascade
Condition Fair - vegetation

OTHER TREATMENT PROCESSES:

Aqua mag for IRON

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	G1	G2	G3	G4	H1	
Capacity	50,000		50K	10K	7500	
Gravity drain	yes		yes		yes	
By-pass piping	yes		yes		yes	
Pressure gauge						
On/Off pressure					60/70	
Sight glass	yes		—		yes	
Fittings for sight glass	yes		—		yes	
Air release valve	yes		yes		yes	
Pressure relief valve						
Access padlocked	yes		yes			

DEFICIENCIES / COMMENTS

Operator visits 7/wk, 1 hr/day
Requirement is 3 hr/day
Remove vegetation from cascade trays
Secure HATCH FOR G/4
Repair/Replace DRAIN VALVE and 8" T on BY PASS line. - Both are leaking.
Generator ran 1 hr/wk under load.

PLEASE CORRECT THE INDICATED DEFICIENCIES AND PROVIDE A WRITTEN STATEMENT TO THE DEPARTMENT NO LATER THAN 2/28/00 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 L Milici Title ES I Date 1/11/00
Received by ____ Title ____ Date / /
Form left: ☒ on site ☐ with water plant operator ☐ with water purveyor

Romy 02/15/94

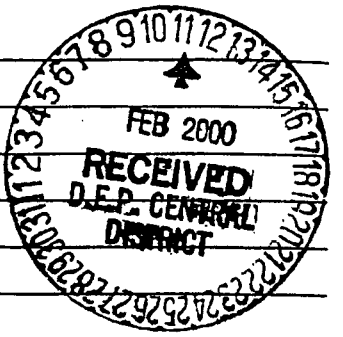
Please indicate changes to the following:

PWS ID Number: 3354653. Business Name:

PWS Name: PENNBROOKE UTILITIES Owner(s) Name:

Mailing Address: 501 ST. RD 44 Mailing Address:
LEESBURG, FL 34748

Date: 2-10-00 Phone Number(s):



Florida Department of Environmental Protection
Drinking Water Compliance/Enforcement Program
3310 Maguire Boulevard, Suite 232
Orlando, Florida 32803

Attention: Karen Milicic

In response to the Department's sanitary survey/compliance inspection report for the subject public water system dated 1-11-00, the following actions were done to correct the listed deficiencies:

Deficiency Item No.	Corrective Action Done	Date Done
1	VEGETATION REMOVED FROM CASCADE	1-12-00
2	SECURED HATCH FOR G4	1-12-00
3	REPAIRED DRAIN VALVE + 8" T ON BY-PASS LINE	1-31-00

(Attach additional sheet if necessary)

I hereby certify to the correctness of the above information:

PWS Owner/Representative Signature: Thomas Bankowski

Name of PWS Owner/Representative: THOMAS BANKOWSKI
(Please Type or Print)

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (6)
Permits

Test Year Ended December 31, 2005

cc: PF

St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500
On the Internet at *www.sjrwmd.com.*

September 14, 2005

RECEIVED
SEP 22 2005
UTILITIES, INC.

Utilities Inc. of Pennbrooke
200 Weathersfield
Altamonte Springs, FL 32714

SUBJECT: Consumptive Use Permit Number 2717
Pennbrooke Utilities Inc

Dear Sir/Madam:

Enclosed is your permit and the forms necessary for submitting information to comply with conditions of the permit as authorized by the St. Johns River Water Management District on September 14, 2005.

Please be advised that the period of time within which a third party may request an administrative hearing on this permit may not have expired by the date of issuance. A potential petitioner has twenty-six (26) days from the date on which the actual notice is deposited in the mail, or twenty-one (21) days from publication of this notice when actual notice is not provided, within which to file a petition for an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. Receipt of such a petition by the District may result in this permit becoming null and void.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,

Gloria Lewis, Director
Permit Data Services Division

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

Agent: Wicks Consulting Services Inc
107 W Main St
Tavares, FL 32778

GOVERNING BOARD

Ometrias D. Long, CHAIRMAN, PERRY, FLORIDA
David G. Graham, VICE CHAIRMAN, JACKSONVILLE
R. Clay Albright, SECRETARY, OCALA
Duane Ottenstroer, TREASURER, JACKSONVILLE
W. Leonard Wood, HERNANDO BEACH
John G. Sowinski, ORLANDO
William Kerr, MELBOURNE BEACH
Ann T. Moore, BUNNELL
Susan N. Hughes, PONTE VEDRA

File: 20.2 / 1691 Pennbrooke

PERMIT NO. 2717 **DATE ISSUED:** September 14, 2005

PROJECT NAME: Pennbrooke Utilities Inc

A PERMIT AUTHORIZING:

The District authorizes, as limited by the attached permit conditions, the use of 165.71 million gallons per year (mgy) (0.454 million gallons per day (mgd) average) of groundwater from the Floridan aquifer for household, common area landscape irrigation, essential and unaccounted type uses to serve an estimated population of 3110 residents in the year 2025.

LOCATION:

Site: Pennbrooke Utilities Inc
Lake County

Section: 19 Township: 19 South Range: 24 East

ISSUED TO:

Utilities Inc. of Pennbrooke
200 Weathersfield
Altamonte Springs, FL 32714

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities, which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights, nor any rights of privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

PERMIT IS CONDITIONED UPON:

See conditions on attached "Exhibit A", dated September 14, 2005

AUTHORIZED BY: St. Johns River Water Management District
Department of Resource Management

By: _____
Dwight Jenkins
Division Director

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 2717
UTILITIES INC. OF PENNBROOKE
DATED SEPTEMBER 14, 2005

1. District Authorized staff, upon proper identification, will have permission to enter, inspect and observe permitted and related facilities in order to determine compliance with the approved plans, specifications and conditions of this permit.

2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage, is declared by the District Governing Board, the permittee must adhere to the water shortage restriction as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.

3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification or abandonment is other than that specified and described on the consumptive use permit application form.

4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.

5. Legal uses of water existing at the time of the permit application may not be interfered with by the consumptive use. If unanticipated interference occurs, the District may revoke the permit in whole or in part to curtail or abate the interference unless the permittee mitigates for the interference. In those cases where other permit holders are identified by the District as also contributing to the interference, the permittee may choose to mitigate in a cooperative effort with these other permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.

6. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.

7. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or within 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612, Florida Administrative Code.

8. A District-issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.

9. Landscape irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
   (a) Irrigation using a micro-irrigation system is allowed anytime.

   (b) The use of reclaimed water for irrigation is allowed anytime, provided appropriate signs

are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.

(c) Irrigation of, or in preparation for planting, new landscape is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment.

(d) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer, or best management practices is allowed anytime within 24 hours of application.

(e) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.

10. Golf course and recreational irrigation is prohibited between the hours of 10:00 a.m. and 4:00 p.m. except as follows:

(a) Irrigation using a micro-irrigation system is allowed anytime.

(b) Facilities using reclaimed water for irrigation may do so at anytime provided appropriate signs are placed on the property to inform the general public and District personnel of such use. Such signs must be in accordance with local restrictions.

(c) The use of recycled water from wet detention treatment ponds to irrigate golf courses and recreational areas if allowed anytime provided the ponds are not augmented from any ground or off-site surface water sources.

(d) Irrigation of, or in preparation for planting, new golf courses and recreational areas is allowed at anytime of day for one 30 day period provided irrigation is limited to the amount necessary for plant establishment. Irrigation of newly seeded or sprigged golf course areas is allowed any time of day for one 60 day period.

(e) Chemigation and fertigation are allowed at any time of day one time per week, and anytime during the normal 4:00 p.m. to 10:00 a.m. irrigation hours.

(f) Watering in of chemicals, including insecticides, when required by law, the manufacturer or best management practices is allowed anytime within 24 hours of application.

(g) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.

(h) The use of water to protect golf course turf from heat stress damage is allowed anytime, provided the watering does not exceed ten minutes per hour per zone.

11. All submittals made to demonstrate compliance with this permit must include the CUP number 2717 plainly labeled.
12. This permit will expire 20 years from date of issuance.
13. Maximum annual ground water withdrawals from the Floridan aquifer for household, utility, common area irrigation and commercial industrial type uses must not exceed:

163.89 million gallons per year (mgy) (0.449 million gallons per day (mgd) average) in 2005 and,
165.71 million gallons per year (mgy) (0.454 million gallons per day (mgd) average) in 2006 through 2025.

14. The permittee must have all flowmeters checked for accuracy every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.

15. Withdrawals from Well 1 (GRS ID 9986) and Well 2 (GRS ID 9987) must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form No. EN-50. The reporting dates each year will be as follows for the duration of the permit:

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

16. The permittee must maintain all flowmeters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

17. The permittee must continue to implement the Water Conservation Plans submitted to the District on February 7, 2005 and June 16, 2005, in accordance with the schedules contained therein.

18. When reclaimed water is readily available it must be used in place of higher quality sources. The permittee must ensure that all reclaimed water generated as a result of this permitted withdrawal shall be beneficially reused when deemed feasible pursuant to District rules and applicable state law.

Notice Of Rights

1. A person whose substantial interests are or may be determined has the right to request an administrative hearing by filing a written petition with the St. Johns River Water Management District (District), or may choose to pursue mediation as an alternative remedy under Sections 120.569 and 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the rights to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth in Sections120.569 and 120.57, Florida Statutes, and Rules 28-106.111 and 28-106.401-.405, Florida Administrative Code. Pursuant to Chapter 28-106 and Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at District Headquarters, P. O. Box 1429, Palatka, Florida 32178-1429 (4049 Reid St., Palatka, FL 32177) within twenty-six (26) days of the District depositing notice of District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of District decision (for those persons to whom the District does not mail actual notice). A petition must comply with Chapter 28-106, Florida Administrative Code.

2. If the Governing Board takes action which substantially differs from the notice of District decision, a person whose substantial interests are or may be determined has the right to request an administrative hearing or may choose to pursue mediation as an alternative remedy as described above. Pursuant to District Rule 40C-1.1007, Florida Administrative Code, the petition must be filed at the office of the District Clerk at the address described above, within twenty-six (26) days of the District depositing notice of final District decision in the mail (for those persons to whom the District mails actual notice) or within twenty-one (21) days of newspaper publication of the notice of its final agency action (for those persons to whom the District does not mail actual notice). Such a petition must comply with Rule Chapter 28-106, Florida Administrative Code.

3. A substantially interested person has the right to a formal administrative hearing pursuant to Section 120.569 and 120.57(1), Florida Statutes, where there is a dispute between the District and the party regarding an issue of material fact. A petition for formal must comply with the requirements set forth in Rule 28-106.201, Florida Administrative Code.

4. A substantially interested person has the right to an informal hearing pursuant to Sections 120.569 and 120.57(2), Florida Statutes, where no material facts are in dispute. A petition for an informal hearing must comply with the requirements set forth in Rule 28-106.301, Florida Administrative Code.

5. A petition for an administrative hearing is deemed filed upon delivery of the petition to the District Clerk at the District headquarters in Palatka, Florida.

6. Failure to file a petition for an administrative hearing, within the requisite time frame shall constitute a waiver of the right to an administrative hearing (Section 28-106.111, Florida Administrative Code).

7. The right to an administrative hearing and the relevant procedures to be followed are governed by Chapter 120, Florida Statutes, and Chapter 28-106, Florida Administrative Code and Section 40C-1.1007, Florida Administrative Code.

Notice Of Rights

8. An applicant with a legal or equitable interest in real property who believes that a District permitting action is unreasonable or will unfairly burden the use of his property, has the right to, within 30 days of receipt of notice of the District's written decision regarding a permit application, apply for a special master proceeding under Section 70.51, Florida Statutes, by filing a written request for relief at the office of the District Clerk located at District headquarters, P. O. Box 1429, Palatka, FL 32178-1429 (4049 Reid St., Palatka, Florida 32177). A request for relief must contain the information listed in Subsection 70.51(6), Florida Statutes.

9. A timely filed request for relief under Section 70.51, Florida Statutes, tolls the time to request an administrative hearing under paragraph no. 1 or 2 above (Paragraph 70.51(10)(b), Florida Statutes). However, the filing of a request for an administrative hearing under paragraph no. 1 or 2 above waives the right to a special master proceeding (Subsection 70.51(10)(b), Florida Statutes).

10. Failure to file a request for relief within the requisite time frame shall constitute a waiver of the right to a special master proceeding (Subsection 70.51(3), Florida Statutes).

11. Any substantially affected person who claims that final action of the District constitutes an unconstitutional taking of property without just compensation may seek review of the action in circuit court pursuant to Section 373.617, Florida Statutes, and the Florida Rules of Civil Procedures, by filing an action in circuit court within 90 days of the rendering of the final District action, (Section 373.617, Florida Statutes).

12. Pursuant to Section 120.68, Florida Statutes, a person who is adversely affected by final District action may seek review of the action in the District Court of Appeal by filing a notice of appeal pursuant to the Florida Rules of Appellate Procedure within 30 days of the rendering of the final District action.

13. A party to the proceeding before the District who claims that a District order is inconsistent with the provisions and purposes of Chapter 373, Florida Statutes, may seek review of the order pursuant to Section 373.114, Florida Statutes, by the Florida Land and Water Adjudicatory Commission, by filing a request for review with the Commission and serving a copy on the Department of Environmental Protection and any person named in the order within 20 days of adoption of a rule or the rendering of the District order.

14. For appeals to the District Court of Appeal, a District action is considered rendered after it is signed on behalf of the District, and is filed by the District Clerk.

15. Failure to observe the relevant time frames for filing a petition for judicial review described in paragraphs #11 and #12, or for Commission review as described in paragraph #13, will result in waiver of that right to review.

Notice Of Rights

Certificate of Service

I HEREBY CERTIFY that a copy of the foregoing Notice of Rights has been sent by U.S. Mail to:

Utilities Inc. of Pennbrooke
200 Weathersfield
Altamonte Springs, FL 32714

At 4:00 p.m. this 20th day of September, 2005.

Gloria Jean Lewis

Division of Permit Data Services
Gloria Lewis, Director

St. Johns River Water Management District
Post Office Box 1429
Palatka, FL 32178-1429
(386) 329-4152
Permit Number: 2717

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **2717**

Permittee Name: **Utilities Inc. of Pennbrooke**

Date of Permit Issuance: **September 14, 2005** Station Name: **1**

Pump Capacity: **600 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: _____/_____/_____

Date of This Calibration: _____/_____/_____

Name of Person Performing Calibration: _____

_____

Method or Equipment Used for Calibration: _____

_____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End:_____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

aytime Telephone: (_____) _____ - _____

Please Retain a Copy for Your Records

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
Post Office Box 1429
Palatka, Florida 32178-1429

Consumptive Use Permit Number: **2717**

Permittee Name: **Utilities Inc. of Pennbrooke**

Date of Permit Issuance: **September 14, 2005** Station Name: **2**

Pump Capacity: **600 GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: _____/_____/_____

Date of This Calibration: _____/_____/_____

Name of Person Performing Calibration: _____

_____

Method or Equipment Used for Calibration: _____

_____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End:_____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (_____) _____ - _____

Please Retain a Copy for Your Records

Department of
Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen Castille
Secretary

NOTICE OF PERMIT ISSUANCE

Sent via e-mail: p.c.flynn@utilitiesinc-usa.com

UTILITIES INC OF PENNBROOKE
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

ATTENTION PATRICK FLYNN
REGIONAL DIRECTOR

Lake County - DW
Pennbrooke WWTF
Wastewater Permit Application
File Number: FLA010570-006-DW2P

Dear Mr. Flynn:

Enclosed is Permit Number FLA010570 to operate a domestic wastewater facility issued under Section(s) 403.087 and 403.0885 of the Florida Statutes.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under sections 120.569 and 120.57 of the Florida Statutes before the deadline for filing a petition. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under sections 120.569 and 120.57 of the Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the parties listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under section 120.60(3) of the Florida Statutes must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first.

Under section 120.60(3) of the Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-106.205 of the Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

(a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
(b) A statement of how and when each petitioner received notice of the Department action;
(c) A statement of how each petitioner's substantial interests are affected by the Department action;
(d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
(e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
(f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
(g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

A petition that does not dispute the material facts on which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by rule 28-106.301.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under section 120.573 of the Florida Statutes is not available for this proceeding.

This action is final and effective on the date filed with the Clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, Mail Station 35, 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 when 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
3319 Maguire Boulevard, Suite 232
Orlando, FL 32803-3767
Phone: (407) 894-7555

Date: November 18, 2005

FILING AND ACKNOWLEDGMENT FILED, on this date, under Section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Therese Beuldin

Clerk

Nov. 18, 2005
Date

CCF/trw/cs/ply

Enclosures: Permit and DMR

Copies furnished to:
Steve Romano, P.E. (via e-mail: sromano@cphengineers.com)
Compliance Section (via e-mail)
Groundwater Section (via e-mail)
Lake County Water Resource Management (via e-mail: ahewitt@co.lake.fl.us)

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before close of business on November 18, 2005 to the listed persons, by _____.

Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen Castille
Secretary

STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Utilities Inc. of Pennbrooke

RESPONSIBLE AUTHORITY:

Mr. Patrick Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32714

(407) 869-1919

PERMIT NUMBER: FLA010570
PA FILE NUMBER: FLA010570-006-DW2P
ISSUANCE DATE: November 18, 2005
EXPIRATION DATE: November 17, 2010

FACILITY:

Pennbrooke WWTF
501 SR 44 West
Leesburg, FL 34748
Lake County
Latitude: 28° 49' 37" N Longitude: 81° 57' 12" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.180 mgd annual average daily flow (AADF) permitted capacity extended aeration domestic wastewater treatment plant consisting of flow equalization, aeration, secondary clarification, chemical feed, filtration, chlorination, and aerobic digestion of residuals.

REUSE:

Land Application: An existing 0.180 MGD AADF permitted capacity slow-rate public access system (R-001) consisting of irrigation of the golf course, landscape and common areas, with a total of 72.3 acres of irrigated area, and RIBs 3 & 4, with a wetted area of 2.4 acres and a capacity of 0.080 MGD AADF.

Land Application: An existing 0.030 MGD monthly average daily flow (MADF) permitted capacity rapid infiltration basin system (R-002). R-002 consists of two RIBs (Ponds 1 & 2) with a total wetted area of 0.75 acres, that are also used for reject water, located approximately at latitude 28° 49' 37" N, longitude 81° 57' 12" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 19 of this permit.

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.10:

			Reclaimed Water Limitations				Monitoring Requirements			
Parameter	**Units**	**Max/Min**	**Annual Average**	**Monthly Average**	**Weekly Average**	**Single Sample**	**Monitoring Frequency**	**Sample Type**	**Monitoring Location Site Number**	**Notes**
Flow, total to public access irrigation system	MGD	Maximum	0.180	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-2	See Cond. I.A.3.
Flow, total to RIBs 3 and 4	MGD	Maximum	0.080	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-3	See Cond. I.A.3.
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solids, Total Suspended	mg/L	Maximum	-	-	-	5.0	4 Days/Week	Grab	EFB-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal, % less than detection	Percent	Minimum	See Permit Condition I.A.4.				4 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				4 Days/Week	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	1.0	Continuous	Meter	EFA-1	See Cond. I.A.5.
Turbidity	NTU	Maximum	See Permit Condition I.A.6.				Continuous	Meter	EFB-1	
Giardia	CYSTS/ 100 L	Maximum	-	-	-	Report	Five years	Filtered	EFA-1	
Cryptosporidium	OOCYSTS/ 100 L	Maximum	-	-	-	Report	Five years	Filtered	EFA-1	

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Chlorine contact tank effluent
EFB-1	Filter effluent prior to chlorination
FLW-2	Elapsed time meter pumps at the reuse water pump station
FLW-3	In line propeller meter to RIBs

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). *[62-600.440(5)(f)]*

5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. *[62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]*

6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. *[62-610.463(2)]*

7. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-002. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.10:

			Reclaimed Water Limitations				Monitoring Requirements			
Parameter	**Units**	**Max/Min**	**Annual Average**	**Monthly Average**	**Weekly Average**	**Single Sample**	**Monitoring Frequency**	**Sample Type**	**Monitoring Location Site Number**	**Notes**
Flow	MGD	Maximum	-	0.030	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-3	See Cond. I.A.9.
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solids, Total Suspended	mg/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.10.				Every Two Weeks	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	mg/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.11.
Nitrogen, Nitrate, Total (as N)	mg/L	Maximum	-	-	-	12.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	See Cond. I.A.12.

8. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 7. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Chlorine contact tank effluent
FLW-3	In line propeller meter to RIBs

9. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

10. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. *[62-610.510 and 62-600.440(4)(c)]*

11. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.510 and 62-600.440(4)(b)]*

12. Nitrate nitrogen (NO_3) concentration in the water discharged to the land application system shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. *[62-610.510, 8-8-99]*

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.10:

			Limitations				Monitoring Requirements			
Parameter	**Units**	**Max/Min**	**Annual Average**	**Monthly Average**	**Weekly Average**	**Single Sample**	**Monitoring Frequency**	**Sample Type**	**Monitoring Location Site Number**	**Notes**
Flow, total through treatment plant	MGD	Maximum	0.180	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-1	See Cond. I.B.4.
BOD, Carbonaceous 5 day, 20C	mg/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3.
Solids, Total Suspended	mg/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3.
Percent Capacity, (TMADF/Permitted Capacity) x 100	Percent	Maximum	-	Report	-	-	Monthly	Calculated	FLW-1	

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
FLW-1	Elapsed time meter pumps at the headworks lift station
INF-1	Raw influent to splitter box

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. *[62-601.500(4)]*

4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*

5. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to the following permitted alternate discharge system: RIBs # 1 and # 2. The operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol(s) and with each permit application. *[62-610.320(6) and 62-610.463(2)]*

6. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. *[62-610.463(2) & .865(8)(d)]*

7. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. Sampling results shall be reported on DEP Form 62-610.300(4)(a)4 which is attached to this permit. This form shall be submitted to the Department and to DEP's Reuse Coordinator in Tallahassee. *[62-610.463(4)]*

8. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. *[62-620.320(6)]*

9. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. *[62-601.500(5)]*

10. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's Central District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	First day of month – last day of month	28th day of following month
Quarterly	January 1 - March 31 April 1 – June 30 July 1 – September 30 October 1 – December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Central District Office at the address specified in Permit Condition I.B. 14 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

11. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department by March 1 of each year. *[62-601.300(4)][62-601.500(3)]*

12. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. *[62-610.870(3)]*

13. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. *[62-610.464(5)]*

14. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, Lake County Water Resource Management and the Department's Central District Office at the address specified below:

    Central District Office
    3319 Maguire Boulevard Suite 232
    Orlando, Florida 32803-3767

    Phone Number - (407) 894-7555
    FAX Number - (407) 897-2966
    All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. *[62-620.305]*

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Central Process RMF or disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*

3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. *[62-640.300(5)]*

4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3 & 4]*

5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. *[62-640.880(2)(d)]*

6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility
1. Date and Time Shipped
2. Amount of Residuals Shipped
3. Degree of Treatment (if applicable)
4. Name and ID Number of Residuals Management Facility or Treatment Facility
5. Signature of Responsible Party at Source Facility
6. Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility
1. Date and Time Received
2. Amount of Residuals Received
3. Name and ID Number of Source Facility
4. Signature of Hauler
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. *[62-640.880(4)]*

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. *[62-640.300(4)]*

III. GROUND WATER REQUIREMENTS

Construction Requirements

1. The new ground water monitoring well shall be installed within 90 days of the Department's issuance of this permit.
2. The permittee shall give at least 72-hours notice to the Department's Central District Ground Water Section, prior to the installation of the new monitoring well detailed below. [62-4.070]
3. The monitoring well shall be constructed per the proposed well construction drawing as approved by the Department.
4. Prior to construction of the new ground water monitoring well, a soil boring shall be made at the monitoring well location in order to establish the well depth and screen interval. [62-522.900(3)]
5. Within 30 days after installation of the new monitoring well, the permittee shall submit to the Department's Central District Ground Water Section detailed information on the well's location and construction on the attached DEP Form 62-522.900(3), Monitor Well Completion Report. [62-522.600]

Operational Requirements

6. All ground water quality standards including the minimum criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. *[62-520.200(23)][62-522.400 and 62-522.410]*
7. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. *[62-522.600][62-610.510]*
8. The following monitoring wells and piezometers shall be sampled quarterly. Sampling must be reasonably spaced to be representative of potentially changing conditions.

Facility MW Name	Permit Builder MW ID	WAFR ID/#	Well Type	Depth (Feet)	Aquifer Monitored	New or Existing
Pond Site						
MWB-1	MWB-1	33637	Background	10	Surficial	Existing
MWC-1	MWC-1	33638	Compliance	10	Surficial	Existing
PZ-8	MWP-8	43785	Piezometer	10	Surficial	Existing
PZ-24	MWP-24	43786	Piezometer	10	Surficial	Existing
Golf Course Holding Pond						
MWC-3*	MWC-3	69507	Compliance	--	Surficial	New

MWB = Background; MWC = Compliance; MWP = Piezometer
*MWC-2 is closed.

[62-522.600][62-610.510(3)]

9. For piezometers, monitoring and reporting is required only for water level information. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 8:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to Feet, NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pH	6.5 to 8.5	SU	In-situ	Quarterly
Turbidity	Report	NTU	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

10. If the concentration for any constituent listed in Permit Condition III. 9. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. *[62-520.420(2)]*

11. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (Feet, NGVD) at a precision of plus or minus 0.1 foot. *[62-610.510(3)(b)]*

12. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. *[62-601.700(5)]*

13. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Central District, Ground Water Section as being more representative of ground water conditions. *[62-520.300(9)]*

14. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. *[62-620.610(18)]*

15. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). A completed Certification Page shall accompany each quarter of monitoring data. For reuse or land application projects, the quarterly ground water monitoring results shall be submitted with the DMR as shown in the following schedule. *[62-4.070(3)] [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]*

SAMPLE PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

16. If any monitoring well becomes damaged or cannot be sampled for any reason, the permittee shall notify the Department's Central District, Ground Water Section within 24 hours of the permittee becoming aware of the situation and shall follow with a written report within seven days that details the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Central District, Ground Water Section. *[62-522.600][62-4.070(3)]*

17. The Permittee shall provide verbal notice to the Department's Central District, Ground Water Section as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Central District, Ground Water Section in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s) (R-001)

1. Cross-connections to the potable water system are prohibited. *[62-610.469(7)]*

2. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. *[62-610.469(7)]*

3. The permittee shall conduct inspections within the reclaimed water service area to verify proper connections, to minimize illegal cross-connections, and to verify the proper use of reclaimed water. Inspections are required when a customer first connects to the reuse distribution system. Subsequent inspections are required as specified in the cross-connection control and inspection program. *[62-610.469(7)(h)]*

4. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
   a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
   b. If the potable water system is contaminated, clear the potable water lines.
   c. Eliminate the cross-connection.
   d. Test the affected area for other possible cross-connections.
   e. Within 24 hours, notify the Central District Office's domestic wastewater and drinking water programs.
   f. Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. *[62-555.350(3) and 62-555.360][62-620.610(20)]*

5. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7)]*

6. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. *[62-610.471(3)]*

7. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. *[62-610.471(1), (2), (5), and (7)]*

8. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4)]*

9. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6)]*

10. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8)]*

11. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. *[62-610.468(2)]*

12. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. *[62-610.468 & 62-610.469]*

13. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. *[62-610.468(6)]*

14. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414 & 62-610.464]*

15. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

16. Reclaimed water may be released to the system storage or reuse system during periods when the operator is not in attendance, as long as all automatic monitoring, diversion and notification are in operation, in compliance with the approved operating protocol. *[62-610.462(2)]*

Part IV Rapid Infiltration Basins (R-002)

17. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. *[62-610.518]*

18. The annual average hydraulic loading rate to the two RIBs used for reject water with a total wetted area of 0.7 acres shall be limited to a maximum of 1.6 inches per day (as applied to the entire bottom area). *[62-610.523(3)]*

19. The two RIBs used for reject water with a total wetted area of 0.7 acres normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. *[62-610.523(4)]*

20. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. *[62-610.523(6) and (7)]*

21. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.514 and 62-610.414]*

22. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

   A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a Class C, or higher.

   [62-620.630(3)] [62-699.310] [62-610.462]

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. *[62-699.311(1)]*

3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*

4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

5. The permittee shall maintain the following records and make them available for inspection at the site of the permitted facility:

   a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;

   b. Copies of all reports required by the permit for at least three years from the date the report were prepared;

   c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application were filed;

   d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;

   e. A copy of the current permit;

   f. A copy of the current operation and maintenance manual as required by Chapter 62-600,. F.A.C.;

   g. A copy of the facility record drawings;

   h. Copies of the licenses of the current certified operators; and

   i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

   [62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. *[62-625.500]*

VIII. OTHER SPECIFIC CONDITIONS

1. The modified portions of the existing Part III reuse system shall not be placed in service for any purpose without written approval from the Department. For projects identified in the permit as being constructed in phases, written permission is only required for the first phase. Application for approval shall be made to the Department on DEP Form 62-610.300(4)(a)3, Application for Permission to Place a Public Access Reuse System in Operation. *[62-610.800(7)]*

2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. *[62-620.630(7)]*

3. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. *[62-620.335(1)-(4)]*

4. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)]*

5. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*

6. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*

7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*

8. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

   a. Which may cause fire or explosion hazards; or

   b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

   c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or

   d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or

   e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

   [62-604.130(5)]

9. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-610.518(1)] [and 62-600.400(2)(b)]*

10. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. *[62-701.300(1)(a)]*

11. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*

12. The permittee shall provide adequate notice to the Department of the following:

    a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and

    b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

    Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

    [62-620.625(2)]

IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*

2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*

3. As provided in subsection 403.087(7), 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 authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment 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. *[62-620.610(4)]*

5. This permit does not relieve the permittee from liability and penalties 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; 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. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*

6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

7. The permittee shall at all times 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. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. *[62-620.610(7)]*

8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. *[62-620.610(8)]*

9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:

   a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

   b. Have access to and copy any records that shall be kept under the conditions of this permit;

   c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and

   d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

   [62-620.610(9)]

10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*

11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*

13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*

14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*

17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:

    a. A description of the anticipated noncompliance;

    b. The period of the anticipated noncompliance, including dates and times; and

    c. Steps being taken to prevent future occurrence of the noncompliance.

    [62-620.610(17)]

18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.

    a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.

    b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.

    c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.

    d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.

    e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.

    f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

    [62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

    a. The following shall be included as information which must be reported within 24 hours under this condition:

        1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,

        2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,

3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and

4. Any unauthorized discharge to surface or ground waters.

b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

a) Name, address, and telephone number of person reporting;

b) Name, address, and telephone number of permittee or responsible person for the discharge;

c) Date and time of the discharge and status of discharge (ongoing or ceased);

d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);

e) Estimated amount of the discharge;

f) Location or address of the discharge;

g) Source and cause of the discharge;

h) Whether the discharge was contained on-site, and cleanup actions taken to date;

i) Description of area affected by the discharge, including name of water body affected, if any; and

j) Other persons or agencies contacted.

2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. *[62-620.610(21)]*

22. Bypass Provisions.

a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:

1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and

2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and

3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.

b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.

c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.

d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:

1. An upset occurred and that the permittee can identify the cause(s) of the upset;

2. The permitted facility was at the time being properly operated;

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and

4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION

Christianne C. Ferraro, P.E.
Program Administrator
Water Facilities

Date: November 18, 2005

7

PENNBROOKE
060261-WS

Pouch 2 of 2
DN 04254-06
5/15/06

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (7)
Notices

Test Year Ended December 31, 2005

Department of Environmental Protection

FEB 4 2005

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen M. Castille
Secretary

OR16: File
cc PF, BG, BC
Response: 2/17/05

February 3, 2005

OCD-C-WW-05-0098

UTILITIES INC OF PENNBROOKE
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

ATTENTION PATRICK FLYNN
REGIONAL DIRECTOR

Lake County - DW
Pennbrooke WWTF
Wastewater Facility - Permit No. FLA010570
Noncompliance Letter

Dear Mr. Flynn:

On December 14, 2004, Department personnel conducted a routine inspection of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

1. A review of the Discharge Monitoring Reports (DMRs) from September 2003 through August 2004 indicated that 7 Nitrate exceedances occurred. The facility has not been able to attain the 6 consecutive months of effluent quality compliance to date.

2. A leak was noted in the Chlorine Contact Chamber wall at the time of inspection, and has not been repaired to date. Equipment must be maintained so as to function as intended.

3. A review of the ground water monitoring reports revealed the following violation(s).

   a. The total depth of piezometer PZ-8 was reported at 3.0 feet for the fourth quarter of 2003. The depth of this piezometer was previously reported at 10 feet below land surface. Department files do not contain the Well Completion Report for this piezometer to verify the well depth, the top of casing elevation and the ground surface elevation. Please submit the Well Completion Report for this piezometer.

   b. Depth to water instead of ground water elevations were reported for wells and piezometers for the fourth quarter of 2003 and the first quarter of 2004. Depth to ground water measurements were reported instead of ground water elevations for both piezometers for the second quarter of 2004 and for one piezometer for the third quarter of 2004. Please calculate these elevations and submit revised reports to the Department.

   c. For the second quarter of 2004, the field sampling logs reported the total depth of wells MWB-1 and MWC-1 as 18 feet below land surface. The Well Completion Reports provide the total depth as 10 feet. Please provide the correct information.

19.2 691

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 62-4.100(2), F.A.C., failure to comply with pollution control rules shall be grounds for permit suspension or revocation and initiation of formal enforcement action. Your reply is requested within 14 days from the date of this letter. Your reply and any questions should be addressed to Dana Bean at (407) 893-3313.

Sincerely,

Clarence Anderson

Clarence Anderson
Supervisor
Wastewater Compliance/Enforcement

CA/db

Enclosure: Inspection Report

cc: Lake County Water Resource Management, scatasus@co.lake.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
UTILITIES INC OF PENNBROOKE (DW)	FLA010570	LAKE	12/14/2004 9:44:00 AM
501 SR 44 WEST		Phone	@ Exit Date/Time
LEESBURG, FL 34748			12/14/2004 10:38:00 AM

Name(s) of Field Representatives(s)	Title	Phone
DANIEL ANDERSON	LEAD OPERATOR	407-948-9829
BILL COATES	AREA MANAGER	407-509-9098

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
PATRICK FLYNN 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS FL 32714	REGIONAL DIRECTOR		

Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N): N

X **Domestic** _ **Industrial** Were Photos Taken(Y/N): Y @ Log book Volume : EIP @ Page 17

FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMIT/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
NC	1. ♦Permit	IC	3. Laboratory	NC	6. ♦ Facility Site Review	NC	9. ♦Effluent Quality
NE	2. ♦Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	IC	10. ♦Effluent Disposal
		IC	5. ♦Records & Reports	NC	8. ♦Operation & Maintenance	IC	11. Residuals/Sludge
NE	13. Other:					NC	12. Groundwater

Facility and/or Order Compliance Status: _ In-Compliance X Out-Of-Compliance _ Significant-Out-Of-Compliance

Recommended Actions: See attached Field Notes

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
DANA BEAN Dana Bean	Central District/ (407)893-3313	1/3/05
@ Signature of Reviewer CLARENCE ANDERSON Clarence Anderson	District Office/Phone Number Central District/ (407)893-7876	Date 1/27/05

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp. Type	Inspector	Fac. Type
N	FLA0105705	041214	1	2 S	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
Inspection Code (Field 2): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local Program
Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3= Agricultural, 4=Federal
Every other field is self explanatory

INSPECTION FINDINGS

Facility Name: PENNBROOKE UTILITIES (DW)
Facility ID: FLA010570
Inspection Type: CEI
Date: 12/14/2004 10:38:00 AM

FACILITY BACKGROUND:

Address: 501 SR 44 WEST, LEESBURG, FL 34748, LAKE COUNTY
Permit Information: Wastewater Permit issued: 4/22/2003, and expired: 3/15/2004
Treatment Summary: EXTENDED AERATON SEWAGE TREATMENT PLANT W/REUSE TO 2 PERCOLATION PONDS
Permitted Capacity: 0.18 MGD

1. **Permit**: **OUT OF COMPLIANCE**

   1.1 Observation : A copy of the expired permit, which has been Administratively continued, was onsite and available to plant personnel.

   1.2 Observation : An application to renew the existing permit was received on September 15, 2003, and is currently being reviewed by the Department.

   1.3 Comment: A letter of Request for Additional Information was issued on January 12, 2005, by the permitting department. This letter addressed the setback and monitoring well issues. **Please respond to the letter within the specified date.**

2. **Compliance Schedules**: NOT EVALUATED

3. **Laboratory**: IN COMPLIANCE

   3.1 Observation : The laboratory is certified by the Department of Health. The Lab Certification was not on site at the time of inspection, but was faxed to the Department same day.

4. **Sampling**: NOT EVALUATED

   4.1 Observation : Not Evaluated.

5. **Records and Reports**: IN COMPLIANCE

   5.1 Observation : No problems or deficiencies were identified.

   5.2 Observation : The Permittee failed to report noncompliance to the Department within 24 hours as required by 62-620.610(20), F.A.C., however, the operator was reminded by the inspector and w/in the 24 hours he faxed the report.

   5.3 Observation : Records were well organized.

   5.4 Observation : All required reports reviewed at the time of the inspection appeared complete.

   5.5 Comments: DMRs were reviewed from September 2003 through August 2004.

6. **Facility Site Review**: **OUT OF COMPLIANCE**

   6.1 Observation : The facility grounds were clean and well maintained.

   6.2 Observation : The facility grounds were secured properly. The plant has a new chain link fence and gate around the plant within the maintenance area.

   6.3 Observation : No problems or deficiencies were observed in the aeration basins. Plans are to install a diffused air system to keep sediment and solids out of the corners and bottom of the tanks. No dead zones, little foam, no odor, brown MLSS.

   6.4 Observation : No problems or deficiencies were observed in the primary clarifiers. The water over weir was clear. There was slight grease and pinfloc coverage. Could not see the top of blanket. Chlorine tabs were present in weir.

6.5 Observation : The RAS lines were functioning properly.

6.6 Observation : The skimmers were functioning properly.

6.7 Observation : North and South Filters had functional deflectors. The filters are backwashed daily. Top of media not visual.

6.8 Observation : Chlorine Contact Chamber was clear, supply of liquid chlorine on site. **The CCC was leaking at the time of inspection. The operator knew of the malfunction but did not notify the inspector or Department until the inspector pointed it out. A malfunction report was faxed to the Department the same day.**

6.9 Observation : No problems or deficiencies were observed in the digestors.

7. **Flow Measurement**: IN COMPLIANCE

7.1 Observation : The flow meter (or elapsed time meters) was calibrated in accordance with 62-601.200 (17). Ronald Gray performed the calibration on 7/24/04.

7.2 Observation : The flow measurement device (120° V notch weir) was operating within + 10 % of the actual flow.

8. **Operation and Maintenance**: **OUT OF COMPLIANCE**

8.1 Observation : The facility was operated and maintained in accordance with the description in the Permit.

8.2 Observation : The operator is performing treatment plant operation and maintenance duties in a responsible and professional manner

8.3 Observation : **The CCC was leaking at the time of inspection. Fresh dirt had been spread around the CCC to cover the leak. The operator said they had called a company to come repair the tank.**

9. **Effluent Quality**: **OUT OF COMPLIANCE**

9.1 Observation : A review of the Discharge Monitoring Reports revealed several effluent violations.

- October 2003 – FLW-3 & 4 An. Avg. Not Reported, **Nitrate Exceedance of 14.7 mg/L**
- November - **Nitrate Exceedance of 20.8 mg/L**
- December – FLW-1 An. Avg. Not Reported
- January 2004 - **Nitrate Exceedance of 13.0 mg/L**
- June – **2 Nitrate Exceedances of 24.0 & 25.0 mg/L**
- July - **Nitrate Exceedance of 30.0 mg/L**
- August 2004 - **Nitrate Exceedance of 13.0 mg/L**

9.2 Instrument Measurements On-site:

- Chlorine – 4.38 mg/L
- Turbidity – 0.27 NTU

10. **Effluent Disposal**: IN COMPLIANCE

10.1 Observation : The percolation/evaporation ponds appeared to be well maintained

11. **Residuals/Sludge**: IN COMPLIANCE

11.1 Observation : Agreement with Central Process RMF. Sludge haul log is accessible on-site. Last sludge haul was 4,200 gallons on November 30, 2004.

12. **Groundwater Quality: OUT OF COMPLIANCE**

12.1 Observation : A review of the ground water monitoring reports revealed the following violation(s).

The total depth of piezometer PZ-8 was reported at 3.0 feet for the fourth quarter of 2003. The depth of this piezometer was previously reported at 10 feet below land surface. Department files do not contain the Well Completion Report for this piezometer to verify the well depth, the top of casing elevation and the ground surface elevation. **Please submit the Well Completion Report for this piezometer.**

Depth to water instead of ground water elevations were reported for wells and piezometers for the fourth quarter of 2003 and the first quarter of 2004. Depth to ground water measurements were reported instead of ground water elevations for both piezometers for the second quarter of 2004 and for one piezometer for the third quarter of 2004. **Please calculate these elevations and submit revised reports to the Department.**

For the second quarter of 2004, the field sampling logs reported the total depth of wells MWB-1 and MWC-1 as 18 feet below land surface. The Well Completion Reports provide the total depth as 10 feet. **Please provide the correct information.**

UTILITIES, INC. OF PENNBROOKE

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

February 18, 2005

Mr. Clarence Anderson
Department of Environmental Protection
Central District
3319 Maguire Boulevard - Suite 232
Orlando, FL 32803

RE: Pennbrooke WWTF
Permit No. FLA010570
Noncompliance Letter

Dear Mr. Anderson:

This letter is in response to the deficiencies noted within your correspondence dated February 3, 2005 regarding the facility inspection conducted by Department personnel on December 14, 2004. The Departments comments have been outlined below in bold followed by the Utility's response.

1. **A review of the Discharge Monitoring Reports (DMRs) from September 2003 through August 2004 indicated that 7 Nitrate exceedances occurred. The facility has not been able to attain the 6 consecutive months of effluent quality compliance to date.**

   The Utility acknowledges the statement above. This facility requires the proper blower capacity and means to deliver dissolved oxygen necessary to produce the desired reduction in Nitrate levels on a regular basis. The Utility has proposed to the Department, the addition of two appropriately sized blowers accompanied by a diffuser delivery system to be installed at this facility. This addition would afford operating personnel the latitude necessary to deliver desired levels of dissolved oxygen as needed and derive continuity in Nitrate reduction in accordance with permit levels. Materials to perform this work have been procured. Upon Department approval the Utility will install said equipment and be enabled to resolve this matter.

2. **A leak was noted in the Chlorine Contact Chamber wall at the time of inspection, and has not been repaired to date. Equipment must be maintained so as to function as intended.**

Upon notification of this issue by Department personnel, the Utility immediately began temporary corrective measures until such time as a permanent solution could be derived. As of February 1, 2005, the Utility began making preparations to perform permanent repairs. This process takes a two step approach, the first of which has been completed with the second portion being completed by February 25, 2005.

3. **A review of the ground water monitoring reports revealed the following violation(s).**

   a. **The total depth of piezometer PZ-8 was reported at 3.0 feet for the fourth quarter of 2003. The depth of this piezometer was previously reported at 10 feet below land surface. Department files do not contain the Well Completion Report for this piezometer to verify the well depth, the top of casing elevation and the ground surface elevation. Please submit the Well Completion Report for this piezometer.**

   Utilities, Inc. did not own or operate this facility during the time at which PZ-8 was constructed. This being said, the Utility is in possession of a letter written by Andreyev Engineering, Inc. dated April 2, 2003, which contains information relative to the piezometer in question. This letter and the referenced Table have been included to assist the Department. The requested Well Completion Report has been included based upon the engineer's data.

   b. **Depth to water instead of ground water elevations were reported for wells and piezometers for the fourth quarter of 2003 and the first quarter of 2004. Depth to ground water measurements were reported instead of ground water elevations for both piezometers for the second quarter of 2004 and for one piezometer for the third quarter of 2004. Please calculate these elevations and submit revised reports to the Department.**

   Please find enclosed, the corrected reports as requested.

   c. **For the second quarter of 2004, the field sampling logs reported the total depth of wells MWB-1 and MWC-1 as 18 feet below land surface. The Well Completion Reports provide the total depth as 10 feet. Please provide the correct information.**

   The depth of both ground water monitoring wells is 18 feet as field measured by Utility personnel.

Should you have any questions or concerns regarding the information contained within this response, please do not hesitate to contact me directly by calling 407.869.8588, extension 226.

Sincerely,

UTILITIES, INC. OF PENNBROOKE

Bryan K. Gongre

Bryan K. Gongre
Assistant Operations Manager

Enclosures: Engineering Firm's Letter
Well Completion Report
(4) GWMW Reports

Andreyev Engineering, Inc.

TAVARES OFFICE
107 W. Main St., Suite B
Tavares, Florida 32778
352-742-9622
Fax: 352-742-9623
Email: ANDENGI@AOL.COM

▼ Groundwater ▼ Environmental ▼ Geotechnical ▼ Construction Materials Testing

LAKE CO

April 2, 2003
AEI Project No.: TPGW-00-047

TO: Department of Environmental Protection
Florida, Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Attn: Mrs. Marsha E. Johnson

RECEIVED
APR - 4 2003
Central Dist. - Dtr

SUBJECT: FDEP Non-compliance Letter Response, Pennbrooke Fairways WWTF
Leesburg, Lake County, Florida
Permit No.: FLA010570

Dear Mrs. Johnson:

On behalf of Pennbrooke Utilities Inc., Andreyev Engineering Inc. (AEI) is pleased to provide you with the following response for question 15g. of the Non-compliance letter dated 2/28/03.

Question #15g. *– Water level readings (or groundwater elevations) were not submitted for piezometers PZ-8 and PZ-24 for the first and second quarters of 2002. This was also noted in the previous review. Please state if piezometer PZ-24, which is to be located midway between piezometers PZ-2 and PZ-7, has been installed for the load test referenced in the Department letter OCD-DW-02-0045 (dated 1/17/02). If the well installation has occurred, then please complete and submit the enclosed FDEP Monitoring Well Completion Report form for piezometer PZ-24. Also please submit a well construction diagram, boring log, and site plan indicating well location for PZ-24. If the well has not been installed, then please install the well immediately, submit all above-mentioned documents and provide an explanation for the delay.*

Response: Although AEI was not involved with the groundwater level readings submitted for the first and second quarters of 2002, we submit the following additional information:

In accordance with the agreements reached by FDEP and the permitee for a conditional permitted flow of 0.144 MGD, as stated in the department letter (OCD-DW-02-0402) dated June 3, 2002, and the letter of response by Wicks Consulting Services dated June 14, 2002, AEI installed the additional temporary piezometer PZ-24 and began monthly monitoring at the site on June 21, 2002. A spreadsheet summarizing all of the groundwater elevation data collected to date is attached for your review on **Table 2**. A couple groundwater level measurements specified by the permit were inadvertently missed on some of the monitoring dates. However, this has been resolved and groundwater level collection procedures will be closely monitored for all future monitoring periods to ensure all groundwater elevation data is collected as specified in the permit.

FILE: 691.2.6 - operating Permit Renewal 2003

PZ-24 consisted of a 5-foot section of 2-inch PVC screen with an end cap, installed by hand to a depth of 3.5 feet below existing ground surface using a bucket auger. A boring log of the soil profile encountered at PZ-24 is attached as **Figure 1**. A site plan showing the locations of all piezometers, staff gauges, and monitoring wells is attached as **Figure 2**. Based on the PZ-24 information provided above, and the fact that none of the previous piezometers installed as a part of the load test, required monitoring well completion reports and well construction diagrams, completion reports and construction diagrams were not completed for PZ-24.

Additionally, an updated piezometer data sheet, detailing the most recent surveyed elevation data obtained by Snyder Surveying inc. on 10/16/02 is attached as **Table 1**. It should be noted that during our initial visit on 6/21/02 to monitor the piezometer groundwater levels, several of the piezometers had been damaged (stick-up portion was bent or broken off) and were subsequently repaired on 7/29/02. As stated above, all piezometers, including the piezometers which were repaired, were re-surveyed for reference to NGVD by Snyder Surveying, Inc.

We appreciate the opportunity to be of service to you on this project and trust that the information included herein is complete and sufficient for your purposes. Should you have any questions concerning the contents of this report, please do not hesitate to contact the undersigned at (352) 742-9622.

Sincerely,

ANDREYEV ENGINEERING, INC.

Raymond W. Jones, P.E.
Senior Project Engineer
Florida Registration # 58079

TABLE 1
PENNBROOKE FAIRWAYS WWTF

PIEZOMETER DATA
(AS OF 10-16-02)

Piezometer	Ground Surface Elevation (feet NGVD)	Top of Casing (TOC) Elevation (feet NGVD)	Depth of Piezometer from TOC (feet)
PZ-1	71.32	74.19	4.43
PZ-2	71.73	73.13	4.50
PZ-6	72.74	73.74	3.18
PZ-7	72.17	73.28	7.17
PZ-8S-NEW	72.95	77.00	5.25
PZ-8-OLD	72.57	73.63	3.37
PZ-9	71.32	76.62	3.44
PZ-10	72.56	73.67	4.24
PZ-11	75.07	76.20	10.18
PZ-12	73.09	74.61	7.38
PZ-13	75.88	78.01	8.4
PZ-14	76.03	77.54	10.22
PZ-15	76.78	78.21	11.7
PZ-16	78.12	79.97	12.08
PZ-17	76.92	79.62	10.18
PZ-18	74.48	75.83	10.41
PZ-19	75.57	77.67	5.4
PZ-20	73.57	75.73	10.41
PZ-21	75.83	77.59	5.40
PZ-22	74.14	75.62	10.41
PZ-23	76.67	80.08	5.40
PZ-24	70.56	72.66	5.30

FDEP MONITORING WELL COMPLETION REPORT

FACILITY NAME / COUNTY: **Pennbrooke WWTF /Lake County**

FDEP PERMIT NUMBER: **FLA010570** GMS# Site Number: **3035P01549**

FDEP WELL NUMBER: WAFR # 43785 WELL NAME: P-24

AQUIFER MONITORED: Surficial WELL TYPE: Piezometer

DATE INSTALLED: 7/2002** DRILLING METHOD: Bucket Auger

INSTALLED BY: Andreyev Engineering, Inc.

HOLE DIAMETER: 2" TOTAL DEPTH: N/A BLS**

CASING TYPE: PVC CASING DIAMETER / LENGTH: 2" /NA

SCREEN TYPE: NA SCREEN SLOT SIZE / LENGTH: N/A

FILTER PACK TYPE / SIZE: N/A INTERVAL: N/A to N/A BLS

SEALANT TYPE: N/A INTERVAL: N/A to N/A BLS

GROUT TYPE: N/A INTERVAL: N/A to N/A BLS

WELL MEASURING POINT: TOC ELEVATION (NGVD): 77.0

GROUND SURFACE ELEVATION (NGVD): 72.95

STATIC WATER LEVEL ELEVATION (NGVD): NA

WELL LATITUDE AND LONGITUDE: N/A

DESCRIBE WELL DEVELOPMENT (METHOD, APPROXIMATE VOLUME REMOVED, FINAL WATER CLARITY, PROBLEMS?):

* N/A

NAME / TITLE OF PERSON PREPARING REPORT: Bryan K. Gongre, Asst. Ops. Mgr.

ATTACH AS-BUILT MONITORING WELL CONSTRUCTION DIAGRAM AND LITHOLOGIC LOG FOR THIS INDIVIDUAL WELL.

** BLS = Below Land Surface.

DEP Form 62-522.900(3)
11/16/200

*Due to the fact that this as well as other piezometers installed at this location were to only provide load testing data, a well construction diagram and lithologic log is not available

**Approximate date based upon available information.

Form Title Ground Water Monitoring R
Effective Date
DEP Application No.

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name **Pennbrooke Utilities, Inc./ Lake County**

Address 200 Weathersfield Avenue

City Altamonte Springs Zip 32714

Telephone Number (800) 272-1919

(2) The GMS Identification Number **3035P01549**

(3) DEP Permit Number **FLA010570**

(4) Authorized Representative Name

Address

City Zip

Telephone Number ( )

(5) Type of Discharge Domestic Wastewater

(6) Method of Discharge Public Access Reuse/Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 4th quarter 2003 - REVISED

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP #

Analytical Lab Comp QAP # /HRS Certification #

*Comp QAP # /HRS Certification #

Lab Name

Address

Phone Number ( )

/2003

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWB-1
Well Type: Background
Description: **Well Name MWB-1**
Ponds
WAFR # 33637
GMS # N/A

Monitoring Period From: Oct. 1, 2003 To: Dec. 31, 2003
Was the well purged before sampling? ✓ Yes ___ No
Sampling Method Used Peristaltic

Date Sample Obtained: 12/11/03
Time Sample Obtained: 1405 hrs

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	72.62	Feet	Report	N/A	DEP SOP 92	N/A	N
Nitrate, (as N)	00620	--	0.05	mg/L	Report	0.05	SM4500ND3F	ICE	N
Solids, Total Dissolved (TDS)	70295	70296	74	mg/L	Report	10	EPA160.1	ICE	N
Chloride (as Cl)	00940	--	18	mg/L	Report	2.5	SM4500C.I.E	ICE	N
Coliform, Fecal	74055	--	1	#/100	Report	1	SM9222 D	ICE	N
pH	00400	--	5.3	SU	Report	N/A	DEP SOP 92	N/A	N
Turbidity, Lab - Nepholometric	00070	82079	3.9	NTU	Report	1	EPA 180.1	ICE	N
									N

4/14/2003

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWC-1
Well Type: Compliance
Description: **Well Name MWC-1 Ponds**
WAFR # 33638
GMS # N/A

Monitoring Period From: Oct. 1, 2003 To: Dec. 31, 2003
Was the well purged before sampling? ✓ Yes ___ No
Sampling Method Used: Peristalic

Date Sample Obtained: 12/11/03
Time Sample Obtained: 1325 hrs

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	70.55	Feet	Report	N/A	DEP SOP 92	N/A	N
Nitrate, (as N)	00620	--	0.05	mg/L	<10	0.05	SM4500 NO3F	ICE	N
Solids, Total Dissolved (TDS)	70295	70296	180	mg/L	<500	10	EPA 160.1	ICE	N
Chloride (as Cl)	00940	--	88	mg/L	<250	2.5	SM4500 CL E	ICE	N
Coliform, Fecal	74055	--	1	#/100	<4	1	SM9222 D	ICE	N
pH	00400	--	5.1	SU	6.5-8.5	N/A	DEP SOP 92	N/A	N
Turbidity, Lab - Nepholometric	00070	82079	1	NTU	Report	1	EPA 180.1	ICE	N

4/14/2003
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: See Column (B)
Well Type: Piezometer
Description: **Piezometer Name See Column (A)**
Ponds
WAFR # See Column (C)
GMS # ---

Monitoring Period From: Oct. 1, 2003 To: Dec. 31, 2003

Date Sample Obtained: 12/13/03

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARM Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (Field Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.0	DRY	77.0	72.95
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66	2.51	70.15	72.46

4/14/2003
COMMENTS AND EXPLANATION:

Form Title Ground Water Monitoring
Effective Date
DEP Application No.

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name **Pennbrooke Utilities, Inc./ Lake County**

Address 200 Weathersfield Avenue

City Altamonte Springs Zip 32714

Telephone Number (800)272-1919

(2) The GMS Identification Number **3035P01549**

(3) DEP Permit Number **FLA010570**

(4) Authorized Representative Name

Address

City Zip

Telephone Number ( )

(5) Type of Discharge Domestic Wastewater

(6) Method of Discharge Public Access Reuse / Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 1ST qtr. 2004 - Revised

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP #

Analytical Lab Comp QAP # /HRS Certification #

*Comp QAP # /HRS Certification #

Lab Name

Address

Phone Number ( )

/2003

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWC-1
Well Type: Compliance
Description: **Well Name MWC-1**
Ponds
WAFR # 33638
GMS # N/A

Monitoring Period From: Jan. 2004 To: March 2004
Was the well purged before sampling? ✓ Yes ___ No
Sampling Method Used Peristalic

Date Sample Obtained: 3/1/04
Time Sample Obtained: 1255hrs

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	–	72.63	Feet	Report	N/A	DEP SOP 92	N/A	N
Nitrate, (as N)	00620	–	0.027	mg/L	<10	0.027	SM4500 NO3F	ICE	N
Solids, Total Dissolved (TDS)	70295	70296	200	mg/L	<500	10	EPA 160.1	ICE	N
Chloride (as Cl)	00940	–	87	mg/L	<250	1.3	SM4500C.1E	ICE	N
Coliform, Fecal	74055	–	1	#/100	<4	1	SM9222D	ICE	N
pH	00400	–	5.1	SU	6.5-8.5	N/A	DEP SOP 92	N/A	N
Turbidity, Lab - Nepholometric	00070	82079	0.14	NTU	Report	0.13	EPA 180.1	ICE	N

4/14/2003
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: MWB-1
Well Type: Background
Description: **Well Name MWB-1**
Ponds
WAFR # 33637
GMS # N/A

Monitoring Period From: Jan. 2004 To: March 2004
Was the well purged before sampling? ✓ Yes ___ No
Sampling Method Used: Peristalic

Date Sample Obtained: 3/1/04
Time Sample Obtained: 1255hrs

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	–	73.62	Feet	Report	N/A	DEPSOP92	N/A	N
Nitrate, (as N)	00620	–	10	mg/L	Report	0.027	SM4500NO3F	ICE	N
Solids, Total Dissolved (TDS)	70295	70296	210	mg/L	Report	10	EPA160.1	ICE	N
Chloride (as Cl)	00940	–	17	mg/L	Report	1.3	SM4500CLE	ICE	N
Coliform, Fecal	74055	–	1	#/100	Report	1	SM9222D	ICE	N
pH	00400	–	5.4	SU	Report	N/A	DEPSOP92	N/A	N
Turbidity, Lab - Nepholometric	00070	82079	2.7	NTU	Report	0.13	EPA180.1	ICE	N
									~~N~~

4/14/2003

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe t submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: See Column (B)
Well Type: Piezometer
Description: **Piezometer Name See Column (A)**
Ponds
WAFR # See Column (C)
GMS # ---

Monitoring Period From: Jan. 2004 To: March 2004

Date Sample Obtained: 3/1/04

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	STORET Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (See Field Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.0	4.31	72.69	72.95
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66	2.34	70.32	72.66

4/14/2003
COMMENTS AND EXPLANATION:

Form Title Ground Water Monitoring R
Effective Date
DEP Application No.

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name **Pennbrooke Utilities, Inc./ Lake County**

Address 200 Weathersfield Avenue

City Altamonte Springs Zip 32714

Telephone Number (800) 272-1919

(2) The GMS Identification Number **3035P01549**

(3) DEP Permit Number **FLA010570**

(4) Authorized Representative Name

Address

City Zip

Telephone Number ( )

(5) Type of Discharge Domestic Wastewater

(6) Method of Discharge Public Access Reuse / Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 2nd quarter 2004 - REVISED By K.B.

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP #

Analytical Lab Comp QAP # /HRS Certification #

*Comp QAP # /HRS Certification #

Lab Name

Address

Phone Number ( )

/2003

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: See Column (B)
Well Type: Piezometer
Description: **Piezometer Name See Column (A)**
Ponds
WAFR # See Column (C)
GMS # ---

Monitoring Period From: April 2004 To: June 2004

Date Sample Obtained: 5/6/04

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR # (C)	Parameter (D)	PARC Code (E)	Top of Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Depth of Water Level below Top of Casing (See Raw Reading) (G) 0.1 Feet NGVD	Water Elevation Subtract (G) from (F) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.0	2.34	74.66	72.95
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66	2.64	70.02	72.66

4/14/2003
COMMENTS AND EXPLANATION:

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring
Effective Date
DEP Application No.

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name **Pennbrooke Utilities, Inc./ Lake County**

Address 200 Weathersfield Avenue

City Altamonte Springs Zip 32714

Telephone Number (800) 272-1919

(2) The GMS Identification Number **3035P01549**

(3) DEP Permit Number **FLA010570**

(4) Authorized Representative Name

Address

City Zip

Telephone Number ( )

(5) Type of Discharge Domestic Wastewater

(6) Method of Discharge Public Access Reuse/ Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 3RD quater - REVISED 2004

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP #

Analytical Lab Comp QAP # /HRS Certification #

*Comp QAP # /HRS Certification #

Lab Name

Address

Phone Number ( )

/2003

GROUND WATER MONITORING WELL REPORT - PART D

County: Lake County
Facility Name: **Pennbrooke Utilities, Inc.**
Permit Number: FLA010570 GMS# 3035P01549

Permit Builder MW ID: See Column (B)
Well Type: Piezometer
Description: **Piezometer Name See Column (A)**
Ponds
WAFR # See Column (C)
GMS # ---

Monitoring Period From: July 1, 2004 To: Sep. 30, 2004

Date Sample Obtained: 8/19/04

Piezometers (A)	Permit Builder Name for Piezometers (B)	WAFR# (C)	Parameter (D)	Code (E)	Well Casing Elevation (See Well Completion Report) (F) 0.1 Feet NGVD	Ground Water Elevation (Subtract (G) from (F)) (G) 0.1 Feet NGVD	Water Elevation (Subtract (G) from (I)) (H) 0.1 Feet NGVD	Ground Surface Elevation (See Well Completion Report) (I) 0.1 Feet NGVD
PZ-8	MWP-8	43785	Water Level Elevation	82545	77.0	DRY	77.0	72.95
PZ-24	MWP-24	43786	Water Level Elevation	82545	72.66	2.46	70.2	72.66

4/14/2003
COMMENTS AND EXPLANATION:

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: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn:	Patrick Farris	Date:	11/4/2005 18:16 PM
Company:	FDEP Compliance	Fax #:	407-893-3166
From:	William H. Coates, Area Manager	Pages:	2 including this cover page.
Subject:	Abnormal report Pennbrooke WWTP		

☐ URGENT ☐ As Requested ☒ For Your Review ☐ Please Comment ☒ For your Information ☒ Please Reply Original: ☐ will not be sent ☐ via U.S. Mail

Messages:

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

Lake Groves Mac 2762:Desktop Folder: BC FAX ☐

File. 691.3.15

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: / / TIME: (AM/PM) RECEIVED BY:

REPORTED BY: William H Coates

NAME OF PLANT/SYSTEM: Pennbrooke WWTP COUNTY: Lake

ADDRESS: 501 SR 44

PHONE: (407) 509-9098

OWNER: Utilities Inc of Florida

DATE & TIME OF FAILURE: 11-3-05 1730 hr

NATURE OF PROBLEM: leak at Connecting pipe digestor # 7 leakage on ground Estimate 1000 gal (Clear Liquid) air was off to decant digestor

CORRECTIVE ACTION TAKEN: HtH applied to area affected and Contractor in to Regrout Tank wall on outside.

EXPECTED BACK IN SERVICE BY (DATE & TIME):

REMARKS: Area to be patched until permanent repair to be made.

FOLLOW-UP IN WRITING: (Y/N)

Revised June 6, 1989

TRANSMISSION VERIFICATION REPORT

TIME : 11/04/2005 17:40
NAME : LAKE UTILITIES
FAX : 3522420565
TEL : 3522420565
SER.# : BROJ3J726225

DATE,TIME	11/04 17:39
FAX NO./NAME	4078933166
DURATION	00:00:36
PAGE(S)	02
RESULT	OK
MODE	STANDARD ECM

Utilities, Inc. • Integrated Solutions System

Incident Report

Region | State | Co# | Sub# | 1921 Incident #

To: Regional Director
Director of Operations
Larry Schumacher

System: Pennbrooke WWTP

Type: Digester leak - Spill

Date Occured: 11-3-05 | Time Began: 5 PM | Time Ended: 8 AM | Person(s) Who Noted Incident: William H Coates

Location of Incident: Connecting pipe between Tank 6 & 7 sprung a leak causing clear liquid from digester to leak on ground but was contained to plant site. Air was off to decant digester.

Description of Incident: Cement Grout around pipe Connection at Tank 7 leaked clear digester liquid onto ground at Digester area. Operator applied H2O2 on 11-4-05 and Eco Zoo Crew in for seal leak. Temporary until permanent repair can be made. Notify State warning Pt + DEP via phone and written report. Estimated spill amount 1000 gal.

Personal Injury?: ○ Yes ● No — If yes, indicate who was injured and provide description below:

Property Damage?: ○ Yes ● No — If yes, indicate where damage occurred and provide description below:

Responsible Party: UIF — Please indicate on whose side of the property is damaged.

Paid By: — Please identify the party that paid for damages, repairs, etc.

*2 Hour Notification to NB?: ○ Yes ○ No

Northbrook Notification To:

Date: 11-4-05

☒ In-Person Call
☐ Voicemail
☐ Other...

List Authorities Notified (if applicable): State Warning Pt via phone
DEP via phone - written report

Follow Up Needed?: ● Yes ○ No — If yes, provide description below: Tank will need to be drained + Epoxy repair on inside + other possible repairs at additional pipe Connections

Follow Up Completed?: ○ Yes ○ No

Submitted by: William H Coates Title: Area Manage Date: 11-4-05

06/23/04

* Beginning of next business day if incident occurs during non-business hours

Responded 9/19/05 B

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Central District

Drinking Water Program

MALFUNCTION REPORT

407/893-3318, 3319 OR 3988 FAX: 407/893-4418

Date: 8/31/05

Name of Plant/System: Pembroke WTP

PWS ID Number: 3354653

We have received the following ☒ report and are missing the complementary ☒ reports listed below. Please forward by either e-mail (jose-depedro@dep.state.fl.us) or FAX to 407-893-4418.

Report Received:	Report Missing:
Malfunction Report: ☐	Malfunction Report: ☒
Boil Water Notice: ☐	Boil Water Notice: ☒
Bacteriological Report: ☒	Bacteriological Report: ☐
Abnormal Event Report: ☐	Abnormal Event Report: ☐
Rescind Notice: ☐	Rescind Notice: ☒

Comments: _____

Thanks for your cooperation!

José F. de Pedro
Environmental Specialist I
Department of Environmental Protection
Phone: 407-893-3318, Ext. 2243
E-mail: jose.depedro@dep.state.fl.us

File: 691.3.15

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Advanced Environmental Laboratories, A053218
6621 Southpoint Pkwy. • Jacksonville, FL 32216 • 904.296.3007 • Fax 904.296.6210
9610 Princess Palm Ave. • Tampa, FL 33619 • 813.620.2616 • Fax 813.630.4327 • E84096
2108 NW 67th Place, Ste. 7 • Gainesville, FL 32653 • 352.367.1649 • Fax 352.367.0050 • E86026
1328 E. North Lake Blvd., Ste. 1016 • Altamonte Springs, FL 32701 • 407.937.1594 • Fax 407.937.1587 • E85076

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- [x] Standard Coliform Test
- [ ] HPC
- [ ] Other: _____

For Lab Use Only

The lab performing this analysis is checked on

Lab Receipt Date & Time: 9/1/05
Analysis Date & Time: 9/1/05

Sample Acceptance Criteria:
Sample Preservation [x] On Ice [ ] Not On Ice
Disinfectant Check [ ] Not Detected
This sample does not meet the following NELAC requir

System Name: Penn Brooke WTP PWS I.D. 3 3 5 4 6 5 3

System Address: 200 Weathersfield Ave. City: Altamonte Springs 7/4

System or Owner's Phone #: 800-272-1919 Fax #: 352-728-1005

Collector: David S. Anderson Collector's Phone # 407-948-9829

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

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

Sample Collection Date: 8/31/05 & 9/1/05

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: / Fecal or E. coli Analysis Method: Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]
A-1	32302 Oak Park Drive	5:40 PM	S	1.4			A		
A-2	1136 Eagles Landing	5:50 PM	S	1.6			A		
A-3	339 Bentwood Drive	6:00 PM	S	1.5			A		
B-1	32302 Oak Park Drive	8:30 AM	S	1.7			A		
B-2	1136 Eagles Landing	8:15 AM	S	1.7			A		
B-3	339 Bentwood Drive	8:00 AM	S	1.8			A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and nontransient noncommunity systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.) 1.6

[2]Defined in Florida Administrative Code Rule
All tests are performed in accordance with NELAC

Disinfectant Residual Analysis Method: [x] DPD Colorimetric [ ] Other: _____

Person performing analysis is:
- [x] A certified operator (# 4-7141 DW)
- [ ] Supervised by a cert operator (# _____)
- [ ] Employed by a certified lab
- [ ] Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: LAB TECH

Name and Mailing Address of Person to Receive Report
Utilities Inc. of FL.
Attn: Bill Coates
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH U
- [x] Satisfactory
- [ ] Incomplete Collection Information
- [ ] Repeat Samples Required
- [ ] Replacement Samples Required

Date Reviewed by DEP/DOH: 9/12/05

DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (spec
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

62-660.730 Reporting Format - Effective

UTILITIES, INC. OF PENNBROKE
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

FAXED
9/19/05

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
www.utilitiesinc-usa.com

Fax Transmittal

Attn:	Jose de Pedro	**Date:**	9/19/2005 13:24 PM
Company:	FDEP Central	**Fax #:**	407.893.4418
From:	Bryan K. Gongre	**Pages:**	5 including this cover page.
Subject:	Malfunction Report RAI/Pennbrooke 8/31/05		

☐ **URGENT** x As Requested ☐ For Review and/or Comment ☐ For your Information ☐ Please Reply Original: ☐ will not be sent ☐ via U.S. Mail

Messages:

As requested, please find the following information as dictated upon correspondence received by this office on 9/15/05.

1) Original Fax Cover page to Karen Milicic Dated 8/31/05
2) Malfunction Report faxed to FDEP 8/31/05
3) Transmission Verification Report
4) Copy of Standard Boil Water Advisory Language *

*Advisory signs were posted at the entrance to the subdivision

A rescind notice was not issued.

Please call 407.869.8588, extension 226 with any additional questions.

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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: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn:	Karen M.	Date:	8-31-05
Company:	FDEP Drinking water compliance	Fax #:	407-893-3166
From:	William H. Coates, Area Manager	Pages:	2 including this cover page.
Subject:	Pennbrooke Fairways WTP Abnormal Report		

☐ URGENT ☒ For Your Review ☒ For your Information ☐ Please Reply Original: ☐ will not be sent
☐ As Requested ☐ Please Comment ☐ via U.S. Mail

Messages:

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DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM

MALFUNCTION REPORT

Date: 8/31/05 Time: _____ Received By: Daniel S. Anderson

Reported By: Daniel S. Anderson Bus. Name: Utilities Inc. of Pennbrooke

Name of Plant/System: Pennbrooke WTP

PWS ID Number: 3354653 County: Lake

Owner: Utilities Inc. of Fl.

Address: 200 Weathersfield Ave. Altamonte Springs, FL 32714

Contact Person: Bill Coates Phone #: _____

[✓] Failure Planned Outage [ ] Date: 8/31/05 Time: 1:00 pm

Expected to be (or was) back in service: Date: 8/31/05 Time: 3:00 pm

Location of Trouble: Pennbrooke Water Treatment Plant

Statement of Trouble: Bulldozer cut one leg of underground City of Leesburg Power Line, Generator also lost one leg of power.

Corrective Action: City of Leesburg repaired line; (Generator Company coming out to troubleshoot generator and transfer switch) Full pressure restored as of 3pm.

Number of Customers Affected: 1,112 [✓] Connections [ ] Individuals (Entire Community)

Prior to placing back into service, was line:

Flushed: Yes [ ] No [✓]
Superchlorinated: Yes [ ] No [✓]

Bacteriologicals Requested? Yes [✓] No [ ]

Set of 3 samples on two consecutive days

If material failure, give (complete as possible) description of the material including size, type, any available manufacturing information shown on the failed product. If known, include cause of failure :

Remarks: Boil water advisory issued via Signs Internal Cable System and Automated Call System

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION
IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 12/21/04 **TIME:** 1345 hrs (AM/PM) 1:45 **RECEIVED BY:** Dona Bean

REPORTED BY: Daniel S. Anderson

NAME OF PLANT/SYSTEM: Pennbrooke WWTP **COUNTY:** Lake

ADDRESS: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

PHONE: (407) 948-9829

OWNER: Utilities Inc. of Pennbrooke
200 Weathersfield Ave. Altamonte Springs, FL 32714

DATE & TIME OF FAILURE: 12/21/04 1300 hrs. (1:00pm)

NATURE OF PROBLEM: North Clz contact Basin. Influent line to Clz chamber, 90° elbow grouted into wall of tank, has a long split top of elbow, leaking approx. 0.1 gpm

CORRECTIVE ACTION TAKEN: Drained tank, temp. glue seal until replacement later today. (Tommorrow 12/22/04) DRA

EXPECTED BACK IN SERVICE BY (DATE & TIME): 12/21/04 (Time 4:30-8:30 pm)

REMARKS: Both North and South basins should be repaired 100% tonight, contractor en route to site.

FOLLOW-UP IN WRITING: (Y/N) In person call followed up by faxed report.

Revised June 6, 1989

File: 691.3.15

Incident Report

Region | State | Co# | Sub# | 1921 Incident #

To: Regional Director
Director of Operations
Larry Schumacher

System: Utilities Inc of Pennbrooke (WWTP)

Type:

Date Occured: 12/21/04 | Time Began: 1:00 pm | to | Time Ended: 3:00 pm | Person(s) Who Noted Incident: Daniel Anderson / Allison McPhee

Location of Incident: Pennbrooke WWTP, influent line to (Northern) clz contact basin.

Description of Incident: Infl. line to clz chamber developed a big split on top of 90° Elbow. Elbow grouted into wall of tank, leaking approx. 0.1 gpm. New sched. 40 Elbow will be installed tomorrow (12/22/04). Drained tank, temp. fine seal, until replacement today → tomorrow. Freezing temps. last night caused break, (believed). 12/22/04

Personal Injury?: ○ Yes ⊘ No — If yes, indicate who was injured and provide description below:

Property Damage?: ○ Yes ⊘ No — If yes, indicate where damage occurred and provide description below:

Responsible Party: [ ] Please indicate on whose side of the property is damaged.

Paid By: [ ] Please identify the party that paid for damages, repairs, etc.

* 2 Hour Notification to NB?: ○ Yes ⊘ No

Northbrook Notification To: [ ]

☑ In-Person Call 1:45 pm
☐ Voicemail
☐ Other...

Date: 12/21/04

List Authorities Notified (if applicable): FDEP (Ms. Dana Bean)

Follow Up Needed?: ⊘ Yes ○ No — If yes, provide description below: written faxed report detailing problem and corrective actions, verbal notice of completion.

Follow Up Completed?: ⊘ Yes ○ No

Submitted by: Daniel S. Anderson Title: Lead Operator Date: 12/21/04

06/23/04

* Beginning of next business day if incident occurs during non-business hours

TOTAL P.02

12/21/2004 16:04 3527281005 PENNBROOKE PAGE 05

Fax: 407. 897. 8966

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 12/21/04 TIME: 1350 hrs. (AM/PM) 1:50 pm RECEIVED BY: Dana Bean

REPORTED BY: Daniel S. Anderson (Adv. Env. Lab 12-21-04 12:00 pm)

NAME OF PLANT/SYSTEM: Pennbrooke WWTP COUNTY: Lake

ADDRESS: 200 Weathersfield Ave.
Altamonte Springs FL, 32714

PHONE: (407) 948-9829

OWNER: Utilities Inc. of Pennbrooke
200 Weathersfield Ave. Altamonte Springs FL 32714

DATE & TIME OF FAILURE: 12/15/04

NATURE OF PROBLEM: 8 hour (flow proportionate composite) Sampling results. Nitrate MCL Exceedance to 13.0 mg/L. Cooler weather.

CORRECTIVE ACTION TAKEN: Will increase WASting, check Clz Chambers, monitor nitrates.

EXPECTED BACK IN SERVICE BY (DATE & TIME): 12/29/04 Next sampling

REMARKS: Will daily monitor nitrate level to balance sys. for optimum operations, and isolate/pinpoint cause of increased NO_3-N.

FOLLOW-UP IN WRITING: (Y/N) In person call followed by faxed report.

Revised June 6, 1989

File: 691.3.15

Incident Report

Region | State | Co# | Sub# | 1921 Incident #

To: Regional Director
Director of Operations
Larry Schumacher

System: Utilities Inc. of Pennbrooke (WWTP)

Type: MCL Exceedance

Date Occured: 12/15/04 | Time Began: 0630 hrs. to Time Ended: 1430 hrs | Person(s) Who Noted Incident: Daniel S. Anderson

Location of Incident: Pennbrooke WWTP effluent, outfall point, composite sampling reported by Advan. Environ. Labs Inc on 12/21/04 (at 12:00 pm)

Description of Incident: 8 hr. flow proportionate composite sampling on Dec. 15th, 2004 had a Nitrate Nitrogen level of 13.0 mg/L, Max allowed is 12.0. Will increase WASting, check pinpoint and isolate cause of increased Nitrates. (Will monitor daily.)

Personal Injury?: ○ Yes ◉ No — If yes, indicate who was injured and provide description below:

Property Damage?: ○ Yes ◉ No — If yes, indicate where damage occurred and provide description below:

Responsible Party: _____ Please indicate on whose side of the property is damaged.

Paid By: _____ Please identify the party that paid for damages, repairs, etc.

* 2 Hour Notification to NB?: ○ Yes ◉ No

Northbrook Notification To: _____

☑ In-Person Call 1:50 pm
☐ Voicemail
☐ Other...

Date: 12/21/04

List Authorities Notified (if applicable): FDEP (Ms. Dana Bean)

Follow Up Needed?: ◉ Yes ○ No — If yes, provide description below: Written faxed report detailing possible cause & corrective action.

Follow Up Completed?: ◉ Yes ○ No

Submitted by: Daniel S. Anderson Title: Lead Operator Date: 12/21/04

06/23/04

* Beginning of next business day if incident occure during non-business hours

TOTAL P.02

12/21/2004 16:04 3527281005 PENNBROOKE PAGE 03

Fax: 407. 897. 8966

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 12/14/04 **TIME:** 1:00 pm **(AM/PM)** **RECEIVED BY:** Ms. Dana Bean

REPORTED BY: Daniel S. Anderson

NAME OF PLANT/SYSTEM: Pennbrooke WWTP **COUNTY:** Lake

ADDRESS: 200 Weathersfield Ave.
Altamonte Springs, FL 32714

PHONE: (800)-272-1919

OWNER: Utilities Inc. of Pennbrooke
200 Weathersfield Ave. Altamonte Springs, FL 32714

DATE & TIME OF FAILURE: 12/13/04 2:00 pm

NATURE OF PROBLEM: Noticed small water leak rising to surface ground immediately next to Southern Clz Contact Chamber. Appears to be effluent from clz chamber (higher total clz residual).

CORRECTIVE ACTION TAKEN: Excavated down 18", approx. 3' in length, found small leak on tank seal, (liner/seal between tank halves.

EXPECTED BACK IN SERVICE BY (DATE & TIME): 12/17/04 4:30 pm estimated

REMARKS: After excavating, attempted to seal with Bancheck (L/S sealer) and hydraulic cement, designed for small leaks. Cemented area (and dirt) in layers to seal side of tank. Had not sealed by this morning. Call into resident contractor, for isolate, drain, inside seal properly.

FOLLOW-UP IN WRITING (Y/N) Will follow up in writing with progress/completion.

Cold temp. weather, contracting seal liner, leak increased.

Revised June 6, 1989

File: 691.3:15

Incident Report

Region State Co# Sub# 1921 Incident #

To: Regional Director
Director of Operations
Larry Schumacher

System: Pennbrooke WWTP

Type:

Date Occured: 12/13/04 Time Began: 2:00 pm to Time Ended: Person(s) Who Noted Incident: Daniel S. Anderson

Location of Incident: At Pennbrooke WWTP, at Southern clz contact chamber. Around Southeastern corner of clz chamber.

Description of Incident: Noticed small water leak rising to surface ground next to clz chamber. Appears to be eff. (high total clz residual). Excavated down 18" and appears 3" in length. Found small leaks on tank seal (liner between tank halves). After excavating attempted to seal with Ranchack (h/s sealer) and hydraulic cement designed for small leaks. Cemented in layers/let dirt. Had not sealed this morning. Call to contractor for isolate/drain/inside seal properly. Cold temps. weather, contracting seal liner, leak increased. ≤ 0.1 gpm

Personal Injury?: ○ Yes ◉ No If yes, indicate who was injured and provide description below:

Property Damage? ○ Yes ◉ No If yes, indicate where damage occurred and provide description below:

Responsible Party: Please indicate on whose side of the property is damaged.

Paid By: Please identify the party that paid for damages, repairs, etc.

* 2 Hour Notification to NB?: ○ Yes ○ No

Northbrook Notification To:

☑ In-Person Call
☐ Voicemail
☐ Other...

Faxed mail

List Authorities Notified (if applicable): FDEP (Ms. Dana Bean)

Date: 12/14/04

Follow Up Needed?: ◉ Yes ○ No If yes, provide description below: Written follow up needed for progress/completion of leak repair.

Follow Up Completed?: ○ Yes ○ No

Submitted by: Daniel S. Anderson Title: Lead Operator Date: 12/14/04

06/23/04

* Beginning of next business day if incident occurs during non-business hours

12/14/2004 13:21 3527281005 PENNBROOKE PAGE 03

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: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Bryan G. Date:

Company: Utilities, Inc. Fax #: 407-869-4416

From: Pennebrooke Utilities, Inc. ( ) Pages: including this cover page.

Subject:

☐ URGENT ☐ As Requested ☐ For Your Review ☐ Please Comment ☒ For your Information ☐ Please Reply Original: ☐ will not be sent ☐ via U.S. Mail

Messages:

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Lake Groves Mac 3129:Desktop Folder:misc: PENNEBROOKE□

File: 691.3.15

Incident Report

Region State Co# Sub# 1921 Incident #

To: Regional Director
Director of Operations
Larry Schumacher

System: Utilities Inc. of Pennbrooke WTP

Type: WLB (Water line break)

Date Occured: 11/02/04 Time Began: 7 46 AM to Time Ended: 2 00 pm Person(s) Who Noted Incident: Bruce M. of City of Leesburg Electric

Location of Incident: 51 Cottage Park Lane (front right of house)

Description of Incident: City of Leesburg Electric Crew (with shovels) hit a 3/4" PVC (brittle old A Section on Cottage Park Lane) service line. Break was near electric box. Called in Echo 2000 (contractor) to perform a shutdown and repair. (Many in this area.) Locate ticket did indeed exists however was not due until 23:59 hours tonight. (Midnight)

Personal Injury?: ○ Yes ⊘ No — If yes, indicate who was injured and provide description below:

Property Damage?: ○ Yes ⊘ No — If yes, indicate where damage occurred and provide description below:

Responsible Party: City of Leesburg (Elec.) — Please indicate on whose side of the property is damaged.

Paid By: — Please identify the party that paid for damages, repairs, etc.

* 2 Hour Notification to NB?: ○ Yes ⊘ No

Northbrook Notification To:

List Authorities Notified (if applicable): FDEP & Bob Ansag

Date: 11/02/04

☐ In-Person Call
☑ Voicemail 6:50 PM
☐ Other...

Follow Up Needed?: ⊘ Yes ○ No — If yes, provide description below: 2 Bacts today, 2 Bacts tommorrow Am sending to lab by Noon. 42 Boil orders hand delivered. Flushed approx 1000 gals.

Follow Up Completed?: ⊘ Yes ○ No

Submitted by: Daniel S. Anderson Title: Lead Operator Date: 11/02/04

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM

MALFUNCTION REPORT

Date: 11/02/04 Time: 0746 hrs. Received By: Answering Service (Util. Inc. of FL)

Reported By: Bruce H. / Daniel S. Anderson Bus. Name: City of Leesburg (Electric)

Name of Plant/System: Utilities Inc. of Pennbrooke WTP

PWS ID Number: 3354653 County: Lake

Owner: Utilities Inc. of Pennbrooke

Address: 200 Weathersfield Ave. Altamonte Springs FL 32714

Contact Person: Daniel S. Anderson Phone #: (407) - 948 - 9829

[✓] Failure Planned Outage [ ] Date: 11/02/04 Time: 7:46 Am 1:00 pm OFF

Expected to be (or was) back in service: Date: 11/02/04 Time: 2:00 pm

Location of Trouble: 50 Cottage Park Lane

Statement of Trouble: Electric Crew cut service line, locate ticket existed, but not due yet.

Corrective Action: Contractor (Echo 2000) completed a shutdown and repair of service line.

Number of Customers Affected: 42 [✓] Connections [ ] Individuals

Prior to placing back into service, was line:

Flushed: Yes [✓] No [ ] 1,000 gallons
Superchlorinated: Yes [ ] No [ ]

Bacteriologicals Requested? Yes [✓] No [ ]

2 same day, 2 next morning

If material failure, give (complete as possible) description of the material including size, type, any available manufacturing information shown on the failed product. If known, include cause of failure:

3/4" PVC service line broke by shovel

Remarks:

UTILITIES, INC. OF PENNBROOKE

AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

October 4, 2004

Mr. Paul Morrison
Florida Department of Environmental Protection
Central District
3319 Maguire Boulevard – Suite 232
Orlando, FL 32803-3767

RE: Pennbrooke WTP - PWS ID 3354653
Malfunction Report 10.1.04

Dear Mr. Morrison:

Please find the enclosed bacteriological sample results in regards to the system outage due to a contractor damaging a service line on Cottage Park Lane. This incident was reported to your office on October 1, 2004.

The sampling event occurred on 10/1/04 and 10/2/04. Of those sampled all passed.

If you should have any questions or require additional information, please contact me directly at 407.869.8588, extension 226.

Sincerely,

LAKE UTILITY SERVICES, INC.

Bryan K. Gongre
Assistant Operations Manager

Enclosure: Sample Analysis

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM

MALFUNCTION REPORT

Date: 10/01/04 Time: 5:30 PM Received By: Daniel S. Anderson

Reported By: Bill Coates Bus. Name:

Name of Plant/System: Pennbrooke WTP

PWS ID Number: 3354653 County: Lake

Owner: Utilities Inc. of Pennbrooke

Address: 200 Weathersfield Ave, Altamonte Springs, FL 32714

Contact Person: Daniel S. Anderson Phone #: (407)-948-9829

[✓] Failure Planned Outage [ ] Date: 10/01/04 Time: 1:00 PM

Expected to be (or was) back in service: Date: 10/01/04 Time: 4:30 PM

Location of Trouble: At 630 Cottage Park Lane, 3/4 PVC service popped out of glue fittings. All piping directly under an electric subfeed panel

Statement of Trouble: 3/4" PVC line "popped out of 1½" glued reducer pipe fitting

Corrective Action: Bill, Chuck, Chris and Scott repiped 1½" line around the outside of electrical box, more safety concious

Number of Customers Affected: 67 [✓] Connections [ ] Individuals

Prior to placing back into service, was line:

Flushed: Yes [✓] No [ ] 2,000 gallons
Superchlorinated: Yes [ ] No [ ]

Bacteriologicals Requested? Yes [✓] No [ ]

Two, today on Friday, and two on Saturday

If material failure, give (complete as possible) description of the material including size, type, any available manufacturing information shown on the failed product. If known, include cause of failure:

3/4" PVC pipe glued into a 1½" adaptor. Valve failed

Remarks:

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

[~~INSERT LAB NAME, ADDRESS, & CERTIFICATION NUMBER~~ HERE] Tri Tech Labs 7240 Old Cheney Hwy Orlando, FL. 32807

Lab Receipt Date & Time: 10/2/04 0830
Analysis Date & Time: 10/2/04 0900

Report Number: E83244 04-10-095 Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)
- ☑ Standard Coliform Test
- ☐ HPC
- ☐ Other: _____

Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not On Ice ☐ 4 °C
Disinfectant Check ☐ Not Detected ☐ ____ mg/L
This sample does not meet the following NELAC requirements: _____

System Name: Pennbrooke WTP **PWS I.D.** 3 3 5 4 6 5 3

System Address: 501 SR 44 West City: Leesburg

System or Owner's Phone #: 800-272-1919 Fax #: 352-728-1005

Collector: Daniel S. Anderson / Bill H. Coates Collector's Phone # (407)-948-9829

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

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

Sample Collection Date: 10/01/04 - 10/02/04

Total Coliform Analysis Method: 9222B
Fecal or E. coli Analysis Method:

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type[1]	Disinfect Res'd (mg/L)	pH	Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier[2]	Lab Sample Number
0#1	634 Cottage Park Lane Day 1	1645 hrs	D	0.9			A			1
0#2	543 Cottage Park Lane Day 1	1700 hrs	D	1.0			A			2
3	634 Cottage Day #2	0915	D	1.2			A			3
4	543 Cottage Day #2	0930	D	1.3			A			4

COPY

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

[2]Defined in Florida Administrative Code Rule 62-160, Table 1
All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: ☑ DPD Colorimetric ☐ Other: _____

Person performing analysis is:
- ☑ A certified operator (# A-7141)
- ☐ Supervised by a cert operator (# _____)
- ☐ Employed by a certified lab
- ☐ Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____

Lab Signature: _____
Title: LAB DIRECTOR

Name and Mailing Address of Person to Receive Report
Utilities Inc. of Pennbrooke
c/o Bill Coates
200 Weathersfield Ave.
Altamonte Springs, FL 32714

DEP/DOH USE ONLY
- ☐ Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- ☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

[1]DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
Analysis Methods: MF = SM9222B & D; MTF = 9221B & EC/MUG; MMO/MUG = SM9223B; HPC = SM9215B
Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Tri-Tech Laboratories, Inc.
P.O. Box 140966
Orlando, Florida 32814-0966
(407)275-8463 Fax (407)281-9187
(877)275-8463

"HELP SAFEGUARD YOUR FUTURE AND YOUR HEALTH"
CALL TTA TODAY ! Page_____ Of_____

Work Order #: 04-10-95

CHAIN OF CUSTODY RECORD

Client Name: Utilities, Inc.	Client Address: 200 Weathersfield Avenue Altamonte Springs, Florida 32714	Invoicing Address: SAME	Attention: Accounts Payable
Contact Person: Mr. Bryan Gongre	Project Name:	Phone Number: (407) 869-1919	Fax Number: (407) 869-6961
Sampler's Signature:		(REQUEST OF ANALYSIS WRITE DOWN BELOW)	Project #:

SAMPLE ID	DATE/TIME	COMP	GRAB	WATER	SOIL	OTHER	SAMPLE DESCRIPTION	# of BOTTE										REMARKS
1																		
2																		
3																		
4																		
5																	04 10	
6																		
7																	95	
8																		
9																		
10																		
11																		
12																		
13																		

Prepared Sample Kit Date/Time:	Relinquished Sample Kit Date/Time:	Accepted Kit Date/Time:
Relinquished Sample Kit Date/Time:	Delivered Sample Kit to Lab Date/Time:	Bottle #: 4°C WR1

Accepted in lab: [signature] Date/Time: 10-2-4 0830

Utilities, Inc. - Integrated Solutions System

Incident Report

Region State Co# Sub# 1521 Incident #

To: Regional Director
Director of Operations
Larry Schumacher

System: Pennbrooke WTP

Type: Outage

Date Occured: 10/01/04 Time Began: 1:00 pm to Time Ended: 4:30 pm Person(s) Who Noted Incident: Bill Coates

Location of Incident: 630 Cottage Park Lane, right Front Row

Description of Incident: 3/4" PVC glued line popped out of a 1½" slip-glued reducer. Piping all under ab electrical subfeed hole. Isolated with 5 valves, repaired, recharged, flushed 2000gals. Collected two BAC-T samples today, need two for overnight Fax to Bill/Bryan.

Personal Injury?: ○ Yes ◉ No — If yes, indicate who was injured and provide description below:

Property Damage?: ○ Yes ◉ No — If yes, indicate where damage occurred and provide description below:

Responsible Party: — Please indicate on whose side of the property is damaged.

Paid By: — Please identify the party that paid for damages, repairs, etc.

*2 Hour Notification to NB?: ○ Yes ○ No

Northbrook Notification To:

List Authorities Notified (if applicable): FDEP

Date: 10/01/04

☐ In-Person Call
☑ Voicemail
☐ Other...

Follow Up Needed?: ◉ Yes ○ No — If yes, provide description below:

Follow Up Completed?: ○ Yes ○ No

Submitted by: Daniel S. Anderson Title: Lead Operator Date: 10/01/04

06/23/04

*Beginning of next business day if incident occurs during non-business hours

RECEIVED

Utilities, Inc. - Integrated Solutions System

SEP 10 2004

Incident Report

Region State Co# Sub# Incident #

To: Regional Director
Director of Operations
Larry Schumacher

UTILITIES, INC.

System: Utilities Inc. of Pennbrooke

Type: Outage.

Date Occured: 9/10/04

Time Began: 05 00 hrs

Time Ended: 14 30 hrs

Person(s) Who Noted Incident: Daniel S. Anderson

Location of Incident: 300 Westwood Dr. Pennbrooke Fairways of Leesburg

Description of Incident: 1" service line broke 4' underground at approx 5AM. Upon discovery, called for contractor. Called for emergency locates. Started probing yard for main opposite side to turn off Corporation Stop. Unable to locate. Had to shut down street, bail out and excavate hole. Replaced 2-3' of glued fittings. Flushed line 1000 gallons slowly pressurized street. No leaks.

Personal Injury?: ○ Yes ● No If yes, indicate who was injured and provide description below:

Property Damage?: ● Yes ○ No If yes, indicate where damage occurred and provide description below: Break washed out dirt from side of driveway and some sod. Contractor will follow up with landscape work.

* 2 Hour Notification to NB?: ● Yes ○ No

Northbrook Notification To:

☐ In-Person Call
☐ Voicemail
☐ Other...

Date:

List Authorities Notified (if applicable): FDEP - Bob Knegg voice mail & faxed report

Follow Up Needed?: ● Yes ○ No If yes, provide description below: 2 bacteriological samples, landscape (by contractor) will be verbal voice mail, and faxing reports.

Follow Up Completed?: ● Yes ○ No

Submitted by: Daniel S. Anderson Title: Lead Operator Date: 9/10/04

02/04/04

* Beginning of next business day if incident occurs during non-business hours

File: 691.3.15

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DRINKING WATER PROGRAM

MALFUNCTION REPORT

Date: 9/10/04 Time: 1535 hrs. Received By: Daniel S. Anderson

Reported By: Daniel S. Anderson Bus. Name: Utilities Inc. of Pennbrooke

Name of Plant/System: Pennbrooke WTP

PWS ID Number: 3354653 County: Lake

Owner: Utilities Inc. of PENNBROOKE

Address: 200 Weathersfield Ave. Altamonte Springs, FL 32714

Contact Person: Daniel S. Anderson Phone #: 407-948-9829

[✓] Failure Planned Outage [ ] Date: 9/10/04 Time: Approx. 5 AM

Expected to be (or was) back in service: Date: 9/10/04 Time: 2:30 PM

Location of Trouble: 300 Westwood Dr.

Statement of Trouble: 1" service line, broken, blew-apart glued fitting

(Locates)

Corrective Action: Shut down main line. Excavated water line. Replaced weak area of PVC from sunkstop to ✓ on service line.

Number of Customers Affected: 55 [✓] Connections [ ] Individuals

Prior to placing back into service, was line:

Flushed: Yes [✓] No [ ]
Superchlorinated: Yes [ ] No [✓]

Bacteriologicals Requested? Yes [✓] No [ ]

2 consecutive samples / days, Aqua Pure Labs testing

If material failure, give (complete as possible) description of the material including size, type, any available manufacturing information shown on the failed product. If known, include cause of failure:

1" PVC glued fitting blew apart, probably when irrigation solenoid created water hammer, as it shut off.

Remarks:

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: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Bryan G. Date: 11/21/04

Company: Util. Inc. of FL. Fax #: 407-869-6961

From: Daniel S. Anderson Pages: 3 including this cover page.

Subject: NO_3-N viol. on Sept. 04 DMR

☐ URGENT ☑ For Your Review ☐ For your Information ☐ Please Reply Original: ☐ will not be sent ☐ via U.S. Mail
☐ As Requested ☐ Please Comment

Messages: Both a Domestic Waste malfunction report (DEP's) and an Incident report (Util. Inc.) were faxed (I believe) to Bill W. and yourself, and just the Domestic Waste Malf. Report to DEP.

Faxed all on 9/17/04 Approx. 1:30 pm

Faxing originals for your review.

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

Lake Groves Mac 3129:Desktop Folder:misc: PENNEBROOKE

File: 691.3.15 WWTP

11/21/2004 19:30 3527281005 PENNEBROOKE PAGE 01

Fax: 407 207 2146

DOMESTIC WASTE MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 9/17/04 **TIME:** 1:15 (AM/PM) **RECEIVED BY:** Daniel S. Anderson

REPORTED BY: Daniel S. Anderson 407 948 9829 via Nanette at AEL Labs, Inc.

NAME OF PLANT/SYSTEM: Pennbrooke WWTP **COUNTY:** Lake

ADDRESS: 200 Weathersfield Ave, Altamonte Springs FL 32714

PHONE: (800) 272-1919

OWNER: Utilities Inc. of Pennbrooke
200 Weathersfield Ave. Altamonte Springs, FL 32714

DATE & TIME OF FAILURE: Sept. 9th, 2004 0800-1600 hrs.

NATURE OF PROBLEM: 8 hr. Flow Propor. Composite samples tested above Nitrate Nitrogen sample MCL at a 14 mg/L. Due to Hurricane Frances, on reject status, rollover raised nitrate level.

CORRECTIVE ACTION TAKEN: Vacuuming all subsequent tanks after clarifiers to eliminate/reduce nitrate causes in effluent.

EXPECTED BACK IN SERVICE BY:(DATE & TIME):

REMARKS: Whenever a reject status occurs, and filters are bypassed, Solids will settle in Chlorine contact chambers causing nitrate violations. Immediate vacuuming begins upon completion of process stabilization, clear clarifier effluent, Still awaiting Diffused DO.

FOLLOW-UP BY WRITING: (Y/N) yes

Verbal + Faxed written report to Dana Bean (FDEP) 9/17/04 Approx 1:30 PM

Revised June 6, 1989

Incident Report

Region | State | Co# | Sub# | Incident #

To: Regional Director
Director of Operations
Larry Schumacher

System: Utilities Inc of Pennbrooke (WWTP)

Type: Nitrate Effluent Exceedance

Date Occured: 9/9/04 **Time Began:** 0800 hrs **to** **Time Ended:** 1600 hrs **Person(s) Who Noted Incident:** Daniel S. Anderson

Location of Incident: Pennbrooke WWTP effluent sample monitoring (8hr FPC)

Description of Incident: Nanette from AEL Labs Inc. reported on my voice mail (at 4:14pm 9/16/04) a nitrate exceedance. Today at 1:30 pm I called Dana Bean (FDEP) left a voice mail and faxed reports ON Sept. 9th during reject status due to increase Frances over 8 hrs. Flow proportionate composite sample had a 14 mg/L nitrate nitrogen level. Any time we have to reject effluent, bypassing filters, solids settle out in chlorine contact chambers. Using new vacuum pool pump to remove solids back to headworks for retreatment. Reduces and eliminates nitrate violations/exceedances. Diffused air system will definitely help to eliminate settling/rollover problems. (reduced) PSA

Personal injury?: ○ Yes ● No — If yes, indicate who was injured and provide description below:

Property Damage?: ○ Yes ● No — If yes, indicate where damage occurred and provide description below:

*** 2 Hour Notification to NB?:** ● Yes ○ No

Northbrook Notification To:

Date:

☐ In-Person Call
☑ Voicemail
☒ Other... Fax

List Authorities Notified (if applicable): FDEP (Dana Bean, Inspector)

Follow Up Needed?: ● Yes ○ No — If yes, provide description below:

Follow Up Completed?: ● Yes ○ No

Submitted by: Daniel S. Anderson **Title:** Lead Operator **Date:** 9/17/04

02/04/04 * Beginning of next business day if incident occurs during non-business hours

11/21/2004 19:30 3527281005 PENNBROOKE PAGE 03

MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(CLEARLY HAND WRITTEN, NOT TYPED)

DATE: 9/8/04 **TIME:** 2:00 (AM)PM **RECEIVED BY:** Daniel S. Anderson

REPORTED BY: Allson McPhee

NAME OF PLANT/SYSTEM: Utilities Inc of Pennbrooke WWTP **COUNTY:** Marion

ADDRESS: 200 Weathersfield Ave.
Altamonte Springs FL 32714

PHONE: (800) 272-1919

OWNER: Utilities Inc. of Pennbrooke

DATE & TIME OF FAILURE: Tuesday Sept. 7th, 2004 8AM

NATURE OF PROBLEM: Clarifier blower failure, RAS buildup, sludge blanket rollover, automatic reject status

CORRECTIVE ACTION TAKEN: Reset clarifier blowers, cleaning of solids from tank bottoms, backwashing filters

EXPECTED BACK IN SERVICE BY (DATE & TIME): Monday Sept. 13th, 2004 (est.)

REMARKS: Have to vacuum out 3 dosing tanks, 3 chlorine chambers, and backwash filters. However, high level in EQ basin (I and I flows) prevents proper cleaning from causing hydraulic overflow to Aeration basin.

FOLLOW-UP IN WRITING: (YES) yes

Verbal (Voice Mail) + Faxing Report to Dana Beam

9/8/04: 1415 hrs.

Revised June 6, 1989

09/3:15

DOMESTIC WASTE MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 8/23/04 TIME: 10:00 Am (AM/PM) RECEIVED BY: Daniel Anderson

REPORTED BY: Nanette from AELabs, Inc.

NAME OF PLANT/SYSTEM: Pennbrooke WWTP COUNTY: Lake

ADDRESS: 601 West State Road 44
Leesburg, FL

PHONE: (800) 272-1919

OWNER: Utilities Inc. of Pennbrooke
200 Weathersfield Ave. Altamonte Springs FL 32714

DATE & TIME OF FAILURE: Aug. 11th, 2004 7:00 Am – 3:00 pm

NATURE OF PROBLEM: 8 hr. flow-proportionate composite sample had an over exceedance of nitrate-nitrogen parameter. MCL is 12. Test result was a 13 mg/L.

CORRECTIVE ACTION TAKEN: WAsted moore purchased pool pump to skim out any settled solids in Post filter tanks.

EXPECTED BACK IN SERVICE BY (DATE & TIME): Tested today NO3 kit shows 4.8 mg/L.

REMARKS: Nitrate on July 28th was 30. Aug 11th down to 13. By today Aug. 23 down to a 4.8. More than twice as less each time sampled. New 8 hr. comp. to be sample Wed. Aug. 25th. Should be excellent.
Daniel S. Anderson #A-0008122 DO

FOLLOW-UP IN WRITING: (Y/N) FAXed Report to Dana Bean 8/23/04 @ 3:10 pm

Verbal report to Ms. Dana Bean at 2:30 pm 8/23/04

Revised June 6, 1989

File: 691.3.15 WWTF

Incident Report

Region | State | Coll | Sub# | Incident #

To: Regional Director
Director of Operations
Larry Schumacher

System: Utilities Inc. of (Pennbrooke WWTP)

Type:

Date Occured: Aug 11th 04 **Time Began:** 7:00 am **to** **Time Ended:** 3:00 pm **Person(s) Who Noted Incident:** Nanette from AELabs, Inc.

Location of Incident: Pennbrooke Wastewater Treatment Plant at main effluent sampling point, ~~EFA-1~~ DSA (EFA-1)

Description of Incident: On Aug. 11th, our 8 hr flow proportionate composite sampling tested at 13 mg/L (mcL = 12) Lab (AELabs Inc.) reported to Daniel A. Dr. a phone call on Augs 23rd at 10:00 Am. Reported verbally to Bill C. and Bryan G. Called in verbal report to Ms. Dana Bean at 2:30 pm. Nitrate test kit today (8/23) tested at 4.8 mg/L. followed up with written report to Ms. Dana Bean at DEP at 3:10 pm. Corrective Action: Wasted more solids, purchased a pool pump to vacuum up settled solids on tanks past filter location sl.
July 28 = 30.0 mg/L Aug. 11th = 13 mg/L Aug 23rd = 4.8 mg/L

Personal Injury?: ○ Yes ◉ No **If yes, indicate who was injured and provide description below:**

Property Damage?: ○ Yes ◉ No **If yes, indicate where damage occurred and provide description below:**

*** 2 Hour Notification to NB?:** ○ Yes ◉ No

Northbrook Notification To:

Date:

☐ In-Person Call
☐ Voicemail
☐ Other...

List Authorities Notified *(if applicable)*:

Follow Up Needed?: ◉ Yes ○ No **If yes, provide description below:** Verbal, then followed by written report to DEP Orlando, Ms. Dana Bean ↑ 2:30 pm (8-23-04) ↑ 3:10 pm

Follow Up Completed?: ◉ Yes ○ No

Submitted by: Daniel S. Anderson **Title:** Lead Operator **Date:** Aug. 23rd, 2004

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 691 COMPANY NAME Utilities Inc of Pembroke DATE OF OCCURRENCE 8/11/04
TIME 0700 - 1500

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ NPDES		
☑ FDEP	8/23/04 10:00 Am	8 hr. flow proportionate comp. sample had a nitrate nitrogen exceedance. Result was at 13 mg/L. Sample today (8/23) = 4.8 mg/L
☐ County/Local		(Verbal report to DEP at 2:30 Pm, Faxed report at 3:10 pm)
☐ Overflow/Spill		
☐ Compliance		
☐ Other		

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ FDEP		
☐ County/Local		
☐ Compliance		
☐ Bacti's		
☐ Other		

Use additional sheets as necessary.

Daniel S. Anderson
Operator Signature

OCT-09-98 04:55P UTILITIES INC OF FL 407 869 6961 P.02

DOMESTIC WASTE MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 8/2/04 TIME: 1400 hrs. (AM/PM) RECEIVED BY: Daniel S. Anderson

REPORTED BY: Nanette from AELabs, Inc. / to DSA / to FDEP 8/2/04 1600 hrs. Phone call Ms. Dana Bean

NAME OF PLANT/SYSTEM: Pennbrooke WWTP COUNTY: Lake

ADDRESS: 501 West SR 44 Leesburg FL.
200 Weathersfield

PHONE: (800) 272-1919

OWNER: Utilities Inc. of Pennbrooke

DATE & TIME OF FAILURE: July 28th, 2004 0800-1600 Flow Prop. Composite

NATURE OF PROBLEM: Exceedance of Permit MCL (12) for parameter of Nitrate Nitrogen. (30.1 mg/L)

CORRECTIVE ACTION TAKEN: WASting more solids, in beginning stages of purchasing/permitting diffused air system.

EXPECTED BACK IN SERVICE BY (DATE & TIME): Aug. 11th, 2004 Next 8hr. FPC sampling

REMARKS: Will be testing all tanks from clarifiers downstream to EFA-1 sample point to isolate exact point of nitrate production. Nitrate survey from Aeration to all downstream processes

FOLLOW-UP IN WRITING: (Y/N) Written Report
Faxed 8/3/04 1300 hrs. to Ms. Dana Bean

Revised June 6, 1989 by Daniel S. Anderson

File: 691.3.15

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 691 COMPANY NAME Utilities Inc. of Pennbrooke DATE OF OCCURRENCE 7/28/04
TIME 0800 - 1600 hrs.

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ NPDES		
☑ FDEP	Verbal 8/2/04 1600hrs. Written 8/3/04 1300hrs.	Nitrate Nitrogen exceedance of MCL on Oper. Permit. Notified (Inspector) Ms. Dana Bean with phone call, followup written report. (30.1 mg/L)
☐ County/Local		
☐ Overflow/Spill		
☐ Compliance		
☐ Other		

8/2/03 1400 hrs. AELabs INC.

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ FDEP		
☐ County/Local		
☐ Compliance		
☐ Bacti's		
☐ Other		

Use additional sheets as necessary.

Daniel S. Anderson
Operator Signature

OCT-09-98 04:55P UTILITIES INC OF FL 407 869 6961 P.02

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(unaccessible Voice Mail) **(CLEARLY HANDWRITTEN, NOT TYPED)**
(7/02/04) on vacation with malfunctioning phone

DATE: 7/20/04 **TIME:** 1:30 Pm **(AM/PM)** **RECEIVED BY:** Daniel S. Anderson
REPORTED BY: Daniel S. Anderson (To: Dana Bean verbal report initially)
NAME OF PLANT/SYSTEM: Util. Inc. of Pennbrooke WWTP **COUNTY:** Lake
ADDRESS: 501 SR 44 West (200 Weathersfield Ave.)
Leesburg, FL (Altamonte Springs FL 32714)
PHONE: (800) 272-1919
OWNER: Utilities Inc. of FL.
200 Weathersfield Ave. Altamonte Springs, FL 32714
DATE & TIME OF FAILURE: 6/30/04 0800-1600
NATURE OF PROBLEM: Exceeded Nitrate mcl on 8 hr. Flow proportionate composite Samples.
CORRECTIVE ACTION TAKEN: Diffused Air System to be applied for, WASting Increased Solids.
EXPECTED BACK IN SERVICE BY (DATE & TIME): July 14th, 2004 (Next 8 hr. samples)
REMARKS: Mechanical Aerators not capable of supplying needed air quantity
FOLLOW-UP IN WRITING: (Y/N) N

Revised June 6, 1989

File: 691.3.15

DOMESTIC WASTE MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 6/21/04 TIME: 1207 pm (AM/PM) RECEIVED BY: Daniel S. Anderson

REPORTED BY: Daniel S. Anderson. (To: Dana Bean verbal report initially)

NAME OF PLANT/SYSTEM: Util. Inc. of Pennbrooke COUNTY: Lake

ADDRESS: 200 Weathersfield Ave. (SR 44 West)
Altamonte Springs FL 32714 (Leesburg)

PHONE: (800) 272-1919

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

DATE & TIME OF FAILURE: June 16th 2004 0800-1600

NATURE OF PROBLEM: Exceeded Nitrate MCL on 8 hr. Flow Proportionate composite Samples.

CORRECTIVE ACTION TAKEN: Diffused Air System permit (revision) to be applied for, Wasting increased solids.

EXPECTED BACK IN SERVICE BY (DATE & TIME): 6/30/04 0800 AM (Next 8 hr. Samples)

REMARKS: Mechanical Aerators are not capable of supplying needed CFM of DO for plant Capacity.

FOLLOW-UP IN WRITING: (Y/N) N

Revised June 6, 1989

File: 691.3.15

UTILITIES, INC. OF PENNBROOKE
AN AFFILIATE OF UTILITIES, INC.
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

FAXED 5/20/04
To WTP for Info & Deliv

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

Fax Transmittal

Attn: Mr. Howard Jennings **Date:** 5/20/2004 8:52 AM

Company: Liesure Communities, Inc. **Fax #:**

From: Scotty L. Haws **Pages:** including this cover page.

Subject: Boil Water Advisory

☒ **URGENT** ☐ For Your Review ☐ For your Information ☐ Please Reply Original: ☐ will not be sent ☐ via U.S. Mail
☐ As Requested ☐ **Please Comment**

Messages:

Due to a electrical control malfunction within our Pennbrooke Water Treatment Facility, Water Pressure had dropped below the minimum requirement of 20 PSI for a period of approximately 2.0 hours early this morning, 5/20/04.

We request that the residents be notified by your dedicated TV channel to Boil there water for the next 72 hours as a precautionary measure.

Boil water notices are also being hung on doors, and signs placed at the entrances of the subdivision.

Bacterilogical Samples are being taken today and tomorrow as required by the department of Environmental Protection.

The information contained in this facsimile may be privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this facsimile is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us by phoning the number listed above. Thank you.

Scotty's Mac 1779:Desktop Folder:Boil Water Notice #691 5/20/04

WATER MAIN BREAK / WTP MALFUNCTION / MAINTENANCE REPORT

Please note in accordance with Rules 62-550 and 62-555, F.A.C. the Department must be notified within 24 hours of any abnormal occurrences. This form is provided for your convenience only. You may complete this questionnaire and FAX it to the Drinking Water Section at (941) 332-6969, or you may call us at 941-332-6975. Or as needed in Lee County contact the Lee County Dept. of Health, FAX: (941)939-4038 or call (941)939-4245.

UTILITY: Utilities Inc. of (Pennbrooke WTP) PWS I.D. NUMBER: 3354653

REPORTED TO: Bob Ansag Voice Mail DATE: 1/16/04 TIME: 1800 hrs.

REPORTED BY: Daniel S. Anderson PHONE: 407-948-9829

WAS THE LOCAL FLORIDA DEPARTMENT OF HEALTH NOTIFIED? (PICK ONE) YES / (NO)

WAS WATER SERVICE INTERRUPTED? (Less than 20 psi) (PICK ONE) (YES) / NO

HOW LONG WAS SERVICE INTERRUPTED? 5 hours

NUMBER OF PEOPLE AFFECTED? 42 connections

WAS PRECAUTIONARY BOIL WATER NOTICE ISSUED? (PICK ONE) (YES) / NO

DATE ISSUED: 1/16/04 HOW WAS IT ISSUED? DOOR HANGERS; POSTING; TELEPHONE; TV; RADIO

IF A PRECAUTIONARY BOIL WATER NOTICE WAS NOT ISSUED, PLEASE EXPLAIN WHY?

SUGGESTED LANGUAGE FOR A PRECAUTIONARY BOIL WATER NOTICE:

THIS IS TO NOTIFY CUSTOMERS OF _____ WATER SYSTEM OF A WATER MAIN BREAK (OR REPAIR). CUSTOMERS ARE ADVISED TO BRING WATER TO A ROLLING BOIL FOR 1 FULL MINUTE PRIOR TO USING FOR DRINKING, COOKING OR BRUSHING TEETH OR USE BOTTLED WATER UNTIL FURTHER NOTICE.

PLEASE NOTE THAT ALL REPAIR MATERIALS MUST BE ANSI OR NSF CERTIFIED FOR POTABLE WATER USE, AND MUST BE "LIKE FOR LIKE" WITH RESPECT TO THE CAPACITY, SIZE, TYPE OF MATERIAL, AND LOCATION/ALIGNMENT.

WATER MAIN BREAK

Address / Location of the Water Main Break: Lot A-172 Cottage Park Lane

Size of Water Main Broken? (1½) 3/4 Service line broken/no isolation valve.

Number of Service Connections Affected? _____

MALFUNCTION

- ✓ Zero Pressure ✓ Pressure Below 20 psi
- ___ Plant Shutdown
- ___ Chlorine Residual Below 0.2 free mg/L or 0.6 mg/L total
- ___ Chlorination or Ammoniation System Failure
- ___ High Service Pump Failure
- ___ Clarifier Failure ___ Filtration System Problem
- ___ Well Pump Failure
- ___ Power Outage
- ___ Chemical Feed System Failure - Chemical: _____
- ___ Turbidity MCL Violation ___ Daily ___ Monthly Please Provide Turbidity Chart to DEP
- Other _____

MAINTENANCE

- ___ Clean Aerator
- ___ Clean Storage Tank
- ___ H.S. Pump Replacement
- ___ Well Pump Replacement Well #: _____
- ___ Water Main Replacement
- ___ Valve Replacement Location: _____
- ___ Other _____

CORRECTIVE / REMEDIAL ACTION BEING TAKEN:

___ Auxiliary Power System On-Line ___ Back-Up Chlorinator On-Line ✓ Water Main Flushing 25 minutes

Other: _____

Estimated Time for Completion of Repairs: 2200 hours

Bacteriological Re-Clearance Samples Required? (PICK ONE) (YES) / NO

Number of Samples and Date(s) of Collection: 1/18/04 and 1/19/04 (Total 2)

Chemical Recheck Samples Required: _____

Please FAX Bacteriological or Chemical Results to 941-332-6969 ASAP For D.E.P. approval.
Also, please submit original hard results by U.S. mail.

>>>Please report all chemical and oil spills to the D.E.P. by calling 1-800-320-0519, 24 hours a day.<<<

Call Bryon First

WATER MAIN BREAK / WTP MALFUNCTION / MAINTENANCE REPORT

Please note in accordance with Rules 62-550 and 62-555, F.A.C. the Department must be notified within 24 hours of any abnormal occurrences. This form is provided for your convenience only. You may complete this questionnaire and FAX it to the Drinking Water Section at (941) 332-6969, or you may call us at 941-332-6975. Or as needed in Lee County contact the Lee County Dept. of Health, FAX: (941)939-4038 or call (941)939-4245.

UTILITY: Pennbrooke WTP PWS I.D. NUMBER: 3354653

REPORTED TO: _____ DATE: 1/14/04 TIME: _____

REPORTED BY: Daniel S. Anderson PHONE: _____

WAS THE LOCAL FLORIDA DEPARTMENT OF HEALTH NOTIFIED? (PICK ONE) YES / (NO)

WAS WATER SERVICE INTERRUPTED? (Less than 20 psi) (PICK ONE) (YES) NO

HOW LONG WAS SERVICE INTERRUPTED? 1 hour

NUMBER OF PEOPLE AFFECTED? 42 connections

WAS PRECAUTIONARY BOIL WATER NOTICE ISSUED? (PICK ONE) (YES) NO Also, personal contact at front door

DATE ISSUED 1/13/04 HOW WAS IT ISSUED? DOOR HANGERS; POSTING; TELEPHONE; TV; RADIO

IF A PRECAUTIONARY BOIL WATER NOTICE WAS NOT ISSUED, PLEASE EXPLAIN WHY?

SUGGESTED LANGUAGE FOR A PRECAUTIONARY BOIL WATER NOTICE:

THIS IS TO NOTIFY CUSTOMERS OF _____ WATER SYSTEM OF A WATER MAIN BREAK (OR REPAIR). CUSTOMERS ARE ADVISED TO BRING WATER TO A ROLLING BOIL FOR 1 FULL MINUTE PRIOR TO USING FOR DRINKING, COOKING OR BRUSHING TEETH OR USE BOTTLED WATER UNTIL FURTHER NOTICE.

PLEASE NOTE THAT ALL REPAIR MATERIALS MUST BE ANSI OR NSF CERTIFIED FOR POTABLE WATER USE, AND MUST BE "LIKE FOR LIKE" WITH RESPECT TO THE CAPACITY, SIZE, TYPE OF MATERIAL, AND LOCATION/ALIGNMENT.

WATER MAIN BREAK

Address / Location of the Water Main Break: Cottage Park Lane (Section) Block A Lot 120

Size of Water Main Broken? 3/4" Service Line

Number of Service Connections Affected? 42

MALFUNCTION

- ✓ Zero Pressure ___ Pressure Below 20 psi
- ___ Plant Shutdown
- ___ Chlorine Residual Below 0.2 free mg/L or 0.6 mg/L total
- ___ Chlorination or Ammoniation System Failure
- ___ High Service Pump Failure
- ___ Clarifier Failure ___ Filtration System Problem
- ___ Well Pump Failure
- ___ Power Outage
- ___ Chemical Feed System Failure - Chemical: _____
- ___ Turbidity MCL Violation ___ Daily ___ Monthly **Please Provide Turbidity Chart to DEP**
- Other Small Section of distribution shut down for repair

MAINTENANCE

- ___ Clean Aerator
- ___ Clean Storage Tank
- ___ H.S. Pump Replacement
- ___ Well Pump Replacement Well #: _____
- ___ Water Main Replacement
- ___ Valve Replacement Location: _____
- ___ Other _____

CORRECTIVE / REMEDIAL ACTION BEING TAKEN:

___ Auxiliary Power System On-Line ___ Back-Up Chlorinator On-Line ✓ Water Main Flushing 2,000 gals.

Other: _____

Estimated Time for Completion of Repairs: 1-2 hours

Bacteriological Re-Clearance Samples Required? (PICK ONE) (YES) / NO

Number of Samples and Date(s) of Collection: 2 Samples (1= 1/13/04 @ 3:30pm, 2= 1/14/04 @ 7:15 AM)

Chemical Recheck Samples Required: _____

Please FAX Bacteriological or Chemical Results to 941-332-6969 ASAP For D.E.P. approval. Also, please submit original hard results by U.S. mail.

>>>Please report all chemical and oil spills to the D.E.P. by calling 1-800-320-0519, 24 hours a day.<<<

Call Bryon First

Date of Report: January 2, 2004

ABNORMAL EVENT/INCIDENT REPORT

Incident Location: Pennbrooke WWTF (Name of facility/collection system) Permit #/PWS ID #: FLA010570-005

Date of Incident: 1/2/04 Time Began: 10;00 AM Time Ended: 1:00 PM

Northbrook 2 Hr Notification to: Lisa Crossett
By: ☐ In person call ☒ Voicemail ☐ Other: _____

Reason for report:

- ☐ Chemical spill/leak
- ☐ Fuel spill/leak
- ☐ Manhole surcharge
- ☐ Sewer back-up
- ☒ WWTP overflow
- ☐ Security breach
- ☐ Other (describe): _____

Discharge to: ☒ Ground ☐ Surface water ☐ Other:

Personal Injury? ☐ Yes ☒ No If yes, who and describe:

Property Damage? ☐ Yes ☒ No If yes, where and describe:

Is facility operational? ☒ Yes ☐ No If no, time facility will be operating again:

Authorities Notified? ☒ Yes ☐ No If yes, who:
Central District FDEP

Brief description of incident (attach additional pages if needed):
300 to 500 gallons of sludge leaked from seam of concrete digester onto ground. Personnel isolated tank, sealed leak with hydraulic cement.

Additional follow-up needed? ☐ Yes ☒ No Follow up completed? ☐ Yes ☐ No
If yes, please describe (attach additional pages if needed):

Steps taken to correct the problem/prevent recurrence:
Investigation of integridy of digester structure will be performed.

Person who noted incident: Daniel Anderson

Person filing this report: Scotty L. Haws

Scotty's Mac 1779:Desktop Folder:Incident Penn.Digester 1/2/04
Modified on January 2, 2004

Fax: 407 897 2966

DOMESTIC WASTE
MALFUNCTION REPORT

TO BE DELIVERED TO APPROPRIATE SECTION IMMEDIATELY

(CLEARLY HANDWRITTEN, NOT TYPED)

DATE: 1/02/04 TIME: 1300 hrs. (AM) PM ARCHIVED BY: Wanda Ward
REPORTED BY: Daniel S. Anderson
NAME OF PLANT/SYSTEM: Utilities Inc. of Pennbrooke COUNTY: Marr Lake
ADDRESS: Pennbrooke WWTP (Sumter Line Rd.) Leesburg, FL

PHONE: (800) 272-1919
OWNER: Utilities Inc. of Florida

DATE & TIME OF FAILURE: 1/02/04 10:00 Am
NATURE OF PROBLEM: Leak of biosolids from seam between top and bottom sections of digester tanks.

CORRECTIVE ACTION TAKEN: Plugged flows, sealed with hydraulic (fast acting) cement.
EXPECTED BACK IN SERVICE BY (DATE & TIME): 1/02/04 12:00 Noon
REMARKS: Estimated 300-500 gals. of digested biosolids leak on limerock roads and yard (ground) behind digesters. Diverted partial volume from road onto ground, trenching and push broaming. Applying lime over spill area.
FOLLOW-UP IN WRITING: (Y/N) _____

Revised June 6, 1989

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO: 691 COMPANY NAME: Utils. Inc. of Pennbrooke DATE OF OCCURRENCE: 11/19/03
TIME: 0800 - 1600 hrs.

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ NPDES		Rec. Info: 12/4/03 from Flowers Labs
☑ FDEP	12/5/03 0945 hrs.	On Nov. 19th, 2003 an 8 hr Flow proportionate Effluent Composit Sampling was done that tested at Nitrate spike at 20 mg/L spike. Notified by Martin Healy from Flowers Labs on Dec. 4th, 2003 approx. 1230 hrs.
Dana Bean in Wastewater Compliance		
☐ County/Local		
☐ Overflow/Spill		
☐ Compliance		
☐ Other		

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ FDEP		
☐ County/Local		
☐ Compliance		
☐ Basics		
☐ Other		

Use additional sheets as necessary.

Daniel S. Anderson
Operator Signature

20:41 1969 699 407 UTILITIES INC OF FL 04:69d 86-60-330

Sample Location: PENNBROOKE

Field ID: FIELD BLANK

Collection Date/Time: 11/12/2003 11:41 AM

Matrix: W-FIELD-BK

Lab ID: 716214	Storet Code	Component	Result	Code	Units
Test: Nitrate in aqueous matrices as mg N/L (EPA 300.0) (Test Performed By: Florida Department of Environmental Protection Central Chemistry Laboratory)					
	00620	Nitrate-N	0.020	U	mg N/L

Sample Location: PENNBROOKE

Field ID: PB4

Collection Date/Time: 11/12/2003 11:41 AM

Matrix: W-EFFLUENT

Lab ID: 716213	Storet Code	Component	Result	Code	Units
Test: Nitrate in aqueous matrices as mg N/L (EPA 300.0) (Test Performed By: Florida Department of Environmental Protection Central Chemistry Laboratory)					
	00620	Nitrate-N	0.98	A	mg N/L

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 6915 COMPANY NAME Utilities Inc. of Pennbrooke DATE OF OCCURRENCE 10/22/03
TIME 4:00 pm

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ NPDES		
☐ FDEP		
☐ County/Local		
☐ Overflow/Spill		(11/4/03 Reported to website)
☑ Compliance	11/11/03	8 hr. 10/22/03 FPC effluent (EFA-1) sample had 14.7 mg/L nitrate spike. (New chemists, more aeration time, stirring settled Aera. solids, re-covering sand filters). No call from laboratory. Downloaded from internet (11/11/03)
☐ Other		

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ FDEP		
☐ County/Local		
☐ Compliance		
☐ Bacti's		
☐ Other		

Use additional sheets as necessary.

Operator Signature

OCT-09-03 04:58P UTILITIES INC OF FL 407 869 6961 P.02

11/20/2003 12:40 3522420565 LAKE UTILITIES PAGE 01

UTILITIES, INC. OF FLORIDA
VIOLATION REPORTING FORM

COMPANY NO. 6915 COMPANY NAME Utilities Inc. of Pennbrooke DATE OF OCCURRENCE 10/9/03
TIME NA

WASTEWATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ NPDES		
☐ FDEP		
☐ County/Local		
☐ Overflow/Spill		
☑ Compliance First FPC sample collected by UI of Pennbrooke for plant. Second FPC was done 100% correctly.	11/19/03	While completing DMR's realized two samples not collected/analyzed. 8 hour FPC-TSS (Influent + Effluent) INF-1 + EFA-1 for 10/9/03. Effluent wasn't needed for R-001, but was needed for R-002. 10/22/03 Sampled 100% correctly.
☐ Other		

WATER SYSTEMS

Type of Violation	Date Notified	Description of Violation
☐ FDEP		
☐ County/Local		
☐ Compliance		
☐ Bacti's		
☐ Other		

Use additional sheets as necessary.

Operator Signature

OCT-09-03 04:55P UTILITIES INC OF FL 407 869 6961 P.02

11/20/2003 12:40 3522420555 LAKE UTILITIES PAGE 02

12/31 KL

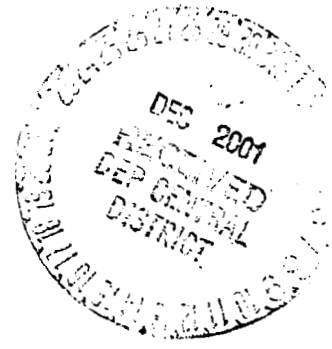
12-31 MJ

PLANT TECHNICIANS INC.

P.O. Box 447
Fruitland Park, FL 34731

Office
(352) 787-2944

Laboratory
(352) 787-6112



November 30, 2001

D.E.P.
3319 Maquire Blvd., Suite 232
Orlando, Fl 32803-3767

SUBJECT; PENNBROOKE WWTF
Permit #FLA010570-001

Dear Mr. Farris,

This is in reguard to Pennbrooke WWTF exceeding the permitted parameters for this facility.

Here are the rusults for the remander of the month of Nov.
11/13 TSS 15.0mg/l 11/15/ TSS 46.mg/i 11/21 TSS 10.0mg/l 11/23 TSS 13.0mg/l
11/26 TSS 21.mg/l 11/27 TSS 13.0mg/l 11/28 TSS 10.0mg/l 11/29 TSS 16.0mg/l
FECAL COLIFORM 11/19 26 colonies 11/27 54 colonies/100 ml.

WE hve seen some progress at the plant and the surge tank will help improve the test results we will continue to update on the progress.

The operator is on a daily basis trying to adjust the plant etc. to improve its performance and the test results are improving.

If you have any questions please do not hesitate to contact us.
Thank you.

Sincerely,

Madeline J. Lipsky
Administrative Assistant

CC: Pennbrooke

XXX.3.15

PLANT TECHNICIANS INC.
P.O. Box 447
Fruitland Park, FL 34731

Office
(352) 787-2944

Laboratory
(352) 787-6112

November 20, 2001

D.E.P.
Patrick Farris
3319 Maquire Blvd., Suite 232
Orlando, FL 32803-3767

SUBJECT: Pennbrooke WWTF
Permit #FLA010570-001

Dear Mr Farris,

This is a follow up to the letter I sent you last week pertaining to Nitrate results.

The Nitrate was recollected on November 16, 2001 and the result is 9.99 mg/L. The plant is scheduled for 1 more Nitrate collection in Nov.

Also for last week the TSS was collected 4 days per week as stated in the permit it exceeded on 11/13 TSS 15.0mg/L and on 11/15 TSS 46 mg/L.

As we have stated before there is a large daily surge through the plant and we feel that the surge tank when completed will correct these high TSS results.

If you have any questions please do not hesitate to contact us.

Thank you
Sincerely

Madeline J. Lipsky
Administrative Assistant
Plant Technicians, Inc.

CC: Pennbrooke

NOV 2001
RECEIVED
D.E.P. CENTRAL
DISTRICT

PLANT TECHNICIANS INC.
P.O. Box 447
Fruitland Park, FL 34731

Office
(352) 787-2944

Laboratory
(352) 787-6112

November 14, 2001

D.E.P.
3319 Maquire Blvd., Suite 232
Orlando, FL 32803-3767

SUBJECT: Pennbrooke WWTF
Permit #FLA010570-001

Dear Mr Farris,

We just got back all the wastewater paramter results for last week the 1st week in November and the Nitrate came up high again 12.2mg/L the operator has had the sludge hauled at the plant and has increased the wasting of the plant and will resample November 16 for Nitrate, I will inform you of the results of that sample.

Also so far this month the TSS results are as follows 11/1 TSS 12mg/L Fecal 54 colonies/100mL 11/5 TSS 37mg/L 11/6 TSS 17mg/L 11/7 TSS 28mg/L Fecal 117 colonies/100mL 11/8 TSS 16 mg/L Fecal 24 colonies/100ml. The plant has a daily surge at the plant. With the surge tank which is in the process of being installed we hope to correct these parameters exceeding the permitted MCL.

If you have any questions please do not hesitate to contact us.

Thank you
Sincerely

Madeline J. Lipsky
Administrative Assistant
Plant Technicians, Inc.

CC; Pennbrooke Utilities

RECEIVED
NOV 2001
D.E.P. CENTRAL DISTRICT

PLANT TECHNICIANS INC.
P.O. Box 447
Fruitland Park, FL 34731

Office
(352) 787-2944

Laboratory
(352) 787-6112

November 5, 2001

D.E.P.
Patrick Farris
3319 Maqurie Blvd., Suite 232
Orlando, FL 32803-3767

SUBJECT: Pennbrooke WWTF
Permit # FLA010570-001

Dear Mr Farris,

This letter is in response the WWTF exceeding the permit requirments during the month of October 2001.

Due to the multiple C.C.C. needing constant cleaning due to solids deposited by daily surges the Nitrate exceeded the parameter. 10/11/01 Nitrate 17.8mg/L 10/18/01 Nitrate 20.8mg/L . The operator is addressing this wth addition pumping of tanks prior to sampling and has increased the wasting of plant solids the Nitrate was collected again on 10/25/01 and the result was 2.29mg/L so the exceedance has been corrected with the operators corrective action.

The work is progressing on the surge tank which will alleviate the problems associated with the daily peak flow at the WWTF. Also at this time many of our winter residents are returning to the delelopment which also increases the flow at the plant.

During the month of October the TSS and Fecal Coliform also exceeded the permitted parameters on these days .
10/3 TSS 10.0mg/L 10/4 TSS 35.0mg/L 10/8 Fecal 45 colonies /100mL
10/9 TSS 17.0mg/L Fecal 69 colonies/100mL 10/10 TSS 13.0mg/L
10/11 TSS 10.0mg/L 10/15 TSS 8.00mg/L 10/17 TSS 12.0mg/l 10/22 TSS 7mg/L
10/23 TSS 11.0mg/L 10/24 TSS 14.0mg/L 10/25 TSS 9.00mg/L 10/29 TSS 18mg/L
10/30 TSS 22.0mg/L Fecal 43colonie/100mL 10/31 TSS 28mg/L.

WE are still waiting completion of the surge tank to help regulate the surge through the plant.

If you have any questions please do not hesitate to contact us.

Thank you
Sincerely

Madeline J. Lipsky
Administrative Assistant
Plant Technicians, Inc.

CC Pennbrooke

Department of Environmental Protection

FEB 1 2005

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen M. Castille
Secretary

OR16: File
cc PF, BG, BC
Response: 2/17/05

February 3, 2005

UTILITIES INC OF PENNBROOKE
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

OCD-C-WW-05-0098

ATTENTION PATRICK FLYNN
REGIONAL DIRECTOR

Lake County - DW
Pennbrooke WWTF
Wastewater Facility - Permit No. FLA010570
Noncompliance Letter

Dear Mr. Flynn:

On December 14, 2004, Department personnel conducted a routine inspection of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following deficiencies were noted:

1. A review of the Discharge Monitoring Reports (DMRs) from September 2003 through August 2004 indicated that 7 Nitrate exceedances occurred. The facility has not been able to attain the 6 consecutive months of effluent quality compliance to date.

2. A leak was noted in the Chlorine Contact Chamber wall at the time of inspection, and has not been repaired to date. Equipment must be maintained so as to function as intended.

3. A review of the ground water monitoring reports revealed the following violation(s).

   a. The total depth of piezometer PZ-8 was reported at 3.0 feet for the fourth quarter of 2003. The depth of this piezometer was previously reported at 10 feet below land surface. Department files do not contain the Well Completion Report for this piezometer to verify the well depth, the top of casing elevation and the ground surface elevation. Please submit the Well Completion Report for this piezometer.

   b. Depth to water instead of ground water elevations were reported for wells and piezometers for the fourth quarter of 2003 and the first quarter of 2004. Depth to ground water measurements were reported instead of ground water elevations for both piezometers for the second quarter of 2004 and for one piezometer for the third quarter of 2004. Please calculate these elevations and submit revised reports to the Department.

   c. For the second quarter of 2004, the field sampling logs reported the total depth of wells MWB-1 and MWC-1 as 18 feet below land surface. The Well Completion Reports provide the total depth as 10 feet. Please provide the correct information.

19.2 691

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 62-4.100(2), F.A.C., failure to comply with pollution control rules shall be grounds for permit suspension or revocation and initiation of formal enforcement action. Your reply is requested within 14 days from the date of this letter. Your reply and any questions should be addressed to Dana Bean at (407) 893-3313.

Sincerely,

Clarence Anderson

Clarence Anderson
Supervisor
Wastewater Compliance/Enforcement

CA/db

Enclosure: Inspection Report

cc: Lake County Water Resource Management, scatasus@co.lake.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
UTILITIES INC OF PENNBROOKE (DW)	FLA010570	LAKE	12/14/2004 9:44:00 AM
501 SR 44 WEST		Phone	@ Exit Date/Time
LEESBURG, FL 34748			12/14/2004 10:38:00 AM

Name(s) of Field Representatives(s)	Title	Phone
DANIEL ANDERSON	LEAD OPERATOR	407-948-9829
BILL COATES	AREA MANAGER	407-509-9098

Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
PATRICK FLYNN 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS FL 32714	REGIONAL DIRECTOR		

Inspection Type	C	E	I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N): N

X **Domestic** _ **Industrial** Were Photos Taken(Y/N): Y @ Log book Volume : EIP @ Page 17

FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

NC	1. ♦Permit	IC	3. Laboratory	NC	6. ♦ Facility Site Review	NC	9. ♦Effluent Quality
NE	2. ♦Compliance Schedules	NE	4. Sampling	IC	7. Flow Measurement	IC	10. ♦Effluent Disposal
		IC	5. ♦Records & Reports	NC	8. ♦Operation & Maintenance	IC	11. Residuals/Sludge
NE	13. Other:					NC	12. Groundwater

Facility and/or Order Compliance Status: _ In-Compliance X Out-Of-Compliance _ Significant-Out-Of-Compliance

Recommended Actions: See attached Field Notes

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
DANA BEAN Dana Bean	Central District/ (407)893-3313	1/3/05
@ Signature of Reviewer CLARENCE ANDERSON Clarence Anderson	District Office/Phone Number Central District/ (407)893-7876	Date 1/27/05

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI)

Transaction Code	NPDES Number	YR/MO/DA	Insp. Type	Inspector	Fac. Type
N	FLA0105705	041214	1	2 S	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A=PAI, B=CBI, C=CEI, S=CSI, X=XSI, R=RI
Inspection Code (Field 2): S=State, J=Joint EPA/State-EPA Lead, T=Joint State/EPA-State Lead, L=Local Program
Facility Type (Field 3): 1=Municipal (Publicly Owned), 2=Industrial and Privately Owned Domestic, 3= Agricultural, 4=Federal
Every other field is self explanatory

INSPECTION FINDINGS

Facility Name: PENNBROOKE UTILITIES (DW)
Facility ID: FLA010570
Inspection Type: CEI
Date: 12/14/2004 10:38:00 AM

FACILITY BACKGROUND:

Address: 501 SR 44 WEST, LEESBURG, FL 34748, LAKE COUNTY
Permit Information: Wastewater Permit issued: 4/22/2003, and expired: 3/15/2004
Treatment Summary: EXTENDED AERATON SEWAGE TREATMENT PLANT W/REUSE TO 2 PERCOLATION PONDS
Permitted Capacity: 0.18 MGD

1. **Permit: OUT OF COMPLIANCE**
   - 1.1 Observation: A copy of the expired permit, which has been Administratively continued, was onsite and available to plant personnel.
   - 1.2 Observation: An application to renew the existing permit was received on September 15, 2003, and is currently being reviewed by the Department.
   - 1.3 Comment: A letter of Request for Additional Information was issued on January 12, 2005, by the permitting department. This letter addressed the setback and monitoring well issues. **Please respond to the letter within the specified date.**
2. **Compliance Schedules**: NOT EVALUATED
3. **Laboratory**: IN COMPLIANCE
   - 3.1 Observation: The laboratory is certified by the Department of Health. The Lab Certification was not on site at the time of inspection, but was faxed to the Department same day.
4. **Sampling**: NOT EVALUATED
   - 4.1 Observation: Not Evaluated.
5. **Records and Reports**: IN COMPLIANCE
   - 5.1 Observation: No problems or deficiencies were identified.
   - 5.2 Observation: The Permittee failed to report noncompliance to the Department within 24 hours as required by 62-620.610(20), F.A.C., however, the operator was reminded by the inspector and w/in the 24 hours he faxed the report.
   - 5.3 Observation: Records were well organized.
   - 5.4 Observation: All required reports reviewed at the time of the inspection appeared complete.
   - 5.5 Comments: DMRs were reviewed from September 2003 through August 2004.
6. **Facility Site Review: OUT OF COMPLIANCE**
   - 6.1 Observation: The facility grounds were clean and well maintained.
   - 6.2 Observation: The facility grounds were secured properly. The plant has a new chain link fence and gate around the plant within the maintenance area.
   - 6.3 Observation: No problems or deficiencies were observed in the aeration basins. Plans are to install a diffused air system to keep sediment and solids out of the corners and bottom of the tanks. No dead zones, little foam, no odor, brown MLSS.
   - 6.4 Observation: No problems or deficiencies were observed in the primary clarifiers. The water over weir was clear. There was slight grease and pinfloc coverage. Could not see the top of blanket. Chlorine tabs were present in weir.

6.5 Observation: The RAS lines were functioning properly.

6.6 Observation: The skimmers were functioning properly.

6.7 Observation: North and South Filters had functional deflectors. The filters are backwashed daily. Top of media not visual.

6.8 Observation: Chlorine Contact Chamber was clear, supply of liquid chlorine on site. **The CCC was leaking at the time of inspection. The operator knew of the malfunction but did not notify the inspector or Department until the inspector pointed it out. A malfunction report was faxed to the Department the same day.**

6.9 Observation: No problems or deficiencies were observed in the digestors.

7. **Flow Measurement**: IN COMPLIANCE

7.1 Observation: The flow meter (or elapsed time meters) was calibrated in accordance with 62-601.200 (17). Ronald Gray performed the calibration on 7/24/04.

7.2 Observation: The flow measurement device (120° V notch weir) was operating within + 10 % of the actual flow.

8. **Operation and Maintenance: OUT OF COMPLIANCE**

8.1 Observation: The facility was operated and maintained in accordance with the description in the Permit.

8.2 Observation: The operator is performing treatment plant operation and maintenance duties in a responsible and professional manner

8.3 Observation: **The CCC was leaking at the time of inspection. Fresh dirt had been spread around the CCC to cover the leak. The operator said they had called a company to come repair the tank.**

9. **Effluent Quality**: **OUT OF COMPLIANCE**

9.1 Observation: A review of the Discharge Monitoring Reports revealed several effluent violations.

- October 2003 – FLW-3 & 4 An. Avg. Not Reported, **Nitrate Exceedance of 14.7 mg/L**
- November - **Nitrate Exceedance of 20.8 mg/L**
- December – FLW-1 An. Avg. Not Reported
- January 2004 - **Nitrate Exceedance of 13.0 mg/L**
- June – **2 Nitrate Exceedances of 24.0 & 25.0 mg/L**
- July - **Nitrate Exceedance of 30.0 mg/L**
- August 2004 - **Nitrate Exceedance of 13.0 mg/L**

9.2 Instrument Measurements On-site:

- Chlorine – 4.38 mg/L
- Turbidity – 0.27 NTU

10. **Effluent Disposal**: IN COMPLIANCE

10.1 Observation: The percolation/evaporation ponds appeared to be well maintained

11. **Residuals/Sludge**: IN COMPLIANCE

11.1 Observation: Agreement with Central Process RMF. Sludge haul log is accessible on-site. Last sludge haul was 4,200 gallons on November 30, 2004.

12. **Groundwater Quality: OUT OF COMPLIANCE**

12.1 Observation: A review of the ground water monitoring reports revealed the following violation(s).

The total depth of piezometer PZ-8 was reported at 3.0 feet for the fourth quarter of 2003. The depth of this piezometer was previously reported at 10 feet below land surface. Department files do not contain the Well Completion Report for this piezometer to verify the well depth, the top of casing elevation and the ground surface elevation. **Please submit the Well Completion Report for this piezometer.**

Depth to water instead of ground water elevations were reported for wells and piezometers for the fourth quarter of 2003 and the first quarter of 2004. Depth to ground water measurements were reported instead of ground water elevations for both piezometers for the second quarter of 2004 and for one piezometer for the third quarter of 2004. **Please calculate these elevations and submit revised reports to the Department.**

For the second quarter of 2004, the field sampling logs reported the total depth of wells MWB-1 and MWC-1 as 18 feet below land surface. The Well Completion Reports provide the total depth as 10 feet. **Please provide the correct information.**

UTILITIES, INC. OF PENNBROOKE

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES:
2335 Sanders Road
Northbrook, Illinois 60062
Telephone: 847-498-6440

Telephone: 407-869-1919
Florida: 800-272-1919
Fax: 407-869-6961
florida@utilitiesinc-usa.com

February 18, 2005

Mr. Clarence Anderson
Department of Environmental Protection
Central District
3319 Maguire Boulevard - Suite 232
Orlando, FL 32803

RE: Pennbrooke WWTF
Permit No. FLA010570
Noncompliance Letter

Dear Mr. Anderson:

This letter is in response to the deficiencies noted within your correspondence dated February 3, 2005 regarding the facility inspection conducted by Department personnel on December 14, 2004. The Departments comments have been outlined below in bold followed by the Utility's response.

1. **A review of the Discharge Monitoring Reports (DMRs) from September 2003 through August 2004 indicated that 7 Nitrate exceedances occurred. The facility has not been able to attain the 6 consecutive months of effluent quality compliance to date.**

   The Utility acknowledges the statement above. This facility requires the proper blower capacity and means to deliver dissolved oxygen necessary to produce the desired reduction in Nitrate levels on a regular basis. The Utility has proposed to the Department, the addition of two appropriately sized blowers accompanied by a diffuser delivery system to be installed at this facility. This addition would afford operating personnel the latitude necessary to deliver desired levels of dissolved oxygen as needed and derive continuity in Nitrate reduction in accordance with permit levels. Materials to perform this work have been procured. Upon Department approval the Utility will install said equipment and be enabled to resolve this matter.

2. **A leak was noted in the Chlorine Contact Chamber wall at the time of inspection, and has not been repaired to date. Equipment must be maintained so as to function as intended.**

Upon notification of this issue by Department personnel, the Utility immediately began temporary corrective measures until such time as a permanent solution could be derived. As of February 1, 2005, the Utility began making preparations to perform permanent repairs. This process takes a two step approach, the first of which has been completed with the second portion being completed by February 25, 2005.

3. **A review of the ground water monitoring reports revealed the following violation(s).**

   a. **The total depth of piezometer PZ-8 was reported at 3.0 feet for the fourth quarter of 2003. The depth of this piezometer was previously reported at 10 feet below land surface. Department files do not contain the Well Completion Report for this piezometer to verify the well depth, the top of casing elevation and the ground surface elevation. Please submit the Well Completion Report for this piezometer.**

      Utilities, Inc. did not own or operate this facility during the time at which PZ-8 was constructed. This being said, the Utility is in possession of a letter written by Andreyev Engineering, Inc. dated April 2, 2003, which contains information relative to the piezometer in question. This letter and the referenced Table have been included to assist the Department. The requested Well Completion Report has been included based upon the engineer's data.

   b. **Depth to water instead of ground water elevations were reported for wells and piezometers for the fourth quarter of 2003 and the first quarter of 2004. Depth to ground water measurements were reported instead of ground water elevations for both piezometers for the second quarter of 2004 and for one piezometer for the third quarter of 2004. Please calculate these elevations and submit revised reports to the Department.**

      Please find enclosed, the corrected reports as requested.

   c. **For the second quarter of 2004, the field sampling logs reported the total depth of wells MWB-1 and MWC-1 as 18 feet below land surface. The Well Completion Reports provide the total depth as 10 feet. Please provide the correct information.**

      The depth of both ground water monitoring wells is 18 feet as field measured by Utility personnel.

Should you have any questions or concerns regarding the information contained within this response, please do not hesitate to contact me directly by calling 407.869.8588, extension 226.

Sincerely,

UTILITIES, INC. OF PENNBROOKE

Bryan K. Gongre
Assistant Operations Manager

Enclosures: Engineering Firm's Letter
Well Completion Report
(4) GWMW Reports

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (8)
Field Employees

Test Year Ended December 31, 2005

Employees Involved in Utilities, Inc. of Pennbrooke Operations During Test Year 2005:

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Bryan Gongre, Regional Manager: Manages operations and employees for all Central Florida systems.

Bill Coates, Project Manager: Lake and Marion County systems.

Domenic Gentilucci, Area Manager: Lake and Marion County Plants:

Chuck Schwades, Area Manager: Lake and Marion County Field Maintenance.

Field Employees:

Allan McPhee, Lead Operator ("C" Wastewater License)

James Yingling, Field Technician, P/T

James Carroll, Operator, P/T ("C" Water License)

Facilities:

The minimum staffing requirement at Utilities, Inc. of Pennbrooke wastewater plant is 6 hours per day, 7 days per week provided by a minimum class "C" operator. The staffing requirement for the water treatment plant is 1 hour per day, 5 days per week plus 2 weekend visits.

Duties and Responsibilities:

a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
c) Submit complete, accurate and timely periodic plant operating reports.
d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
f) Maintain an operation and maintenance log for the plant, current to the last operation and maintenance task performed.
g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace plant equipment and collection system components as needed to keep the facilities operating as permitted.
h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the collection and disposal systems.
i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (9)
Vehicles

Test Year Ended December 31, 2005

FL Vehicles as of 5-5-06

Veh. #	Yr/Make/Model	VIN	Driver Assigned	Cost	Company Name
9934	99 DODGE DAKOTA	1B7FL26X6XS261957	CORY SUDOL	$15,678.58	Alafaya Utilities, Inc.
9932	99 DODGE DAKOTA	1B7FL26XXXS277898	NO DRIVER YET	$15,467.19	Alafaya Utilities, Inc.
636	06 CHEV COLORADO	1GCCS146568234592	JEROME HAMPTON	$16,622.26	Alafaya Utilities, Inc.
221	02 CHEVY S-10	1GCCS14W428209130	ROGER GRAY	$13,356.21	Alafaya Utilities, Inc.
19	00 CHEV CS10803	1GCCS14W9YK196208	CARL ZUBEK	$15,363.17	Alafaya Utilities, Inc.
610	06 CHEV C15 V-8	1GCEC14V86Z103857	MICHAEL OVERTON	$18,681.44	Alafaya Utilities, Inc.
311	03 CHEV C15 FULL	1GCEC14X23Z114639	EDWARD ROBERTS	$19,053.10	Alafaya Utilities, Inc.
308	03 CHEV C15 FULL	1GCEC14X83Z115665	SCOTT LEARNED	$19,053.10	Alafaya Utilities, Inc.
431	04 CHEV C25	1GCHK24U04E296751	DON TAYLOR	$25,036.88	Alafaya Utilities, Inc.
24	00 CHEV S-10	1GCCS14W9YK229577	ALVIN BISHOP	$15,099.10	Bayside Utility Services, Inc.
638	06 CHEV C15	1GCEC14V86E197990	ALVIN BISHOP	$18,923.65	Bayside Utility Services, Inc.
8691	86 INTERNATIONAL	1HTLDTVN2GHA45725	VACUUM TRUCK	$11,026.85	Bayside Utility Services, Inc.
223	02 CHEVY S-10	1GCCS14W628209453	WILLIAM NEAL	$13,356.21	Cypress Lakes, Utilities, Inc.
608	06 CHEV C15 V-8	1GCEC14V26Z102011	DAVID SHOFFSTALL	$18,681.44	Cypress Lakes, Utilities, Inc.
16	00 CHEV CS10803	1GCCS14W2YK195806	HARRY HOFF	$15,363.17	Eastlake Water Service, Inc.
9808	98 DODGE DAKOTA	1B7FL26X6WS604943	JAMES ESKEW	$15,312.81	Labrador Utilities, Inc.
427	04 CHEV C15 FULL	1GCEC14X94Z275720	SHANTAVIOUS RAINEY	$17,763.05	Labrador Utilities, Inc.
508	05 CHEV C25 4X4	1GBHK24UX5E233792	VARIOUS	$24,607.70	Mid-County
103	01 CHEV S10	1GCCS14W01K129325	MATTHEW GUNTHER	$15,053.85	Mid-County
9833	98 CHEV S-10	1GCCS14X2WK245013	STEVEN SZCZEPKOWSKI	$16,047.78	Mid-County
111	01 CHEV 1500	1GCEC14W81Z185977	SPARE	$16,965.92	Mid-County
461	04 CHEV C15	1GCEC14X24Z336714	ROBERT BUONO	$16,588.04	Mid-County
9928	99 DODGE DAKOTA	1B7FL26X4XS261955	LENNY GODWIN	$15,493.25	Sandalhaven
426	04 CHEV C15 FULL	1GCEC14X44Z274751	MIKE MONAT	$17,763.05	Sandalhaven
9935	99 DODGE DAKOTA	1B7FL26X1XS277899	HAROLD EBERT	$16,056.16	Sanlando Utilities, Inc.
9933	99 DODGE DAKOTA	1B7FL26X4XS277900	NO DRIVER YET	$15,659.79	Sanlando Utilities, Inc.
9931	99 DODGE DAKOTA	1B7FL26X6XS261956	RAY HOGUE	$15,493.25	Sanlando Utilities, Inc.
9927	99 DODGE DAKOTA	1B7FL26XXXS261958	JIM SWEGHEIMER	$15,792.00	Sanlando Utilities, Inc.
9602	96 FORD RANGER REGULAR	1FTCR10X1TUB67972	SPARE	$16,085.99	Sanlando Utilities, Inc.
516	05 CHEV COLORADO	1GCCS146358238591	DOUG GOODWIN	$18,484.14	Sanlando Utilities, Inc.
101	01 CHEV S10	1GCCS14W01K129261	ROBERTO REMIGIO	$15,053.85	Sanlando Utilities, Inc.
220	02 CHEVY S-10	1GCCS14W128209201	ROY MERICLE	$13,356.21	Sanlando Utilities, Inc.
14	00 CHEV CS10803	1GCCS14W1YK195845	ALEXANDER LORENZO	$15,363.17	Sanlando Utilities, Inc.
102	01 CHEV S10	1GCCS14W71K129239	ELISA STEGER	$15,516.86	Sanlando Utilities, Inc.
9835	98 CHEV S-10	1GCCS14X0WK247116	SPARE	$16,290.61	Sanlando Utilities, Inc.
9834	98 CHEV S-10	1GCCS14X6WK246309	THOMAS KEYS	$16,143.89	Sanlando Utilities, Inc.
110	01 CHEV 1500	1GCEC14V11E249162	KEVIN COOPER	$18,690.29	Sanlando Utilities, Inc.
109	01 CHEV 1500	1GCEC14V31E249471	JEFF PINDER	$19,066.93	Sanlando Utilities, Inc.
217	02 CHEVY C15 FULL	1GCEC14V32Z313941	DALE WHITE	$17,238.08	Sanlando Utilities, Inc.
18	00 CHEV 1500	1GCEC14V6YE249071	THOMAS ABENDROTH	$19,049.81	Sanlando Utilities, Inc.
108	01 CHEV 1500	1GCEC14V91E265755	MATTHEW MORRELL	$18,735.55	Sanlando Utilities, Inc.
113	01 CHEV 1500	1GCEC14W21Z187837	JIMMIE HOLLISTER	$17,472.60	Sanlando Utilities, Inc.
107	01 CHEV 1500	1GCEC14W71Z185310	JAMES PENDARVIS	$17,227.78	Sanlando Utilities, Inc.
112	01 CHV 1500	1GCEC14W81Z183727	SHAWN EBERT	$16,965.92	Sanlando Utilities, Inc.
312	03 CHEV C15 FULL	1GCEC14X03Z114378	MICK SHUE	$19,053.10	Sanlando Utilities, Inc.
305	03 CHEV C15 FULL	1GCEC14X63Z115177	FRED QUINLAN	$22,478.87	Sanlando Utilities, Inc.
433	04 FORD F-750	3FRXF75424V600407	SANLANDO DUMP TRUCK	$63,896.30	Sanlando Utilities, Inc.
304	03 CHEV C15 FULL	1GCEC14X23Z115810	JERRY HAHN	$19,372.92	Tierre Verde
8926	89 FORD F-350	1FDKF37G5KNA56982	DUMP TRUCK	$31,061.22	Utilities, Inc, of Florida
9765	97 PONTIAC GRAND AM	1G2WP5216WF270000	NO DRIVER YET	$15,000.00	Utilities, Inc, of Florida
35	00 CHEV C25 BOOM	1GBGK24R5YF484662	CENTRAL FL BOOM TRUCK	$35,922.85	Utilities, Inc, of Florida
503	05 CHEV COLORADO	1GCCS146658179178	CHRIS PHILLIPS	$16,750.47	Utilities, Inc, of Florida
612	06 CHEV COLORADO	1GCCS146768129150	CHRIS ALDAY	$16,471.74	Utilities, Inc, of Florida
637	06 CHEV C15	1GCEC14V96E197609	JEFF FINEHIRSH	$18,923.65	Utilities, Inc, of Florida
222	02 CHEVY C15 FULL	1GCEC14W12Z314210	CHARLES SCHWADES	$16,461.98	Utilities, Inc, of Florida
424	03 CHEV C15 FULL	1GCEC14X04Z274231	ALLEN FINCH	$17,763.05	Utilities, Inc, of Florida
436	04 CHEV C15 FULL	1GCEC14X24Z201474	JACK ADKINS	$17,503.53	Utilities, Inc, of Florida
301	03 CHEV C15 FULL	1GCEC14X63Z115146	STEVE HABERY	$19,053.10	Utilities, Inc, of Florida
422	04 CHEV C15 EXT CAB	1GCEC19VX4Z270758	RICHARD RETZ	$21,654.48	Utilities, Inc, of Florida
509	05 CHEV C15 4X4 EXT	1GCEK19T35E230984	JOHN MARINELLI	$28,037.52	Utilities, Inc, of Florida
639	06 CHEV C15 4X4 EXT	1GCEK19Z26Z225726	BILL COATES	$24,891.62	Utilities, Inc, of Florida
428	04 CHEV S10 TRAILBLAZER	1GNDT13S442340667	BRYAN GONGRE	$27,109.73	Utilities, Inc, of Florida
512	05 CHEV TAHOE	1GNEC13T85R199267	PATRICK FLYNN	$37,478.51	Utilities, Inc, of Florida
650	06 CHEV TAHOE 4X4	1GNEK13TX6R148941	JOHN HOY	$32,505.83	Utilities, Inc, of Florida
9250	92 DODGE	2B7GB11X5NK163811	SEWER VIDEO EQUIP VAN	$0.00	Utilities, Inc, of Florida
242	02 CHEVY IMPALA	2G1WF55E329381533	SCOTTY HAWS	$19,351.00	Utilities, Inc, of Florida
9925	99 CHEV LUMINA	2G1WL52M1X9177423	KATHY SILLITOE	$17,132.82	Utilities, Inc, of Florida
453	04 CHEV C15 EXT CAB	2GCEC19T341374628	TONY WIERZBICKI	$22,987.16	Utilities, Inc, of Florida
609	06 CHEV C25	2GCEC19VX61115736	SCOTT STEWART	$22,387.19	Utilities, Inc, of Florida
129	01 CHEV FULL 1500 4WD	2GCEK19T111381348	WILLIAM NEAL	$24,967.07	Utilities, Inc, of Florida
33	00 DODGE DAKOTA	1B7GG22X7YS753556	SPARE	$20,427.35	Utilities, Inc. of Pennbrooke
105	01 CHEV S10	1GCCS14WX18159350	JAMES YINGLING	$15,998.46	Utilities, Inc. of Pennbrooke
314	03 CHEV C15 FULL	1GCEC14X43Z114271	STEVEN PFOUTS	$19,053.10	Utilities, Inc. of Pennbrooke
511	05 CHEV C15 REG CAB	1GCEC14X75Z230180	DAN ANDERSON	$18,064.18	Utilities, Inc. of Pennbrooke

UTILITIES, INC. OF PENNBROOKE

DOCKET NO.: 060261-WS

LAKE COUNTY

25.30-440 (10)
Customer Complaints

Test Year Ended December 31, 2005

Pennbrooke

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 1
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 897644
ACCOUNT# :. 006910940801
CUSTOMER NAME :. MENIER,RICHARD
SERVICE ADDRESS:. 237 BENTWOOD DR
PHONE :. 352/787-8978
EDATE :. 02/14/05
TYPE :. 01
FOPER :.
COMMENT :. REREAD AND CHECK FOR LEAKS
. 1/24/05 METER READ 313370 CONS 32260
. TAG HOME WITH FINDINGS
RESOLUTION :. READ 341150 FIELD NOTES: CONS 27,780 IN 22 DAYS = 1263 GPD
. SPOKE WITH CUSTOMER, SUGGESTED CHECKING IRRIG SYSTEM, DAYS ON,
ZONES
. TIME ON BROKEN IRRG HEADS ECT. N/L
. MTR# 38177583
.
. DANIEL A 1525 HRS/EC
RDATE :. 02/15/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 934854
ACCOUNT# :. 006910800401
CUSTOMER NAME :. MCAVOY,DAVID
SERVICE ADDRESS:. 136 TRAILWOOD DR
PHONE :. / -
EDATE :. 06/10/05
TYPE :. 01
FOPER :.
COMMENT :. CUSTOMER COMPLAINING OF HIGH CONSUMPTION. PLEASE RE-READ METER
AND
. ADVISE CUSTOMER.
RESOLUTION :. 5/23/05 READ 1294560, 6/1/05 READ 1322270 N/L, 6/20/05 READ
1341400
. N/L HAS IRRG
.
. CB/EC
RDATE :. 06/20/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 939450
ACCOUNT# :. 006910970392
CUSTOMER NAME :. WHARRAM,GEORGE
SERVICE ADDRESS:. 1115 EAGLES LANDING
PHONE :. / -

Pennbrooke

```
EDATE           :. 06/23/05
TYPE            :. 01
FOPER           :. LUSI
COMMENT         :. REREAD AND CHECK FOR LEAK
                 . 5/20/05 METER READ 405670 CONSUMPTION 23150, CUSTOMER SAYS THE
HOME IS
                 . VACANT.
RESOLUTION      :. SEE SERVICE ORDER # 941340 AND SERVICE ORDER ON 1111 EAGLES
LANDING
                 . DATED 6/30/05 THAT EXPLAINS RESOLUTION.
                 .
                 . EC
RDATE           :. 06/30/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 2
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 886355
ACCOUNT# :. 006910600401
CUSTOMER NAME :. GAY,ANNETTE
SERVICE ADDRESS:. 32714 WESTWOOD LOOP
PHONE :. 352/638-9161
EDATE :. 01/06/05
TYPE :. 02
FOPER :.
COMMENT :. PER THE FIELD, A METER TEST WAS COMPLETED ON THIS CUSTOMER'S METER
. ON 12/29/04. THE METER TESTED ACCURATE.THE METER FACE IS SCRATCHED
. AND IS HARD TO READ. PLEASE CHANGE OUT THE METER DUE TO BAD GLASS
. ON IT . NOTIFY THE CUSTOMER THAT IT IS BEING CHANGED OUT DUE TO THE
. GLASS BEFORE CHANGING
RESOLUTION :. INSTALLED NEW BADGER MTR RCDL 25 # 29984352 READ 10 FLUSHED 10 GALS
. N/L NO C/C OLD MTR# 94583584 RCDL25 5/8" READ 0685590 CONS BILLED
. FROM OLD MTR 5020. NEW MTR IS 5/8" TOO
.
. DA 1200 HR/EC
RDATE :. 01/20/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 894977
ACCOUNT# :. 006910001641
CUSTOMER NAME :. FARRIS,GEORGE
SERVICE ADDRESS:. 32318 OAK PARK DR
PHONE :. / -
EDATE :. 02/03/05
TYPE :. 02
FOPER :.
COMMENT :. DUE TO LINE BREAK IN AREA ON 1/23/05 THIS METER BECAME FULL OF DIRT
. AND NEEDED TO BE REPLACED
RESOLUTION :. INSTALLED NEW MTR# 29984353 READ 230 OLD MTR# 8813937 OLD READ 0302700
. PRIOR CONS BILLED FROM OLD MTR 3730 GALS
.
. DA/EC
RDATE :. 01/24/05

CORPýý----. 107

Pennbrooke

```
ROUTE           :. 2
SERVICE ORDER#  :. 894986
ACCOUNT#        :. 006910101651
CUSTOMER NAME   :. MILLS,DARLENE T
SERVICE ADDRESS:. 32314  OAK PARK LN
PHONE           :. 352/787-5431
EDATE           :. 02/03/05
TYPE            :. 02
FOPER           :.
COMMENT         :. DUE TO LINE BREAK ON 1/23/05 IN THE AREA. THE METER BECAME
FULL OF
                 . SAND AND NEEDED TO BE REPLACED
RESOLUTION      :. INSTALLED NEW MTR# 29984351 READ 70  OLD MTR# 1975945 OLD READ
0185370
                 . CONS BILLED FROM OLD MTR 7860
                 .
                 . DA/EC
RDATE           :. 01/24/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 3
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896048
ACCOUNT# :. 006910001351
CUSTOMER NAME :. SHAW,CLARENCE
SERVICE ADDRESS:. 640 NE COTTAGE PARK LN
PHONE :. 352/223-0420
EDATE :. 02/08/05
TYPE :. 02
FOPER :.
COMMENT :. 2/2/05 REREAD INDICATED THAT THE METER IS STUCK AND NEEDS REPLACING
. 2/2/05 READ 175820 PLEASE REPLACE METER "ASAP" PLEASE NOTIFY
. OFFICE IF UNABLE TO COMPLETE IN 5 WORK DAYS
RESOLUTION :. INSTALLED NEW 5/8" BADGER MTR# 29320136 READ 10.OLD MTR# 0175820
. N/L NO C/C OLD MTR DID NOT HAVE A LID
.
. CB 3:15P/EC
RDATE :. 03/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 906012
ACCOUNT# :. 006910970552
CUSTOMER NAME :. ENGLISH,GEORGE
SERVICE ADDRESS:. 1104 EAGLES LANDING
PHONE :. 352/360-0442
EDATE :. 03/14/05
TYPE :. 02
FOPER :.
COMMENT :. NO USAGE ON METER -METER MAY BE STUCK OR MALFUNCTIONG PLEASE INSTALL
. A NEW METER-SINCE CUSTOMER DID INFORM THE OFFICE HE HAS BEEN LIVING HERE
. ALL ALONG-& WAS BILLED "0" USAGE ON CURRENT BILL ?
RESOLUTION :. REPLACED 5/8" NEPTUNE METER WITH NEW 5/8" BADGER MODEL 25
. LEFT LINE. OLD MTR# READ 226530 OLD MTR# 36979551 NEW MTR# 32095632
. NEW READ 10
.
. JY/EC
RDATE :. 03/15/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 915909
ACCOUNT# :. 006911990300

Pennbrooke

```
CUSTOMER NAME   :. MILLER,WAYNE P
SERVICE ADDRESS:. 1157  MEADOWBEND DR
PHONE           :. 352/323-8704
EDATE           :. 04/14/05
TYPE            :. 02
FOPER           :.
COMMENT         :. CUSTOMER SAYS SHE WATERED LAWN AND IRRIGATION METER DID NOT
MOVE.
                 . PLEASE CHECK TO SEE IF METER IS WORKING.
RESOLUTION      :. IRRG METER IS STUCK. REPLACED MTR# 32095631 WITH NEW MTR#
29761128
                 . BACK FLUSHED OLD METER 3 TIMES AND IT REMAINED STUCK. PVC
FITTINGS
                 . CAUSED PROBLEM.
                 .
                 . DSA 1610 HRS/EC
RDATE           :. 04/15/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 4
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 922653
ACCOUNT# :. 006910940471
CUSTOMER NAME :. HOWARD,DALE T
SERVICE ADDRESS:. 308 BENTWOOD DR
PHONE :. 352/326-8675
EDATE :. 05/04/05
TYPE :. 02
FOPER :.
COMMENT :. PER MVR REREAD ON 5/3/05, METER IS NOT WORKING PLEASE REPLACE METER
RESOLUTION :. INSTALLED NEW 5/8" BADGER METER # 29761283 READ 10. OLD MTR# 29515413 READ 1720
. JY/EC
RDATE :. 05/05/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 942010
ACCOUNT# :. 006910100352
CUSTOMER NAME :. OLSHAK,RAYMOND D
SERVICE ADDRESS:. 32613 OAK PARK DR
PHONE :. 352/255-4739
EDATE :. 06/29/05
TYPE :. 02
FOPER :.
COMMENT :. PER FIELD ON MVR REREAD 6/29/05 THE METER IS BROKEN AND NEEDS TO
. BE REPLACED. PLEASE REPLACE METER.
RESOLUTION :. 7/15/05 SENT TO FIELD FOR UPDATE
. EC
. 7/18/05 READ 1320. METER WAS CHANGED OUT ON 7/5/05. SERVICE ORDER
. FAXED ON SAME DAY. OLD MTR# 1905150 OLD READ 1905150. NEW 5/8"
. BADGER MTR# 29761286 READ 10 WAS INSTALLED.
. JY/EC
RDATE :. 07/18/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 915352
ACCOUNT# :. 006911970260
CUSTOMER NAME :. STONE,ROBERT
SERVICE ADDRESS:. 1041 EAGLES LANDING
PHONE :. 407/791-7328
EDATE :. 04/12/05

Pennbrooke

```
TYPE            :. 05
FOPER           :.
COMMENT         :. MS. CALLED TO REPORT SHE HAS BEEN IRRIGATING AND THE METER "IS
NOT"
                 . REGISTERING.  IS METER STUCK?     ALSO, PLEASE CUT THE
CONSTRUCTION PIPE
                 . OFF. MS. ALSO ASKS FOR US TO LOWER THE METER BECAUSE IT IS
SITTING UP
                 . SO HIGH.
RESOLUTION      :. SPOKE WITH MR STONE. I EXPLAINED IT IS HOMEOWNERS
RESPONSIBILITY
                 . TO INSTALL PVC PIPE FROM METER TO IRRG SYSTEM. ASSURED
CUSTOMER OF
                 . RESETTING WATER METER LOWER AND CUTTING OFF CONSTURCTION SEWER
PIPE.
                 . CUSTOMER SATISFIED WITH RESPONSE. CUSTOMER WILL GET COMPLETED.
                 .
                 . DSA 1500 HRS/EC
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 5
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                .
                . 4/22/05-CUSTOMER PHONED AGIAN REQUESTING RE MINDER TO LOWER
METER & CAP
                . FOR SEWER-DB PAGED TO DAN A-HE SAID CAP IS ON ORDER*IF ITS UP
TO HIM
                . WHEN THIS JOB IS COMPLETED
RDATE          :. 04/15/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 886354
ACCOUNT#       :. 006910960023
CUSTOMER NAME  :. LAKE,CLYDE
SERVICE ADDRESS:. 806  OLD OAKS LN
PHONE          :. 352/753-9526
EDATE          :. 01/06/05
TYPE           :. 16
FOPER          :.
COMMENT        :. PER FIELD, METER COVER NEEDS TO BE REPLACED
RESOLUTION     :. READ  558260 REPLACED LID N/L HAS IRRG
                .
                . CB/EC
RDATE          :. 01/10/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 889060
ACCOUNT#       :. 006910910941
CUSTOMER NAME  :. NICOL,DOC
SERVICE ADDRESS:. 32819  CROOKED OAKS LN
PHONE          :. 352/365-2572
EDATE          :. 01/17/05
TYPE           :. 16
FOPER          :.
COMMENT        :. REPLACE METER BOX LID
RESOLUTION     :. READ  603230  REPLACED LID N/L HAS IRRG
                .
                . CB/EC
RDATE          :. 01/21/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 891743
ACCOUNT#       :. 006910200041
CUSTOMER NAME  :. DEMOLLI,LOUIS
SERVICE ADDRESS:. 538  SHADOW RUN DR
PHONE          :. 352/360-1321
EDATE          :. 01/25/05
TYPE           :. 16
```

Pennbrooke

```
FOPER           :.
COMMENT         :. PLEASE REPLACE METER LID HINDGE IS BROKEN.
RESOLUTION      :. READ  1053100 REPLACED N/L HO C/C
                 .
                 . 14SO HRS DA/EC
RDATE           :. 01/26/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 892842
ACCOUNT#        :. 006910960281
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 6
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. TUCKER,WARREN
SERVICE ADDRESS:. 743 OLD OAKS LN
PHONE :. 352/787-1684
EDATE :. 01/27/05
TYPE :. 16
FOPER :.
COMMENT :. CUSTOMER SAYS WHEN METER WAS PUT IN, A METER BOX WAS NOT INSTALLED.
. WOULD LIKE TO HAVE ONE INSTALLED. THANKS...
RESOLUTION :. READ 487820 METER BOX INSTALLED ORIGINALLY, STILL IN GOOD CONDITION.
. THE HOUSE SHUT OFF VALVE DOES NOT HAVE A SMALL 6" ROUND VALVE BOX.
. RESPONSIBILITY TO HOMEOWNER OR BUILDER.SO CUSTOMER UNDERSTANDS.
. SPOKE WITH MR TUCKER AND HE IS SATISFIED WITH RESOLUTION.
.
. 1400 HRS DA/EC
RDATE :. 01/28/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 893613
ACCOUNT# :. 006911970270
CUSTOMER NAME :. JENKINS,TYRONE
SERVICE ADDRESS:. 1045 EAGLES LANDING
PHONE :. 352/315-1387
EDATE :. 01/31/05
TYPE :. 16
FOPER :.
COMMENT :. CUSTOMER CALLED - MISSING METER BOX. PLEASE INSTALL NEW BOX.
.
. THANKS
RESOLUTION :. METER BOX INSTALLED DSA/ANN
.
.
.
RDATE :. 02/15/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 920320
ACCOUNT# :. 006910950661
CUSTOMER NAME :. CONDINZIO,ANTHONY
SERVICE ADDRESS:. 916 EAGLES LANDING
PHONE :. / -
EDATE :. 04/27/05
TYPE :. 16
FOPER :.

Pennbrooke

```
COMMENT          :. CHECK TO SEE IF LEAK AROUND METER BOX SINCE IT IS SINKING-
REPAIR IF
                  . LEAK & LEVEL METER BOX TO THE GROUND
RESOLUTION       :. READ  198610 N/L  RAISED METER BOX TO GROUND LEVEL
                  .
                  . JY/EC
RDATE            :. 05/06/05

CORPýý----. 107
ROUTE            :. 1
SERVICE ORDER#   :. 920962
ACCOUNT#         :. 006910600552
CUSTOMER NAME    :. MARTIN,JON
SERVICE ADDRESS  :. 32717  WESTWOOD LOOP
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

PHONE :. 352/787-9316
EDATE :. 04/28/05
TYPE :. 16
FOPER :.
COMMENT :. REPLACE LID (ITS MISSING) CUSTOMER SEES THIS AS A HAZARD
RESOLUTION :. READ 978560 N/L NO C/C REPLACED BROKEN LID WITH NEW ONE
. DSA/EC
RDATE :. 04/29/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 935739
ACCOUNT# :. 006910960242
CUSTOMER NAME :. ROWE,JOAN D
SERVICE ADDRESS:. 725 OLD OAKS LN
PHONE :. 352/365-2754
EDATE :. 06/14/05
TYPE :. 16
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO METER LID NEEDS TO BE REPLACE. IT HAS BEEN
. DESTROYED PER THE CUSTOMER.
RESOLUTION :. 6/16/05 READ 482160 REPLACED COVER THAT WAS BROKEN
. SF/EC
RDATE :. 06/16/05

CORPýý----. 107
ROUTE :.
SERVICE ORDER# :. 910695
ACCOUNT# :. 006910000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 03/29/05
TYPE :. 17
FOPER :.
COMMENT :. CUSTOMER AT 701 COTTAGE PARK LN CALLED TO REPORT A LEAK IN FRONT OF
. THEIR HOME, PLEASE CHECK 352-323-4844 DISPATCHED TO DANIEL A
RESOLUTION :. READ 18390 BROKEN SERVICE LINE FROM ORIGINAL SECONDARY STUBOUT.
. STAND PIPE BROKE OFF BELOW AT MALE PVC ADAPTOR. CUT LINE AND CONNECTED
. A DRESSER COUPLING WITH VALVE. ALL WORK DONE UNDER WATER FINGER TO

. SHOULDER DEPT. FINALLY OFF AT 1530 HRS. TAPED OFF EXCAVATION AREA.
. WILL REPAIR LANDSCAPE TOMORROW.
. 3/30/05 1415 HRS TIGHTENED UP DRESSER COUPLING AFTER CLEARING HOLE. NO
. MORE LEAKAGE. LANDSCAPE SCHEDULING.
. DSA/EC
RDATE :. 03/29/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 911897
ACCOUNT# :. 006910200012
CUSTOMER NAME :. DOYLE,WILLIAM
SERVICE ADDRESS:. 520 SHADOW RUN DR
PHONE :. 352/360-0153
EDATE :. 04/01/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 8
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

TYPE :. 17
FOPER :.
COMMENT :. CUSTOMER SAYS METER BOX IS FULL OF WATER. DOES NOT KNOW IF IT'S ON OUR
. SIDE OR HIS. PLEASE CHECK FOR LEAKS. NO EMERGENCY
. SEE CUSTOMER IN MORNING IF POSSIBLE
RESOLUTION :. READ 471080 NO LEAKS METER BOX IS FULL OF GROUND WATER CAUSED BY
. HEAVY RAIN FALL TALKED TO THE CUSTOMER
. LOC MIDDLE LINE
. JY/EC
RDATE :. 04/04/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 918839
ACCOUNT# :. 006910990712
CUSTOMER NAME :. SMITH,CHARLES
SERVICE ADDRESS:. 1044 MEADOWBEND DR
PHONE :. 978/433-2340
EDATE :. 04/22/05
TYPE :. 17
FOPER :.
COMMENT :. WOMEN CALLED SAYS SHE IS TAKING CARE OF HOME WHILE OWNERS AWAY. WENT
. OUTSIDE AND NOTICED WATER BUBBLING UP FROM METER BOX. SHE WASNT EXACTLY
. SURE HERSELF IF THIS WAS THEIR METER OR THE NEIGHBORS. PLEASE RESOLVE.
. PAGED TO DAN ANDERSON
.
RESOLUTION :. READ 557840 FOUND LEAK TO BE IN CUSTOMER'S IRRIGATION BOX ON BACK OF
. LOT. CALLED CUSTOMER'S MAINTENANCE FOR REPAIR TO BE COMPLETED BY
. CUSTOMER. (CUSTOMER'S RESPONSIBILITY)
.
. DSA 0900 HRS/EC
RDATE :. 04/22/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 926085
ACCOUNT# :. 006910000801
CUSTOMER NAME :. HOOSE,EUGENE
SERVICE ADDRESS:. 120 WESTWOOD DR
PHONE :. / -
EDATE :. 05/16/05
TYPE :. 17

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```
FOPER           :.
COMMENT         :. CUSTOMER CALLED ANS SERVICE ON 5/1/05 APPROX 12 PM TO REQUEST
THAT
                 . WATER BE TURNED OFF BECAUSE OF BAD LEAK UNDER THE HOUSE
                 . ** PLEASE PROVIDE RESOLUTION**
RESOLUTION      :. CHUCK ON CALL. CALLED STEVE ON SHIFT AT PENNBROOKE WWTP, STEVE
                 . IMMEDIATELY WENT TO CUSTOMER'S HOUSE TO TURN OFF CURB STOP.
STOPPED
                 . LEAK CUSTOMER'S RESPONSIBILITY TO REPAIR.
                 .
                 . DSA 1215PM/EC
RDATE           :. 05/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 926229
ACCOUNT#        :. 006910001712
CUSTOMER NAME   :. BELZ,DEBI M
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 9
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 730 COTTAGE PARK LN
PHONE :. 352/320-0005
EDATE :. 05/16/05
TYPE :. 17
FOPER :.
COMMENT :. REREAD AND CHECK FOR LEAKS
. TAG DOOR WITH YOUR FINDINGS
.
.
. 5/3/05 MR=150230
RESOLUTION :. READ 150240 N/L CURB STOP IN OFF POSITION. LEFT TAG. LOC RIGHT LINE
.
. JY/EC
RDATE :. 05/17/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 926876
ACCOUNT# :. 006910990511
CUSTOMER NAME :. MARSHALL,CAROL
SERVICE ADDRESS:. 1022 FOREST BREEZE PATH
PHONE :. / -
EDATE :. 05/17/05
TYPE :. 17
FOPER :.
COMMENT :. CUSTOMER CALLED THE ANSWERING SERVICE IN A.M. DUE TO LEAK IN YARD METER
. DIAL SPINNING 30 MPH PER CUST.
.
. PAGED TO ONCALL
. PLEASE RESOLVE
RESOLUTION :. UPON ARRIVAL THIS AM, FOUND CUSTOMER HAD ALREADY SHUT OFF CURB STOP
. TO STOP WATER LEAK IN IRRG SYSTEM. CUSTOMER'S RESPONSIBILITY
.
. DSA 1345 HRS/EC
RDATE :. 05/17/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 936780
ACCOUNT# :. 006910801051
CUSTOMER NAME :. COURTIER,VICTORIA
SERVICE ADDRESS:. 428 RANCHWOOD DR
PHONE :. 352/787-6099
EDATE :. 06/16/05
TYPE :. 17
FOPER :.

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```
COMMENT          :. SEE MTR, CUSTOMER MAY HAVE LEAK.
                  . PAGED DA
RESOLUTION       :. 6/16/05 READ 640250 N/L. NORMAL WATER PRESSURE 55 PSI. NORMAL
FLOW
                  . THROUGH METER. TALKED TO CUSTOMER.
                  .
                  . JY/EC
RDATE            :. 06/16/05

CORPýý----. 107
ROUTE            :.
SERVICE ORDER#   :. 885782
ACCOUNT#         :. 006910950673
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 10
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 01/05/05
TYPE :. 18
FOPER :.
COMMENT :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION :. READ 210760 IRRIGATION SYSTEM
. USED FOR BILLING
. DA/EC
RDATE :. 01/04/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 895962
ACCOUNT# :. 006910800872
CUSTOMER NAME :. CANUTE,ROBERT
SERVICE ADDRESS:. 32842 TIMBERWOOD DR
PHONE :. 989/828-6261
EDATE :. 02/08/05
TYPE :. 18
FOPER :.
COMMENT :. READ METER SINCE NO READ ON MVR REPORT
RESOLUTION :. 2/2/05-READ 1766830-BILLED
. 1/21/05 MR 1760660
. PRIOR READ BILLED
. CS/DB
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 895972
ACCOUNT# :. 006910000181
CUSTOMER NAME :. GARIAN,SHARON
SERVICE ADDRESS:. 309 WESTWOOD DR
PHONE :. 352/365-0803
EDATE :. 02/08/05
TYPE :. 18
FOPER :.
COMMENT :. NO READ ON MVR REPORT-READ
RESOLUTION :. 2/2/05-READ 1697330-BILLED
. 12/28/04 MR 1677200-PRIOR READ BILLED
. JY/DB
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 895986
ACCOUNT# :. 006910500041

Pennbrooke

```
CUSTOMER NAME   :. LAWS,ROBERT
SERVICE ADDRESS:. 140  WILLOWBROOK DR
PHONE           :. 352/787-5748
EDATE           :. 02/08/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT-READ
RESOLUTION      :. 2/2/05-READ 1205940-BILLED
                 . 12/28/04 MR 1201900-PRIOR READ BILLED
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 11
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . JY/DB
                .
RDATE          :. 02/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 895998
ACCOUNT#       :. 006910000131
CUSTOMER NAME  :. VEZINA,RAYMOND
SERVICE ADDRESS:. 223  WESTWOOD DR
PHONE          :.    /   -
EDATE          :. 02/08/05
TYPE           :. 18
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT-READ
RESOLUTION     :. 2/2/05-READ 3010050-BILLED-HAD LEAK 1/4/05
                . 12/28/04 MR 3006670-PRIOR READ BILLED
                . JY/DB
RDATE          :. 02/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 896001
ACCOUNT#       :. 006910600451
CUSTOMER NAME  :. RYAN,LLOYD G
SERVICE ADDRESS:. 32704  WESTWOOD LOOP
PHONE          :. 352/323-8692
EDATE          :. 02/08/05
TYPE           :. 18
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT-READ
RESOLUTION     :. 2/2/05-READ 1491160-BILLED
                . 12/28/04 MR 1476620-BILLED
                . JY./DB
RDATE          :. 02/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 896003
ACCOUNT#       :. 006910600321
CUSTOMER NAME  :. ALMQUIST,REYNOLD
SERVICE ADDRESS:. 32730  WESTWOOD LOOP
PHONE          :. 352/326-8538
EDATE          :. 02/08/05
TYPE           :. 18
FOPER          :.
COMMENT        :. NO READ ON MVR REPORT-READ
RESOLUTION     :. 2/2/05-READ 691290-BILLED
                . 12/28/04 MR 682940-PRIOR READ BILLED
```

Pennbrooke

```
                 . JY/DB
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 896009
ACCOUNT#        :. 006910700112
CUSTOMER NAME   :. ELKINS,WALTER
SERVICE ADDRESS:. 32656  OAK PARK DR
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 12
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
PHONE           :. 517/467-4954
EDATE           :. 02/08/05
TYPE            :. 18
FOPER           :.
COMMENT         :. NO READ ON MVR REPORT-READ
RESOLUTION      :. 2/2/05- READ 925810-BILLED
                 . 1/24/05 READ 925770-PRIOR READ BILLED
                 . JY/DB
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 896044
ACCOUNT#        :. 006910980181
CUSTOMER NAME   :. MITCHELL,FOREST
SERVICE ADDRESS:. 32212  SWEET BRIAR CT
PHONE           :. 352/323-8995
EDATE           :. 02/08/05
TYPE            :. 18
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION      :. READ  815390  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 896046
ACCOUNT#        :. 006910001302
CUSTOMER NAME   :. PARLIAMENT,DAVID R
SERVICE ADDRESS:. 623 NE COTTAGE PARK LN
PHONE           :. 352/787-6903
EDATE           :. 02/08/05
TYPE            :. 18
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION      :. READ  532430  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 905920
ACCOUNT#        :. 006910910372
CUSTOMER NAME   :. HYDE,WAYNE V
SERVICE ADDRESS:. 704  GRAND VISTA TRL
PHONE           :. 616/887-8501
```

Pennbrooke

```
EDATE          :. 03/14/05
TYPE           :. 18
FOPER          :.
COMMENT        :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION     :. READ  585850 USED FOR BILLING
                  .
                  . DA/EC
RDATE          :. 03/04/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 13
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 909305
ACCOUNT# :. 006910911791
CUSTOMER NAME :. MILLER,VINCENT
SERVICE ADDRESS:. 831 GRAND VISTA TRL
PHONE :. 352/728-3356
EDATE :. 03/23/05
TYPE :. 18
FOPER :.
COMMENT :. PLEASE TAG RESIDENCE: MR MILLER - ASK HIM TO CALL ELISE. TELL HIM THAT
. I CANNOT RETURN HIS PHONE CALL BECAUSE HE DID NOT LEAVE A PHONE #
. WITH HIS MSG
RESOLUTION :. RAD 1247110 LEFT TAG LEFT LINE
.
. JY/EC
RDATE :. 03/24/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 915582
ACCOUNT# :. 006910900282
CUSTOMER NAME :. CAIN,ROBERT
SERVICE ADDRESS:. 534 GOLFVIEW CT
PHONE :. 231/823-1201
EDATE :. 04/13/05
TYPE :. 18
FOPER :.
COMMENT :. PLEASE PROVIDED READ FOR BILLING
RESOLUTION :. READ 84440 USED FOR BILLING
.
. DA/EC
RDATE :. 04/01/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 915591
ACCOUNT# :. 006910001621
CUSTOMER NAME :. MARTIN,RAYMOND
SERVICE ADDRESS:. 32326 OAK PARK DR
PHONE :. 352/326-4015
EDATE :. 04/13/05
TYPE :. 18
FOPER :.
COMMENT :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION :. READ 83770 USED FOR BILLING
.

Pennbrooke

```
                 . DA/EC
RDATE           :. 04/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 915593
ACCOUNT#        :. 006910001691
CUSTOMER NAME   :. ANDERSON,ANDREW
SERVICE ADDRESS:. 738  COTTAGE PARK LN
PHONE           :. 631/786-5253
EDATE           :. 04/13/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 18
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION      :. READ  174480 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 04/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 915594
ACCOUNT#        :. 006910101731
CUSTOMER NAME   :. TURKENKOPF,DAN
SERVICE ADDRESS:. 722  COTTAGE PARK LN
PHONE           :. 352/455-2830
EDATE           :. 04/13/05
TYPE            :. 18
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION      :. READ  65140  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 04/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 915600
ACCOUNT#        :. 006910980201
CUSTOMER NAME   :. KIRK,PHYLLIS
SERVICE ADDRESS:. 32200  SWEET BRIAR CT
PHONE           :.    /   -
EDATE           :. 04/13/05
TYPE            :. 18
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION      :. READ  1151450  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 04/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 915602
ACCOUNT#        :. 006910980301
CUSTOMER NAME   :. JAVIS,MOSES
SERVICE ADDRESS:. 32226  SUMMERTREE CIR
PHONE           :. 352/787-6990
EDATE           :. 04/13/05
TYPE            :. 18
```

Pennbrooke

```
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION      :. READ  994920 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 04/01/05

CORPýý----. 107
ROUTE           :. 2
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 915603
ACCOUNT# :. 006910980401
CUSTOMER NAME :. SIMON,ELLEN
SERVICE ADDRESS:. 32200 SUMMERTREE CIR
PHONE :. 352/365-0174
EDATE :. 04/13/05
TYPE :. 18
FOPER :.
COMMENT :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION :. READ 1312260 USED FOR BILLING
.
. DA/EC
RDATE :. 04/01/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 922651
ACCOUNT# :. 006910090660
CUSTOMER NAME :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:. BASEBALL FIELD
PHONE :. / -
EDATE :. 05/04/05
TYPE :. 18
FOPER :.
COMMENT :. OBTAIN READ FOR BILLING
RESOLUTION :. READ 1601900 USED FOR BILLING
.
. CB/EC
RDATE :. 05/03/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 922677
ACCOUNT# :. 006910800791
CUSTOMER NAME :. PETERSON,CAROL
SERVICE ADDRESS:. 32800 OAK PARK DR
PHONE :. 352/314-9447
EDATE :. 05/04/05
TYPE :. 18
FOPER :.
COMMENT :. 4/22/05 READ 899130 CONS 0 CHECK METER
RESOLUTION :. READ 901890 MTR OKAY
.
. CB/EC
RDATE :. 05/03/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 922827

Pennbrooke

ACCOUNT# :. 006910001811
CUSTOMER NAME :. COLEMAN,RICHARD M
SERVICE ADDRESS:. 642 COTTAGE PARK LN
PHONE :. 407/880-2894
EDATE :. 05/04/05
TYPE :. 18
FOPER :.
COMMENT :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION :. READ 11940 USED FOR BILLING

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 16
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                .
                . CB/EC
RDATE          :. 05/03/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 922883
ACCOUNT#       :. 006910980261
CUSTOMER NAME  :. VICISO,JUAN
SERVICE ADDRESS:. 646  GLEN OAKS DR
PHONE          :.    /   -
EDATE          :. 05/04/05
TYPE           :. 18
FOPER          :.
COMMENT        :. PLEASE PROVIDED READ FOR BILLING
RESOLUTION     :. READ  1009320  USED FOR BILLING
                .
                . JY/EC
RDATE          :. 05/03/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 922941
ACCOUNT#       :. 006910970591
CUSTOMER NAME  :. WILTSHIRE,RUPERT
SERVICE ADDRESS:. 1036  EAGLES LANDING
PHONE          :. 352/787-6300
EDATE          :. 05/04/05
TYPE           :. 18
FOPER          :.
COMMENT        :. PLEASE OBTAIN READ FOR BILLING
RESOLUTION     :. READ  468230  THIS READ WILL BE HIGHER THAN 10,000 MAX BEFORE
2ND
                . WATER TIER RATE STARTS. THE READ WILL BE ESTIMATED AT 466730
                . WHICH WILL KEEP CUSTOMER AT 10,000.
                .
                . JY/EC
RDATE          :. 05/03/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 935188
ACCOUNT#       :. 006910930201
CUSTOMER NAME  :. EVERMON,WILLIAM
SERVICE ADDRESS:. 321  GRAND VISTA TRL
PHONE          :. 352/365-6652
EDATE          :. 06/13/05
TYPE           :. 18
FOPER          :.
```

Pennbrooke

```
COMMENT          :. PLEASE OBTAIN READ FOR BILLING
RESOLUTION       :. READ  334440  USED FOR BILLING
                  .
                  . JY/EC
RDATE            :. 06/02/05

CORPýý----. 107
ROUTE            :. 1
SERVICE ORDER#   :. 935197
ACCOUNT#         :. 006910930281
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 17
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



CUSTOMER NAME  :. MARTIN,HARRY
SERVICE ADDRESS:. 349  GRAND VISTA TRL
PHONE          :. 352/728-5277
EDATE          :. 06/13/05
TYPE           :. 18
FOPER          :.
COMMENT        :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION     :. READ  316260  USED FOR BILLING
                .
                . JY/EC
RDATE          :. 06/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 935200
ACCOUNT#       :. 006910930301
CUSTOMER NAME  :. TAILLIEU,EDMOND
SERVICE ADDRESS:. 401  GRAND VISTA TRL
PHONE          :. 352/728-4353
EDATE          :. 06/13/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 5/23/05  READ  352160 CONS "0" CHECK METER
RESOLUTION     :. READ GIVEN IS FROM IRRG MTR# 29761126  READ 18770
                .
                . 6/14/05  PLEASE CHECK HOUSE MTR IS IT WORKING?
                . 6/14/05 READ 352160. CUSTOMER HOUSE VALVE TURNED OFF. METER
OKAY.
                . CUSTOMER MUST BE OUT OF TOWN. LOC OF METER LEFT LINE.
                .
                . JY/EC
RDATE          :. 06/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 935210
ACCOUNT#       :. 006910800502
CUSTOMER NAME  :. BAUMAN,GERALD
SERVICE ADDRESS:. 32839  TIMBERWOOD DR
PHONE          :. 352/787-8195
EDATE          :. 06/13/05
TYPE           :. 18
FOPER          :.
COMMENT        :. PLEASE OBTAIN READ FOR BILLING
RESOLUTION     :. READ  881240 USED FOR BILLING
                .
                . JY/EC
RDATE          :. 06/02/05
```

Pennbrooke

```
CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 935481
ACCOUNT#        :. 006910001903
CUSTOMER NAME   :. VANHORN,BILL
SERVICE ADDRESS:. 606  COTTAGE PARK LN
PHONE           :. 248/895-0514
EDATE           :. 06/13/05
TYPE            :. 18
FOPER           :.
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 18
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



COMMENT          :. 4/1/05  FINAL READ  456800
                  . 5/23/05 READ        460450 CONS 3650 UNBILLABLE - CHECK METER
AND
                  . LOCK. TAG TO APPLY
RESOLUTION       :. READ  463690  T/OFF LOCKED TAGGED TO APPLY. UNBILLED CONS 6890
                  .
                  . JY/EC
RDATE            :. 06/02/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 935506
ACCOUNT#         :. 006910980412
CUSTOMER NAME    :. WITTE,RUPERT
SERVICE ADDRESS  :. 32204  SUMMERTREE CIR
PHONE            :. 352/728-6445
EDATE            :. 06/13/05
TYPE             :. 18
FOPER            :.
COMMENT          :. 5/16/05  FINAL READ 1618990
                  . 5/23/05        READ 1620160 UNBILLED CONS 1170 GALS ON VACANT
ACCT.
                  . T/OFF MTR LOCK AND TAG FOR NEW TO APPLY
RESOLUTION       :. READ  1620190 UNBILLED CONS TOTAL 1200. T/OFF METER  LOCKED
AND TAGGED
                  . FOR NEW TO APPLY
                  .
                  . JY/EC
RDATE            :. 06/02/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 935527
ACCOUNT#         :. 006910950521
CUSTOMER NAME    :. RUSSELL,JAMES
SERVICE ADDRESS  :. 33132  GRAND CYPRESS WY
PHONE            :.    /   -
EDATE            :. 06/13/05
TYPE             :. 18
FOPER            :.
COMMENT          :. PLEASE PROVIDE A READ FOR BILLING
                  .
RESOLUTION       :. READ  259760  USED FOR BILLING
                  .
                  . JY/EC
RDATE            :. 06/02/05

CORPýý----. 107
ROUTE            :. 2
```

Pennbrooke

```
SERVICE ORDER# :. 935532
ACCOUNT#       :. 006910090301
CUSTOMER NAME  :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:.   MEADOW GREEN/CUL-DE-SAC
PHONE          :.    /   -
EDATE          :. 06/13/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 5/20/05  READ  84790 CONS "0" CHECK METER
RESOLUTION     :. READ  94980 METER IS OKAY
                .
                . JY/EC
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 19
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 06/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 935534
ACCOUNT# :. 006910090321
CUSTOMER NAME :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:. EAGLES LANDING CUL-DE-SAC PATH
PHONE :. / -
EDATE :. 06/13/05
TYPE :. 18
FOPER :.
COMMENT :. 5/20/05 READ 78410 CONS "0" CHECK METER
RESOLUTION :. READ 83600 METER IS OKAY
.
. JY/EC
RDATE :. 06/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 935563
ACCOUNT# :. 006911951060
CUSTOMER NAME :. MILHAM,RICAHRD J
SERVICE ADDRESS:. 822 FOREST BREEZE PATH
PHONE :. 352/323-3504
EDATE :. 06/13/05
TYPE :. 18
FOPER :.
COMMENT :. 5/20/05 READ 7870 NEED METER INFO, NUMBER SIZE, MAKE, LOC READ AND
. INSTALL DATE
RESOLUTION :. READ 11190 MTR# 3022644 5/8" BADGER. NOT SURE OF INSTALL DATE
. STARTED SERVICE EFFECTIVE 4/28/05 AND BILL CONS ON NEW METER.
. LOC RIGHT LINE
. JY/EC
RDATE :. 06/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 935567
ACCOUNT# :. 006911990340
CUSTOMER NAME :. GEORGE,WILLIAM B
SERVICE ADDRESS:. 1131 MEADOWBEND DR
PHONE :. 352/360-0570
EDATE :. 06/13/05
TYPE :. 18
FOPER :.

Pennbrooke

```
COMMENT          :. 5/20/05 READ  28460 CONS ON NEW METER. PLEASE PROVIDE METER
INFO.
                  . READ, TYPE SIZE LOC AND INSTALL DATE
RESOLUTION       :. READ 37810 LOC LEFT LINE, 5/8" BADGER. NOT SURE OF INSTALL
DATE.
                  . STARTED SERVICE WITH 4/28/05 DATE.
                  .
                  . JY/EC
RDATE            :. 06/02/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 935571
ACCOUNT#         :. 006910910831
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 20
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
CUSTOMER NAME   :. JACOBS,NED
SERVICE ADDRESS:. 32927  CROOKED OAKS LN
PHONE           :.    /   -
EDATE           :. 06/13/05
TYPE            :. 18
FOPER           :.
COMMENT         :. PLEASE OBTAIN READ FOR BILLING
RESOLUTION      :. READ  537680
                 . USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 935594
ACCOUNT#        :. 006910910971
CUSTOMER NAME   :. MCLENON,NORMAN
SERVICE ADDRESS:. 32801  CROOKED OAKS LN
PHONE           :. 352/314-5087
EDATE           :. 06/13/05
TYPE            :. 18
FOPER           :.
COMMENT         :. OBTAIN READ FOR BILLING
RESOLUTION      :. READ  946750 USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 935664
ACCOUNT#        :. 006910970382
CUSTOMER NAME   :. MILLER,VINCENT
SERVICE ADDRESS:. 1111  EAGLES LANDING
PHONE           :. 352/728-3356
EDATE           :. 06/13/05
TYPE            :. 18
FOPER           :.
COMMENT         :. PLEASE CHECK READ AND METER. CUSTOMER WROTE NOTE THAT THE "0"
CONS
                 . BILLED DUE TO LAST READ TAKEN ON 5/20/05 384820 DOES NOT SEEM
RIGHT
                 . IF METER IS BROKEN, PLEASE REPLACE
RESOLUTION      :. 6/14/05 REPLACED 5/8" NEPTUNE IRRIGATION METER WITH NEW 5/8"
                 . BADGER MODEL 25. NEW MTR# 29761284 READ 10. OLD MTR# 43885994
                 . READ 384820
                 .
                 . JY/EC
```

Pennbrooke

```
                . 6/29/05 IT WAS FOUND THAT THIS METER WAS INSTALLED AT 1115
EAGLES
                . LANDING HOUSE SERVICE IN ERROR. NO METER WAS INSTALLED AT THIS
                . ADDRESS. SEE # 24 SERVICE ORDER DATED 6/30/05.
                . EC
RDATE          :. 06/14/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 937456
ACCOUNT#       :. 006910600312
CUSTOMER NAME  :. LANZA,FRANK
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 21
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 32732 WESTWOOD LOOP
PHONE :. 352/314-5922
EDATE :. 06/17/05
TYPE :. 18
FOPER :.
COMMENT :. CUSTOMER THINKS METER WAS MIS READ AGAIN. SHE'S IN PENNSYLVANIA AND
. SAYS WATER WAS TURNED OFF AT HOUSE. PLEASE RE-READ AND ADVISE.
. DO NOT LEAVE DOOR HANGER SINCE THEY ARE OUT-OF-STATE.
RESOLUTION :. 6/20/05 READ 591650 N/L WATER IS T/OFF "NOT BY US"
.
. JY/EC
RDATE :. 06/20/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 941340
ACCOUNT# :. 006910970392
CUSTOMER NAME :. WHARRAM,GEORGE
SERVICE ADDRESS:. 1115 EAGLES LANDING
PHONE :. / -
EDATE :. 06/28/05
TYPE :. 18
FOPER :.
COMMENT :. PLEASE TURN METER OFF UNTIL CUSTOMER'S PLUMBER COMES OUT TO REPAIR
. LEAKING SERVICE LINE. DISPATCHED TO DANIEL
RESOLUTION :. MTR AT 1111 EAGLES LANDING WAS BEING READ FOR THIS CUSTOMER'S SERVICE
. ON 5/20/05.THE ACCOUNT WAS INCORRECTLY BILLED FOR CONS ON HOUSE METER
. ON 6/14/05 FIELD INCORRECTLY REPLACED THE HOUSE METER FOR THIS RESIDENCE
. INSTEAD OF THE SCHEDULED HOUSE METER AT 1111 BECAUSE IT WAS THOUGHT TO
. BE BROKEN DUE TO "0" CONS.THAT READ WAS FOR THIS SERVICE.THE RECORDS
. HAVE BEEN CORRECTED AS FOLLOWS: HOUSE MTR 1115 EAGLES LANDING # IS
. 29761284 READ "0". IRRG MTR# 29320135 READ 14340. HOUSE MTR FOR
. 1111 EAGLES LANDING # 76634626 READ 429460. ACCOUNTS ARE CORRECTED
. TO REFLECT CHANGES AND CUSTOMER NOTIFIED.
. DA/JY/EC
RDATE :. 06/30/05

CORPýý----. 107
ROUTE :. 1

Pennbrooke

```
SERVICE ORDER# :. 942069
ACCOUNT#       :. 006910090670
CUSTOMER NAME  :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:. MAINT  BLG TRAILWOOD DR
PHONE          :. 863/646-2904
EDATE          :. 06/30/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 05/23/05 READ 215120
                . 06/30/05 READ 244400 ESTIMATED
RESOLUTION     :. 06/29/05 READ 233600 CORRECT-OK USE FOR BILLING
                . JX/RB
RDATE          :. 06/29/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 942072
ACCOUNT#       :. 006910090670
CUSTOMER NAME  :. PENNBROOKE FAIRWAYS HOA,
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 22
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



SERVICE ADDRESS:. MAINT  BLG TRAILWOOD DR
PHONE           :. 863/646-2904
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/23/05 READ 51000
                 . 06/30/05 READ 51000 ESTIMATED
RESOLUTION      :. 06/29/05 READ 55900 CORRECT-OK USE FOR BILLING
                 . ALSO WW PLANT 2 MTR'S INSIDE FENCE 2"
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942074
ACCOUNT#        :. 006910940231
CUSTOMER NAME   :. NATOLI,JOLENE
SERVICE ADDRESS:. 33243  PENNBROOKE PKWY
PHONE           :.    /   -
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/23/05 READ 279380
                 . 06/30/05 READ 289268 ESTIMATED
RESOLUTION      :. 06/29/05 READ 290270 CORRECT -OK USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942081
ACCOUNT#        :. 006910800631
CUSTOMER NAME   :. HAWTHORNE,BYRON
SERVICE ADDRESS:. 321  RANCHWOOD DR
PHONE           :.    /   -
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/20/05 READ 1022280
                 . 06/30/05 READ 1031297 ESTIMATED
RESOLUTION      :. 06/29/05 READ 1032730 CORRECT - OK USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942086
ACCOUNT#        :. 006910090660
CUSTOMER NAME   :. PENNBROOKE FAIRWAYS HOA,
```

Pennbrooke

```
SERVICE ADDRESS:.   BASEBALL FIELD
PHONE          :.    /   -
EDATE          :. 06/30/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 05/23/05 READ 1638100
                . 06/30/05 READ 1723638 ESTIMATED
RESOLUTION     :. 06/29/05 READ 1698000 CORRECT -OK USE FOR BILLING
                . JX/RB
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 23
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 06/29/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 942091
ACCOUNT# :. 006910090331
CUSTOMER NAME :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:. RV WASHDOWN AREA
PHONE :. / -
EDATE :. 06/30/05
TYPE :. 18
FOPER :.
COMMENT :. 05/23/05 READ 594090
. 06/30/05 READ 603457 ESTIMATED
RESOLUTION :. 06/29/05 READ 608150 CORRECT-OK USE FOR BILLING
. JX/RB
RDATE :. 06/29/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 942094
ACCOUNT# :. 006910000771
CUSTOMER NAME :. UNRUH,ROBERT
SERVICE ADDRESS:. 132 WESTWOOD DR
PHONE :. / -
EDATE :. 06/30/05
TYPE :. 18
FOPER :.
COMMENT :. 05/23/05 READ 1810190
. 06/30/05 READ 1818615 ESTMATED
RESOLUTION :. 06/29/05 READ 1818340 CORRECT-OK USE FOR BILLING
. JX/RB
RDATE :. 06/29/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 942101
ACCOUNT# :. 006910000512
CUSTOMER NAME :. DAKAUSKAS,DAVID
SERVICE ADDRESS:. 32537 WEST GOLF CT
PHONE :. 517/669-9544
EDATE :. 06/30/05
TYPE :. 18
FOPER :.
COMMENT :. 05/20/05 READ 777480
. 06/22/05 READ 777460 NEG
RESOLUTION :. 06/29/05 READ 777480 CORRECT -OK USE FOR BILLING
. JX/RB
RDATE :. 06/29/05

Pennbrooke

```
CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 942105
ACCOUNT#        :. 006910001903
CUSTOMER NAME   :. VANHORN,BILL
SERVICE ADDRESS:. 606  COTTAGE PARK LN
PHONE           :. 248/895-0514
EDATE           :. 06/30/05
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 24
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



TYPE             :. 18
FOPER            :.
COMMENT          :. 06/22/05 READ 463690
                  . 06/30/05 READ 465273 ESTIMATED
RESOLUTION       :. 06/29/05 READ 471910 CORRECT - OK USE FOR BILLING
                  . JX/RB
RDATE            :. 06/29/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 942108
ACCOUNT#         :. 006910001382
CUSTOMER NAME    :. SZYMANSKI,JOSEPH
SERVICE ADDRESS  :. 32339  OAK PARK DR
PHONE            :. 314/997-3089
EDATE            :. 06/30/05
TYPE             :. 18
FOPER            :.
COMMENT          :. 05/23/05 READ 131270
                  . 06/30/05 READ 131843 ESTIMATED
RESOLUTION       :. 06/29/05 READ 132220 CORRECT - OK USE FOR BILLING
                  . JX/RB
RDATE            :. 06/29/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 942112
ACCOUNT#         :. 006910000873
CUSTOMER NAME    :. OCHUCCI,RUTH
SERVICE ADDRESS  :. 529  EASTWOOD LN
PHONE            :. 352/315-1225
EDATE            :. 06/30/05
TYPE             :. 18
FOPER            :.
COMMENT          :. 06/10/05 READ 1326990
                  . 06/22/05 READ 1326170 NEG -- MISS READ
RESOLUTION       :. 06/29/05 READ 136280 CORRECT -OK USE FOR BILLING ..... NOTE
USED 132600
                  . FOR NEW START READ.
                  . JX/RB
RDATE            :. 06/29/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 942163
ACCOUNT#         :. 006910911052
CUSTOMER NAME    :. WILSON,GREGORY L
SERVICE ADDRESS  :. 621  GRAND VISTA TRL
PHONE            :. 352/516-1851
```

Pennbrooke

```
EDATE          :. 06/30/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 05/20/05 READ 1344790
                . 06/21/05 READ 350300 NEG
RESOLUTION     :. 06/29/05 READ 1351190 CORRECT READ *** READ 1350300 USED FOR
BILLING
                . JX/RB
RDATE          :. 06/29/05

CORPýý----. 107
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 25
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
ROUTE           :. 2
SERVICE ORDER#  :. 942173
ACCOUNT#        :. 006910911643
CUSTOMER NAME   :. KRUST,DON
SERVICE ADDRESS:. 754  GRAND VISTA TRL
PHONE           :. 352/314-8933
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/20/05 READ 675560
                 . 06/21/05 READ 580310 NEG
RESOLUTION      :. 06/29/05 READ 681040 CORRECT -OK
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942188
ACCOUNT#        :. 006910980012
CUSTOMER NAME   :. HAMMOND,JAMES C
SERVICE ADDRESS:. 617  GLEN OAKS DR
PHONE           :. 352/728-4654
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/23/05 READ 980920
                 . 06/22/05 READ 154920 NEG
RESOLUTION      :. 06/29/05 READ 993030 CORRECT - OK USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942207
ACCOUNT#        :. 006910090271
CUSTOMER NAME   :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:.   N SIDE BLVD./WESTWOOD
PHONE           :.    /   -
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/20/05 READ 197130
                 . 06/30/05 READ 197130 ESTIMATED
RESOLUTION      :. 06/29/05 READ 197280 CORECT USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
```

Pennbrooke

```
SERVICE ORDER# :. 942222
ACCOUNT#       :. 006910400121
CUSTOMER NAME  :. LOYAL,BILL
SERVICE ADDRESS:. 213  WILLOWBROOK DR
PHONE          :. 859/491-6866
EDATE          :. 06/30/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 05/23/05 READ 980030
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 06/22/05 READ 928910 NEG
RESOLUTION      :. 06/29/05 READ 983200 CORRECT USE FOR BILLING
                . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942227
ACCOUNT#        :. 006910400171
CUSTOMER NAME   :. RITCHEY,SANDRA
SERVICE ADDRESS:. 143  WILLOW BROOK DR
PHONE           :.    /   -
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/23/05 READ 1147590
                . 06/22/05 READ 155190 NEG
RESOLUTION      :. 06/29/05 READ 1157210 CORRECT -- USED 1155190 FOR BILLING
                . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942234
ACCOUNT#        :. 006910000271
CUSTOMER NAME   :. OHLZEN,MAE
SERVICE ADDRESS:. 416  WESTWOOD DR
PHONE           :.    /   -
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/20/05 READ 924580
                . 06/30/05 READ 927571 ESTIMATED
RESOLUTION      :. 06/29/05 READ 927200 CORRECT -OK USE FOR BILLING
                . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942236
ACCOUNT#        :. 006910000321
CUSTOMER NAME   :. CARR,JOHN
SERVICE ADDRESS:. 32536  WEST GOLF CT
PHONE           :. 352/314-3840
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/20/05 READ 654400
                . 06/30/05 READ 658941 ESTIMATED
```

Pennbrooke

```
RESOLUTION      :. 06/29/05 READ 660570 CORRECT - OK UES FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942237
ACCOUNT#        :. 006910000331
CUSTOMER NAME   :. ELROD,HOYT
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 27
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



SERVICE ADDRESS:. 32532  WEST GOLF CT
PHONE          :.    /   -
EDATE          :. 06/30/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 05/20/05 READ 1492280
                . 06/30/05 READ 1499518 ESTIMATED
RESOLUTION     :. 06/29/05 READ 149990 CORRECT-OK USE FOR BILLING
                . JX/RB
RDATE          :. 06/29/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 942240
ACCOUNT#       :. 006910000441
CUSTOMER NAME  :. ALLENBAUGH,ALVIN
SERVICE ADDRESS:. 32509  WEST GOLF CT
PHONE          :.    /   -
EDATE          :. 06/30/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 05/20/05 READ 1160910
                . 06/30/05 READ 1166651 ESTIMATED
RESOLUTION     :. 06/29/05 READ 1167000 CORRECT -OK USE FOR BILLING
                . JX/RB
RDATE          :. 06/29/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 942245
ACCOUNT#       :. 006910000502
CUSTOMER NAME  :. BIEBER,PAUL
SERVICE ADDRESS:. 32533  WEST GOLF CT
PHONE          :. 352/314-6924
EDATE          :. 06/30/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 05/20/05 READ 482840
                . 06/30/05 READ 484556 ESTIMATED
RESOLUTION     :. 06/29/05 READ 482840 CORRECT-OK USE FOR BILLING
                . JX/RB
RDATE          :. 06/29/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 942249
ACCOUNT#       :. 006910500111
CUSTOMER NAME  :. WEST,EARL
SERVICE ADDRESS:. 240  WILLOWBROOK DR
```

Pennbrooke

```
PHONE          :. 352/728-5471
EDATE          :. 06/30/05
TYPE           :. 18
FOPER          :.
COMMENT        :. 05/23/05 READ 832960
                . 06/22/05 READ 635110 NEG
RESOLUTION     :. 06/29/05 READ 835540 CORRECT -OK USE FOR BILLING
                . JX/RB
RDATE          :. 06/29/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 28
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 942252
ACCOUNT# :. 006910000081
CUSTOMER NAME :. GRINNELL,MALCOM
SERVICE ADDRESS:. 143 WESTWOOD DR
PHONE :. 352/315-1831
EDATE :. 06/30/05
TYPE :. 18
FOPER :.
COMMENT :. 05/23/05 READ 1284130
. 06/30/05 READ 1288378 ESTIMATED
RESOLUTION :. 06/29/05 READ 1290280 CORRECT -OK USE FOR BILLING
. JX/RB
RDATE :. 06/29/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 942258
ACCOUNT# :. 006910000052
CUSTOMER NAME :. WARREN,RONALD F
SERVICE ADDRESS:. 131 WESTWOOD DR
PHONE :. 352/326-2279
EDATE :. 06/30/05
TYPE :. 18
FOPER :.
COMMENT :. 05/23/05 READ 921960
. 06/30/05 READ 923049 ESTIMATED
RESOLUTION :. 06/29/05 READ 921960 CORRECT -OK USE FOR BILLING
. JX/RB
RDATE :. 06/29/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 942267
ACCOUNT# :. 006910600251
CUSTOMER NAME :. KAISER JR.,JOSEPH
SERVICE ADDRESS:. 32744 WESTWOOD LOOP
PHONE :. 352/365-0683
EDATE :. 06/30/05
TYPE :. 18
FOPER :.
COMMENT :. 05/23/05 READ 364880
. 06/30/05 READ 369920 ESTIMATED
RESOLUTION :. 06/29/05 READ 371170 CORRECT-OK USE FOR BILLING
. JX/RB
.
RDATE :. 06/29/05

Pennbrooke

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 942274
ACCOUNT# :. 006910600241
CUSTOMER NAME :. LONG,LARRY
SERVICE ADDRESS:. 32746 WESTWOOD LOOP
PHONE :. 352/365-6456
EDATE :. 06/30/05
TYPE :. 18

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
FOPER           :.
COMMENT         :. 05/23/05 READ 769900
                 . 06/30/05 READ 774569 ESTIMATED
RESOLUTION      :. 06/29/05 READ 775680 CORRECT-OK USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942279
ACCOUNT#        :. 006910910971
CUSTOMER NAME   :. MCLENON,NORMAN
SERVICE ADDRESS:. 32801  CROOKED OAKS LN
PHONE           :. 352/314-5087
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 06/01/05 READ 946750
                 . 06/30/05 READ 958050 ESTIMATED
RESOLUTION      :. 06/29/05 READ 956730 CORRECT -OK USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942283
ACCOUNT#        :. 006910960082
CUSTOMER NAME   :. CANE,THOMAS V
SERVICE ADDRESS:. 740  OLD OAKS LN
PHONE           :. 352/787-9253
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
COMMENT         :. 05/20/05 READ 886250
                 . 06/30/05 READ 894122 ESTIMATED
RESOLUTION      :. 06/29/05 READ 892240 CORRECT -OK USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942285
ACCOUNT#        :. 006910990311
CUSTOMER NAME   :. YOUNG,DAVID
SERVICE ADDRESS:. 1153  MEADOWBEND DR
PHONE           :. 352/323-1232
EDATE           :. 06/30/05
TYPE            :. 18
FOPER           :.
```

Pennbrooke

```
COMMENT          :. 05/20/05 READ 796100
                  . 06/21/05 READ 793300 NEG
RESOLUTION       :. 06/29/05 READ 797280 CORRECT - OK USE FOR BILLING
                  . JX/RB
RDATE            :. 06/29/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 942288
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
ACCOUNT#         :. 006910990382
CUSTOMER NAME    :. KJELLANDER,FRANCIS
SERVICE ADDRESS  :. 1049  MEADOWBEND DR
PHONE            :. 352/787-3419
EDATE            :. 06/30/05
TYPE             :. 18
FOPER            :.
COMMENT          :. 05/20/05 READ 428080
                  . 06/21/05 READ 236050 NEG
RESOLUTION       :. 06/29/05 READ 437380 CORRECT - OK USE FOR BILLING
                  . JX/RB
RDATE            :. 06/29/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 887558
ACCOUNT#         :. 006910950752
CUSTOMER NAME    :. BALUYOT,PATRICIO
SERVICE ADDRESS  :. 825  FOREST BREEZE PATH
PHONE            :. 609/607-0390
EDATE            :. 01/11/05
TYPE             :. 20
FOPER            :.
COMMENT          :. CAN WE PROVIDE AN 5/8 IRRIGATION METER AT THIS ADDRESS?
                  . PATRICK- 609-384-4281
                  .
                  . THANKS
RESOLUTION       :. YES, NO ROAD CROSSING. DSA/ANN
RDATE            :. 01/12/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 887560
ACCOUNT#         :. 006910950742
CUSTOMER NAME    :. AGAPITO,RICARDO
SERVICE ADDRESS  :. 821  FOREST BREEZE PATH
PHONE            :. 691/095-0742
EDATE            :. 01/11/05
TYPE             :. 20
FOPER            :.
COMMENT          :. CAN WE PROVIDE AN 5/8 IRRIGATION METER AT THIS ADDRESS?
                  . PATRICK- 609-384-4281
                  .
                  . THANKS
RESOLUTION       :. YES, NO ROAD CROSSING. DSA/ANN
RDATE            :. 01/12/05

CORPýý----. 107
ROUTE            :. 2
```

Pennbrooke

SERVICE ORDER# :. 887808
ACCOUNT# :. 006910970311
CUSTOMER NAME :. MARTIN,JOAN
SERVICE ADDRESS:. 33125 MEADOWSIDE CT
PHONE :. 352/360-1782
EDATE :. 01/11/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE A IRRIGATION METER TO THIS ADDRESS?

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . JOHN 325-360-1782
                .
                . THANKS
                . Y
RESOLUTION      :. YESM NO RAOD CROSSING. DSA/ANN
RDATE           :. 01/12/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 888134
ACCOUNT#        :. 006910911051
CUSTOMER NAME   :. BLERSCH,WAREND
SERVICE ADDRESS:. 621  GRAND VISTA TRL
PHONE           :. 352/360-0875
EDATE           :. 01/12/05
TYPE            :. 20
FOPER           :.
COMMENT         :. NSF AUTO DRAFT 12/13/4 $96.59 (ACCNT CLOSED)
                . BANK SERV FEE           30.00
                . TOTAL AMNT DUE         $126.59 PAYABLE BY CASHIER CHK OR M\O
ONLY
                . TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
                . 5 DAY LTTR MAILED 01/13
RESOLUTION      :. CUSTOMER PAID NSF AMT $96.59 BUT DISPUTES THE S/C. SEE NOTES
ON
                . ACCOUNT.
                .
                . EC
RDATE           :. 01/28/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 888474
ACCOUNT#        :. 006910910891
CUSTOMER NAME   :. LASKOWSKI,NORMAN
SERVICE ADDRESS:. 32849  CROOKED OAKS LN
PHONE           :.    /   -
EDATE           :. 01/13/05
TYPE            :. 20
FOPER           :.
COMMENT         :. NSF CHK#62908794 11/15/4 $46.32
                . BANK SERV FEE            25.00
                . TOTAL AMNT DUE          $71.32 PAYABLE BY CASHIER CHK OR M\O
ONLY
                . TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
                . 5 DAY LTTR MAILED 1/14  [ACCNT CLOSED]
RESOLUTION      :. ACCOUNT PAID 1/25/05. NO FUTHER ACTION REQUIRED
                .
                . EC
```

Pennbrooke

```
RDATE           :. 01/25/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 891250
ACCOUNT#        :. 006910911251
CUSTOMER NAME   :. BARR,FRANCIS
SERVICE ADDRESS:. 732  TIMBERCREST DR
PHONE           :.    /   -
EDATE           :. 01/24/05
TYPE            :. 20
FOPER           :.
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. CAN WE PROVIDE A IRRIGATION METER AT THIS ADDRESS?
                  . FRANCIS BARR -352-326-3696.
                  .
                  . THANKS
RESOLUTION       :. YES, WE CAN PROVIDE, REQUIRES A ROAD CROSSING. DSA/ANN
RDATE            :. 01/28/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 891260
ACCOUNT#         :. 006910950551
CUSTOMER NAME    :. RAY,ROBERT
SERVICE ADDRESS  :. 1002  EAGLES LANDING
PHONE            :. 352/728-6720
EDATE            :. 01/24/05
TYPE             :. 20
FOPER            :.
COMMENT          :. CAN WE PROVIDE A IRRIGATION METER AT THIS ADDRESS?
                  . ROBERT RAY-352-728-6720
                  .
                  . THANKS
RESOLUTION       :. YES, NO ROAD CROSS. DSA/ANN
                  . MAILED APPLICATION-02/02/05
RDATE            :. 01/26/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 892321
ACCOUNT#         :. 006910950851
CUSTOMER NAME    :. STEVENSON,WAYNE
SERVICE ADDRESS  :. 931  FOREST BREEZE PATH
PHONE            :. 352/728-6059
EDATE            :. 01/26/05
TYPE             :. 20
FOPER            :.
COMMENT          :. CAN WE PROVIDE A IRRIGATION METER TO THIS ADDRESS?
                  . WAYNE-352-728-6059
                  .
                  . THANKS
                  . Y
RESOLUTION       :. YES, NO ROAD CROSS. DSA/ANN
RDATE            :. 01/26/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 892323
ACCOUNT#         :. 006910950861
CUSTOMER NAME    :. SETLER,BRUCE E
SERVICE ADDRESS  :. 937  FOREST BREEZE PATH
```

Pennbrooke

PHONE	:.	352/323-8874
EDATE	:.	01/26/05
TYPE	:.	20
FOPER	:.	
COMMENT	:.	CAN WE PROVIDE A IRRIGATION METER TO THIS ADDRESS?
	.	BRUCE 352-323-8874
	.	
	.	THANKS
RESOLUTION	:.	YES, NO ROAD CROSSING. DSA/ANN

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 33
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 01/26/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 893618
ACCOUNT# :. 006910970571
CUSTOMER NAME :. FRANSEN,RUSSELL
SERVICE ADDRESS:. 1044 EAGLES LANDING
PHONE :. 352/323-1397
EDATE :. 01/31/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE VERIFY IF IRRIG METER CAN BE INSTALLED PER CUSTOMER REQUEST. IF
. SO TAG DOOR TO CALL OFFC.
.
. FAX BACK ATTN LORRETA OR ANN.
RESOLUTION :. TAG & TALK TO MRS., YES WE CAN INSTALL IRRG. METER, MAIN IS ON HER SIDE
. OF ROAD. CS/ANN
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 893787
ACCOUNT# :. 006910950871
CUSTOMER NAME :. COTTRILL,CHARLES E
SERVICE ADDRESS:. 943 FOREST BREEZE PATH
PHONE :. 540/937-5297
EDATE :. 01/31/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE A IRRIGATION METER TO THIS ADRRESS?
. CHARLES-352-319-9993
.
. THANKS
RESOLUTION :. YWS, WE CAN PROVIDE IRRI METER, NO ROAD CROSSING NECESSARY. DSA/ANN
. MAILED APPLICATION 02/01/05- ANN
RDATE :. 02/01/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 893934
ACCOUNT# :. 006910970501
CUSTOMER NAME :. BRODIE,JOHN
SERVICE ADDRESS:. 1124 EAGLES LANDING
PHONE :. / -
EDATE :. 02/01/05

Pennbrooke

```
TYPE            :. 20
FOPER           :.
COMMENT         :. CAN WE SUPPLY A IRRIGATION METER TO THIS ADDRESS?
                 . JOHN- 352-315-1153
                 .
                 . THANKS
RESOLUTION      :. YES, WE CAN SUPPLY AN IRRIGATION METER. NO ROAD CROSSING.
DSA/ANN
                 . MAILED APPLICATION-02/01/05 ANN
RDATE           :. 02/01/05

CORPýý----. 107
ROUTE           :. 2
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 34
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 894574
ACCOUNT# :. 006911970310
CUSTOMER NAME :. MARTIN,JOHN
SERVICE ADDRESS:. 33125 MEADOWSIDE CT
PHONE :. 352/360-1782
EDATE :. 02/02/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE CALL CUSTOMER-HAS PROBLEMS WITH THE METER THAT WAS SET.
. 1) GRASS NEAR CURB IS NOT REPLACE, 2) METER IS LAYING ON GRASS W/ NO MTR
. BOX. & 3) WHERE SHOULD THE METER BE PLACE BECAUSE CUSTOMER CONTROL BOX
. FOR IRRIGATION IS ON THE OTHER SIDE OF THE GARAGE.
. JOHN MARTIN- 352-360-1782. THANKS!
RESOLUTION :. CUST CALLED TO CK STATUS ALSO THAT THERE'S HEAVY TREAD MARKS ON DRIVEWAY
. PLEASE CLEAN. DANIEL SPOKE TO CUSTOMER WILL TAKE CARE OF EVERYTHING.ANN
. 02/18- CUST CALLED AGAIN VERY UPSET-TREAD MARKS STILL ON DRIVEWAY- DID
. NOT COME OFF AFTER DANIEL PRESSURE CLEANED & THE GRASS STILL NOT REPLACE
. I SPOKE TO DANIEL HE WILL TAKE OF NEXT WEEK.
. 02/24- CUSTOMER CALLED AGAIN- *** STILL NOTHING DONE.ANN
. 02/24- PLEASE GIVE ME STATUS TODAY- ANN
. 02/24-RESET GRASS/SOD TO PROPER GRADE,LEFT MESS. WILL EVALUATE DRW.DSA
RDATE :. 02/08/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 894892
ACCOUNT# :. 006911950940
CUSTOMER NAME :. DAVIS,RALPH
SERVICE ADDRESS:. 936 FOREST BREEZE PATH
PHONE :. 407/341-3936
EDATE :. 02/03/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER CALLED- SAID THAT METER WAS SET BUT NO METER BOX. PLEASE
. INSTALL NEW BOX & INSPECT. THANKS
RESOLUTION :. INSTALLED METER BOX
. READ-4690
. DSA/ANN
.
.
.

Pennbrooke

```
RDATE           :. 02/15/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 895298
ACCOUNT#        :. 006910911072
CUSTOMER NAME   :. MARTIN,RICHARD
SERVICE ADDRESS:. 615  GRAND VISTA TRL
PHONE           :. 352/323-8605
EDATE           :. 02/04/05
TYPE            :. 20
FOPER           :.
COMMENT         :. NSF AUTO DRAFT 1/27/5 $43.15
                 . BANK SERV FEE          25.00
                 . TOTAL AMNT DUE        $68.15 PAYABLE BY CASHIER CHK OR M\O
ONLY
                 . TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
                 . 5 DAY LTTR MAILED 2/7
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
RESOLUTION      :. CUSTOMER PAID BEFORE LETTER  NO ADDITIONAL ACTION REQUIRED
                 .
                 . EC
RDATE           :. 02/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 896662
ACCOUNT#        :. 006910990291
CUSTOMER NAME   :. FRYER,JOHN
SERVICE ADDRESS:. 1205  MEADOWBEND DR
PHONE           :. 352/728-4874
EDATE           :. 02/09/05
TYPE            :. 20
FOPER           :.
COMMENT         :. CAN WE PROVIDE AN IRRIGATION METER TO THIS ADDRESS?
                 . JOHN-352-728-4874
                 .
                 . THANKS
                 . Y
RESOLUTION      :. WE CAN PROVIDE AN IRRIGATION METER BY PERFORMING A ROAD
CROSSING AND A
                 . TAP. NO LEAKS/ HAS IRRIGATION. CB/ANN
RDATE           :. 02/10/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 897793
ACCOUNT#        :. 006910950611
CUSTOMER NAME   :. NELSON,ERNEST
SERVICE ADDRESS:. 946  EAGLES LANDING
PHONE           :. 352/787-6767
EDATE           :. 02/14/05
TYPE            :. 20
FOPER           :.
COMMENT         :. CAN WE PROVIDE AN IRRIGATION METER TO THIS ADDRESS?
                 . MR. NELSON 352-787-6767.
                 .
                 . THANKS
                 . Y
RESOLUTION      :. YES, WE CAN PROVIDE IRRI METER. NO RD CROSS.SPOKE W/MR,
NELSON, REGARD
                 . SET UP & CUST RESPON( PAST METER)/ SATISFIED. DSA/ANN
                 . 02/28/05- MAILED OUT APPLICATION. ANN
RDATE           :. 02/15/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 898867
```

Pennbrooke

```
ACCOUNT#          :. 006910911131
CUSTOMER NAME     :. URBANCZYK,WILLIAM
SERVICE ADDRESS:. 729  TIMBERCREST DR
PHONE             :. 352/315-9047
EDATE             :. 02/17/05
TYPE              :. 20
FOPER             :.
COMMENT           :. CAN WE PROVIDE IRRGATION METER TO THIS ADDRESS?
                   . WILLIAM 352-315-9047
                   .
                   . THANKS
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . Y
RESOLUTION      :. WE CAN PROVIDE AN IRRIGATION METER BY PERFORMING A TAP.CB/ANN
                . 2/28/05- MAILED APPLICATION -ANN
RDATE           :. 02/17/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 899018
ACCOUNT#        :. 006910930301
CUSTOMER NAME   :. TAILLIEU,EDMOND
SERVICE ADDRESS:. 401  GRAND VISTA TRL
PHONE           :. 352/728-4353
EDATE           :. 02/17/05
TYPE            :. 20
FOPER           :.
COMMENT         :. CAN WE PROVIDE AN IRRIGATION METER FOR THIS ADDRESS?
                . ED-352-728-4353
                .
                . THANKS
RESOLUTION      :. WE CAN PROVIDE A IRRG METER BY PERFORMING A TAP.CB/ANN
                . 02/28/05- MAILED OUT APPLICATION-ANN
RDATE           :. 02/17/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 903635
ACCOUNT#        :. 006910950161
CUSTOMER NAME   :. MCCOY,JAMES
SERVICE ADDRESS:. 903  EAGLES LANDING
PHONE           :. 937/289-0023
EDATE           :. 03/07/05
TYPE            :. 20
FOPER           :.
COMMENT         :. CAN WE PROVIDE AN IRRIGATION METER TO THIS ADDRESS.
                . JAMES -352-365-0739
                .
                . THANKS
RESOLUTION      :. YES, WE CAN. SENT APPLICATION-ANN
RDATE           :. 03/22/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 903717
ACCOUNT#        :. 006910950171
CUSTOMER NAME   :. SLANDA,EDWARD
SERVICE ADDRESS:. 909  EAGLES LANDING
PHONE           :. 352/326-5172
EDATE           :. 03/07/05
TYPE            :. 20
```

Pennbrooke

FOPER	: .	
COMMENT	: .	CAN WE PROVIDE AN IRRIGATION METER TO THIS ADDRESS?
	.	EDWARD-352-326-5172
	.	
	.	THANKS
RESOLUTION	: .	YES, WE CAN PROVIDE SERVICE- ANN
	.	SENT APPLICATION-ANN
RDATE	: .	03/22/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 37
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 903979
ACCOUNT# :. 006910950891
CUSTOMER NAME :. JACKSON,ERNEST
SERVICE ADDRESS:. 951 FOREST BREEZE PATH
PHONE :. 810/252-3049
EDATE :. 03/08/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE AN IRRIGATION METER TO THIS ADDRESS?
. ERNEST-352-728-6939
.
. THANKS
RESOLUTION :. WE CAN PROVIDE AN IRRIGATION MTR NY PERFORMING A TAP-CB/ANN
RDATE :. 03/09/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 904076
ACCOUNT# :. 006910990281
CUSTOMER NAME :. TOTURA,EMIL
SERVICE ADDRESS:. 1209 MEADOWBEND DR
PHONE :. 352/787-6838
EDATE :. 03/08/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE AN IRRIGATION METER TO THIS ADDRESS?
.
. MRS. TOTURA- 352-787-6838
.
. THANKS.
RESOLUTION :. WE CAN PROVIDE AN IRRIGATION MTR BY PERFORMING A RD CROSSING &
TAP.
. CB/ANN
RDATE :. 03/09/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 906089
ACCOUNT# :. 006910950231
CUSTOMER NAME :. LEVENS,ROBERT
SERVICE ADDRESS:. 945 EAGLES LANDING
PHONE :. 352/728-1836
EDATE :. 03/14/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE A IRRIGATION METER TO THIS ADDRESS.
. ROBERT 352-323-8218

Pennbrooke

```
                 .
                 . THANKS
                 . Y
RESOLUTION      :. YES, NEEDS A ROAD CROSSING/SPOKE WITH HOMEOWNER. DSA/ANN
RDATE           :. 03/15/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 906091
ACCOUNT#        :. 006910980391
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 38
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. EADS,WILLIAM
SERVICE ADDRESS:. 32201 SUMMERTREE CIR
PHONE :. 352/217-1629
EDATE :. 03/14/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE A IRRIAGTION METER TO THIS ADDRESS?
. BILL 352-728-1836
.
. THANKS
RESOLUTION :. YES, WE CAN ,TAGGED HOME BLUE LOCATE FLAG NEXT TO EXISTING METER BOX.
. DSA/ANN
RDATE :. 03/15/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 906111
ACCOUNT# :. 006910950981
CUSTOMER NAME :. DAHLBERG,ROBERT
SERVICE ADDRESS:. 914 FOREST BREEZE PATH
PHONE :. 352/314-9140
EDATE :. 03/14/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE AN IRRIGATION METER TO THIS ADDRESS.
. BOB-352-314-9140
.
. THANKS
RESOLUTION :. YES, CAN PROVIDE. DSA/ANN
. SENT APPLICATION-ANN
RDATE :. 03/22/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 906116
ACCOUNT# :. 006910970532
CUSTOMER NAME :. MUTCH,LYNDA
SERVICE ADDRESS:. 1112 EAGLES LANDING
PHONE :. 352/728-1767
EDATE :. 03/14/05
TYPE :. 20
FOPER :.
COMMENT :. WE REPLACE SOD IN HIS YARD & IT'S 6 INCH HIGHER THAN TO ORIG. SOD, CUST
. SPOKE WITH HIS LANDSCAPER AND HE SAID THAT IT NEEDS TO BE ROLLED??
. PLEASE CALL BOB @ 352-728-1767.
.

Pennbrooke

```
                . THANKS
RESOLUTION      :. WE EXCAVATED YARD SECTION FOR OPPOSITE IRRI METER INSTALL.
WILL RETURN
                . TO RESET SOD. NO ONE HOME, CALLED ANS MACHINE & LEFT MESS.
DSA/ANN
                . 03/21/05- CUSTOMER CALLED, COULDN'T UNDERSTAND DANIEL MESSAGE,
GAVE CELL
                . NUMBER TO CUST TO CALL HIM BACK. ANN
                .
RDATE           :. 03/15/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 906775
ACCOUNT#        :. 006910930361
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 39
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. HILL,JOHN
SERVICE ADDRESS:. 425 GRAND VISTA TRL
PHONE :. / -
EDATE :. 03/16/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE A IRRIGATION METER TO THIS ADDRESS. IF SO, PLEASE GIVE
. ESTIMATE QUOTE OF PRICE TO INSTALL IRRIGATION METER FROM CONTRACTOR.
. JOHN-352-365-9579
.
. THANKS
RESOLUTION :. YES, SHORT SIDE-DSA/ANN
. 03/24/05- LEFT MESS TO CALL-ANN
. ADVISED CUSTOMER OF THE $548.24 PRICE VERY UPSET,OTHER CUSTOMER REC'D
. THEIR IRRIGATION METER AT THE $98.24 PRICE. ANN
RDATE :. 03/24/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 908029
ACCOUNT# :. 006910940331
CUSTOMER NAME :. O'BRIEN,JOHN
SERVICE ADDRESS:. 33117 PENNBROOKE PKWY
PHONE :. 352/315-9116
EDATE :. 03/21/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE A IRRIGATION METER TO THIS ADDRESS? PLEASE ADVISE IF IT'S
. LONG OR SHORT SIDE SERVICE. JOHN O'BRIEN 352-315-9116
.
. THANKS
. Y
RESOLUTION :. YES, SHORT SIDE-DSA/ANN
. ADVISED CUSTOMER-ANN
RDATE :. 03/22/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 908306
ACCOUNT# :. 006910950181
CUSTOMER NAME :. O'CONNOR - HOMER,CANDEE M
SERVICE ADDRESS:. 915 EAGLES LANDING
PHONE :. 352/323-1997
EDATE :. 03/21/05
TYPE :. 20

Pennbrooke

```
FOPER           :.
COMMENT         :. CAN WE PROVIDE AN IRRIGATION METER TO THIS ADDRESS? PLEASE
ADVISE IF
                 . LONG OR SHORT SIDE SERVICE.
                 . CANDEE-352-323-1997
                 .
                 . THANKS
RESOLUTION      :. YES, LONG SIDE-DSA-ANN
                 . ADVISED CUSTOMER-ANN
RDATE           :. 03/22/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 908466
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 40
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

ACCOUNT# :. 006910970581
CUSTOMER NAME :. ALLISON,MELVIN
SERVICE ADDRESS:. 1040 EAGLES LANDING
PHONE :. / -
EDATE :. 03/22/05
TYPE :. 20
FOPER :.
COMMENT :. DANIEL COULD YOU REMOVE THE FLAG IN CUSTOMER YARD-CUSTOMER CALLED HOUSE
. IS UP FOR SALE, WANT THEM REMOVED. CUSTOMER DIDN'T LEAVE PHONE NUMBER.
.
. THANKS
RESOLUTION :. REMOVED FLAGS, ALSO ASSURED CUSTOMER WE (I) WILL SENT THEIR LAWN SOD TO
. GRADE AS WELL. DSA/ANN
RDATE :. 03/22/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 908500
ACCOUNT# :. 006911970310
CUSTOMER NAME :. MARTIN,JOHN
SERVICE ADDRESS:. 33125 MEADOWSIDE CT
PHONE :. 352/360-1782
EDATE :. 03/22/05
TYPE :. 20
FOPER :.
COMMENT :. CONT'D FROM S/0#894574-CUSTOMER CALLED VERY UPSET- SOD STILL NEEDS TO BE
. REPLACE & DRIVEWAYS STILL HAS TREAD MARKS. NO ONE BEEN BY TO DO THE WORK
. PLEASE CALL CUSTOMER.
.
. THANKS
RESOLUTION :. SPOKE W/BILL COATES, STILL LOOKING FOR SOD & CHEMICALS. WILL CALL CUST.
. BC/ANN
. 03/22/05- DSA WILL STOP BY CUSTOMER HOUSE & TAKE CARE. DSA/ANN
. 03/22/05- KNOCKED ON DOOR, NOBODY HOME-TESTED "POU-N-RESTORE" CHEMICAL
. ON DRIVEWAY PER BILL C. WILL CK AT 1630 HRS. CALLED LEFT MESS. ON ANS
. MACH. REGARDING UNAVAIL OF SOD. DSA/ANN
. 3/25/05- REPLACED SOD. YARD IS PERFECT. NO LEAKS/HAS IRRIGATION-CB/ANN
RDATE :. 03/21/05

CORPýý----. 107

Pennbrooke

```
ROUTE           :. 2
SERVICE ORDER#  :. 909903
ACCOUNT#        :. 006910950742
CUSTOMER NAME   :. AGAPITO,RICARDO
SERVICE ADDRESS:. 821  FOREST BREEZE PATH
PHONE           :. 691/095-0742
EDATE           :. 03/28/05
TYPE            :. 20
FOPER           :.
COMMENT         :. MR. MILHAM CALLED(NEXT DOOR), HE HAD A IRR MTR INSTALLED @ 822
FOREST
                 . BREEZE & WE TORN UP 821 FOREST BREEZE LAWN, WE REPLACE SOD BUT
IT'S MUCH
                 . HIGHER, ALSO THE LAWN CURB IS CRACKED. PLEASE REPLACE.
THANKS!
RESOLUTION      :. MR. MILHAM(NEXT DOOR) CALLED TO CK STATUS- PLEASE GIVE
RESOLUTION-ANN
                 . 04/05/05- SPOKE TO DANIEL WILL STOP BY TODAY-ANN
                 . 04/05/05-MET W/CUSTOMER'S AT RESIDENCE (821 FOREST BREEZE
PATH) MR & MRS
                 . AGAPITO. ASSURED THEM THAT WE WOULD REPLACE DESTROYED SOD,AND
REPAIR OR
                 . REFACE BROKEN LAWN CURB. DSA/ANN
RDATE           :. 04/05/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 41
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 911455
ACCOUNT# :. 006910940251
CUSTOMER NAME :. CAROLLO,JOHN
SERVICE ADDRESS:. 33227 PENNBROOKE PKWY
PHONE :. 352/728-2280
EDATE :. 03/31/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE LOWER METER BOX 4 TO 5" ABOVE GROUND. PLEASE LOWER.
RESOLUTION :. READ 369490 REPLACED METER BOX AND LOWERED IT TO THE GROUND LEVEL
. CUSTOMER WAS PLEASED. LOC RIGHT LINE
.
. JY/EC
RDATE :. 04/01/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 914249
ACCOUNT# :. 006910900232
CUSTOMER NAME :. UNNERSTALL,LESTER
SERVICE ADDRESS:. 608 GOLFVIEW CT
PHONE :. 352/728-4906
EDATE :. 04/11/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE TAG HOUSE WITH THE "HARDNESS OF WATER" GRANS PER GAL
. CUSTOMER IS INSTALLING A WATER SOFTNER
RESOLUTION :. READ 74310 LEFT TAG RIGHT LINE LOC
.
. JY/EC
RDATE :. 04/12/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 914523
ACCOUNT# :. 006910810091
CUSTOMER NAME :. MC INTYRE,MARY A
SERVICE ADDRESS:. 436 GLEN ARBOR LN
PHONE :. 352/326-5414
EDATE :. 04/11/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE RAISE WATER METER BOX
RESOLUTION :. READ 37290 ADDED NEW METER BOX TO EXISTING BOX TO EQUAL LEVEL
. OF GROUND. CUSTOMER PLEASE.

Pennbrooke

```
                  .
                  . JY/EC
RDATE            :. 04/12/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 919239
ACCOUNT#         :. 006910090650
CUSTOMER NAME    :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS  :. FOREST BRZ CUL-DE-SAC WEST
PHONE            :.    /   -
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

EDATE :. 04/25/05
TYPE :. 20
FOPER :.
COMMENT :. COULD YOU PLEASE LOCATE THIS METER AND GIVE READ INFO. METER SN#38177989
. IS IT A 5/8" METER?.
.
. THANKS!
RESOLUTION :. YES, 5/8 METER FOR CENTER OF CUL DE SAC IRRIGATION- LOCATION IN FRONT OF
. (IN LINE WITH) 800 FOREST BREEZE PATH.
. READ-0038820
. NO LEAKS
. DSA/ANN
RDATE :. 04/26/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 919378
ACCOUNT# :. 006910090670
CUSTOMER NAME :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:. MAINT BLG TRAILWOOD DR
PHONE :. 863/646-2904
EDATE :. 04/25/05
TYPE :. 20
FOPER :.
COMMENT :. COULD YOU PLEASE IDENTIFY WHAT SERVICES WE PROVIDE FOR THIS METER
. (SN#04029392 COMPOUND METER). WATER ONLY OR WATER & SEWER.
.
. THANKS.
RESOLUTION :. LOCATION- PENNBROOKE WASTE WATER TREATMENT PLANT, INSIDE EGDE OF WESTERN
. CHAIN LINK FENCE. ALL WATER- HOMEOWNERS EXPENSE.
. DSA/ANN
RDATE :. 04/26/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 920022
ACCOUNT# :. 006911951060
CUSTOMER NAME :. MILHAM,RICAHRD J
SERVICE ADDRESS:. 822 FOREST BREEZE PATH
PHONE :. 352/323-3504
EDATE :. 04/26/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER CALLED - IRRIGATION SYSTEM IS READY- NO WATER GOING THRU METER-

Pennbrooke

```
                . PLEASE CHECK OUT. RICHARD'S CELL 518-441-0995.
                .
                . THANKS
RESOLUTION      :. HAD PLASTIC THREAD PROTECTOR STILL IN BACK FLOW CHECK VALVE,
REMOVED.
                . NOW 100% OF FLOW AVAILABLE. DSA/ANN
RDATE           :. 04/26/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 923223
ACCOUNT#        :. 006910600482
CUSTOMER NAME   :. SANCHEZ,MARY I
SERVICE ADDRESS:. 32703  WESTWOOD LOOP
PHONE           :. 410/579-8688
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 05/05/05
TYPE            :. 20
FOPER           :.
COMMENT         :. NSF AUTO DRAFT 4/26/5 $19.37 [ACCNT FROZEN]
                 . BANK SERV FEE          25.00
                 . TOTAL AMNT DUE        $44.37 PAYABLE BY CASHIER CHK OR M\O
ONLY
                 . TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
                 . 5 DAY LTTR MAILED 5/6
RESOLUTION      :. CUSTOMER PAID. NO ADDITIONAL ACTION REQUIRED.
                 .
                 . EC
RDATE           :. 05/23/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 923225
ACCOUNT#        :. 006910800452
CUSTOMER NAME   :. THOMAS,MARTHA J
SERVICE ADDRESS:. 32825  TIMBERWOOD DR
PHONE           :. 352/315-1798
EDATE           :. 05/05/05
TYPE            :. 20
FOPER           :.
COMMENT         :. NSF AUTO DRAFT 4/26/5 $43.08 [ACCNT CLOSED]
                 . BANK SERV FEE          25.00
                 . TOTAL AMNT DUE        $68.08 PAYABLE BY CASHIER CHK OR M\O
ONLY
                 . TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
                 . 5 DAY LTTR MAILED 5/6
RESOLUTION      :. CUSTOMER PAID NO ADDITIONAL ACTION REQUIRED
                 .
                 . EC
RDATE           :. 05/10/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 924401
ACCOUNT#        :. 006911951060
CUSTOMER NAME   :. MILHAM,RICAHRD J
SERVICE ADDRESS:. 822  FOREST BREEZE PATH
PHONE           :. 352/323-3504
EDATE           :. 05/10/05
TYPE            :. 20
FOPER           :.
COMMENT         :. CUSTOMER CALLED- THERE'S A LEAKS AT THE METER, ALSO WOULD LIKE
TO KNOW
                 . WHEN THE NEXT DOOR LAWN WILL BE FIX. PLEASE CALL HIM 352-323-
3504
```

```
                 .
                 . THANKS
RESOLUTION      :. NO LEAKS IN METER BOX-METER INDICATES LEAK ON CUSTOMERS SIDE
APPROX
                 . 2/10 GPM LEFT TAG-WILL FIX SOD ACROSS STREET/ JAMES Y. READ-
196040
                 . 05/13/05- CUSTOMER CALLED-WANTS JAMES TO CALL HIM. JAMES IS
OFF TODAY
                 . CALLED DANIEL TO CALLED CUSTOMER. ANN
RDATE           :. 05/10/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 928978
ACCOUNT#        :. 006910200041
CUSTOMER NAME   :. DEMOLLI,LOUIS
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 44
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 538 SHADOW RUN DR
PHONE :. 352/360-1321
EDATE :. 05/24/05
TYPE :. 20
FOPER :.
COMMENT :. NSF CHK#2321 5/12/5 $24.30
. BANK SERV FEE 25.00 (REFER TO MAKER)
. TOTAL AMNT DUE $49.30 PAYABLE BY CASHIER CHK OR M\O ONLT
. TO AVOID INTERRUPTION OF SERV AND A $15 RECONNECT FEE
. 5 DAY LTTR MAILED 5/25
RESOLUTION :. CUSTOMER PAID NO ADDITIONAL ACTION REQUIRED.
.
. EC
RDATE :. 05/31/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 931716
ACCOUNT# :. 006911970310
CUSTOMER NAME :. MARTIN,JOHN
SERVICE ADDRESS:. 33125 MEADOWSIDE CT
PHONE :. 352/360-1782
EDATE :. 06/01/05
TYPE :. 20
FOPER :.
COMMENT :. CONT'D FROM SO#894574 & 908500- CUSTOMER CALLED- WAS OUT OF TOWN FOR A
. MONTH- STILL TREAD MARKS ON DRIVEWAY, PLEASE CALL CUSTOMER, I DID
. ADVISED CUSTOMER THAT WE TRY "POUR-N-RESTORE" PER BILL.
.
. THANK YOU!
RESOLUTION :. TRIED(ACE HARDWARE)CONCRETE OIL SPOT REMOVER, DIDN'T REMOVE RUBBER MARKS
. TRIED TSP/90(HEAVY DUTY CLEANER),SMALL SPOT. MR MARTIN REQUESTED I USE
. REST OF CONTAINER ON TWO SECTIONS W/MOST TRACKS. DOES NOT WANT US TO USE
. MURIATIC ACID ON DRIVEWAY SURFACE. HE STATED TO ME, "I FEEL YOU HAVE
. DONE ENOUGH IN TRYING TO REMOVE THE STAINS". NO MORE EFFORT IS NEEDED.
. HE'S DONE/SATISFIED WITH THE RESULTS. NO TIRE MARKS, DARKER AREAS ARE
. RAW CONCRETE UNDERNEATH WHERE THE HARDNER CHEMICAL (ORIGINALLY COATED ON
. DRIVEWAY), HAS BEEN REMOVED BY CHEMICALS AND PRESSURE SPRAYING,REVEALING

```
                . DARKER-COLORED RAW CEMENT UNDERNEATH. RESOLVED 6/7/05 1644 HRS
DSA/ANN
RDATE          :. 06/07/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 885670
ACCOUNT#       :. 006910940311
CUSTOMER NAME  :. LESHER,WILLIAM
SERVICE ADDRESS:. 33133  PENNBROOKE PKWY
PHONE          :. 352/365-9665
EDATE          :. 01/05/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 11/23/04  READ  388670
                . 12/27/04  READ  109240 NEG
RESOLUTION     :. READ  413800 USED FOR BILLING
                .
                . DA/EC
RDATE          :. 01/04/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 45
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 885671
ACCOUNT# :. 006910940251
CUSTOMER NAME :. CAROLLO,JOHN
SERVICE ADDRESS:. 33227 PENNBROOKE PKWY
PHONE :. 352/728-2280
EDATE :. 01/05/05
TYPE :. 21
FOPER :.
COMMENT :. 11/23/04 READ 342290
. 12/27/04 READ 318530 NEG
RESOLUTION :. READ 349970 USED FOR BILLING
.
. DA/EC
RDATE :. 01/04/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 885672
ACCOUNT# :. 006910940691
CUSTOMER NAME :. IRVIN,PHILLIP L
SERVICE ADDRESS:. 347 BENTWOOD DR
PHONE :. 352/728-4919
EDATE :. 01/05/05
TYPE :. 21
FOPER :.
COMMENT :. 11/23/04 READ 139510
. 12/27/04 READ 340450 H/C
RESOLUTION :. READ 405070 LAWN IS YELLOW OVER IRRIGATING
.
. DA/EC
RDATE :. 01/04/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 885673
ACCOUNT# :. 006910930211
CUSTOMER NAME :. TOM,HANSFORD
SERVICE ADDRESS:. 325 GRAND VISTA TRL
PHONE :. / -
EDATE :. 01/05/05
TYPE :. 21
FOPER :.
COMMENT :. 11/23/04 READ 280480
. 12/27/04 READ 14109 NEG
RESOLUTION :. READ 288350 USED FOR BILLING
.
. DA/EC

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RDATE :. 01/04/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 885674
ACCOUNT# :. 006910930511
CUSTOMER NAME :. SMITH,BILLIE D
SERVICE ADDRESS:. 414 GRAND VISTA TRL
PHONE :. 352/728-2116

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  20330
                 . 12/27/04  READ  42560 H/C
RESOLUTION      :. READ  46090  LAWN LANDSCAPE
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885676
ACCOUNT#        :. 006910800571
CUSTOMER NAME   :. SEARLS,BILLIE
SERVICE ADDRESS:. 32905  TIMBERWOOD DR
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  1078630
                 . 12/27/04  READ  87490 NEG
RESOLUTION      :. READ  1089740  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885677
ACCOUNT#        :. 006910800011
CUSTOMER NAME   :. SKINNER,HIRAM
SERVICE ADDRESS:. 32801  OAK PARK DR
PHONE           :. 352/314-0284
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 12/23/04  READ  1301070
                 . 12/27/04  READ  135010 NEG
RESOLUTION      :. READ  1330820  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885678
ACCOUNT#        :. 006910800101
CUSTOMER NAME   :. HALLBERG,RALPH
```

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```
SERVICE ADDRESS:. 32720  TIMBERWOOD DR
PHONE          :.    /   -
EDATE          :. 01/05/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 11/23/04  READ  722490
                . 12/27/04  READ  492829 NEG
RESOLUTION     :. READ  732310  USED FOR BILLING
                .
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885680
ACCOUNT#        :. 006910800411
CUSTOMER NAME   :. TETREAULT,SYLVIA
SERVICE ADDRESS:. 132  TRAILWOOD DR
PHONE           :. 352/326-2271
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  702420
                 . 12/27/04  READ  631609  NEG
RESOLUTION      :. READ  709990  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885682
ACCOUNT#        :. 006910000451
CUSTOMER NAME   :. DOW,CHARLES
SERVICE ADDRESS:. 32513  WEST GOLF CT
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/29/04  READ  557880
                 . 12/28/04  READ  567190 H/C
RESOLUTION      :. READ  564570  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885687
ACCOUNT#        :. 006910810181
CUSTOMER NAME   :. TURNER,JAMES F
SERVICE ADDRESS:. 425  GLEN ARBOR LN
PHONE           :. 352/326-3915
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  8680
                 . 12/28/04  READ  13990 H/C
```

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```
RESOLUTION      :. READ  15380  LANDSCAPING/ LAWN WORK
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885688
ACCOUNT#        :. 006910900211
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 48
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



CUSTOMER NAME   :. GEDDES,ALYCE
SERVICE ADDRESS:. 618  GOLFVIEW CT
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  115900
                 . 12/28/04  READ  1182400  H/C
RESOLUTION      :. READ  118950  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885689
ACCOUNT#        :. 006910000202
CUSTOMER NAME   :. HARVEY,CHARLES
SERVICE ADDRESS:. 317  WESTWOOD DR
PHONE           :. 352/360-0430
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  781570
                 . 12/28/04  READ  703259  NEG
RESOLUTION      :. READ  784980  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885691
ACCOUNT#        :. 006910000192
CUSTOMER NAME   :. FREDERICK,JOHN
SERVICE ADDRESS:. 313  WESTWOOD DR
PHONE           :. 352/314-2721
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  489460
                 . 12/28/04  READ  541980 H/C
RESOLUTION      :. READ  491580  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
```

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```
SERVICE ORDER# :. 885692
ACCOUNT#       :. 006910000131
CUSTOMER NAME  :. VEZINA,RAYMOND
SERVICE ADDRESS:. 223  WESTWOOD DR
PHONE          :.    /   -
EDATE          :. 01/05/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 11/23/04  READ  2987520
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 12/28/04  READ  3006670 H/C
RESOLUTION      :. READ  3007490  SMALL LEAK. REPAIRED IN DEC BY PLUMBER
                .
                . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885693
ACCOUNT#        :. 006910600344
CUSTOMER NAME   :. KOWYNIA,THADDEUS
SERVICE ADDRESS:. 32726  WESTWOOD LOOP
PHONE           :. 708/754-1522
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  630840
                . 12/28/04  READ  629100 NEG
RESOLUTION      :. READ  629100  USED FOR BILLING
                .
                . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 885694
ACCOUNT#        :. 006910600312
CUSTOMER NAME   :. LANZA,FRANK
SERVICE ADDRESS:. 32732  WESTWOOD LOOP
PHONE           :. 352/314-5922
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 12/1/04  READ  579080
                . 12/28/04  READ  585540 H/C
RESOLUTION      :. READ  580950 USED FOR BILLING
                .
                . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885708
ACCOUNT#        :. 006910001811
CUSTOMER NAME   :. COLEMAN,RICHARD M
SERVICE ADDRESS:. 642  COTTAGE PARK LN
PHONE           :. 407/880-2894
EDATE           :. 01/05/05
TYPE            :. 21
```

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```
FOPER           :.
COMMENT         :. 12/23/04  READ  220
                 . 12/28/04  READ  5210 H/C
RESOLUTION      :. READ  780  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
ROUTE           :. 2
SERVICE ORDER#  :. 885709
ACCOUNT#        :. 006910980201
CUSTOMER NAME   :. KIRK,PHYLLIS
SERVICE ADDRESS:. 32200  SWEET BRIAR CT
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/22/04  READ  1122160
                 . 12/28/04  READ  1159810 H/C
RESOLUTION      :. READ  1131370  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885711
ACCOUNT#        :. 006910980391
CUSTOMER NAME   :. EADS,WILLIAM
SERVICE ADDRESS:. 32201  SUMMERTREE CIR
PHONE           :. 352/217-1629
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/22/04  READ  1435460
                 . 12/28/04  READ  144940 NEG
RESOLUTION      :. READ  1441340  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885713
ACCOUNT#        :. 006910980351
CUSTOMER NAME   :. BROWN,GLENN
SERVICE ADDRESS:. 32217  SUMMERTREE CIR
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/22/04  READ  959260
                 . 12/28/04  READ  96930 NEG
RESOLUTION      :. READ  961200  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05
```

Pennbrooke

```
CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 885715
ACCOUNT#        :. 006910001251
CUSTOMER NAME   :. HIRT,FRANCES C
SERVICE ADDRESS:. 603  COTTAGE PARK LN
PHONE           :. 352/323-9095
EDATE           :. 01/05/05
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 51
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



TYPE            :. 21
FOPER           :.
COMMENT         :. 11/24/04  READ  1440
                 . 12/28/04  READ  17860 H/C
RESOLUTION      :. READ  23920  NEW LAWN
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885716
ACCOUNT#        :. 006910001331
CUSTOMER NAME   :. BRANDT,JOHN
SERVICE ADDRESS:. 635 NE COTTAGE PARK LN
PHONE           :. 352/323-8136
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/22/04  READ  332940
                 . 12/28/04  READ  349720 H/C
RESOLUTION      :. READ  349720 CUST'S PIPE LEAK EARLY DEC AND LATE NOVEMBER
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885718
ACCOUNT#        :. 006910001071
CUSTOMER NAME   :. HASSETT,WILLIAM
SERVICE ADDRESS:. 550  EASTWOOD LN
PHONE           :. 352/365-3846
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/22/04  READ 1244810
                 . 12/28/04  READ 124990 NEG
RESOLUTION      :. READ  1245090  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885727
ACCOUNT#        :. 006910000982
CUSTOMER NAME   :. GRACE,WALLACE L
SERVICE ADDRESS:. 621  EASTWOOD LN
```

Pennbrooke

```
PHONE          :. 270/898-6272
EDATE          :. 01/05/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 11/22/04  READ  1543070
                . 12/28/04  READ  1546420 H/C
RESOLUTION     :. READ  1547140  HOME FOR THE HOLIDAYS
                .
                . DA/EC
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 52
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05


RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885729
ACCOUNT#        :. 006910100261
CUSTOMER NAME   :. LANEY,MARGARET
SERVICE ADDRESS:. 32519  OAK PARK DR
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION      :. READ  682720  CLOUDY METER FACE.  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885741
ACCOUNT#        :. 006910100302
CUSTOMER NAME   :. MOORE,PATRICIA
SERVICE ADDRESS:. 32543  OAK PARK DR
PHONE           :. 614/981-7965
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  1176670
                 . 12/28/04  READ  1194870  H/C
RESOLUTION      :. READ  1187590  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885751
ACCOUNT#        :. 006910090371
CUSTOMER NAME   :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:.   GRAND HALL & LEESBURG
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  1113700
                 . 12/28/04  READ  11488200 H/C
RESOLUTION      :. READ  1154700  USED FOR BILLING
                 . DA/EC
```

Pennbrooke

RDATE :. 01/04/05

CORPÝÝ----. 107
ROUTE :. 2
SERVICE ORDER# :. 885753
ACCOUNT# :. 006910950061
CUSTOMER NAME :. CANNON,LAWRENCE R
SERVICE ADDRESS:. 811 EAGLES LANDING
PHONE :. 352/728-4742

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 53
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 12/28/04  FINAL READ ON DASH# 0  2622
                 . 12/28/04 READ ON NEW  26190 H/C FOR 1 DAY?
RESOLUTION      :. READ  44630  NEW LAWN BEING WATERED. CONS WILL BE ON FIRST
FULL BILL
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885756
ACCOUNT#        :. 006910950491
CUSTOMER NAME   :. BOLTON,CARTER S
SERVICE ADDRESS:. 33150  GRAND CYPRESS WY
PHONE           :. 352/250-6506
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 12/13/04 READ  5470
                 . 12/28/04 READ  19090 H/C
RESOLUTION      :. READ  30950  WATERING NEW LAWN
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885757
ACCOUNT#        :. 006910970031
CUSTOMER NAME   :. STOCKEL,CHRISTIAN
SERVICE ADDRESS:. 33115  GRAY EAGLE CT
PHONE           :. 770/939-0788
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  277910
                 . 12/28/04  READ  266040 NEG
RESOLUTION      :. READ  291200  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885759
ACCOUNT#        :. 006910990591
```

Pennbrooke

```
CUSTOMER NAME   :. ANGSTADT,BARRY
SERVICE ADDRESS:. 1051  FOREST BREEZE PATH
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  613340
                 . 12/28/04  READ  540890 NEG
RESOLUTION      :. READ  644470  USED FOR BILLING
                 .
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 54
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885761
ACCOUNT#        :. 006910990580
CUSTOMER NAME   :. FLORIDA LEISURE COMMUNITIES,
SERVICE ADDRESS:. 1050  FOREST BREEZE PATH
PHONE           :. 863/646-2904
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
                 .
RESOLUTION      :. READ  1100  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885764
ACCOUNT#        :. 006910951021
CUSTOMER NAME   :. HOPPER,LARRY L
SERVICE ADDRESS:. 844  FOREST BREEZE PATH
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  169560
                 . 12/28/04  READ  1776630 H/C
RESOLUTION      :. READ  180100  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885766
ACCOUNT#        :. 006910960151
CUSTOMER NAME   :. JOHNSON,PHILIP
SERVICE ADDRESS:. 712  OLD OAKS LN
PHONE           :.    /   -
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 11/23/04  READ  445070
                 . 12/28/04  READ  425130 NEG
```

Pennbrooke

```
                  .
                  .
RESOLUTION      :. READ  454350  USED FOR BILLING
                  .
                  . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 55
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 885768
ACCOUNT# :. 006910910331
CUSTOMER NAME :. MCQUILLAN,DENNIS
SERVICE ADDRESS:. 642 GRAND VISTA TRL
PHONE :. 352/728-2776
EDATE :. 01/05/05
TYPE :. 21
FOPER :.
COMMENT :. 11/23/04 READ 862790
. 12/28/04 READ 87950 NEG
RESOLUTION :. READ 883790 USED FOR BILLING
.
. DA/EC
RDATE :. 01/04/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 885770
ACCOUNT# :. 006910911301
CUSTOMER NAME :. CARR,ANDREW
SERVICE ADDRESS:. 910 GRAND VISTA TRL
PHONE :. 352/787-8747
EDATE :. 01/05/05
TYPE :. 21
FOPER :.
COMMENT :. 11/23/04 READ 656050
. 12/28/04 READ 67880 NEG
RESOLUTION :. READ 671170 USED FOR BILLING
.
. DA/EC
RDATE :. 01/04/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 885773
ACCOUNT# :. 006910911761
CUSTOMER NAME :. GRAHAM,PATRICIA
SERVICE ADDRESS:. 819 GRAND VISTA TRL
PHONE :. / -
EDATE :. 01/05/05
TYPE :. 21
FOPER :.
COMMENT :. 11/23/04 READ 636000
. 12/28/04 READ 669630 H/C
RESOLUTION :. READ 677690 LAWN IRRIGATING SYSTEM
.
. DA/EC
RDATE :. 01/04/05

Pennbrooke

```
CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885775
ACCOUNT#        :. 006910910561
CUSTOMER NAME   :. BROWN,NAN B
SERVICE ADDRESS:. 32920  CROOKED OAKS LN
PHONE           :. 352/787-1502
EDATE           :. 01/05/05
TYPE            :. 21
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 56
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



FOPER           :.
COMMENT         :. 11/23/04  READ  379980
                 . 12/28/04  READ  39240  NEG
RESOLUTION      :. READ  394680  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 885779
ACCOUNT#        :. 006910950221
CUSTOMER NAME   :. KLINE,MARGARET W
SERVICE ADDRESS:. 939  EAGLES LANDING
PHONE           :. 352/365-2792
EDATE           :. 01/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
                 .
RESOLUTION      :. READ  2360400  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 01/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 895930
ACCOUNT#        :. 006910090611
CUSTOMER NAME   :. UINC OF PENNBROOKE,
SERVICE ADDRESS:.   S SIDE OF NEW WWTP WSH DOWN
PHONE           :.    /   -
EDATE           :. 02/08/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/2/05-READ 354520-BILLED
                 . 1/24/05- MR 171640 ?-MIS READ
                 . 12/28/04-MR 350450-PRIOR READ BILLED
                 . CS/DB
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 895931
ACCOUNT#        :. 006910941071
CUSTOMER NAME   :. MCDERMOTT,JOHN
SERVICE ADDRESS:. 33526  PENNBROOKE PKWY
PHONE           :.    /   -
```

Pennbrooke

EDATE	:.	02/08/05
TYPE	:.	21
FOPER	:.	
COMMENT	:.	READ HIGH ON MVR REPORT
RESOLUTION	:.	2/2/05-READ 1025700-BILLED
	.	12/27/04 MR 984960-PRIOR BILLED
	.	CS/DB
	.	
RDATE	:.	02/08/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 57
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 895937
ACCOUNT# :. 006910930281
CUSTOMER NAME :. MARTIN,HARRY
SERVICE ADDRESS:. 349 GRAND VISTA TRL
PHONE :. 352/728-5277
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 2/2/05-READ 289310-BILLED
. 12/27/04-MR 279460-PRIOR BILLED
. CS/DB
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 895952
ACCOUNT# :. 006910930552
CUSTOMER NAME :. WHITMAN,EDWARD J
SERVICE ADDRESS:. 352 GRAND VISTA TRL
PHONE :. 352/728-3802
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 2/2/05-READ 429600-BILLED
. 12/27/04 MR 428950
. CS/DB
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 895954
ACCOUNT# :. 006910800641
CUSTOMER NAME :. ANDERSON JR.,GORDON
SERVICE ADDRESS:. 325 RANCHWOOD DR
PHONE :. 352/315-0808
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION :. 2/2/05-READ 1201350-BILLED
. 12/27/04 MR 1191250
. CS/DB
RDATE :. 02/02/05

CORPýý----. 107

Pennbrooke

ROUTE :. 1
SERVICE ORDER# :. 895958
ACCOUNT# :. 006910800651
CUSTOMER NAME :. DEWALL,LOREN
SERVICE ADDRESS:. 329 RANCHWOOD DR
PHONE :. 352/728-6037
EDATE :. 02/08/05
TYPE :. 21
FOPER :.

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 2/2/05-READ 1201350-BILLED
                  . 12/27/04 MR 1191250
                  . PRIOR BILLED
                  . CS/DB
RDATE            :. 02/02/05

CORPýý----. 107
ROUTE            :. 1
SERVICE ORDER#   :. 895959
ACCOUNT#         :. 006910801001
CUSTOMER NAME    :. NOLES,JAMES
SERVICE ADDRESS  :. 402  RANCHWOOD DR
PHONE            :. 352/360-2651
EDATE            :. 02/08/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 2/2/05-READ 83650-BILLED
                  . 12/27/04-MR 819770
                  . CS/DB
RDATE            :. 02/02/05

CORPýý----. 107
ROUTE            :. 1
SERVICE ORDER#   :. 895961
ACCOUNT#         :. 006910800901
CUSTOMER NAME    :. HOMAN,MARY
SERVICE ADDRESS  :. 32854  TIMBERWOOD DR
PHONE            :. 353/315-4055
EDATE            :. 02/08/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION       :. 2/2/05-READ 1325900-BILLED
                  . 12/27/04 MR 1312792
                  . PRIOR READ BILLED
                  . CS/DB
RDATE            :. 02/02/05

CORPýý----. 107
ROUTE            :. 1
SERVICE ORDER#   :. 895964
ACCOUNT#         :. 006910800391
CUSTOMER NAME    :. PEARSON,GUNNAR
SERVICE ADDRESS  :. 140  TRAILWOOD DR
PHONE            :. 352/323-8075
EDATE            :. 02/08/05
TYPE             :. 21
```

Pennbrooke

```
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/2/05-READ 1003860-BILLED
                 . 12/27/04 MR 992520-PRIOR READ BILLED
                 . CS/DB
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 1
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
SERVICE ORDER# :. 895965
ACCOUNT#       :. 006910600191
CUSTOMER NAME  :. FAGEN,GARY
SERVICE ADDRESS:. 26  WESTWOOD DR
PHONE          :. 352/728-2668
EDATE          :. 02/08/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 2/2/05-  READ 957370-BILLED
                . 12/27/04 MR 939710-BILLED
                . CS/DB
RDATE          :. 02/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 895967
ACCOUNT#       :. 006910600031
CUSTOMER NAME  :. MCLAUGHLIN,JAMES
SERVICE ADDRESS:. 90  WESTWOOD DR
PHONE          :.    /   -
EDATE          :. 02/08/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 2/2/05-READ 1220270-BILLED
                . 12/27/04 MR 1203290-PRIOR READ BILLED
                . CS/DB
RDATE          :. 02/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 895968
ACCOUNT#       :. 006910000441
CUSTOMER NAME  :. ALLENBAUGH,ALVIN
SERVICE ADDRESS:. 32509  WEST GOLF CT
PHONE          :.    /   -
EDATE          :. 02/08/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 2/2/05-READ 1140100-BILLED
                . 12/28/04 MR 1138420-PRIOR READ BILLED
                . CS/DB
RDATE          :. 02/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 895970
```

Pennbrooke

```
ACCOUNT#         :. 006910090121
CUSTOMER NAME    :. PENNBROOKE HOMEOWNERS,
SERVICE ADDRESS:.    S SIDE OF WESTWOOD BLVD
PHONE            :.     /    -
EDATE            :. 02/08/05
TYPE             :. 21
FOPER            :.
COMMENT          :. READ HIGH ON MVR REPORT
RESOLUTION       :. 2/2/05-READ 453900-BILLED SAME HAS PRIOR READ BILLED 12/28/04-
PER EC
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . CS/DB
RDATE          :. 02/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 895971
ACCOUNT#       :. 006910090051
CUSTOMER NAME  :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:.   BLVD MEDIAN LEESBURG DRIVE
PHONE          :.    /   -
EDATE          :. 02/08/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION     :. 2/2/05-READ 67652500-BILLED
                . 12/28/04- MR 67652500
                . CS/DB
RDATE          :. 02/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 895973
ACCOUNT#       :. 006910400061
CUSTOMER NAME  :. CAIN,THOMAS
SERVICE ADDRESS:. 249  WILLOWBROOK DR
PHONE          :.    /   -
EDATE          :. 02/08/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 2/2/05-READ 1978690-BILLED
                . 12/28/04 MR 1974130
                . JY/DB
RDATE          :. 02/02/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 895977
ACCOUNT#       :. 006910400121
CUSTOMER NAME  :. LOYAL,BILL
SERVICE ADDRESS:. 213  WILLOWBROOK DR
PHONE          :. 859/491-6866
EDATE          :. 02/08/05
TYPE           :. 21
FOPER          :.
COMMENT        :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION     :. 2/2/05-READ 956790-BILLED
                . 12/28/04 MR 945790-PRIOR READ BILLED
                . JY/DB
```

Pennbrooke

RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 895983
ACCOUNT# :. 006910400131
CUSTOMER NAME :. KINNEY,GABE
SERVICE ADDRESS:. 207 WILLOWBROOK DR
PHONE :. 205/280-1666

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 61
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 02/08/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ HIGH ON MVR REPORT
RESOLUTION      :. 2/2/05-READ 10536920-BILLED NO LEAKS
                 . 12/28/04 MR 1045220-PRIOR READ BILLED
                 . JY/DB
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 895985
ACCOUNT#        :. 006910400201
CUSTOMER NAME   :. TEMCOFF,CHRISTIE
SERVICE ADDRESS:. 125  WILLOWBROOK DR
PHONE           :.    /   -
EDATE           :. 02/08/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/2/05-READ 1948950-BILLED
                 . 12/28/04 MR 1941320-PRIOR READ BILLED
                 . JY/DB
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 895988
ACCOUNT#        :. 006910500071
CUSTOMER NAME   :. SMITH,CHANDLER
SERVICE ADDRESS:. 200  WILLOWBROOK DR
PHONE           :. 352/348-3959
EDATE           :. 02/08/05
TYPE            :. 21
FOPER           :.
COMMENT         :. READ THE SAME HAS PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/2/05-READ 35230-BILLED METER OK
                 . 12/28/04 MR 35220-PRIOR READ BILLED
                 . JY/DB
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 896005
ACCOUNT#        :. 006910700041
CUSTOMER NAME   :. MORROW,BARBARA
SERVICE ADDRESS:. 32684  OAK PARK DR
PHONE           :.    /   -
EDATE           :. 02/08/05
```

Pennbrooke

```
TYPE            :. 21
FOPER           :.
COMMENT         :. READ UNDER PRIOR READ ON MVR REPORT
RESOLUTION      :. 2/2/05-READ 819210-BILLED
                 . 12/28/04 MR 811050-PRIOR READ BILLED
                 . JY/DB
RDATE           :. 02/02/05

CORPýý----. 107
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 62
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 2
SERVICE ORDER# :. 896008
ACCOUNT# :. 006910700081
CUSTOMER NAME :. HIEBER,DORIS
SERVICE ADDRESS:. 32668 OAK PARK DR
PHONE :. 352/323-0668
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. READ HIGH ON MVR REPORT
RESOLUTION :. 2/2/05-READ 1962810-BILLED
. 12/28/04 MR 1952300-PRIOR READ BILLED
. JY/DB
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896012
ACCOUNT# :. 006910001831
CUSTOMER NAME :. SERVICE,JOHN
SERVICE ADDRESS:. 634 COTTAGE PARK LN
PHONE :. / -
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. READ THE SAME HAS PRIOR READ
RESOLUTION :. 12/28/04 READ 199260
. 1/24/05 READ 199260
. 2/2/05 REREAD 199280 HOUSE IS FOR SALE
.
. JY/EC
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896040
ACCOUNT# :. 006910001881
CUSTOMER NAME :. FREDERES,JAMES
SERVICE ADDRESS:. 614 COTTAGE PARK LN
PHONE :. / -
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. 12/28/04 READ 193970
. 1/24/05 READ 190970 NEG
RESOLUTION :. READ 193970 NETER OK SERVICE IS OFF USED READ FOR BILLING
.
. JY/EC
RDATE :. 02/02/05

Pennbrooke

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896042
ACCOUNT# :. 006910980082
CUSTOMER NAME :. MCAULEY,EDMOND
SERVICE ADDRESS:. 649 GLEN OAKS DR
PHONE :. 919/819-4640
EDATE :. 02/08/05

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 21
FOPER           :.
COMMENT         :. 12/28/04  READ  884960
                 . 1/24/05   READ  904140 H/C
RESOLUTION      :. READ  907820 N/L
                 .
                 . JY/EC
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 896045
ACCOUNT#        :. 006910980261
CUSTOMER NAME   :. VICISO,JUAN
SERVICE ADDRESS:. 646  GLEN OAKS DR
PHONE           :.    /   -
EDATE           :. 02/08/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
                 .
RESOLUTION      :. READ  1002050  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 896050
ACCOUNT#        :. 006910000872
CUSTOMER NAME   :. WALKER,ANITA M
SERVICE ADDRESS:. 529  EASTWOOD LN
PHONE           :. 352/242-1840
EDATE           :. 02/08/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 12/28/04  READ  1325680
                 . 1/24/05   READ  1335760 H/C
RESOLUTION      :. READ  1325740 N/L HOUSE IS FOR SALE
                 .
                 . JL/EC
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 896051
ACCOUNT#        :. 006910200091
CUSTOMER NAME   :. CALVERT,ROBERT
SERVICE ADDRESS:. 630  SHADOW RUN DR
```

Pennbrooke

PHONE	:.	352/728-4288
EDATE	:.	02/08/05
TYPE	:.	21
FOPER	:.	
COMMENT	:.	12/28/04 READ 1841960
	.	1/24/05 READ 1345000 NEG
RESOLUTION	:.	READ 1846080 USED FOR BILLING
	.	
	.	JY/EC

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 64
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896052
ACCOUNT# :. 006910950061
CUSTOMER NAME :. CANNON,LAWRENCE R
SERVICE ADDRESS:. 811 EAGLES LANDING
PHONE :. 352/728-4742
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. 12/28/04 READ 2622
. 1/25/05 READ 63550 H/C
RESOLUTION :. READ 83900 N/L
.
. JY/EC
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896053
ACCOUNT# :. 006910090391
CUSTOMER NAME :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:. VIEWPOINT CUL-DE-SAC
PHONE :. / -
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. 12/28/04 READ 38680
. 1/25/05 READ 37600 NEG
RESOLUTION :. READ 39830 USED FOR BILLING
.
. JY/EC
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896055
ACCOUNT# :. 006910950231
CUSTOMER NAME :. LEVENS,ROBERT
SERVICE ADDRESS:. 945 EAGLES LANDING
PHONE :. 352/728-1836
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. 12/28/04 READ 253890
. 1/25/05 READ 247030 NEG
RESOLUTION :. READ 276770 USED FOR BILLING

Pennbrooke

```
                  .
                  . JY/EC
RDATE            :. 02/02/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 896058
ACCOUNT#         :. 006910950491
CUSTOMER NAME    :. BOLTON,CARTER S
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 65
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 33150 GRAND CYPRESS WY
PHONE :. 352/250-6506
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. 12/28/04 READ 19090
. 1/25/05 READ 56370 H/C
RESOLUTION :. READ 68380 USED FOR BILLING
.
. JY/EC
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896059
ACCOUNT# :. 006910970641
CUSTOMER NAME :. STEPHENS,FLOYD
SERVICE ADDRESS:. 1016 EAGLES LANDING
PHONE :. 352/365-6175
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. 12/28/04 READ 294580
. 1/25/05 READ 268050 NEG
RESOLUTION :. READ 298940
. USED FOR BILLING
.
. JY/EC
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896062
ACCOUNT# :. 006910950851
CUSTOMER NAME :. STEVENSON,WAYNE
SERVICE ADDRESS:. 931 FOREST BREEZE PATH
PHONE :. 352/728-6059
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. 12/28/04 READ 262380
. 1/25/05 READ 294730 H/C
RESOLUTION :. READ 308370 N/L
.
. JY/EC
RDATE :. 02/02/05

CORPýý----. 107
ROUTE :. 2

Pennbrooke

SERVICE ORDER# :. 896064
ACCOUNT# :. 006910950871
CUSTOMER NAME :. COTTRILL,CHARLES E
SERVICE ADDRESS:. 943 FOREST BREEZE PATH
PHONE :. 540/937-5297
EDATE :. 02/08/05
TYPE :. 21
FOPER :.
COMMENT :. 1/11/05 READ 11370

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 66
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 1/25/05  READ  45480 H/C
RESOLUTION      :. READ  57550 N/L
                .
                . JY/EC
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 896065
ACCOUNT#        :. 006910911151
CUSTOMER NAME   :. SCHMIDT,DAVID
SERVICE ADDRESS:. 32948  RAMBLING OAKS CT
PHONE           :. 352/365-0287
EDATE           :. 02/08/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 12/28/04  READ  192780
                . 1/25/05   READ  1997530 H/C
RESOLUTION      :. READ  1998510 N/L
                .
                . JY/EC
RDATE           :. 02/02/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905834
ACCOUNT#        :. 006910930351
CUSTOMER NAME   :. CAFARO,GEORGE
SERVICE ADDRESS:. 421  GRAND VISTA TRL
PHONE           :.    /   -
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  610800
                . 2/22/05  READ  324340 NEG
RESOLUTION      :. READ  628920 USED FOR BILLING
                .
                . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905837
ACCOUNT#        :. 006910930471
CUSTOMER NAME   :. BRINKMAN,SKIP
SERVICE ADDRESS:. 430  GRAND VISTA TRL
PHONE           :.    /   -
EDATE           :. 03/14/05
TYPE            :. 21
```

Pennbrooke

```
FOPER           :.
COMMENT         :. 1/24/05  READ  776380
                 . 2/22/05  READ  767450 NEG
RESOLUTION      :. READ  788630  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
```

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(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 67
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



ROUTE           :. 1
SERVICE ORDER#  :. 905838
ACCOUNT#        :. 006910800681
CUSTOMER NAME   :. ASHBRIDGE,BYRON
SERVICE ADDRESS:. 341  RANCHWOOD DR
PHONE           :.    /   -
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  1090890
                 . 2/22/05  READ  110660 NEG
RESOLUTION      :. READ  1104170 MISREAD LEFT OFF "0"  ADDED "0" TO READ FOR
BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905841
ACCOUNT#        :. 006910801001
CUSTOMER NAME   :. NOLES,JAMES
SERVICE ADDRESS:. 402  RANCHWOOD DR
PHONE           :. 352/360-2651
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 2/2/05  READ  836500
                 . 2/22/05 READ  879590 H/C
RESOLUTION      :. READ  850640  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905843
ACCOUNT#        :. 006910800382
CUSTOMER NAME   :. HOWARD,JOHN
SERVICE ADDRESS:. 144  TRAILWOOD DR
PHONE           :.    /   -
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  706350
                 . 2/22/05  READ  101190 NEG
RESOLUTION      :. READ  716750  USED FOR BILLING
                 .
                 . DA/EC
```

Pennbrooke

RDATE : . 03/04/05

CORPýý----. 107
ROUTE : . 1
SERVICE ORDER# : . 905849
ACCOUNT# : . 006910090331
CUSTOMER NAME : . PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS: . RV WASHDOWN AREA
PHONE : . / -
EDATE : . 03/14/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 68
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  535050
                 . 2/23/05  READ  558880 H/C
RESOLUTION      :. READ  559030 N/L
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905856
ACCOUNT#        :. 006910000691
CUSTOMER NAME   :. WISE,HAROLD
SERVICE ADDRESS:. 212  WESTWOOD DR
PHONE           :.    /   -
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  1396760
                 . 2/22/05  READ  7400530 H/C
RESOLUTION      :. READ  1401980 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905857
ACCOUNT#        :. 006910000521
CUSTOMER NAME   :. MAZUREK,PATRICIA
SERVICE ADDRESS:. 32541  WEST GOLF CT
PHONE           :.    /   -
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  1890770
                 . 2/22/05  READ  189520 NEG
RESOLUTION      :. READ  1896030 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905872
ACCOUNT#        :. 006910090011
CUSTOMER NAME   :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:.   TENNIS/SHUFFLE BOARD
```

Pennbrooke

PHONE	:.	/ -
EDATE	:.	03/14/05
TYPE	:.	21
FOPER	:.	
COMMENT	:.	1/24/05 READ 21910800
	.	2/22/05 RAD 2190600 NEG
RESOLUTION	:.	READ 21976400 USED FOR BILLING
	.	
	.	DA/EC

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905874
ACCOUNT#        :. 006910500071
CUSTOMER NAME   :. SMITH,CHANDLER
SERVICE ADDRESS:. 200  WILLOWBROOK DR
PHONE           :. 352/348-3959
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  35220
                 . 2/22/05  READ  35220 CONS "0"
                 . IS RESIDENCE VACANT?
RESOLUTION      :. READ  35220 YES, HOUSE IS VACANT . RN 10 GALS THRU METER,
METER IS OKAY
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905880
ACCOUNT#        :. 006910600461
CUSTOMER NAME   :. MICHAUD,RICHARD
SERVICE ADDRESS:. 32702  WESTWOOD LOOP
PHONE           :. 352/314-1850
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  1004310
                 . 2/22/05  READ  101570 NEG
RESOLUTION      :. READ  1020900  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905881
ACCOUNT#        :. 006910600491
CUSTOMER NAME   :. DEVOSS,WALTER
SERVICE ADDRESS:. 32705  WESTWOOD LOOP
PHONE           :.    /   -
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  REAAD  1034910
```

Pennbrooke

```
                 . 2/22/05  READ   104700  NEG
RESOLUTION      :. READ  1045420 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 905883
ACCOUNT#        :. 006910600471
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 70
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



CUSTOMER NAME   :. BELLINI,FRANK
SERVICE ADDRESS:. 32701  WESTWOOD LP
PHONE           :. 352/787-7421
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  805410
                 . 2/22/05  READ  81400 NEG
RESOLUTION      :. READ  816700 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 905886
ACCOUNT#        :. 006910001691
CUSTOMER NAME   :. ANDERSON,ANDREW
SERVICE ADDRESS:. 738  COTTAGE PARK LN
PHONE           :. 631/786-5253
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  145770
                 . 2/22/05  READ  206760
                 . NEG
RESOLUTION      :. RAD  164940  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 905899
ACCOUNT#        :. 006910980291
CUSTOMER NAME   :. CARPENTER,CHARLES
SERVICE ADDRESS:. 32230  SUMMERTREE CIR
PHONE           :. 352/326-5574
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  1392040
                 . 2/22/05  READ  1092710 NEG
RESOLUTION      :. READ  1395000 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
```

Pennbrooke

```
ROUTE           :. 2
SERVICE ORDER#  :. 905901
ACCOUNT#        :. 006910101222
CUSTOMER NAME   :. LUCKOWSKI JR,WALTER
SERVICE ADDRESS:. 539  COTTAGE PARK LN
PHONE           :.    /   -
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 71
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. 1/24/05  READ  238410
                  . 2/22/05  READ  270300 H/C
RESOLUTION       :. READ  240580 USED FOR BILLING
                  .
                  . DA/EC
RDATE            :. 03/04/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 905903
ACCOUNT#         :. 006910001261
CUSTOMER NAME    :. DRUCZ,CHESTER
SERVICE ADDRESS  :. 607  COTTAGE PARK LN
PHONE            :.    /   -
EDATE            :. 03/14/05
TYPE             :. 21
FOPER            :.
COMMENT          :. 1/24/05  READ  224840
                  . 2/22/05  READ  250220 H/C
RESOLUTION       :. READ  231800  USED FOR BILLING
                  .
                  . DA/EC
RDATE            :. 03/04/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 905904
ACCOUNT#         :. 006910001451
CUSTOMER NAME    :. HOWE,CECIL
SERVICE ADDRESS  :. 705  COTTAGE PARK LN
PHONE            :.    /   -
EDATE            :. 03/14/05
TYPE             :. 21
FOPER            :.
COMMENT          :. 1/24/05  READ  49530
                  . 2/22/05  READ  455370 NEG
RESOLUTION       :. READ  467580 USED FOR BILLING
                  .
                  . DA/EC
RDATE            :. 03/04/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 905906
ACCOUNT#         :. 006910001503
CUSTOMER NAME    :. FISH,WALLACE
SERVICE ADDRESS  :. 634 NE COTTAGE PARK LN
PHONE            :. 207/224-7733
EDATE            :. 03/14/05
```

Pennbrooke

TYPE	:.	21
FOPER	:.	
COMMENT	:.	1/24/05 READ 420580
	.	2/22/05 READ 240850 NEG
RESOLUTION	:.	READ 420840 USED FOR BILLING
	.	
	.	DA/EC
RDATE	:.	03/04/05

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 905907
ACCOUNT#        :. 006910000872
CUSTOMER NAME   :. WALKER,ANITA M
SERVICE ADDRESS:. 529  EASTWOOD LN
PHONE           :. 352/242-1840
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 2/2/05  READ  1325740
                 . 2/22/05 READ  1325000 NEG
RESOLUTION      :. READ  1325900  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 905908
ACCOUNT#        :. 006910000972
CUSTOMER NAME   :. SHARP,JAMES
SERVICE ADDRESS:. 617  EASTWOOD LN
PHONE           :. 352/315-9121
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  643610
                 . 2/22/05  READ  647840 H/C
RESOLUTION      :. READ  648990  RESIDENTS RETURNED HOME
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 905910
ACCOUNT#        :. 006910200091
CUSTOMER NAME   :. CALVERT,ROBERT
SERVICE ADDRESS:. 630  SHADOW RUN DR
PHONE           :. 352/728-4288
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 2/2/05  READ  1846080
                 . 2/22/05 READ  846010 NEG
RESOLUTION      :. READ  1848840 USED FOR BILLING
                 .
                 . DA/EC
```

Pennbrooke

RDATE :. 03/04/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 905911
ACCOUNT# :. 006910700211
CUSTOMER NAME :. HUTCHINGS,WILLIAM
SERVICE ADDRESS:. 32635 OAK PARK DR
PHONE :. / -

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 73
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/24/05  READ  1537570
                 . 2/22/05  READ  1593540 H/C
RESOLUTION      :. READ  1541640 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 905912
ACCOUNT#        :. 006911970100
CUSTOMER NAME   :. O'LEARY,JEREMIAH
SERVICE ADDRESS:. 1007  EAGLES LANDING
PHONE           :. 352/323-8273
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/25/05  READ  10550
                 . 2/23/05  READ  21580 H/C
RESOLUTION      :. READ  23060 N/L
                 .
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 905914
ACCOUNT#        :. 006910950701
CUSTOMER NAME   :. SMITH,LAWRENCE
SERVICE ADDRESS:. 844  EAGLES LANDING
PHONE           :. 352/360-0799
EDATE           :. 03/14/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 1/25/05  READ  69560
                 . 2/23/05  READ  97420 H/C
RESOLUTION      :. READ  80360 USED FOR BILLING
                 . DA/EC
RDATE           :. 03/04/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 905916
ACCOUNT#        :. 006910990571
CUSTOMER NAME   :. SMITH,RUSSELL H
SERVICE ADDRESS:. 1046  FOREST BREEZE PATH
```

Pennbrooke

PHONE	: .	/ -
EDATE	: .	03/14/05
TYPE	: .	21
FOPER	: .	
COMMENT	: .	1/25/05 READ 269230
	.	2/23/05 READ 228670 NEG
RESOLUTION	: .	READ 299730 USED FOR BILLING
	.	
	.	DA/EC

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 74
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 03/04/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 912441
ACCOUNT# :. 006910700121
CUSTOMER NAME :. MILLER,BETTY
SERVICE ADDRESS:. 32652 OAK PARK DR
PHONE :. / -
EDATE :. 04/04/05
TYPE :. 21
FOPER :.
COMMENT :. 2/22/05 READ 1815860
. 3/23/05 READ 131090 NEG
RESOLUTION :. READ 1837410 CONS TO THIS DATE, 4/1/05 = 21550 CONS IS HIGHER THAN
. CUSTOMER'S AVG. LEFT ACCOUNT ESTIMATED FOR BILLING CLOSER TO AVG
. OF 15,000
.
. DA/EC
RDATE :. 04/01/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 915570
ACCOUNT# :. 006910941001
CUSTOMER NAME :. SIMONDS,JOEL M
SERVICE ADDRESS:. 33416 PENNBROOKE PKWY
PHONE :. 352/323-0782
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. 2/22/05 READ 368500
. 3/22/05 READ 277890 NEG
RESOLUTION :. READ 0378780 USED 377890 FOR BILLING
.
. DA/EC
RDATE :. 04/01/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 915575
ACCOUNT# :. 006910930311
CUSTOMER NAME :. ZUCCONE,ROGER
SERVICE ADDRESS:. 405 GRAND VISTA TRL
PHONE :. 352/787-7785
EDATE :. 04/13/05
TYPE :. 21

Pennbrooke

```
FOPER           :.
COMMENT         :. 2/22/05  READ  505160
                 . 3/22/05  READ  156760 NEG
RESOLUTION      :. READ  512960 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 04/01/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 915578
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 75
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



ACCOUNT#          :. 006910800171
CUSTOMER NAME     :. JOHNSON,RICHARD
SERVICE ADDRESS:. 32705  TIMBERWOOD DR
PHONE             :.    /   -
EDATE             :. 04/13/05
TYPE              :. 21
FOPER             :.
COMMENT           :. 2/22/05  READ  1048450
                   . 3/22/05  READ  307840 NEG
RESOLUTION        :. READ  1054740 USED FOR BILLING
                   .
                   . DA/EC
RDATE             :. 04/01/05

CORPýý----. 107
ROUTE             :. 1
SERVICE ORDER#    :. 915581
ACCOUNT#          :. 006910800891
CUSTOMER NAME     :. TROYER,PAUL
SERVICE ADDRESS:. 32850  TIMBERWOOD DR
PHONE             :. 574/664-3648
EDATE             :. 04/13/05
TYPE              :. 21
FOPER             :.
COMMENT           :. 2/22/05  READ  929290
                   . 3/22/05  READ  837190 NEG
RESOLUTION        :. READ  940130 USED FOR BILLING
                   .
                   . DA/EC
RDATE             :. 04/01/05

CORPýý----. 107
ROUTE             :. 1
SERVICE ORDER#    :. 915583
ACCOUNT#          :. 006910900171
CUSTOMER NAME     :. ROGERSON,RAY
SERVICE ADDRESS:. 615  GOLFVIEW CT
PHONE             :.    /   -
EDATE             :. 04/13/05
TYPE              :. 21
FOPER             :.
COMMENT           :. 2/22/05 READ  147230
                   . 3/23/05 READ  1482700 H/C
RESOLUTION        :. READ  149280
                   .
                   . DA/EC
RDATE             :. 04/01/05

CORPýý----. 107
```

Pennbrooke

ROUTE :. 1
SERVICE ORDER# :. 915584
ACCOUNT# :. 006910600422
CUSTOMER NAME :. ECCLESTON,DORIS
SERVICE ADDRESS:. 32710 WESTWOOD LOOP
PHONE :. 352/728-6810
EDATE :. 04/13/05
TYPE :. 21
FOPER :.

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. 2/22/05  READ  577710
                  . 3/23/05  READ  589130 H/C
RESOLUTION       :. READ  593230 N/L
                  .
                  . DA/EC
RDATE            :. 04/01/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 915587
ACCOUNT#         :. 006910700121
CUSTOMER NAME    :. MILLER,BETTY
SERVICE ADDRESS  :. 32652  OAK PARK DR
PHONE            :.    /   -
EDATE            :. 04/13/05
TYPE             :. 21
FOPER            :.
COMMENT          :. 2/22/05  READ  1815860
                  . 3/23/05  READ  131090 NEG
RESOLUTION       :. READ  1837410  USED "E" CONS DUE TO TIER
                  .
                  . DA/EC
RDATE            :. 04/01/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 915590
ACCOUNT#         :. 006910300072
CUSTOMER NAME    :. KNOTT,BOBBY J
SERVICE ADDRESS  :. 32538  OAK PARK DR
PHONE            :. 352/326-9217
EDATE            :. 04/13/05
TYPE             :. 21
FOPER            :.
COMMENT          :. 2/22/05  READ  1174160
                  . 3/23/05  READ  118510 NEG
RESOLUTION       :. READ 1190410 USED 1185100  FOR BILLING
                  .
                  . DA/EC
RDATE            :. 04/01/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 915597
ACCOUNT#         :. 006910980051
CUSTOMER NAME    :. BATTAIN,INES
SERVICE ADDRESS  :. 635  GLEN OAKS DR
PHONE            :.    /   -
EDATE            :. 04/13/05
```

Pennbrooke

```
TYPE            :. 21
FOPER           :.
COMMENT         :. 2/22/05  READ  468440
                 . 3/23/05  READ  457100 NEG
RESOLUTION      :. READ  467920 WILL LET MTR CATCH UP 520 GALS
                 .
                 . DA/EC
RDATE           :. 04/01/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 915601
ACCOUNT# :. 006910980291
CUSTOMER NAME :. CARPENTER,CHARLES
SERVICE ADDRESS:. 32230 SUMMERTREE CIR
PHONE :. 352/326-5574
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE PROVIDE READ FOR BILLING
.
RESOLUTION :. READ 1400670 USED FOR BILLING
.
. DA/EC
RDATE :. 04/01/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 915606
ACCOUNT# :. 006910001121
CUSTOMER NAME :. PEASLEE,VERNON
SERVICE ADDRESS:. 530 EASTWOOD LN
PHONE :. / -
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. 2/22/05 READ 1399720
. 3/23/05 READ 1409130 H/C
RESOLUTION :. READ 1411890 N/L
.
. DA/EC
RDATE :. 04/01/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 915608
ACCOUNT# :. 006910000872
CUSTOMER NAME :. WALKER,ANITA M
SERVICE ADDRESS:. 529 EASTWOOD LN
PHONE :. 352/242-1840
EDATE :. 04/13/05
TYPE :. 21
FOPER :.
COMMENT :. 3/3/05 READ 1325900
. 3/23/05 READ 1325000 H/C
RESOLUTION :. READ 1326000 USED FOR BILLING
.
. DA/EC

Pennbrooke

RDATE :. 04/01/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 915609
ACCOUNT# :. 006910100321
CUSTOMER NAME :. PYDO,THEODORE
SERVICE ADDRESS:. 32555 OAK PARK DR
PHONE :. 352/314-0143

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 78
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
EDATE           :. 04/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 2/22/05  READ  966510
                 . 3/23/05  READ  568630 NEG
RESOLUTION      :. READ  969190 USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 04/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 915611
ACCOUNT#        :. 006910100361
CUSTOMER NAME   :. FRAUENHOLZ,WILBERT
SERVICE ADDRESS:. 32619  OAK PARK DR
PHONE           :.    /   -
EDATE           :. 04/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 2/22/05  READ  1507260
                 . 3/23/05  READ  1505390 NEG
RESOLUTION      :. READ  1510830  USED FOR BILLING
                 .
                 . DA/EC
RDATE           :. 04/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 915612
ACCOUNT#        :. 006910950511
CUSTOMER NAME   :. NELSON,DAN D
SERVICE ADDRESS:. 33138  GRAND CYPRESS WY
PHONE           :. 952/933-3848
EDATE           :. 04/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 2/25/05  READ  16250
                 . 3/23/05  READ  61260 H/C
RESOLUTION      :. READ  78730 N/L
                 . DA/EC
RDATE           :. 04/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 915613
ACCOUNT#        :. 006910950581
CUSTOMER NAME   :. DUARTE,SARAH
SERVICE ADDRESS:. 960  EAGLES LANDING
```

Pennbrooke

```
PHONE          :. 352/365-0859
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/28/05  READ  9760
                . 3/23/05  READ  24570
                . H/C
RESOLUTION     :. 29770 N/L NEW LAWN
                .
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . DA/EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 915621
ACCOUNT#       :. 006910950601
CUSTOMER NAME  :. LOERZEL,STANLEY
SERVICE ADDRESS:. 952  EAGLES LANDING
PHONE          :. 352/742-4612
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/23/05  READ  329610
                . 3/23/05  READ  253530 NEG
RESOLUTION     :. READ  341640  USED FOR BILLING
                .
                . DA/EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 915622
ACCOUNT#       :. 006910990581
CUSTOMER NAME  :. MATER,RAYMOND
SERVICE ADDRESS:. 1050  FOREST BREEZE PATH
PHONE          :. 352/728-4906
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/25/05  READ  9970
                . 3/23/05  READ  32520 H/C
RESOLUTION     :. READ  45920 N/L NEW LAWN
                .
                . DA/EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 915624
ACCOUNT#       :. 006910950593
CUSTOMER NAME  :. HUHN,LAWRENCE R
SERVICE ADDRESS:. 956  EAGLES LANDING
PHONE          :. 910/520-8663
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/23/05  READ  241590
                . 3/23/05  READ  338120 H/C
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 80
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



CUSTOMER NAME  :. BERGERON,R ALFRED
SERVICE ADDRESS:. 1122  MEADOWBEND DR
PHONE          :. 352/315-1212
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/23/05  READ  472740
                . 3/23/05  READ  287340 NEG
RESOLUTION     :. READ  489900  USED 487340 FOR BILLING
                .
                . DA/EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 915630
ACCOUNT#       :. 006910090201
CUSTOMER NAME  :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:.   OLD OAKS LANE/WEST
PHONE          :.    /   -
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/23/05  READ  72040
                . 3/23/04  READ  14170 NEG
RESOLUTION     :. READ  74170  USED FOR BILLING
                .
                . EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 915632
ACCOUNT#       :. 006910910512
CUSTOMER NAME  :. TAYLOR,JOHN O
SERVICE ADDRESS:. 32848  CROOKED OAKS LN
PHONE          :. 352/326-8320
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/23/05  READ  1015640
                . 3/23/05  READ  1012100 NEG
RESOLUTION     :. READ  1021960  USED FOR BILLING
                .
                . DA/EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 2
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 80
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



CUSTOMER NAME  :. BERGERON,R ALFRED
SERVICE ADDRESS:. 1122  MEADOWBEND DR
PHONE          :. 352/315-1212
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/23/05  READ  472740
                . 3/23/05  READ  287340 NEG
RESOLUTION     :. READ  489900  USED 487340 FOR BILLING
                .
                . DA/EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 915630
ACCOUNT#       :. 006910090201
CUSTOMER NAME  :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:.   OLD OAKS LANE/WEST
PHONE          :.    /   -
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/23/05  READ  72040
                . 3/23/04  READ  14170 NEG
RESOLUTION     :. READ  74170  USED FOR BILLING
                .
                . EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 915632
ACCOUNT#       :. 006910910512
CUSTOMER NAME  :. TAYLOR,JOHN O
SERVICE ADDRESS:. 32848  CROOKED OAKS LN
PHONE          :. 352/326-8320
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/23/05  READ  1015640
                . 3/23/05  READ  1012100 NEG
RESOLUTION     :. READ  1021960  USED FOR BILLING
                .
                . DA/EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 2
```

Pennbrooke

```
SERVICE ORDER# :. 915633
ACCOUNT#       :. 006910911222
CUSTOMER NAME  :. TUCKER,JAMES C
SERVICE ADDRESS:. 32911  RAMBLING OAKS CT
PHONE          :. 352/787-0931
EDATE          :. 04/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 2/23/05  READ  938100
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . 3/23/05  READ  971670 H/C
RESOLUTION     :. READ  981450  SPRINKLE HEAD BROKEN
                .
                . DA/EC
RDATE          :. 04/01/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 922754
ACCOUNT#       :. 006910800011
CUSTOMER NAME  :. SKINNER,HIRAM
SERVICE ADDRESS:. 32801  OAK PARK DR
PHONE          :. 352/314-0284
EDATE          :. 05/04/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 3/22/05  READ  1392480
                . 4/22/05  READ  408380 NEG
RESOLUTION     :. READ  1413480  USED 1408380 FOR BILLING
                .
                . CB/EC
RDATE          :. 05/03/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 922772
ACCOUNT#       :. 006910800101
CUSTOMER NAME  :. HALLBERG,RALPH
SERVICE ADDRESS:. 32720  TIMBERWOOD DR
PHONE          :.    /   -
EDATE          :. 05/04/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 3/22/05  READ  747390
                . 4/22/05  READ  252590 NEG
RESOLUTION     :. READ  754850  USED FOR BILLING
                .
                . CB/EC
RDATE          :. 05/03/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 922774
ACCOUNT#       :. 006910800171
CUSTOMER NAME  :. JOHNSON,RICHARD
SERVICE ADDRESS:. 32705  TIMBERWOOD DR
PHONE          :.    /   -
EDATE          :. 05/04/05
TYPE           :. 21
```

Pennbrooke

```
FOPER          :.
COMMENT        :. 4/1/05  READ  1054740
                . 4/22/05 READ  1054520 NEG
RESOLUTION     :. READ  1059520
                .
                . CB/EC
RDATE          :. 05/03/05

CORPýý----. 107
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 82
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 1
SERVICE ORDER# :. 922776
ACCOUNT# :. 006910800951
CUSTOMER NAME :. HARMAN,RONALD
SERVICE ADDRESS:. 330 RANCHWOOD DR
PHONE :. / -
EDATE :. 05/04/05
TYPE :. 21
FOPER :.
COMMENT :. 3/22/05 READ 518610
. 4/22/05 READ 623630 H/C
RESOLUTION :. READ 524260 USED FOR BILLING
.
. CB/EC
RDATE :. 05/03/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 922812
ACCOUNT# :. 006910000341
CUSTOMER NAME :. RIDDERMAN,RALPH
SERVICE ADDRESS:. 32528 WEST GOLF CT
PHONE :. / -
EDATE :. 05/04/05
TYPE :. 21
FOPER :.
COMMENT :. 3/23/05 READ 1667280
. 4/22/05 READ 1172720 NEG
RESOLUTION :. READ 1675660 USED FOR BILLING
.
. CB/EC
RDATE :. 05/03/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 922819
ACCOUNT# :. 006910000192
CUSTOMER NAME :. FREDERICK,JOHN
SERVICE ADDRESS:. 313 WESTWOOD DR
PHONE :. 352/314-2721
EDATE :. 05/04/05
TYPE :. 21
FOPER :.
COMMENT :. 3/23/05 READ 499960
. 4/22/05 READ 522600 H/C
RESOLUTION :. READ 525970 N/L
.
. CB/EC
RDATE :. 05/03/05

Pennbrooke

```
CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER# :. 922822
ACCOUNT#        :. 006910600221
CUSTOMER NAME   :. TALBERT,JOSEPH
SERVICE ADDRESS:. 32750  WESTWOOD LOOP
PHONE           :.    /   -
EDATE           :. 05/04/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 83
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  572830
                 . 4/22/05  READ  556300 NEG
RESOLUTION      :. READ  586360  USED FOR BILLING
                 .
                 . CB/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 922826
ACCOUNT#        :. 006910600562
CUSTOMER NAME   :. CROW,CHARLES H
SERVICE ADDRESS:. 32739  WESTWOOD LOOP
PHONE           :. 419/485-4422
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/25/05  READ  803010
                 . 4/22/05  READ  902920 H/C
RESOLUTION      :. READ  804590  USED FOR BILLING
                 .
                 . CB/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922831
ACCOUNT#        :. 006910700112
CUSTOMER NAME   :. ELKINS,WALTER
SERVICE ADDRESS:. 32656  OAK PARK DR
PHONE           :. 517/467-4954
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  928600
                 . 4/21/05  READ  946990 H/C
RESOLUTION      :. READ  953540 N/L
                 .
                 . CB/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922836
ACCOUNT#        :. 006910001531
CUSTOMER NAME   :. JORDAN,LARRY
SERVICE ADDRESS:. 32410  OAK PARK DR
```

Pennbrooke

```
PHONE          :.     /    -
EDATE          :. 05/04/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 3/23/05  READ  491340
                . 4/21/05  READ  469290 NEG
RESOLUTION     :. READ  498730. USED 496290 FOR BILLING
                .
                . CB/EC
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922841
ACCOUNT#        :. 006910001641
CUSTOMER NAME   :. FARRIS,GEORGE
SERVICE ADDRESS:. 32318  OAK PARK DR
PHONE           :.    /   -
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05 READ  8740
                 . 4/21/05 READ  8020 H/C
RESOLUTION      :. READ  14040  USED FOR BILLING
                 .
                 . CB/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922857
ACCOUNT#        :. 006910001691
CUSTOMER NAME   :. ANDERSON,ANDREW
SERVICE ADDRESS:. 738  COTTAGE PARK LN
PHONE           :. 631/786-5253
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION      :. READ  184270  USED FOR BILLING
                 .
                 . CB/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922870
ACCOUNT#        :. 006910001712
CUSTOMER NAME   :. BELZ,DEBI M
SERVICE ADDRESS:. 730  COTTAGE PARK LN
PHONE           :. 352/320-0005
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/25/05 READ  150060
                 . 4/21/05 READ  143790  NEG
RESOLUTION      :. READ  150230  USED FOR BILLING
                 .
```

Pennbrooke

```
                 . CB/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 922875
ACCOUNT#        :. 006910980012
CUSTOMER NAME   :. HAMMOND,JAMES C
SERVICE ADDRESS:. 617  GLEN OAKS DR
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
PHONE           :. 352/728-4654
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  966750
                 . 4/21/05  READ  868290 NEG
RESOLUTION      :. READ  971270  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922877
ACCOUNT#        :. 006910980051
CUSTOMER NAME   :. BATTAIN,INES
SERVICE ADDRESS:. 635  GLEN OAKS DR
PHONE           :.    /   -
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  468440
                 . 4/21/05  READ  488690 H/C
RESOLUTION      :. READ  469160  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922894
ACCOUNT#        :. 006910001212
CUSTOMER NAME   :. TURKENKOPS,DANIEL
SERVICE ADDRESS:. 535  COTTAGE PARK LN
PHONE           :. 352/455-2830
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE OBTAIN REED FOR BILLING
RESOLUTION      :. READ  130510  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922907
ACCOUNT#        :. 006910001101
CUSTOMER NAME   :. INGRAM,WILLIAM
```

Pennbrooke

```
SERVICE ADDRESS:. 538  EASTWOOD LN
PHONE          :.    /   -
EDATE          :. 05/04/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 3/23/05  READ  155070
                . 4/21/05  READ  1501560 NEG
RESOLUTION     :. READ  1564140 USED FOR BILLING
                .
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 86
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 922911
ACCOUNT#        :. 006910200031
CUSTOMER NAME   :. PEGLOW,JOAN
SERVICE ADDRESS:. 532  SHADOW RUN DR
PHONE           :.    /   -
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  951120
                 . 4/21/05  READ  556840 NEG
RESOLUTION      :. READ  958630  USED FOR BILLING 956840
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 922917
ACCOUNT#        :. 006910100292
CUSTOMER NAME   :. JONES,RONALD E
SERVICE ADDRESS:. 32537  OAK PARK DR
PHONE           :. 352/314-0864
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  1154630
                 . 4/21/05  READ  1154300 NEG
RESOLUTION      :. READ  1167450  USED 116430 FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 922920
ACCOUNT#        :. 006910100352
CUSTOMER NAME   :. OLSHAK,RAYMOND D
SERVICE ADDRESS:. 32613  OAK PARK DR
PHONE           :. 352/255-4739
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  1896850
                 . 4/21/05  READ  18993900 H/C
```

Pennbrooke

```
RESOLUTION      :. READ  1901700  USED 1899390 FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922928
ACCOUNT#        :. 006910090371
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
CUSTOMER NAME  :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:.   GRAND HALL & LEESBURG
PHONE          :.    /   -
EDATE          :. 05/04/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 3/23/05  READ  1236700
                . 4/21/05  READ  1356200 H/C
RESOLUTION     :. READ  1480600 N/L
                .
                . JY/EC
RDATE          :. 05/03/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 922931
ACCOUNT#       :. 006910950121
CUSTOMER NAME  :. SPRAY,RALPH
SERVICE ADDRESS:. 33132  VIEWPOINT CT
PHONE          :. 262/542-2499
EDATE          :. 05/04/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 3/23/05  READ  19940
                . 4/22/05  READ  40220
                . H/C
RESOLUTION     :. READ  48820 N/L
                .
                . JY/EC
RDATE          :. 05/03/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 922934
ACCOUNT#       :. 006910950511
CUSTOMER NAME  :. NELSON,DAN D
SERVICE ADDRESS:. 33138  GRAND CYPRESS WY
PHONE          :. 952/933-3848
EDATE          :. 05/04/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 3/23/05  READ  61260
                . 4/22/05  READ  130420 H/C
RESOLUTION     :. READ  145560 N/L
                .
                . JY/EC
RDATE          :. 05/03/05

CORPýý----. 107
```

Pennbrooke

```
ROUTE           :. 2
SERVICE ORDER#  :. 922936
ACCOUNT#        :. 006910970382
CUSTOMER NAME   :. MILLER,VINCENT
SERVICE ADDRESS:. 1111  EAGLES LANDING
PHONE           :. 352/728-3356
EDATE           :. 05/04/05
TYPE            :. 21
FOPER           :.
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
COMMENT          :. 4/4/05  READ  376860
                  . 4/22/05 READ  367140 NEG
RESOLUTION       :. READ  384820 USED FOR BILLING
                  .
                  . JY/EC
RDATE            :. 05/03/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 922940
ACCOUNT#         :. 006910970431
CUSTOMER NAME    :. LYNCH,DAVID
SERVICE ADDRESS  :. 1141  EAGLES LANDING
PHONE            :. 352/728-1844
EDATE            :. 05/04/05
TYPE             :. 21
FOPER            :.
COMMENT          :. 3/23/05  READ  735710
                  . 4/22/05  READ  567450 NEG
RESOLUTION       :. READ  777250  USED 767450 FOR BILLING. STILL HIGH
                  .
                  . JY/EC
RDATE            :. 05/03/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 922945
ACCOUNT#         :. 006910950601
CUSTOMER NAME    :. LOERZEL,STANLEY
SERVICE ADDRESS  :. 952  EAGLES LANDING
PHONE            :. 352/742-4612
EDATE            :. 05/04/05
TYPE             :. 21
FOPER            :.
COMMENT          :. 4/1/05  READ  341640
                  . 4/22/05 READ  265310 NEG
RESOLUTION       :. READ  353840  USED FOR BILLING
                  .
                  . JY/EC
RDATE            :. 05/03/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 922995
ACCOUNT#         :. 006910950730
CUSTOMER NAME    :. FLORIDA LEISURE COMMUNITIES,
SERVICE ADDRESS  :. 815  FOREST BREEZE PATH
PHONE            :. 863/646-2904
EDATE            :. 05/05/05
```

Pennbrooke

```
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  31080
                 . 4/22/05  READ  96700 H/C
RESOLUTION      :. READ  118480 N/L
                 .
                 . JY/EC
RDATE           :. 05/03/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 922996
ACCOUNT#        :. 006910950841
CUSTOMER NAME   :. MALFITANO,RICHARD A
SERVICE ADDRESS:. 925  FOREST BREEZE PATH
PHONE           :. 352/323-0796
EDATE           :. 05/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05 READ  324580
                 . 4/22/05 READ  320670 NEG
RESOLUTION      :. READ  330420  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 923011
ACCOUNT#        :. 006910950593
CUSTOMER NAME   :. HUHN,LAWRENCE R
SERVICE ADDRESS:. 956  EAGLES LANDING
PHONE           :. 910/520-8663
EDATE           :. 05/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. PLEASE PROVIDE READ FOR BILLING
RESOLUTION      :. READ  268670  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 923013
ACCOUNT#        :. 006910951070
CUSTOMER NAME   :. ROGERS,RICHARD
SERVICE ADDRESS:. 818  FOREST BREEZE PATH
PHONE           :. 404/734-9036
EDATE           :. 05/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  479610
                 . 4/22/05  READ  418540 NEG
RESOLUTION      :. READ  492890  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05
```

Pennbrooke

```
CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 923021
ACCOUNT#        :. 006910990361
CUSTOMER NAME   :. POSTEMA,GERARD
SERVICE ADDRESS:. 1101  MEADOWBEND DR
PHONE           :.    /   -
EDATE           :. 05/05/05
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  320020
                 . 4/22/05  READ  352830 H/C
RESOLUTION      :. READ  326720  USED 322830 FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 923027
ACCOUNT#        :. 006911990300
CUSTOMER NAME   :. MILLER,WAYNE P
SERVICE ADDRESS:. 1157  MEADOWBEND DR
PHONE           :. 352/323-8704
EDATE           :. 05/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/22/05 READ  10  "0" CONSUMPTION. THIS IS THE 2ND NEW MTR AND
NO
                 . CONSUMPTION ON IT. PLEASE CHECK THE METER AND MAKE SURE THAT
EVERYTHING
                 . IS WORKING
RESOLUTION      :. READ  7170
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 923030
ACCOUNT#        :. 006910910182
CUSTOMER NAME   :. KEESEE,JESSIE
SERVICE ADDRESS:. 528  GRAND VISTA TRL
PHONE           :. 352/319-9921
EDATE           :. 05/05/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/23/05  READ  683750
                 . 4/22/05  READ  90770  NEG
RESOLUTION      :. READ  693170  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 05/03/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 925715
```

Pennbrooke

ACCOUNT# :. 006910400141
CUSTOMER NAME :. CROWL,JOANN
SERVICE ADDRESS:. 201 WILLOW BROOK DR
PHONE :. 352/365-9556
EDATE :. 05/13/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAKS. CUSTOMER USAGE IS STEADILY
. INCREASING. INFORM CUSTOMER OR TAG WITH FINDINGS.
.
. 4/22/05 R=849000

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 91
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



                 . 3/23/05  R=828370
RESOLUTION      :. READ  860060 N/L LEFT TAG  LOC LEFT LINE
                 .
                 . JY/EC
RDATE           :. 05/16/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 930849
ACCOUNT#        :. 006910800922
CUSTOMER NAME   :. SVETICH,JAMES W
SERVICE ADDRESS:. 312  RANCHWOOD DR
PHONE           :. 352/365-6886
EDATE           :. 05/31/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 3/22/05  READ  805060
                 . 4/22/05  READ  854350  H/C
RESOLUTION      :. REREAD  880660  N/L
                 .
                 . CB/EC
RDATE           :. 05/04/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 935184
ACCOUNT#        :. 006910930871
CUSTOMER NAME   :. MORIN,EDWARD
SERVICE ADDRESS:. 33028  PENNBROOKE PKWY
PHONE           :. 352/360-1217
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/22/05  READ  787200
                 . 5/23/05  READ  78700 NEG
RESOLUTION      :. READ  789990  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 935191
ACCOUNT#        :. 006910930251
CUSTOMER NAME   :. RAUSCHER,ROY
SERVICE ADDRESS:. 339  GRAND VISTA TRL
PHONE           :. 352/326-3669
EDATE           :. 06/13/05
TYPE            :. 21
```

Pennbrooke

```
FOPER           :.
COMMENT         :. 4/22/05  READ  454250
                 . 5/23/05  READ  46180 NEG
RESOLUTION      :. READ  464620  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 92
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :. 1
SERVICE ORDER# :. 935208
ACCOUNT# :. 006910930401
CUSTOMER NAME :. ALBERS,RICHARD
SERVICE ADDRESS:. 443 GRAND VISTA TRL
PHONE :. / -
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. 4/22/05 READ 612960
. 5/23/05 READ 261800 NEG
RESOLUTION :. READ 626500 USED FOR BILLING
.
. JY/EC
RDATE :. 06/02/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 935213
ACCOUNT# :. 006910800031
CUSTOMER NAME :. MEERT,EUGENE
SERVICE ADDRESS:. 427 RANCHWOOD DR
PHONE :. 269/226-9880
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. 4/22/05 READ 1199300
. 5/20/05 READ 205030 NEG
RESOLUTION :. READ 1209130 USED FOR BILLING
.
. JY/EC
RDATE :. 06/02/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 935214
ACCOUNT# :. 006910800251
CUSTOMER NAME :. SIMONE,SHIRLEY
SERVICE ADDRESS:. 32739 TIMBERWOOD DR
PHONE :. 352/787-1914
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. 4/22/05 READ 962110
. 5/20/05 READ 574880 NEG
.
.
RESOLUTION :. READ 979860 USED FOR BILLING
.

Pennbrooke

```
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER# :. 935218
ACCOUNT#        :. 006910800401
CUSTOMER NAME   :. MCAVOY,DAVID
SERVICE ADDRESS:. 136  TRAILWOOD DR
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 93
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
PHONE           :.    /   -
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/22/05  READ  1238170
                 . 5/23/05  READ  1294560 H/C
RESOLUTION      :. READ  1322270 N/L
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 935220
ACCOUNT#        :. 006910500092
CUSTOMER NAME   :. SEYMOUR,CECIL T
SERVICE ADDRESS:. 220  WILLOWBROOK DR
PHONE           :. 352/787-9709
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/22/05  READ  1729970
                 . 5/23/05  READ  1034050 NEG
RESOLUTION      :. READ  1737800  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 935301
ACCOUNT#        :. 006910700021
CUSTOMER NAME   :. GALLI,EDMUND
SERVICE ADDRESS:. 32692  OAK PARK DR
PHONE           :.    /   -
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/21/05  READ  1739810
                 . 05/23/05 READ  1725620 NEG
RESOLUTION      :. READ  1756320  USED FOR BILLING
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 935476
ACCOUNT#        :. 006910700063
```

Pennbrooke

```
CUSTOMER NAME   :. WITTER,BEVERLY A
SERVICE ADDRESS:. 32676  OAK PARK DR
PHONE           :. 352/360-0648
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/21/05  READ  763590
                 . 5/23/05  READ  777980 H/C
RESOLUTION      :. READ  778970 N/L
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 94
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                .
                . JY/EC
RDATE          :. 06/02/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 935477
ACCOUNT#       :. 006910001591
CUSTOMER NAME  :. TATE,LEE
SERVICE ADDRESS:. 32338  OAK PARK DR
PHONE          :. 352/314-0021
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 4/21/05  READ  194540
                . 5/23/05  READ  124600 NEG
RESOLUTION     :. READ  194500 SERVICE IS OFF. WILL LET MTR CATCHUP 40 GALS WHEN
CUSTOMER
                . RETURNS.
                .
                . JY/EC
RDATE          :. 06/02/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 935480
ACCOUNT#       :. 006910001671
CUSTOMER NAME  :. FRANTZ,JUANITA
SERVICE ADDRESS:. 32306  OAK PARK DR
PHONE          :. 352/315-9956
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 4/21/05  READ  313560
                . 5/23/05  READ  312410 NEG
RESOLUTION     :. READ  318980 USED FOR BILLING
                .
                . JY/EC
RDATE          :. 06/02/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 935487
ACCOUNT#       :. 006910980121
CUSTOMER NAME  :. ROYER,DONALD
SERVICE ADDRESS:. 713  GLEN OAKS DR
PHONE          :.    /   -
EDATE          :. 06/13/05
TYPE           :. 21
```

Pennbrooke

```
FOPER           :.
COMMENT         :. 4/21/05  READ  538250
                 . 5/23/05  READ  544880 H/C
RESOLUTION      :. READ  545190 N/L
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 2
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 95
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



SERVICE ORDER# :. 935494
ACCOUNT#       :. 006910980161
CUSTOMER NAME  :. COOPER,CONLEY
SERVICE ADDRESS:. 724  GLEN OAKS DR
PHONE          :.    /   -
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 4/21/05  READ  687170
                . 5/23/05  READ  685730 NEG
RESOLUTION     :. READ  689550  USED FOR BILLING
                .
                . JY/EC
RDATE          :. 06/02/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 935512
ACCOUNT#       :. 006910001311
CUSTOMER NAME  :. MARTEL,HOPE
SERVICE ADDRESS:. 627 NE COTTAGE PARK LN
PHONE          :. 207/725-5819
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 4/21/05  READ  1275360
                . 5/23/05  READ  1285960 H/C
RESOLUTION     :. READ  1286000 N/L
                .
                . JY/EC
RDATE          :. 06/02/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 935516
ACCOUNT#       :. 006910200102
CUSTOMER NAME  :. KING,LINDA
SERVICE ADDRESS:. 636  SHADOW RUN DR
PHONE          :. 352/365-8355
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 4/21/05  READ  1407600
                . 5/23/05  READ  1422610 H/C
RESOLUTION     :. READ  1426500 N/L
                .
                . JY/EC
RDATE          :. 06/02/05
```

Pennbrooke

```
CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 935519
ACCOUNT#        :. 006910100201
CUSTOMER NAME   :. JAMES,CLYDE
SERVICE ADDRESS:. 527  SHADOW RUN DR
PHONE           :.    /   -
EDATE           :. 06/13/05
TYPE            :. 21
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
FOPER           :.
COMMENT         :. 4/21/05  READ  2348720
                 . 5/23/05  READ  2368180 H/C
RESOLUTION      :. READ  2370080 N/L
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 935522
ACCOUNT#        :. 006910100311
CUSTOMER NAME   :. CARY,FAY
SERVICE ADDRESS:. 32549  OAK PARK DR
PHONE           :.    /   -
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4//21/05  READ  1503960
                 . 5/23/05   READ  1522420 H/C
RESOLUTION      :. READ  1509570 N/L
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 935525
ACCOUNT#        :. 006910090371
CUSTOMER NAME   :. PENNBROOKE FAIRWAYS HOA,
SERVICE ADDRESS:.   GRAND HALL & LEESBURG
PHONE           :.    /   -
EDATE           :. 06/13/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/21/05  READ  1356200
                 . 5/20/05  READ  1611400 H/C
RESOLUTION      :. READ  1680700 N/L
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 935526
ACCOUNT#        :. 006910950491
CUSTOMER NAME   :. BOLTON,CARTER S
SERVICE ADDRESS:. 33150  GRAND CYPRESS WY
PHONE           :. 352/250-6506
```

Pennbrooke

```
EDATE          :. 06/13/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 4/22/05  READ  142240
                . 5/20/05  READ  256940 H/C
RESOLUTION     :. READ  280720 N/L
                .
                . JY/EC
RDATE          :. 06/02/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 97
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 935531
ACCOUNT# :. 006911970100
CUSTOMER NAME :. O'LEARY,JEREMIAH
SERVICE ADDRESS:. 1007 EAGLES LANDING
PHONE :. 352/323-8273
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. 4/22/05 READ 41680
. 5/20/05 READ 88630 H/C
RESOLUTION :. READ 94660 N/L
.
. JY/EC
RDATE :. 06/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 935535
ACCOUNT# :. 006911950870
CUSTOMER NAME :. COTTRILL,CHARLES
SERVICE ADDRESS:. 943 FOREST BREEZE PATH
PHONE :. 352/319-9993
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. 4/22/05 READ 2090
. 5/20/05 READ 29270 H/C
RESOLUTION :. READ 42500 N/L
.
. JY/EC
RDATE :. 06/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 935595
ACCOUNT# :. 006910911201
CUSTOMER NAME :. GLEISNER,NORBERT
SERVICE ADDRESS:. 32918 RAMBLING OAKS CT
PHONE :. / -
EDATE :. 06/13/05
TYPE :. 21
FOPER :.
COMMENT :. 4/22/05 READ 308570
. 5/20/05 READ 308480 NEG
RESOLUTION :. READ 309920 USED FOR BILLING
.
. JY/EC

Pennbrooke

RDATE :. 06/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 937875
ACCOUNT# :. 006910001322
CUSTOMER NAME :. KUWIK,CASIMIR
SERVICE ADDRESS:. 631 NE COTTAGE PARK LN
PHONE :. 248/546-7706

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 98
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



EDATE           :. 06/20/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 4/21/05  READ  258670
                 . 5/23/05  READ  258260 NEG
RESOLUTION      :. 6/2/05 RERED  258670  USED FOR BILLING  METER IS OKAY
                 .
                 . JY/EC
RDATE           :. 06/02/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 941889
ACCOUNT#        :. 006910000131
CUSTOMER NAME   :. VEZINA,RAYMOND
SERVICE ADDRESS:. 223  WESTWOOD DR
PHONE           :.    /   -
EDATE           :. 06/29/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 5/23/05  READ  3031960
                 . 6/22/05  READ  3031660 NEG
RESOLUTION      :. READ  3031660 CONS OVER BILLED 299 GALS. WILL ALLOW TO CATCH
UP ON
                 . 7/28/05 READ. IF NOT CAUGHT UP, WILL ADJUST ACCOUNT.
                 .
                 . JY/EC
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 941908
ACCOUNT#        :. 006910001503
CUSTOMER NAME   :. FISH,WALLACE
SERVICE ADDRESS:. 634 NE COTTAGE PARK LN
PHONE           :. 207/224-7733
EDATE           :. 06/29/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 5/23/05  READ  424480
                 . 6/22/05  READ  424280 NEG
RESOLUTION      :. READ 424280 OVER BILLED ON 5/23/05 READ FOR 200 GALS. WILL LET
CATCH
                 . UP ON 7/29/05 READ.IF NOT CAUGHT UP WILL ADJUST.
                 .
                 . JY/EC
RDATE           :. 06/29/05

CORPýý----. 107
```

Pennbrooke

```
ROUTE           :. 1
SERVICE ORDER#  :. 942078
ACCOUNT#        :. 006910941061
CUSTOMER NAME   :. SHOENICK,KEITH
SERVICE ADDRESS:. 33510  PENNBROOKE PKWY
PHONE           :. 352/365-1454
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/23/05 READ 547700
                 . 06/21/05 READ 598310 H/C
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 99
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



RESOLUTION      :. 06/29/05 READ 614500 CORRECT - OK, NO LEAKS REPORTED..
                 . USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942083
ACCOUNT#        :. 006910600042
CUSTOMER NAME   :. DAUGIRDA,NANCY
SERVICE ADDRESS:. 86  WESTWOOD DR
PHONE           :. 352/748-3524
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/23/05 READ 697180
                 . 06/22/05 READ 701390 H/C
RESOLUTION      :. 06/29/05 READ 701470 CORRECT -OK - USE FOR BILLING -NO LEAKS
REPORTED
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942095
ACCOUNT#        :. 006910000632
CUSTOMER NAME   :. RAY ,ANNA MAE
SERVICE ADDRESS:. 236  WESTWOOD DR
PHONE           :. 352/728-1398
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/23/05 READ 1349800
                 . 06/22/05 READ 1271250 H/C
RESOLUTION      :. 06/29/05 READ 1349800 CORRECT OK -- USE FOR BILLING
                 . JX/RB X
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942098
ACCOUNT#        :. 006910000641
CUSTOMER NAME   :. COLLETT,JENNIFER
SERVICE ADDRESS:. 232  WESTWOOD DR
PHONE           :.    /   -
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/23/05 READ 1270660
```

Pennbrooke

```
                 . 06/22/05 READ 1349800 H/C
RESOLUTION      :. 06/29/05 READ 1271430 CORRCT-OK USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942126
ACCOUNT#        :. 006910200111
CUSTOMER NAME   :. MCPHERSON,EILEAN
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 100
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



SERVICE ADDRESS:. 642  SHADOW RUN DR
PHONE           :. 352/323-3511
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/23/05 READ 1864310
                 . 06/22/05 READ 1372490 NEG -
RESOLUTION      :. 06/29/05 READ 1872960 CORRECT MTR WAS MISS READ USE FOR
BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942140
ACCOUNT#        :. 006911970020
CUSTOMER NAME   :. MCCARTNEY,JOHN
SERVICE ADDRESS:. 33111  GRAY EAGLE CT IRRG
PHONE           :. 352/365-1453
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/20/05 READ 43460
                 . 06/21/05 READ 55290 H/C
RESOLUTION      :. 06/29/05 READ 60180 CORRECT -OK- NO LEAKS- USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942146
ACCOUNT#        :. 006911970090
CUSTOMER NAME   :. DOLLAR,DAVID
SERVICE ADDRESS:. 33112  GRAY EAGLE CT
PHONE           :. 352/323-8813
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/20/05 READ 31500
                 . 06/21/05 READ 39850 H/C
RESOLUTION      :. 06/29/05 READ 41790 CORRECT- OK NO LEAKS- USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942181
ACCOUNT#        :. 006910910602
CUSTOMER NAME   :. PETTENGILL,MILTON E
```

Pennbrooke

```
SERVICE ADDRESS:. 32944  CROOKED OAKS LN
PHONE          :. 352/787-0660
EDATE          :. 06/30/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 05/20/05 READ 552890
                . 06/21/05 READ 572270 H/C
RESOLUTION     :. 06/29/05 READ 576000 CORRECT - OK USE FOR BILLING -NO LEAKS...
                . JX/RB
RDATE          :. 06/29/05
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 101
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942194
ACCOUNT#        :. 006910001261
CUSTOMER NAME   :. DRUCZ,CHESTER
SERVICE ADDRESS:. 607  COTTAGE PARK LN
PHONE           :.    /   -
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/23/05 READ 240770
                 . 06/22/05 READ 270770 H/C
RESOLUTION      :. 06/29/05 READ 240770 CORRECT-OK USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 942197
ACCOUNT#        :. 006910001302
CUSTOMER NAME   :. PARLIAMENT,DAVID R
SERVICE ADDRESS:. 623 NE COTTAGE PARK LN
PHONE           :. 352/787-6903
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/23/05 READ 542500
                 . 06/22/05 READ 5475700 H/C
RESOLUTION      :. 06/29/05 READ 542570 CORRECT -OK USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 942214
ACCOUNT#        :. 006910000241
CUSTOMER NAME   :. AMES,SHIRLEY
SERVICE ADDRESS:. 333  WESTWOOD DR
PHONE           :. 407/857-3390
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
COMMENT         :. 05/20/05 READ 1785680
                 . 06/22/05 READ 1792020 H/C
RESOLUTION      :. 06/29/05 READ 1787200 CORRECT -USE FOR BILLING
                 . JX/RB
RDATE           :. 06/29/05

CORPýý----. 107
```

Pennbrooke

```
ROUTE           :. 1
SERVICE ORDER#  :. 942230
ACCOUNT#        :. 006910090122
CUSTOMER NAME   :. PEMBROOK HOMEOWNERS ASSOC,
SERVICE ADDRESS:.    S SIDE OF WESTWOOD BLVD
PHONE           :. 352/260-1001
EDATE           :. 06/30/05
TYPE            :. 21
FOPER           :.
```

```
(545) REPORT UBRSORDREPORT.2          UTILITY BILLING SYSTEM          PAGE 102
 DETAIL SERVICE ORDER COMPLAINTS FOR  107

CUSTOMER REQUESTED ( A )
FOR PERIOD 01/01/05 TO 06/30/05



COMMENT          :. 05/20/05 READ 453900
                  . 06/22/05 READ 467000 H/C
RESOLUTION       :. 06/26/05 READ 468000 CORRECT -OK-- NO LEAKS
                  . JX/RB
RDATE            :. 06/29/05

CORPýý----. 107
ROUTE            :. 1
SERVICE ORDER#   :. 942255
ACCOUNT#         :. 006910000061
CUSTOMER NAME    :. PIKE,GLENN
SERVICE ADDRESS  :. 135  WESTWOOD DR
PHONE            :. 352/314-9536
EDATE            :. 06/30/05
TYPE             :. 21
FOPER            :.
COMMENT          :. 05/23/05 READ 649840
                  . 06/22/05 READ 859670 H/C
RESOLUTION       :. 06/29/05 READ 654420 CORRECT -OK USE FOR BILLING
                  . JX/RB
RDATE            :. 06/29/05

CORPýý----. 107
ROUTE            :. 1
SERVICE ORDER#   :. 942260
ACCOUNT#         :. 006910600371
CUSTOMER NAME    :. LAH,JANET
SERVICE ADDRESS  :. 32720  WESTWOOD LOOP
PHONE            :. 352/326-3383
EDATE            :. 06/30/05
TYPE             :. 21
FOPER            :.
COMMENT          :. 05/23/05 READ 532310
                  . 06/21/05 READ 537850 H/C
RESOLUTION       :. 06/21/05 READ 537010 ON SPECIAL INSTRUCTIONS WRONG READ IN
THAT SECTION
                  .
**********************************************************************
                  . 06/29/05 READ 537850 CORRECT -OK USE FOR BILLING (CUST. HAS
SMALL LEAK)
                  . JX/RB
RDATE            :. 06/29/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 942280
ACCOUNT#         :. 006910910711
CUSTOMER NAME    :. WALTERS,LAVERNE
SERVICE ADDRESS  :. 635  TIMBERCREST DR
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```
PHONE          :.     /    -
EDATE          :. 06/30/05
TYPE           :. 21
FOPER          :.
COMMENT        :. 05/20/05 READ 686640
                . 06/21/05 READ 712760 H/C
RESOLUTION     :. 06/29/05 READ 717320 CORRECT-OK NO LEAKS - USE FOR BILLING
                . JX/RB
RDATE          :. 06/29/05

CORPýý----. 107
ROUTE          :. 2
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 103
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ORDER# :. 942292
ACCOUNT# :. 006910950621
CUSTOMER NAME :. CARPENTER,DAVID L
SERVICE ADDRESS:. 940 EAGLES LANDING
PHONE :. 352/504-0840
EDATE :. 06/30/05
TYPE :. 21
FOPER :.
COMMENT :. 05/20/05 READ 154520
. 06/21/05 READ 181600 H/C
RESOLUTION :. 06/29/05 READ 183210 CORRECT -OK USE FOR BILLING- NO LEAKS
. JX/RB
RDATE :. 06/29/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 890036
ACCOUNT# :. 006910940051
CUSTOMER NAME :. OGDEN,SANDRA SEN
SERVICE ADDRESS:. 33527 PENNBROOKE PKWY
PHONE :. 352/323-0813
EDATE :. 01/19/05
TYPE :. 24
FOPER :.
COMMENT :. WATER BUBBLING UP FROM GROUND-@ METER
. PAGED TO DAN A-9:52AM
RESOLUTION :. UPON ARRIVAL FOUND WATER FLOWING FASOUT OF MTR BOX.DUG DOWN
S/OFF CURB
. STOP.OUR MTR SPUD ON CUSTOMER'S SIDE SPLIT APART.REPLACED.
WATER
. REGISTERED ON CUSTOMER'S METER. READ 0404630 APPROX 120 MIN X
25 GPM
. = 3000 GALS ESTIMATED FLOW. ACCOUNT WILL BE ADJUSTED FOR
1/28/05
. READ.
. 1/25/05 FINISHED LANDSCAPE, REMOVED CAUTION TAPE
. DA/EC
. 2/2/05 ACCOUNT IS ADJUSTED WATER, 3000 GALS @ $2.01 $6.03 WILL
BE CREDIT
. ON 2/05 BILL.
. EC
RDATE :. 01/19/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 900437
ACCOUNT# :. 006910600312
CUSTOMER NAME :. LANZA,FRANK
SERVICE ADDRESS:. 32732 WESTWOOD LOOP

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PHONE :. 352/314-5922
EDATE :. 02/23/05
TYPE :. 24
FOPER :.
COMMENT :. MS. CALLED DUE TO A HIGH BILL. SHE REQUESTS THE METER TO BE REREAD AND
. TAG HER DOOR WITH YOUR FINDINGS.
.
. 1/24/05 MR=593110
RESOLUTION :. READ FROM DANIEL 584680. THE METER WAS MISREAD ON 1/24/05 AS 593110.
. THE REGULAR READER PROVIDED A READ FOR MARCH BILLING THAT WAS READ
. ON 2/22/05 AS 594680. THIS IS THE 2ND READ BACK TO BACK THAT IS
. INCORRECT AT THIS ADDRESS.I ASKED DANIEL A TO GO TO THE RESIDENCE ON
. 3/3/05 AND READ THE METER.HE AND THE CUSTOMER AGREED THAT THE READ
. ON THE METER ON 3/3/05 A.M. WAS 0584850.THAT IS THE READ THAT WILL

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

. BE USED FOR 3/05 BILLING. THE ACCOUNT IS ADJUSTED FOR 1/24/05 MIS
. READ 10330 GALS AND WATER $17.49 SEWER 16.01.THE CUSTOMER WAS NOTIFIED
. ABOUT ADJUSTED AMOUNT AND CREDIT TO THE 3/05 BILL.SHE WAS SATISFIED.
. DANIEL A/EC
RDATE :. 02/24/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 903447
ACCOUNT# :. 006910800101
CUSTOMER NAME :. HALLBERG,RALPH
SERVICE ADDRESS:. 32720 TIMBERWOOD DR
PHONE :. / -
EDATE :. 03/04/05
TYPE :. 24
FOPER :.
COMMENT :. 1/24/05 READ 746010
. 2/22/05 READ 743120 NEG
RESOLUTION :. REREAD 744920 1/24/04 WAS MIS READ. ADJUSTED ACCOUNT FOR 8120 GALS
. OVER BILLED. WATER $14.56 AND SEWER $8.66.
.
. DA/EC
RDATE :. 03/03/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 914150
ACCOUNT# :. 006910970021
CUSTOMER NAME :. MCCARTNEY,JOHN
SERVICE ADDRESS:. 33111 GRAY EAGLE CT
PHONE :. 352/365-1453
EDATE :. 04/11/05
TYPE :. 24
FOPER :.
COMMENT :. REREAD THIS METER.
. *CUSTOMER READ IT HIMSELF AND OBTAINED 454290 AS A READ*
RESOLUTION :. READ 454650 3/23/05 WAS MIS READ AS 461820. ADJUSTED ACCOUNT FOR
. 10000 GALS. WATER $18.03 SEWER $10.15. A CORRECTED BILL WILL BE SENT
. TO THE CUSTOMER.
.
. JY/EC
RDATE :. 04/12/05

Pennbrooke

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 914810
ACCOUNT# :. 006910001371
CUSTOMER NAME :. LAWRENCE,KAREN
SERVICE ADDRESS:. 32343 OAK PARK DR
PHONE :. 352/787-9117
EDATE :. 04/12/05
TYPE :. 24
FOPER :.
COMMENT :. 2/22/05 READ 6380
. 3/23/05 READ 76700 H/C
RESOLUTION :. REREAD 8100
. CUSTOMER WAS MISBILLED AT INCORRECT READ TAKEN IN ERROR.
ADJUSTED
. ACCOUNT TO CORRECT READ OF 7670 AND CONS FOR 69030. WATER
$135.26

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

. SEWER $17.07. A CORRECTED BILL WILL BE SENT
.
. DA/EC
RDATE :. 04/01/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 922891
ACCOUNT# :. 006910980411
CUSTOMER NAME :. STARR,RITA
SERVICE ADDRESS:. 32204 SUMMERTREE CIR
PHONE :. 352/728-0571
EDATE :. 05/04/05
TYPE :. 24
FOPER :.
COMMENT :. 3/23/05 READ 1620870
. 4/21/05 READ 1618520 NEG
RESOLUTION :. READ 1619040 3/23/05 BAD READ. ADJUSTED ACCOUNT FOR 4480 GALS WATER
. AND SEWER. WATER $7.21 AND SEWER $8.78. ADJUSTED AMONT WILL APPEAR ON
. 5/05 BILL.
.
. JY/EC
RDATE :. 05/03/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 941921
ACCOUNT# :. 006910000972
CUSTOMER NAME :. SHARP,JAMES
SERVICE ADDRESS:. 617 EASTWOOD LN
PHONE :. 352/315-9121
EDATE :. 06/29/05
TYPE :. 24
FOPER :.
COMMENT :. 5/23/05 READ 656950
. 6/22/05 READ 655950 NEG
RESOLUTION :. READ 655950 CUSTOMER OVER BILLED 1000 GALS ON 5/23/05 READ. ADJUSTED
. ACCOUNT FOR WATER $1.61 AND SEWER $1.96
.
. JY/EC
RDATE :. 06/29/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 942093
ACCOUNT# :. 006910970021

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```
CUSTOMER NAME   :. MCCARTNEY,JOHN
SERVICE ADDRESS:. 33111  GRAY EAGLE CT
PHONE           :. 352/365-1453
EDATE           :. 06/30/05
TYPE            :. 24
FOPER           :.
COMMENT         :. 5/20/05  READ  469200
                 . 6/21/05  READ  461060 NEG
RESOLUTION      :. 6/29/05  READ  461060 CUSTOMER OVER BILLED ON 5/20/05 MISREAD.
                 . ADJUSTED CONS 10920. WATER $19.06 AND SEWER $14.19. ADJUSTED
AMOUNT
                 . WILL APPEAR ON 7/05 BILL.
                 .
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 106
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

. JY/EC
RDATE :. 06/30/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 942111
ACCOUNT# :. 006910970382
CUSTOMER NAME :. MILLER,VINCENT
SERVICE ADDRESS:. 1111 EAGLES LANDING
PHONE :. 352/728-3356
EDATE :. 06/30/05
TYPE :. 24
FOPER :.
COMMENT :. THIS CUSTOMER'S METER WAS INCORRECTLY READ ON 5/20/05 BY THE READER.
. THE READ SUPPLIED WAS FOR THE NEIGHBOR AT 1115 EAGLES LANDING, WHOSE
. METER READS ARE VERY CLOSE TO THIS ONE.DUE TO THE INCORRECT READ, THIS
. CUSTOMER WAS BILLED "0" CONS.THE METER WAS CHECKED FOR BROKEN METER
. ON S/O# 935664. THAT INFORMATION IS INCORRECT FROM THE FIELD TOO.
RESOLUTION :. THE 5/20/05 READ FOR THIS ACCOUNT SHOULD HAVE BEEN 405670 AND THE
. CONSUMPTION 23150.INSTEAD, THIS READ AND CONSUMPTION WAS BILLED TO
. THE CUSTOMER'S HOUSE METER AT 1115 EAGLES LANDING IN ERROR. THIS ACCOUNT
. NEVER HAD A METER CHANGE OUT AND DID NOT REQUIRE ONE.THE FIELD CHANGED
. OUT THE 1115 EAGLES LANDING CUSTOMER'S HOUSE METER IN ERROR. AGAIN,
. THAT CAUSED THE MIXUP IN THE RECORDS.AFTER RESEARCH FROM THE OFFICE AND
. THE FIELD, THIS METER# IS 76634626 AND 6/29/05 READ 429460.THIS ACCT
. IS BACK BILLED FOR CONS DUE ON 5/20/05 BILL AND CORRECTED WITH METER
. INFO.
. JY/DA/EC
RDATE :. 06/30/05

CORPýý----. 107
ROUTE :.
SERVICE ORDER# :. 892749
ACCOUNT# :. 006910000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.

Pennbrooke

```
PHONE           :.    /   -
EDATE           :. 01/27/05
TYPE            :. 26
FOPER           :.
COMMENT         :. ON SUN 1/23/05 CUSTOMER AT 32314 OAK PARK CALLED ANS SERVICE
TO
                 . REPORT WATER RUNNING DOWN THE STREET.
                 . **PLEASE PROVIDE RESOLUTION**
RESOLUTION      :. 1/24/05 900 HRS DANIEL AND ALLSON ON SITE TO FIX LEAK.DUG TO
WATER MAIN
                 . AND S/OFF CORP.STOP AS PIPE HAD BLOWN OUT BACK SIDE OF SHUT
OFF VALVE.
                 . REGLUED FITTING.WAITED 12 MIN, T/ON BUT LOW PSI TO
HOUSES.FOUND BOTH
                 . METERS FULL OF SAND.TRIED TO FLUSH OUT WHEN REMOVED, BUT WOULD
NOT.
                 . REPLACING METERS.FINALLY GOOD FLOW/PSI, THEN GLUED PIPE BROKE
OUT
                 . AGAIN, SHUT OFF CURB STOP.LEFT TO RUN PLANTS, CHRIS B.CAME
FROM OCALA
                 . REGLUED.WORKED EXCELLENT, CURB ON.FILLED IN FINAL DIRT ON
1/27/05.
                 . REPIPED LINES INSTALLED NEW METER AT 32314 AND 32318 OAK PARK.
                 . DANIEL A/EC
RDATE           :. 01/28/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 906299
ACCOUNT#        :. 006910950361
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 107
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. PEACOCK,ROBERT
SERVICE ADDRESS:. 33257 GRAND CYPRESS WY
PHONE :. 352/360-0658
EDATE :. 03/15/05
TYPE :. 27
FOPER :.
COMMENT :. SMALL PIPE LOCATED ON GROUND COMING UP W/OUT A TOP IS BUBBLING WATER
. OUT FROM GROUND AREA. LEAK IS LOCATED IN BACK OF HOME, GREEN PIPE, W/
. WHITE INSIDE???
. PAGED TO DAN A
RESOLUTION :. 3/15/05 READ 578380 SEWER LINE CLEAN OUT OKAY. RESEALED? SPOKE WITH
. CUSTOME, WILL CAP OFF PIPE AT SURFACE GRADE ELEVATION.
.
. 3/17/05 1130 HRS DA DUG UP PIPE, CUTO TO GRADE AND INSTALLED A SEWER
. (FEMALE) CLEANOUT, WITH (MALE) SCREW IN CAP PLUG.
. ALL EXCELLENT NOW. MR 0578550 INFORMED CUSTOMER JOB COMPLETED 100%
.
. DA 1130 HR/EC
RDATE :. 03/17/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 918317
ACCOUNT# :. 006910950971
CUSTOMER NAME :. SUMMERS,JUDITH
SERVICE ADDRESS:. 920 FOREST BREEZE PATH
PHONE :. 937/605-6167
EDATE :. 04/21/05
TYPE :. 28
FOPER :.
COMMENT :. CUSTOMER COMPLAINING OF LOW PRESSURE. AND SHE SAID EVERYONE IS NOT
. WATERING. PAGES STEVE PFOUTS
RESOLUTION :. READ 169880 54 PSI FLOW 10 GPM. SPOKE WITH CUSTOMER. BACK LATER IN
. AFTERNOON, PRESSURE 50 PSI. HIGHER FLOW RATE. LIKELY DUE TO HEAVY
. IRRIGATION IN A.M. (ON THURSDAY MORNING)
.
. JY/EC
RDATE :. 04/21/05

CORPýý----. 107
ROUTE :. 2

Pennbrooke

```
SERVICE ORDER# :. 926038
ACCOUNT#       :. 006910950572
CUSTOMER NAME  :. REARIGH,LELAND
SERVICE ADDRESS:. 966  EAGLES LANDING
PHONE          :. 352/365-2708
EDATE          :. 05/16/05
TYPE           :. 28
FOPER          :.
COMMENT        :. 5/4/05 CUSTOMER CALLED ANSWERING SERVICE APPROX 10:30 PM TO
REPORT
                . NO WATER PRESSURE
                . **PLEASE PROVIDE RESOLUTION**
RESOLUTION     :. CALLED CUSTOMER TO EXPLAIN FLUSHING THAT HAD BEEN DONE IN
AREAS.
                . CUSTOMER HAS AN IN LINE HOUSE FILTER THAT LIKELY CLOGGED UP.
REMOVED
                . FILTER, RINSE THOROUGHLY AND SHOULD HAVE FULL
PRESSURE.CUSTOMER
                . SATISFIED. NO CALL BACK.
                .
                . DSA 1030PM/EC
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

RDATE :. 05/17/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 929274
ACCOUNT# :. 006910940561
CUSTOMER NAME :. MCNAMMARA,DAVID
SERVICE ADDRESS:. 412 BENTWOOD DR
PHONE :. 352/787-8457
EDATE :. 05/24/05
TYPE :. 28
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK PRESSURE GOING TO HOME. PLEASE TAG
. OR INFORM CUSTOMER OF FINDINGS.
.
. CUSTOMER CALLED DUE TO LOW PRESSURE.
.
RESOLUTION :. CHECKED PRESSURE AT HOME. 50PSI FOUND. 2 VALVES WERE CLOSED AT OAK
. PARK/COUNTRY SIDE AND COUNTRYSIDE/PENNBROOKE PKWY. CREATING LOW
. PRESSURE. NOW OPEN. DISCUSSED SITUATION BETTER PRESSURE NOW.
.
. DSA/EC
RDATE :. 05/25/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 884820
ACCOUNT# :. 006910095991
CUSTOMER NAME :. PHAUP,PATRICK W
SERVICE ADDRESS:. 908 FOREST BREEZE PATH
PHONE :. 352/360-0339
EDATE :. 01/03/05
TYPE :. 29
FOPER :.
COMMENT :. CUSTOMER CALLED TO SAY THAT SHE HAS DISCOLORED WATER THROUGH OUT THE
. HOME PLEASE CHECK
.
. **PAGED TO D ANDERSON**
RESOLUTION :. A STORM DRAIN COMPANY WAS USING THE FIRE HYDRANTS TO PULL WATER FOR
. FLUSHING THE DRAINS. DANIEL A . FOUND THEM AND A COMPANY SERVICE ORDER
. IS ISSUED WITH DETAILS.
.
. DA/EC

Pennbrooke

RDATE :. 01/03/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 884886
ACCOUNT# :. 006910950422
CUSTOMER NAME :. BROOKE-STEWART,JEFFREY
SERVICE ADDRESS:. 33236 GRAND CYPRESS WY
PHONE :. 401/232-1115
EDATE :. 01/03/05
TYPE :. 29
FOPER :.
COMMENT :. CUSTOMER'S WATER IS BROWN, PLEASE CHECK OUT. ELISE PAGED DANIEL
RESOLUTION :. A DRAIN CLEANING COMPANY WAS TAKING WATER FROM THE FIRE HYDRANTS
. TO FILL WATER TRUCK FOR CLEANIN DRAINS. DANIEL A IS INVESTIGATING AND

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

. A COMPAY SERVICE ORDER WAS ISSUED WITH DETAILS
.
. DA/EC
RDATE :. 01/03/05

CORPýý----. 107
ROUTE :.
SERVICE ORDER# :. 884913
ACCOUNT# :. 006910000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 01/03/05
TYPE :. 29
FOPER :.
COMMENT :. SEVERAL CUSTOMERS IN THE AREA CALLED ABOUT DISCOLORED WATER PLEASE
. PROVIDE INFORMATION AND FINDINGS
RESOLUTION :. GOT CONTRACTOR/SUB INFO.RAINEY CONST CO INC HAD SUB CONTRACTOR FILL
. TANKER FROM 2 OF OR HYDRANTS 9 AM APPROX.COTTAGE PARK SECT AND GRAND
. CYPRESS WAY.QUICK FLOW ON & OFF.STIRRED UP IRON RESIDUAL ON BOTTOM OF
. LINES.FLUSHE 13 HYDRNTS MONDAY.STARTED UPON ARRIVAL UNTIL P.M. WITH
. GRAND TOTAL OF 48,300 GALS BY MONDAY EVENING.PRETTY MUCH CLEARED OUT
. LINES.FAXED CONTRACTOR/SUB CO TO BILL C.TALKED WITH SEVERAL CUSTOMERS
. ABOUT CAUSE AND REMEDY.ALL ELSE EXCELLENT.MAJOR FLUSHING AGAIN SCHEDULED
. PER BILL FOR 1/13/05.THEN ROUTINE FLUSHING AFTER, "CLEANSING" SYSTEM.
. 1/3/05 1600 HRS COMPLETED
. DA/EC
RDATE :. 01/03/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 890419
ACCOUNT# :. 006910801061
CUSTOMER NAME :. BROOKS,ROBERT
SERVICE ADDRESS:. 432 RANCHWOOD DR
PHONE :. 352/315-1370
EDATE :. 01/20/05
TYPE :. 29
FOPER :.
COMMENT :. MR. CALLED DUE TO YELLOWISH WATER.

```
                . IT OCCURS ALL THRU THE HOUSE.
                . PLEASE CHECK AS TO THE CAUSE AND SPEAK WITH CUSTOMERS.
RESOLUTION     :. NO COLOR OR TURBIDITY AT HOUSE BEFORE FLUSHING.READ 1368150
FLUSHED
                . HYDRANT FOR 60 MIN AT 100 GPM.SLIGHT YELLOWISH COLOR FOR FEW
SECONDS
                . THEN CLEAR.SPOKE WITH CUSTOMER WILL SET UP HYDRANT ON THE
WEEKLY
                . FLUSH LIST TO SEE IF PROBLEM IS ALLEVIATED. CUSTOMER
SATISFIED.
                .
                . DANIEL A/EC
RDATE          :. 01/20/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 899861
ACCOUNT#       :. 006910000351
CUSTOMER NAME  :. THOMPSON,LEE
SERVICE ADDRESS:. 32524  WEST GOLF CT
PHONE          :.    /   -
EDATE          :. 02/22/05
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DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
TYPE            :. 29
FOPER           :.
COMMENT         :. CUSTOMER SAYS WATER IN HOUSE IS BLACK
RESOLUTION      :. READ  861900  WATER IS OKAY  RESIDUE IS BEING PUT IN WATER
FROM
                 . A SOURCE IN CUSTOMER'S LINES  TALKED TO CUSTOMER  NO WATER
SOFTENER
                 . ADVISED TO CALL PLUMBER N/L
                 .
                 . JY/EC
RDATE           :. 02/22/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 909956
ACCOUNT#        :. 006910800741
CUSTOMER NAME   :. BOUDREAU  JR,H E
SERVICE ADDRESS:. 411  RANCHWOOD DR
PHONE           :. 352/326-9486
EDATE           :. 03/28/05
TYPE            :. 29
FOPER           :.
COMMENT         :. WHILE AT 33261 GRAND CYPRESS WAY FOR DISCOLORED WATER, THIS
ADDRESS
                 . WAS CHECKED
RESOLUTION      :. FILTER IS CARTRIDGE AT THIS ADDRESS IS CARBON FILTER AND THE
IRON
                 . FLOC WILL SHOW UP AS AN ORANGE/YELLOW SUBSTANCE IF THE FILTER
IS DOING
                 . ITS JOB TO REMOVE THE IRON FROM THE WATER. SAME AS 33261 GRAND
CYPRESS
                 . RESOLUTION. EXPLAINED TO HOME OWNER. HOMEOWNER IS SATISFIED
WITH RESULTS
                 .
                 . FLUSHED AREA 9000 GALS TO CLEAR SOME OF THE IRON. "NOT FROM
CUSTOMER'S
                 . LINE BUT FROM FLUSHING POINT"
                 . DSA 1125 HR/EC
RDATE           :. 03/22/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 911117
ACCOUNT#        :. 006910800651
CUSTOMER NAME   :. DEWALL,LOREN
SERVICE ADDRESS:. 329  RANCHWOOD DR
PHONE           :. 352/728-6037
EDATE           :. 03/30/05
TYPE            :. 29
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FOPER           :.
COMMENT         :. CUSTOMER CALLED TO SAY THAT EVERY TIME HIS WATER SOFTNER
REGENERATES
                 . HE RECEIVES BROWN WATER FOR A PERIOD OF TIME. THE SOFTNER
COMPANY
                 . SAID THAT "WE MUST BE PUTTING PHOSPHATES IN THE WATER" AND
THAT WOULD
                 . CAUSE THE BROWN WATER  **PLEASE CHECK WATER AND MEET WITH
CUSTOMER
                 . THIS AFTERNOON**
RESOLUTION      :. READ  1212490  SPOKE PERSONALLY WITH MR DEWALL. EXPLAINED WE
DO INDEED
                 . USE PHOSPHATES FOR IRON SEQUESTERING.
                 .
                 . DSA/EC
RDATE           :. 03/30/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 926002
ACCOUNT#        :. 006910800331
CUSTOMER NAME   :. TRACHTENBERG,RON
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 111
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 32809 TIMBERWOOD DR
PHONE :. 352/787-4560
EDATE :. 05/16/05
TYPE :. 29
FOPER :.
COMMENT :. MR. CALLED DUE TO ONCE A WEEK THEY HAVE MUDDY WATER. COLD WATER ONLY.
. PLEASE CHECK AS TO WHY THIS IS HAPPENING.
RESOLUTION :. READ 1226270. FLUSHING LINE TODAY. DEVELOPING MORE FREQUENT, COMPLETE
. FLUSHING PROGRAM. TAGGED DOOR NO ONE HOME.
.
. DSA 1525 HRS/EC
RDATE :. 05/19/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 926035
ACCOUNT# :. 006910970232
CUSTOMER NAME :. EVANS,LENBURN
SERVICE ADDRESS:. 1029 EAGLES LANDING
PHONE :. 407/788-8917
EDATE :. 05/16/05
TYPE :. 29
FOPER :.
COMMENT :. THIS CUSTOMER CALLED THE ANSWERING SERVICE 5/4/05 APPROX 6:25 PM
. TO REPORT YELLOW WATER.
. **PLEASE PROVIED RESOLUTION**
RESOLUTION :. FLUSHING WAATER TO BACK OF DEVELOPMENT, STIRRED UP IRON IN LINES.
. SPOKE WITH CUSTOMER OVER THE PHONE TO EXPLAIN SITUATION. LINES SHOULD
. BE CLEAR NOW.. SIMPLY RUN FAUCETS/COMMODE FOR A COUPLE OF MINS TO
. CLEAR SERVICE LINE.
.
. DSA 6:35PM/EC
RDATE :. 05/17/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 927803
ACCOUNT# :. 006910800711
CUSTOMER NAME :. VONCKX,JOSEPH
SERVICE ADDRESS:. 353 RANCHWOOD DR
PHONE :. 352/728-8038
EDATE :. 05/19/05
TYPE :. 29

Pennbrooke

```
FOPER              :.
COMMENT            :. JUST NEED RESOLTION FO RTHIS AFTER HRS CALL-5/19/05-7:40AM-
RECD
                    . WATER DISCOLORED-BROWNISH
RESOLUTION         :. READ  999910. SP LEFT PHONE MSG 8 AM. SPOKE WITH CUSTOMER.
FLUSHED
                    . LINE TODAY. IMPLEMENTING FLUSHING PROGRAM. MORE COMPLETE
FREQUENT
                    . FLUSHING.
                    .
                    . DSA 1500 HRS/EC
RDATE              :. 05/19/05

CORPýý----. 107
ROUTE              :. 1
SERVICE ORDER#     :. 930174
ACCOUNT#           :. 006910600541
CUSTOMER NAME      :. BENSON,THOMAS
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 112
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

SERVICE ADDRESS:. 32715 WESTWOOD LOOP
PHONE :. 352/323-4988
EDATE :. 05/26/05
TYPE :. 29
FOPER :.
COMMENT :. BROWN WATER-
. PAGED TO DANIEL-11:17AM-SAID VALVE WAS CLOSED-WILL FLUSH AREA LATER
. IN MEETING NOW
RESOLUTION :. FLUSHED FROM BOTH DIRECTIONS ON WESTWOOD LP TO 2" HYDRANTS. CLEARED
. LINE OF DISCOLORED WATER. SPOKE WITH HOMEOWNER, SATISFIED
. WITH RESPONSE
.
. DSA 1300HRS/EC
RDATE :. 05/26/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 940253
ACCOUNT# :. 006910800331
CUSTOMER NAME :. TRACHTENBERG,RON
SERVICE ADDRESS:. 32809 TIMBERWOOD DR
PHONE :. 352/787-4560
EDATE :. 06/24/05
TYPE :. 29
FOPER :.
COMMENT :. CUSTOMER SAYS HIS WATER IS YELLOW, PLEASE CHECK.
. DISPATCHED TO DANIEL A
RESOLUTION :. CALLED CHRIS BLASCO. CHECKED HOUSE AND HYDRANT CLOSEST TO HOUSE.
. YELLOWISH WATER. FLUSHED LINE FOR 45 MIN. CLEARING UP COLOR IN WATER.
. DUE TO CLOSED VALVE AT OAK PARK DR. CUSTOMER ON DEAD END LINE.
. CUSTOMER UNDERSTANDS, EAGERLY AWAITS FLUSHING PROGRAM.
.
. DSA 1330 HR/EC
RDATE :. 06/24/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 896743
ACCOUNT# :. 006910980082
CUSTOMER NAME :. MCAULEY,EDMOND
SERVICE ADDRESS:. 649 GLEN OAKS DR
PHONE :. 919/819-4640
EDATE :. 02/09/05
TYPE :. 30
FOPER :.

Pennbrooke

```
COMMENT          :. WHITE RESIDUE IN WATER & SAND -PLEASE RESOLVE & TAG HOUSE WITH
                  . FINDINGS*
RESOLUTION       :. READ  908800 THE RESIDUE IN THE WATER (SIDE OF COFFEE POT)
LOOKED
                  . LIKE CALCIUM BUILD UP. THE CL2 WAS AT .09 AND THE PRESSURE WAS
49 PSI
                  . I REPLACED THE CUSTOMER'S METER LID WHILE I WAS THERE  N/L HAS
IRRG
                  .
                  . CB/EC
RDATE            :. 02/10/05

CORPýý----. 107
ROUTE            :. 2
SERVICE ORDER#   :. 908435
ACCOUNT#         :. 006910950371
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 113
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

CUSTOMER NAME :. NORRIS,CLINTON
SERVICE ADDRESS:. 33261 GRAND CYPRESS WY
PHONE :. 352/787-1553
EDATE :. 03/22/05
TYPE :. 30
FOPER :.
COMMENT :. CUSTOMER CALLING DUE TO SAND IN WATER
. PAGED TO CHUCK
.
.
. PLEASE RESOLVE
RESOLUTION :. READ 359290. SPOKE PERSONALY WITH MR NORRIS. NOT SAND IN FILTER
. CARTRIDGE BASIN. ORANGE/YELLOW SUBSTANCE IS IRON FLOC THAT THE CARBON
. FILTER HAS FILTERED OUT OF WATER.CARBON FILTER CARTRIDGE IS DOING ITS
. JOB GREAT.WILL FLUSH LINES TO LESSEN IRON CONTENT.NOT NOTICEABLE
. FROM JAN 04 TO JAN 05.THAT IS WHEN CRTRIDGE REPLACEMENT WAS ACTUAL
. CARBON FILTER.
.
. DSA 1125 HRS/EC
RDATE :. 03/22/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 916939
ACCOUNT# :. 006910810181
CUSTOMER NAME :. TURNER,JAMES F
SERVICE ADDRESS:. 425 GLEN ARBOR LN
PHONE :. 352/326-3915
EDATE :. 04/18/05
TYPE :. 30
FOPER :.
COMMENT :. CUSTOMER CALLED TO SAY THAT THE RESIDUE IN THE DISHWASHER, THE
. SINKS AND THE COFFEE MAKER THAT THAT THEY ONLY USE TO HEAT WATER
. HAS SOMETHING LIKE SAND IN THEM. PLEASE CHECK THE WATER QUALITY
. AND FOR SAND. NOTIFY CUSTOMER ABOUT FINDINGS AND MEET WITH HIM/HER
. CONTACT PHONE# 352-326-3915 CUSTOMER WILL BE AT HOME TO MEET YOU
RESOLUTION :. READ 28770 - ACCORDING TO OPERATOR CONDITION CAUSED BY HIGH IRON
. CONTENT IN WATER - OPERATOR WILL FLUSH THIS AFTERNOON. SPOKE TO CUSTOMER

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```
                 .
                 . JY/EC
RDATE           :. 04/20/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 898164
ACCOUNT#        :. 006910970101
CUSTOMER NAME   :. O'LEARY,JEREMIAH
SERVICE ADDRESS:. 1007  EAGLES LANDING
PHONE           :. 352/323-8273
EDATE           :. 02/15/05
TYPE            :. 33
FOPER           :.
COMMENT         :. DUE TO TRENCH THAT WAS DIGGED UP NO GRASS WAS REPLACED.
CUSTOMER
                 . WOULD LIKE FOR LAWN REPAIRS TO BE COMPLETED.
                 .
                 . PHONE #352-323-8273
                 .
RESOLUTION      :. 2/25/05 RETURNED TO FIELD FOR RESOLUTION
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
                . EC
                . 3/15/05 LOCATING GREEN SOD
                .
                . DA 1520 HRS/EC
RDATE          :. 02/25/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 918118
ACCOUNT#       :. 006910000301
CUSTOMER NAME  :. DEBROWSKI,DANIEL
SERVICE ADDRESS:. 404  WESTWOOD DR
PHONE          :.    /   -
EDATE          :. 04/20/05
TYPE           :. 36
FOPER          :.
COMMENT        :. CUSTOMER'S SEWER IS CLOGGED AND NEIGHBOR AT 408 ALSO.
                . PLEASE CHECK OUT
RESOLUTION     :. ROTO ROOTER MAN HAS CLOG AT 404 & 408. CALLED "YES" TO CLEAN
OUT
                . SEWER LINE AND CLEAN OUTS, RUN VIDEO CAMERA. APPARENT
BREAK/LEAK
                . IN LATERAL AT COMMON LINE. SCHEDULING FOR US TO REPAIR VIA
BILL AND
                . BRYAN.
                .
                . DA 1230/1930/EC
RDATE          :. 04/20/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 919877
ACCOUNT#       :. 006910000292
CUSTOMER NAME  :. COLANERI,JOHN
SERVICE ADDRESS:. 408  WESTWOOD DR
PHONE          :. 352/360-0837
EDATE          :. 04/26/05
TYPE           :. 36
FOPER          :.
COMMENT        :. CUSTOMER AT 404 WESTWOOD CALLED TO REPORT A SEWER CLOG AT HIS
ADDRESS
                . AND AT THIS ADDRESS
RESOLUTION     :. ROTO ROOTER MAN HAS CLOG AT 404 AND 408. CALLED "YES" TO CLEAN
OUT
                . SEWER LINE AND CLEAN OUTS, RUN VIDEO CAMERA. APPARENT
BREAK/LEAK
                . IN LATERAL AT COMMON LINE. SHCEDULING FOR US TO REPAIR VIA
BILL AND
                . BRYAN.
```

Pennbrooke

```
                 .
                 . DA 1230/1930 HRS/EC
RDATE           :. 04/20/05

CORPýý----. 107
ROUTE           :.
SERVICE ORDER#  :. 919879
ACCOUNT#        :. 006910000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
PHONE           :.    /   -
EDATE           :. 04/26/05
TYPE            :. 36
FOPER           :.
COMMENT         :. CUSTOMER AT 404 WESTWOOD CALLED TO REPORT SEWER CLOG AT HIS
HOME
                 . AND AT 408 WESTWOOD
```

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

```
RESOLUTION      :. ROTO ROOTER MAN HAS CLOG AT 404 & 408. CALLED "YES" TO CLEAN
OUT
                 . SEWER LINE AND CLEAN OUTS, RUN VIDEO CAMERA. APPARENT
BREAK/LEAK
                 . IN LATERAL AT COMMON LINE. SCHEDULING FOR US TO REPAIR VIA
BILL AND
                 . BRYAN.
                 .
                 . DA 1230/1930/EC
RDATE           :. 04/20/05

CORPýý----. 107
ROUTE           :.
SERVICE ORDER#  :. 926033
ACCOUNT#        :. 006910000000
CUSTOMER NAME   :. ,
SERVICE ADDRESS:.
PHONE           :.    /   -
EDATE           :. 05/16/05
TYPE            :. 36
FOPER           :.
COMMENT         :. 5/10/05 APPROX 5:30 DAVID BUCKNER CALLED THE ANS SERVICE TO
REPORT
                 . SEWAGE ALL OVER THE LOTS AT HWY 44, PENBROOKE FAIRWAYS.
                 . **PLEASE PROVIDE RESOLUTION**
RESOLUTION      :. REC AFTER HOUR CALL. STEVE P WAS ABLE TO CHECK ON CALL FOR ME.
NOT
                 . SEWAGE ON RV LOTS AT HWY 44. TREATED WASTEWATER CLEAR
EFFLUENT, LEACHED
                 . OUT OF POND # 1. (VERY FULL). STEVE HAD ALREADY DONE PRIOR TO
5:30
                 . PM. SWITCHED VALVES OVER TO POND # 2. WILL DRY UP QUICKLY WITH
DAYS
                 . THIS HOT.
                 . DSA 1740 HRS/EC
RDATE           :. 05/16/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 891610
ACCOUNT#        :. 006910400201
CUSTOMER NAME   :. TEMCOFF,CHRISTIE
SERVICE ADDRESS:. 125  WILLOWBROOK DR
PHONE           :.    /   -
EDATE           :. 01/24/05
TYPE            :. 42
FOPER           :.
COMMENT         :. CUSTOMER (787-5892) IS COMPLAINING ABOUT THE WATER. SAYS IT IS
MAKING
```

. HIM VERY ILL. WENT INTO GREAT DETAIL ABOUT ILLNESSES CAUSED BY WHAT HE
. SAYS IS OUR WATER. PLEASE CALL CUSTOMER AND GIVE REPORT. OR GIVE TO YOUR
. AREA OR PLANT MGR.
RESOLUTION :. READ 1947260 NO ONE HOME CL2 0.9 OUTSIDE HOSE BIB, GOOD CLARITY.FIRE
. HYDRANT WITH 12" OF FREE RESID.SERVICE LINE TAP.FLUSHED A VERY DARK
. ORNAGE WATER CAME OUT FIRST FOR APPROX 5 SEC.(HYDRANT CORROSION,IRON
. FALL OUT FROM MAIN)FLUSHED 5 MIN AT 200 GPM =1000 GALS.IMMEDIATELY
. CLEARE AFTER 1ST 5 SEC.CL2 RESID FROM HYDRANT 1.4 MGL FREE CL2 FESID
. NOTICED A DRAN LINE FOR WATER SOFTNER.CALL TO MEET W/CUST NO ANSWER. I
. FLUSHED IN FRONT OF HOUSE.1/26/05 SPOKE W/CUST GOT DETAILS OF ILLNESS
. & SYMPTOMS (IN FILES) EXPLAINED TO CUSTOMER WHAT HAD BEEN DONE AND
. FREQUENCY OF FLUSHING. CUSTOMER SATISFIED.
. 1/25/05 1307 HRS & 1/26/05 1330 HRS DA/EC
RDATE :. 01/25/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 917855

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

ACCOUNT# :. 006910000851
CUSTOMER NAME :. KERN,DONALD
SERVICE ADDRESS:. 100 WESTWOOD DR
PHONE :. / -
EDATE :. 04/20/05
TYPE :. 42
FOPER :.
COMMENT :. WATER TANK IN BACK OF THIS HOUSE THAT IS AT OUR PLANT IS OVERFLOWING
. PER GATE KEEPER PHONED IN FOR THIS CUSTOMER;
. RICHARD MONK; 352-326-2666-GATE HOUSE
. PAGED TO DAN A-8:54AM
RESOLUTION :. CALLED RICHARD MONK. EXPLAINED ON HEAVY IRRIGATION DAYS.(WED,THURS SAT
. SUN) IT IS LIKELY TANK AERATOR CASCADE DRAFT TRY WOULD OVERFLOW. WE
. ARE AWARE. PLANS TO CHANGE IN PROGRESS. NO NEED TO CALL US WHEN IT
. HAPPENS.
.
. DA 9:10 AM/EC
RDATE :. 04/20/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 938184
ACCOUNT# :. 006910000873
CUSTOMER NAME :. OCHUCCI,RUTH
SERVICE ADDRESS:. 529 EASTWOOD LN
PHONE :. 352/315-1225
EDATE :. 06/20/05
TYPE :. 43
FOPER :.
COMMENT :. MS. CALLED DUE TO NO WATER.
.
. PAGED TO DANIEL ANDERSON
RESOLUTION :. 6/20/05 READ 1326170 CUST HAS SHUT OFF HIS HOUSE3 VALVE THIS A.M.
. N/L NO CROSS
.
. CB 3PM/EC
RDATE :. 06/20/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 904220
ACCOUNT# :. 006910800781
CUSTOMER NAME :. LEONARD,RICHARD
SERVICE ADDRESS:. 32804 OAK PARK DR

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```
PHONE          :. 352/360-0352
EDATE          :. 03/08/05
TYPE           :. 47
FOPER          :.
COMMENT        :. NO WATER /-PLEASE TURNON
                . PAGED TO STEVE P-1:50PM
RESOLUTION     :. CHECKED AND TALKED TO THE CUSTOMER AND WE FOUND HE HAS A WATER
                . FILTER IN LINE. IT WAS PLUGGED. THE CUSTOMER OPENED BY PASS
AND
                . NOW HE HAS WATER GOING INTO THE HOUSE.
                . READ  918030
                . STEVE F/EC
RDATE          :. 03/08/05

CORPýý----. 107
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 117
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (A)
FOR PERIOD 01/01/05 TO 06/30/05

ROUTE :.
SERVICE ORDER# :. 910320
ACCOUNT# :. 006910000000
CUSTOMER NAME :. ,
SERVICE ADDRESS:.
PHONE :. / -
EDATE :. 03/28/05
TYPE :. 48
FOPER :.
COMMENT :. CUSTOMER, RAY CLEET CALLED ANS SERV ON 3/27/05 APPROX 4:14 PM TO
. REPORT LIFT STATION ALARM IS GOING OFF. **PLEASE PROVIDE RESOLUTION**
RESOLUTION :. RECEIVED CALL FROM DISPATCHER 30 TO 1HR FROM HOME.CALLED STEVE TO CHECK
. ON LS ROUTE STATUS FROM 3/27/05.ALL WERE OKAY, NORMAL. STEVE RETURNED TO
. CHECK OUT STATIONS. NO ALARM. ALARM WAS FOR LANDSCAPE COMPANY LOCATED
. 3 LOTS BEHIND WASTEWATER PLANT. NOT OUR PROBLEM
. RESOLVED.
. DSA 1630 HR/EC
RDATE :. 03/27/05

382 records listed.

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 1
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 945895
ACCOUNT# :. 006910911211
CUSTOMER NAME :. ZIELSKE,ARTHUR
SERVICE ADDRESS:. 32912 RAMBLING OAKS CT
PHONE :. 352/314-0344
EDATE :. 07/12/05
TYPE :. 01
FOPER :.
COMMENT :. 10:37 AM CUST CALLED STATED HIGH BILL FOR 1660 GAL. OF WTR. CUST HAD THE
. WTR S/OFF FROM 06/03/05 TO 07/01/05 CUST WAS NOT IN TOWN
. PLEASE CHECK FOR LEAKS & ACCURACY OF MTR --IF MTR IS BAD PLEASE SWAP IT
. OUT FOR A NEW ONE. AND READ MTR. THANKS
RESOLUTION :. 7/15/05 READ 915330 (6/21/05 READ 909430). CUSTOMER REQUESTED A FIELD
. TEST ON METER. THE FIELD WILL SCHEDULE WITH THE CUSTOMER ONCE THE TEST
. KIT IS AVAILABLE. 6/21/05 READ 909430 - CONS 8490, 7/21/05 READ 918170
. CONS - 8740, 7/26/04 READ 813130 CONS - 16790 AND 8/26/04 READ 828430
. CONS 15300. "THIS SERVICE ORDER IS INCOMPLETE"
. DSA 1420 HRS/EC
. 8/4/05 WAITING FOR FIELD TEST TO BE COMPLETED. DUE DATE IS CHANGED TO
. 8/16/05 SO THAT THE FIELD CAN ARRANGE & COMPLETE TEST. (EC)
. 8/16/05 TRIED TO TEST MTR. TEST KIT BROKEN.RESCHEDULE ONCE REPAIRED.
. READ 927560 N/L CUST HAS WATER SOFTNER DA/EC
RDATE :. 08/04/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 947150
ACCOUNT# :. 006910001861
CUSTOMER NAME :. MATTSON,DONALD
SERVICE ADDRESS:. 622 COTTAGE PARK LN
PHONE :. 352/728-4503
EDATE :. 07/14/05
TYPE :. 01
FOPER :.
COMMENT :. PER CUST REQUEST PLEASE RE-READ MTR AND CHECK FOR LEAKS.
. NEED REPORT BACK NO LATER THAN TUESDAY JULY 19, 2005
RESOLUTION :. 07/18/05 READ 286570 OK
. NO LEAKS
. SHUT-OFF VALVE IN MTR BX NOT ALL THE WAY OFF--TURNED VALVE OFF

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```
                . JY/RB
RDATE          :. 07/18/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 948174
ACCOUNT#       :. 006910941012
CUSTOMER NAME  :. KILBOURNE,WILLIAM
SERVICE ADDRESS:. 33424  PENNBROOKE PKWY
PHONE          :. 352/787-0992
EDATE          :. 07/18/05
TYPE           :. 01
FOPER          :.
COMMENT        :. READ, CHECK FOR LEAKS, TAG HOUSE WITH FINDINGS
                . 6/21/05 275290
                . 5/23/05 257380
RESOLUTION     :. 07/19/05 READ 286190 OK \NO LEAKS LEFT TAG FOR OWNER
W/FINDINGS
```

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. JY/RB
RDATE :. 07/19/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 958066
ACCOUNT# :. 006910950071
CUSTOMER NAME :. HALL,WILLIAM
SERVICE ADDRESS:. 817 EAGLES LANDING
PHONE :. 352/365-1846
EDATE :. 08/12/05
TYPE :. 01
FOPER :.
COMMENT :. CUSTOMER BELIEVES BILL IS TOO HIGH FOR JUST IRRIG.
. SHE IS AWAY AND HAS BEEN SINCE MAY 2005- SOMEONE IS KEEPING UP W/ HER
. HOME. SHE WATER 5ZONES @ 20 MINS PER ZONE 2X A WEEK.
. REREAD METER AND CHECK FOR LEAKS REGISTERING.
.
RESOLUTION :. 08/15/05 READ 377470 CORRECT READ NO LEAKS INDICATED
. 7/21/05 BILLED READ WAS 361710
. JY/RB
RDATE :. 08/15/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 967708
ACCOUNT# :. 006910930281
CUSTOMER NAME :. MARTIN,HARRY
SERVICE ADDRESS:. 349 GRAND VISTA TRL
PHONE :. 352/728-5277
EDATE :. 09/12/05
TYPE :. 01
FOPER :.
COMMENT :. MR. CALLED DUE TO HIGH BILLING.
. PLEASE REREAD THE METER AND CHECK FOR A LEAK.
. TAG DOOR WITH YOUR FINDINGS
.
. 8/23/05 MR=334780
RESOLUTION :. 09/13/05 R=336350
. NO LEAKS
. LEFT TAG W/FINDINS
. JY/RB/EC
RDATE :. 09/13/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 968007
ACCOUNT# :. 006910300131

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```
CUSTOMER NAME  :. BEASLEY,HAL
SERVICE ADDRESS:. 32612  OAK PARK DR
PHONE          :. 352/323-8358
EDATE          :. 09/13/05
TYPE           :. 01
FOPER          :.
COMMENT        :. REREAD AND CHECK FOR LEAK
                . 8/24/05 METER READ 1520280 CONSUMPTION 10700
                . TAG HOME WITH FINDINGS
RESOLUTION     :. 9/14/05  READ  1526320 N/L LEFT TAG
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 3
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

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                .
                . JY/EC
RDATE          :. 09/14/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 968392
ACCOUNT#       :. 006910910021
CUSTOMER NAME  :. REARDON,PAT
SERVICE ADDRESS:. 535  GRAND VISTA TRL
PHONE          :.    /   -
EDATE          :. 09/14/05
TYPE           :. 01
FOPER          :.
COMMENT        :. CUSTOMER'S CONSUMPTION INCREASED. LAST READING 788540. PLEASE
RE-READ
                . AND CHECK FOR LEAKS. ADVISE CUSTOMER..
RESOLUTION     :. 8/24/05  BILLED READ  788540. 9/23/05 REREAD  079474 N/L SPOKE
WITH
                . CUSTOMER
                .
                . DA/EC
RDATE          :. 09/23/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 968945
ACCOUNT#       :. 006910940131
CUSTOMER NAME  :. MANESIS,JEREMIAH
SERVICE ADDRESS:. 33417  PENNBROOKE PKWY
PHONE          :.    /   -
EDATE          :. 09/15/05
TYPE           :. 01
FOPER          :.
COMMENT        :. READ, CHECK FOR LEAKS-TAG FOR RESULTS
                . GONE 7/16-8/21/05-USG HIGHER THEN WHEN HOME ?
                . 8/24/05 414070
                . 7/22/05 402520
                .
RESOLUTION     :. 9/16/05 READ  422520 N/L  LEFT TAG
                .
                . JY/EC
RDATE          :. 09/16/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 969084
ACCOUNT#       :. 006910940281
CUSTOMER NAME  :. SCHWAMB,EDWARD
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Pennbrooke

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SERVICE ADDRESS:. 33203  PENNBROOKE PKWY
PHONE          :.    /   -
EDATE          :. 09/15/05
TYPE           :. 01
FOPER          :.
COMMENT        :. REREAD AND CHECK FOR LEAKS
                . 8/24/05 METER READ 559360 CONSUMPTION 21520
                . TAG DOOR WITH FINDINGS
RESOLUTION     :. 9/19/05  READ  574950 N/L LEFT TAG
                .
                . JY/EC
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 4
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

RDATE :. 09/19/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 969261
ACCOUNT# :. 006910910542
CUSTOMER NAME :. TIERNEY,LYN K
SERVICE ADDRESS:. 32908 CROOKED OAKS LN
PHONE :. 352/787-2214
EDATE :. 09/16/05
TYPE :. 01
FOPER :.
COMMENT :. CUSTOMER SAYS HER READING IS HIGHER THAN ANYONE ELSE IN HER AREA.
. PLEASE RE-READ AND CHECK FOR LEAKS
. ADVISE CUSTOMER
RESOLUTION :. 9/16/05 READ 1411040 N/L LEFT TAG
.
. JY/EC
RDATE :. 09/19/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 978116
ACCOUNT# :. 006910600401
CUSTOMER NAME :. GAY,ANNETTE
SERVICE ADDRESS:. 32714 WESTWOOD LOOP
PHONE :. 352/638-9161
EDATE :. 10/12/05
TYPE :. 01
FOPER :.
COMMENT :. PER CUST HAS HIGH BILL ADVISED CUST THAT THE 10/03/05 RE-READ=28840
. IS ACURATE. PER CUST WANTS ANOTHER RE-READ PLEASE CHECK MTR FOR LEAKS &
. ACCURACY CUST WILL BE HOME FROM 8:00AM TO 12:00 NOON FOR THIS RE-READ
. PLEASE GIVE FINDINGS TO CUST AS WELL. LAST S/O#975165 PLEASE ADVISE CUST
. IF SHE HAS TO CALL A PLUMBER FOR HER SIDE.
RESOLUTION :. 10/14/05 READ 0029190 READING NOW NO LEAKS
. LS/KRIS TEMP
RDATE :. 10/14/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 979337
ACCOUNT# :. 006910100231
CUSTOMER NAME :. LEWIS,ANNA S

Pennbrooke

```
SERVICE ADDRESS:. 545  SHADOW RUN DR
PHONE          :. 352/326-5521
EDATE          :. 10/14/05
TYPE           :. 01
FOPER          :.
COMMENT        :. MS. CALLED DUE TO HIGH BILLING.
                . SHE LIVES ALONE AND HAS BEEN IN THE HOSPITAL
                . PLEASE REREAD AND CHECK FOR LEAKS
                .
                . 9/23/05  MR=1489470
RESOLUTION     :. 10/17/05 READ 1504830 NO LEAKS LEFT LINE
                . JY/KRIS TEMP
RDATE          :. 10/17/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 5
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 987427
ACCOUNT# :. 006910980412
CUSTOMER NAME :. WITTE,RUPERT
SERVICE ADDRESS:. 32204 SUMMERTREE CIR
PHONE :. 352/728-6445
EDATE :. 11/07/05
TYPE :. 01
FOPER :.
COMMENT :. PER CUST HAS WATER FLOWING AS OF NOW (11:07 AM) CUST STATED THEY HAD NO
. WTR FOR OVER A WEEK THE CUST WIFE SAID HER HUSBAND TOOK A WRENCH TO OPEN
. FOR WTR CALL CUST @352-728-6775 PLEASE MAKE SURE MTR WAS NOT TAMPERED
. IF SO ADVISE CUST OF ANY REPAIR/REPLACEMENT FEES. CUST IS HOME. PGING
. OUT ROB CROW FOR THIS #33
RESOLUTION :. 11/23/05 READ 1662620 METER# 9251789 NO LEAKS OK METER OK TRIED CALLING
. LINE BUSY.
. SP/KRIS TEMP
RDATE :. 11/23/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 989993
ACCOUNT# :. 006911930830
CUSTOMER NAME :. NORTON,HENRY
SERVICE ADDRESS:. 33017 PENNBROOKE PKWY
PHONE :. 352/787-8845
EDATE :. 11/15/05
TYPE :. 01
FOPER :.
COMMENT :. CUSTOMER SAYS METER WAS MIS-READ. THIS IS AN IRRIGATION METER.
. PLEASE RE-READ AND ADVISE
RESOLUTION :. 11/16/05 READ 25940
. JY/KRIS TEMP
RDATE :. 11/16/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 991459
ACCOUNT# :. 006910600312
CUSTOMER NAME :. LANZA,FRANK
SERVICE ADDRESS:. 32732 WESTWOOD LOOP
PHONE :. 352/314-5922
EDATE :. 11/18/05

Pennbrooke

```
TYPE            :. 01
FOPER           :.
COMMENT         :. CUSTOMER THINKS METER WAS MIS-READ. PLEASE RE-READ AND CHECK
FOR LEAKS.
                 . TAG DOOR
RESOLUTION      :. 11/21/05 READ 0607980 NO LEAKS TAGGED DOOR
                 . RC/KRIS TEMP
RDATE           :. 11/21/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 996199
ACCOUNT#        :. 006911970100
CUSTOMER NAME   :. O'LEARY,JEREMIAH
SERVICE ADDRESS:. 1007  EAGLES LANDING
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 6
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

PHONE :. 352/323-8273
EDATE :. 12/06/05
TYPE :. 01
FOPER :.
COMMENT :. PER CUST NOT HAPPY ABOUT HIS IRRG WTR USAGE SEE S/O#986123 PER FIELD
. ON 11/03/05 NO LEAKS ON IRRG MTR. CUST WANT US TO RE-CHECK MTR FOR
. LEAKS AND ACCURACY CUST W/BE HOME FROM 1:00 PM TO 4:00 PM FOR APPT
. AND GIVE CUST FINDINGS
RESOLUTION :. 12/7/05 READ 249110 N/L TALKED TO CUSTOMER
.
. JY/EC
RDATE :. 12/07/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 998817
ACCOUNT# :. 006910800352
CUSTOMER NAME :. OGDEN,KRISTEN L
SERVICE ADDRESS:. 32815 TIMBERWOOD DR
PHONE :. 352/728-3670
EDATE :. 12/14/05
TYPE :. 01
FOPER :.
COMMENT :. CUSTOMER HAS VERY HIGH BILL. OVER 28,000 GALLONS OF WATER. CUSTOMER
. NORMALLY AVERAGES 2000 GALLONS OF WATER PER MONTH. CHECK FOR LEAKS.
. TAG DOOR W/FINDINGS
RESOLUTION :. 12/15/05 REREAD 1365810 N/L LEFT TAG FOR CUSTOMER
. JY/EC
. 12/1/05 REREAD BEFORE ACCOUNT BILLED WAS 1361730 (EC)
. 11/24/05 BILLED READ WAS 1359600 (EC)
RDATE :. 12/15/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 000006
ACCOUNT# :. 006910941022
CUSTOMER NAME :. BRAMBLE,THOMAS
SERVICE ADDRESS:. 33432 PENNBROOKE PKWY
PHONE :. 231/398-9603
EDATE :. 12/16/05
TYPE :. 01
FOPER :.
COMMENT :. READ AND CHECK FOR LEAKS
. PER CUSTOMER REQUEST

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                 . HE STATES THAT HE HAS NOT BEEN THERE SINCE 10/07/05
RESOLUTION      :. 12/20/05 READ 570610 NO LEAKS
                 . 11/24/05 READ 560270
                 . JY/KRIS TEMP
RDATE           :. 12/20/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 968027
ACCOUNT#        :. 006910911321
CUSTOMER NAME   :. KURLAND,SANDRA
SERVICE ADDRESS:. 902  GRAND VISTA TRL
PHONE           :.    /   -
EDATE           :. 09/13/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 7
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

TYPE :. 02
FOPER :.
COMMENT :. CUSTOMER IS HOME AND USING WATER, BUT METER INDICATES ZERO USAGE.
. PLEASE CHANGE OUT FROZEN METER. 8/24/05 METER READ 761330 CONS 0
RESOLUTION :. INSTALLED NEW 5/8 " BADGER MTR# 29761226 READ 10. OLD MTR# 45672797
. OLD READ 761330
.
. JY/EC
RDATE :. 09/14/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 948800
ACCOUNT# :. 006910001761
CUSTOMER NAME :. GODDARD,JAMES
SERVICE ADDRESS:. 710 COTTAGE PARK LN
PHONE :. 352/787-6958
EDATE :. 07/19/05
TYPE :. 10
FOPER :.
COMMENT :. RE-READ METER. CUSTOMER SAYS HE SHUT WATER OFF AT METER HIMSELF.
. CUSTOMER SAYS HE LEFT ON 4/28/05
.
RESOLUTION :. 07/20/05 READ 191260 OK
. MTR IS OFF
. JY/RB
RDATE :. 07/20/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 958810
ACCOUNT# :. 006910090112
CUSTOMER NAME :. PENNBROOKE PRO SHOP/LANDSCAPE,
SERVICE ADDRESS:. PRO SHOP/LANDSCAPE
PHONE :. / -
EDATE :. 08/15/05
TYPE :. 10
FOPER :.
COMMENT :. RE-READ METER. CUSTOMER'S CONSUMPTION ON IRRIGATION WENT UP.
RESOLUTION :. 08/16/05 READ 11825200 IS OK
. PER FIELD THERE ARE NO LEAKS.
. LAST READ GOOD FOR 7/22/05 11781300
. AVERAGE USE FOR MONTHS IS 67,700 GALS SO THE CONS IS WITH IN REASON
. FOR THE LAST READ OF 8/16/05

Pennbrooke

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                 . JY/RB
RDATE           :. 08/16/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 998236
ACCOUNT#        :. 006910700371
CUSTOMER NAME   :. BISCHOFF,CLIFFORD
SERVICE ADDRESS:. 32707  OAK PARK DR
PHONE           :.    /   -
EDATE           :. 12/12/05
TYPE            :. 10
FOPER           :.
COMMENT         :. REREAD DUE TO H/C
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 8
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. CHECK FOR LEAKS
. TAG DOOR W/ FINDINGS.
RESOLUTION :. R=1180100 NO LEAKS LEFT TAG
. METER LOCATION: RIGHT LINE
. JY/KIM
RDATE :. 12/13/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 000166
ACCOUNT# :. 006910500011
CUSTOMER NAME :. CHURCH,ALEX
SERVICE ADDRESS:. 110 WILLOWBROOK DR
PHONE :. / -
EDATE :. 12/19/05
TYPE :. 10
FOPER :.
COMMENT :. REREAD METER. LAST REREAD WAS DUE TO AN EST. THEN REREAD FOR 12/01/05
. BILLING AND READ OBTAINED WAS 327490. DID YOU MEAN 237490??? CHECK
. READ AGAIN PLEASE
. TAG W/ READ ON
RESOLUTION :. 12/20/05 READ 329840 NO LEAKS
. JY/KRIS TEMP
RDATE :. 12/20/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 945240
ACCOUNT# :. 006910700301
CUSTOMER NAME :. PYBAS,BARRY
SERVICE ADDRESS:. 32679 OAK PARK DR
PHONE :. 352/787-9886
EDATE :. 07/11/05
TYPE :. 16
FOPER :.
COMMENT :. PLEASE REPLACE MISSING LID ON WATER METER BOX, CUSTOMER HAS SECURED TO
. AREA.
RESOLUTION :. 07/12/05 READ 1602280
. MTR BX LID WAS REPLACED
. JY/RB
RDATE :. 07/12/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 953158
ACCOUNT# :. 006910950121

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CUSTOMER NAME :. SPRAY,RALPH
SERVICE ADDRESS:. 33132 VIEWPOINT CT
PHONE :. 262/542-2499
EDATE :. 07/29/05
TYPE :. 16
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO NO METER COVER SINCE THEY MOVED IN.
. PLEASE INSTALL COVER.
.
. PAGED TO DANIEL A
.
RESOLUTION :. 7/29/05 READ 157070 METER COVER WAS REPLACED

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 9
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

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                .
                . JY/EC
RDATE          :. 07/29/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 983245
ACCOUNT#       :. 006910970011
CUSTOMER NAME  :. LIMBERG,ROBERT
SERVICE ADDRESS:. 33107  GRAY EAGLE CT
PHONE          :. 352/323-8262
EDATE          :. 10/25/05
TYPE           :. 16
FOPER          :.
COMMENT        :. LOOKS LIKE SOMEONE MOWED OVER METER COVER. PLEASE CHECK AND
REPLACE
RESOLUTION     :. 11/3/05  READ  620350  REPLACED METER COVER
                .
                . JY/EC
RDATE          :. 11/03/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 999546
ACCOUNT#       :. 006910910481
CUSTOMER NAME  :. GRIFFIN,CHARLES
SERVICE ADDRESS:. 32832  CROOKED OAKS LN
PHONE          :. 352/315-1373
EDATE          :. 12/15/05
TYPE           :. 16
FOPER          :.
COMMENT        :. REPLACE METER BOX LID
RESOLUTION     :. 12/27/05 RESENT TO FIELD FOR RESOLUTION (EC)
                .
                . **12/27/05 PLEASE PROVIDE RESOLUTION
                . R=1163310  REPLACED METER BOX LID-
                . METER LOCATION: LEFT LINE
                . JY/KIM
RDATE          :. 12/23/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 001838
ACCOUNT#       :. 006910000602
CUSTOMER NAME  :. KLUTE,ROBERT G
SERVICE ADDRESS:. 248  WESTWOOD DR
PHONE          :. 800/445-1732
EDATE          :. 12/23/05
TYPE           :. 16
```

Pennbrooke

```
FOPER           :.
COMMENT         :. PLEASE REPLACE DAMAGED METER BOX.
RESOLUTION      :. R=845650  REPLACED METER BOX LID.
                 . METER LOCATION1 LEFT LINE
                 . JY/KIM
RDATE           :. 12/27/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 974508
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 10
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

ACCOUNT# :. 006910800382
CUSTOMER NAME :. HOWARD,JOHN
SERVICE ADDRESS:. 144 TRAILWOOD DR
PHONE :. / -
EDATE :. 09/30/05
TYPE :. 17
FOPER :.
COMMENT :. CUSTOMER CALLED ANS SERVICE APPROX 9/20/05 @ 7:53 A.M. TO REPORT LEAK
. COMING FROM "CONTROL VALVE" **PLEASE PROVIDE FINDINGS**
RESOLUTION :. CONTROL VALVE BELONGED TO IRRG LINE FOR GOLG COURSE. NOT OUR FACILITY
. DA/EC
RDATE :. 10/03/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 977281
ACCOUNT# :. 006910900162
CUSTOMER NAME :. MCCANTS,ELIZABETH
SERVICE ADDRESS:. 611 GOLFVIEW CT
PHONE :. 352/787-5972
EDATE :. 10/07/05
TYPE :. 17
FOPER :.
COMMENT :. CUSTOMER CALLED THE ANS SERVICE 10/1/05 TO REPORT A LEAK AT THE
. WATER METER APPROXIMATELY 11:3 AM. **PLEASE PROVIDE READ AND RESOLUTION
RESOLUTION :. 10/01/05 LEAK ON OUR SERVICE LINE (POLLY TUBING) ALLISON M. INITIALLY
. REPAIRED LEAK, SLOWED TO A SMALL FLOW.
. 10/04/05 STEVE P. AND MYSELF; WORKED ON LEAD AGAIN. STANDING WATER.
. INSTALLED A 3/4" FULL CIRCLE CLAMP. NO MORE LEAKS/DRIPS 1300 HRS
. METER READ 004789 0
. DA-SP/KRIS TEMP
RDATE :. 10/07/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 980413
ACCOUNT# :. 006910970203
CUSTOMER NAME :. LANE,DONALD
SERVICE ADDRESS:. 33124 MEADOW GREEN CT
PHONE :. 352/787-1932
EDATE :. 10/18/05
TYPE :. 17

Pennbrooke

```
FOPER           :.
COMMENT         :. MR. CALLED BECAUSE HIS METER WAS INSTALLED AND NOW WATER IS
GOING
                 . EVERYWHERE.
                 .
                 . PAGED TO DANIEL A.
RESOLUTION      :. 10/18/05 READ  0528390 CHECKED AND FOUND SMALL WATER LEAK NEXT
TO THEIR
                 . WATER SOFTNER AT THEIR VALVE NO LEAKS ON OUR SIDE, CUSTOMER'S
LEAK SPOKE
                 . WITH OWNER AND TOLD THEM. 1100 HRS
                 . SP/KRIS TEMP
RDATE           :. 10/18/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 988597
ACCOUNT#        :. 006910980362
CUSTOMER NAME   :. THOMPSON,EVELYN
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 11
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

SERVICE ADDRESS:. 32213 SUMMERTREE CIR
PHONE :. 352/326-2538
EDATE :. 11/09/05
TYPE :. 17
FOPER :.
COMMENT :. LEAK AT METER WATER SATURATED ALL AROUND THE METER -READ & REPAIR
. CUSTOMER SAID HE ALSO PHONED AFTER HRS 11/8/05 ?
. **TAG CUSTOMER WITH RESOULTION***
RESOLUTION :. 11/10/05 READ 607120. WATER LEAK AT JUNCTION OF OUR POLY "S"CURB
. STOP AT 32209 SUMMERTREE CIR. TALKED TO CUSTOMER AT 32213 AND EXPLAINED
. SITUATION TO HER. TAPED OFF AREA. PLEASE MAKE OUT SERVICE ORDER TO
. REPAIR LEAK AT 32209 SUMMERTREE CIR. *SERVICE ORDER ISSUED ON 32209
. SUMMERTREE AS REQUESTED/EC*
.
. JY/EC
RDATE :. 11/10/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 991706
ACCOUNT# :. 006910910341
CUSTOMER NAME :. CROSS,GILBERT
SERVICE ADDRESS:. 646 GRAND VISTA TRL
PHONE :. 352/315-1541
EDATE :. 11/18/05
TYPE :. 18
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHANGE OUT METER IF NEEDED. THE CUSTOMER
. CALLED DUE TO LOW USAGE THEY ARE AWAY, BUT THEIR USAGE HAS BEEN ABOUT
. THE SAME MONTLY.
.
.
RESOLUTION :. 11/21/05 READ 0940660 NO LEAKS LOOKS LIKE CUSTOMER SHUT OFF WATER TO THE
. HOUSE, WHILE THEY ARE AWAY.
. RC/KRIS TEMP
RDATE :. 11/21/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 998610
ACCOUNT# :. 006910980141

Pennbrooke

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CUSTOMER NAME   :. MARECEK SR.,KENNETH
SERVICE ADDRESS:. 721  GLEN OAKS DR
PHONE           :.    /   -
EDATE           :. 12/13/05
TYPE            :. 18
FOPER           :.
COMMENT         :. CUSTOMER WOULD LIKE METER REREAD
                 . HE FEELS HIS CONSUMTION IS TOO HIGH
                 . PLEASE CHECK FOR VISIBLE LEAKS
RESOLUTION      :. R=1098110 NO LEAKS
                 . JY/KIM
RDATE           :. 12/14/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 999456
ACCOUNT#        :. 006910100211
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 12
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

CUSTOMER NAME :. STEINER,JAMES
SERVICE ADDRESS:. 533 SHADOW RUN DR
PHONE :. 352/365-1536
EDATE :. 12/15/05
TYPE :. 18
FOPER :.
COMMENT :. CUSTOMER CALLED TO QUESTION "WHY" SOME MONTHS HE HAS CONS AND OTHERS
. HE DOES NOT.PLEASE CHECK METER & READ.NOTIFY CUSTOMER WITH FINDINGS
. READS: 11/25/05 2082600, 10/26/05 2058820, 9/23/05 READ 2058820
. 8/24/05 READ 2038450 AND 7/22/05 READ 2038450
RESOLUTION :. 12/19/05 READ 2086940 METER IS OKAY. COULD NOT EVEN GUESS AS TO
. READINGS BEFORE NOVEMBER. LEFT TAG FOR CUSTOMER.
.
. JY/EC
RDATE :. 12/19/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 974815
ACCOUNT# :. 006910911561
CUSTOMER NAME :. MAEDER,DAVID
SERVICE ADDRESS:. 830 GRAND VISTA TRL
PHONE :. 352/314-0084
EDATE :. 10/03/05
TYPE :. 19
FOPER :.
COMMENT :. REREAD METER AND CHECK IT TO INSURE IT IS WORKING PROPERLY.
. MS. IS IN MICHIGAN AND ONLY HAS HER IRRGATION SYSTEM ON AND SHE IS
. RECEIVING VERY HIGH BILLS. SHE THINKS IT IS OUR METER
. 9/22/05 MR=537400
. 8/24/05 MR=527930
RESOLUTION :. 10/4/05 READ 541100. HOUSE SPIGOT OUTSIDE HAS NOT ANY WATER. HOUSE
. OFF. METER NOT TURNING N/L WHILE IRRG IS OFF. LARGE USAGE THROUGH
. IRRG SYSTEM. EXPECT LARGER IRRIGATION TIME SETTINGS OR POSSIBLE
. BROKKEN IRRG SPRAY HEAD.
.
. DS 1620 HRS/EC
RDATE :. 10/04/05

CORPýý----. 107
ROUTE :. 1

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SERVICE ORDER# :. 999722
ACCOUNT# :. 006910800352
CUSTOMER NAME :. OGDEN,KRISTEN L
SERVICE ADDRESS:. 32815 TIMBERWOOD DR
PHONE :. 352/728-3670
EDATE :. 12/16/05
TYPE :. 19
FOPER :.
COMMENT :. PLEASE CALL CUSTOMER TO SCHEDULE FIELD TEST. CUSTOMER IS AWARE SHE WILL
. NEED TO BE PRESENT FOR THIS TESTING OF THE METER.
.
. PLEASE CALL: 1-352-787-1241
. CUSTOMER IS NOT SATISFIED WITH REREAD AND WOULD LIKE FIELD TEST DONE.
RESOLUTION :. 12/21/05 READ 1367000 NO LEAKS TALKED TO CUSTOMER ABOUT PREVIOUS USAGES
. DURING AUGUST, SEPTEMBER, AND OCTOBER BEING VERY LOW- METER READER ERROR
. CUSTOMER CANCELED METER TEST FOR TIME BEING TO SEE WHAT NEXT BILLS ARE
. LIKE

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 13
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. JY/KRIS TEMP
RDATE :. 12/21/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 950580
ACCOUNT# :. 006910930901
CUSTOMER NAME :. DUNKERLY,CHARLES
SERVICE ADDRESS:. 33012 PENNBROOKE PKWY
PHONE :. 352/315-1336
EDATE :. 07/22/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE A IRRIGATION METER TO 33012 PENNBROOKE PKWY?
. IS IT ON SHORT OR LONG SIDE?
. JUDY-352-315-1336.
.
. THANK YOU.
RESOLUTION :. READ-609090
. YES, LONG SIDE-JY/ANN
. 7/26-MAILED APPLICATION TO CUSTOMER-ANN
RDATE :. 07/25/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 950734
ACCOUNT# :. 006910930831
CUSTOMER NAME :. NORTON,HENRY
SERVICE ADDRESS:. 33017 PENNBROOKE PKWY
PHONE :. / -
EDATE :. 07/22/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE A IRRIGATION METER TO 33017 PENNBROOKE PKWY?
. MARILYN 352-787-8845.
. IS IT SHORT OR LONG SIDE?
.
. THANK YOU.
RESOLUTION :. READ-445910
. YES-SHORT SIDE-JY/ANN
RDATE :. 07/25/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 964617
ACCOUNT# :. 006910911211
CUSTOMER NAME :. ZIELSKE,ARTHUR
SERVICE ADDRESS:. 32912 RAMBLING OAKS CT
PHONE :. 352/314-0344

Pennbrooke

EDATE :. 09/01/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY A IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. MRS. ZIELSKE @ 352-314-0344.
.
. THANK YOU.
RESOLUTION :. READ-93710
. IRRIGATION METER CAN BE SUPPLIED ON THE SHORT SIDE. JY/ANN

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 14
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. 9/02/05- MAILED APPLICATION TO CUSTOMER-ANN
RDATE :. 09/02/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 964750
ACCOUNT# :. 006910940501
CUSTOMER NAME :. BORDENARO,MICHAEL
SERVICE ADDRESS:. 326 BENTWOOD DR
PHONE :. 352/365-9008
EDATE :. 09/01/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS?
. MICHAEL BORDENARO-352-365-9008.
.
. THANK YOU.
RESOLUTION :. READ-410130
. IRRIGATION METER CAN BE INSTALLED ON LONG SIDE.JY/ANN
. 9/7/05- ADVISED WIFE OF THE ABOVE & MAILED APPLICATION-ANN
RDATE :. 09/06/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 964764
ACCOUNT# :. 006910930201
CUSTOMER NAME :. EVERMON,WILLIAM
SERVICE ADDRESS:. 321 GRAND VISTA TRL
PHONE :. 352/365-6652
EDATE :. 09/01/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR
LONG SIDE?
.
. SHIRLEY EVERMON-(352)365-6652
.
. THANK YOU.
RESOLUTION :. READ-370150
. IRRIGATION METER CAN BE INSTALLED ON SHORT SIDE. JY/ANN
. 09/07-ADVISED CUSTOMER OF THE ABOVE & MAILED APPLICATION-ANN
RDATE :. 09/06/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 964887
ACCOUNT# :. 006910941061
CUSTOMER NAME :. SHOENICK,KEITH
SERVICE ADDRESS:. 33510 PENNBROOKE PKWY

Pennbrooke

PHONE	:.	352/365-1454
EDATE	:.	09/01/05
TYPE	:.	20
FOPER	:.	
COMMENT	:.	CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
	.	BONNIE-352-365-1454
	.	
	.	THANK YOU.
RESOLUTION	:.	READ-709540
	.	IRRIGATION METER CAN BE INSTALLED ON SHORT SIDE. JY/ANN

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. 9/7- ADVISED CUSTOMER & MAILED APPLICATION-ANN
RDATE :. 09/06/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 965061
ACCOUNT# :. 006910940611
CUSTOMER NAME :. CARBONARO,DOMINICK
SERVICE ADDRESS:. 442 BENTWOOD DR
PHONE :. 352/323-1513
EDATE :. 09/02/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. LEE CARBONARO-352-323-1513.
.
. THANK YOU.
RESOLUTION :. READ-428410
. IRRIGATION METER CAN BE INSTALLED ON SHORT SIDE. JY/ANN
. 9/7/05- LEFT MESSAGE FOR CUSTOMER OF THE ABOVE & THAT I WAS MAILING
. APPLICATION TO THEM. ANN
RDATE :. 09/06/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 965154
ACCOUNT# :. 006910940021
CUSTOMER NAME :. SHEPARD,GARY
SERVICE ADDRESS:. 33605 PENNBROOKE PKWY
PHONE :. 352/787-9345
EDATE :. 09/02/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. DONNA SHEPARD-352-787-9345
.
. THANK YOU.
RESOLUTION :. READ-507810
. IRRIGATION METER CAN BE INSTALLED ON SHORT SIDE. JY/ANN
. 9/7- ADVISED CUSTOMER -MAILED APPLICATION-ANN
RDATE :. 09/06/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 965487
ACCOUNT# :. 006910000982

Pennbrooke

```
CUSTOMER NAME  :. GRACE,WALLACE L
SERVICE ADDRESS:. 621  EASTWOOD LN
PHONE          :. 270/898-6272
EDATE          :. 09/06/05
TYPE           :. 20
FOPER          :.
COMMENT        :. READ AND LEAVE ON FOR NEW
RESOLUTION     :. 9/16/05 CUSTOMER CANCELLED FINAL. CUSTOMER WILL CALL TO
RESCHEDULE.
                . ACCOUNT IS REACTIVATED.
                .
                . EC
RDATE          :. 09/16/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 16
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 965715
ACCOUNT# :. 006910970321
CUSTOMER NAME :. SOLOMON,DANIEL
SERVICE ADDRESS:. 33126 MEADOWSIDE CT
PHONE :. 352/365-0032
EDATE :. 09/06/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. ETHEL-352-365-0032
.
. THANK YOU.
RESOLUTION :. 9/7/05 READ-282450
. IRRIGATION METER CAN BE INSTALLED ON SHORT SIDE. JY/ANN
. 9/9/05 ADVISE CUSTOMER & MAILED APPLICATION-ANN
RDATE :. 09/06/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 967089
ACCOUNT# :. 006910400181
CUSTOMER NAME :. AICARDI,KEN
SERVICE ADDRESS:. 137 WILLOWBROOK DR
PHONE :. 352/435-0552
EDATE :. 09/09/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. KEN & KATHY AICARDI 352-435-0552.
.
. THANK YOU.
RESOLUTION :. 09/13/05 R=1516850
. IRRIGATION METER CAN BE INSTALLED ON SHORT SIDE
. JY/RB/EC
. 09/15/05- MAILED APPLICATION TO CUSTOMER.ANN
RDATE :. 09/13/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 968454
ACCOUNT# :. 006910970203
CUSTOMER NAME :. LANE,DONALD
SERVICE ADDRESS:. 33124 MEADOW GREEN CT
PHONE :. 352/787-1932
EDATE :. 09/14/05

Pennbrooke

TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. DON-561-723-7323.
.
. THANK YOU.
RESOLUTION :. READ-488220, IRRIGATION METER CAN BE INSTALLED ON THE SHORT SIDE.JY/ANN
. 9/15/05-FAXED APPLICATION @ 352-343-9661-ANN
RDATE :. 09/15/05

CORPýý----. 107

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 17
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

ROUTE :. 2
SERVICE ORDER# :. 968472
ACCOUNT# :. 006910970301
CUSTOMER NAME :. MARTIN,RAYMOND
SERVICE ADDRESS:. 33121 MEADOW SIDE CT
PHONE :. / -
EDATE :. 09/14/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. JOAN & RAYMOND MARTIN 352-326-4015.
.
. THANK YOU.
RESOLUTION :. READ-270000, IRRIGATION METER CAN BE INSTALLED ON THE SHORT SIDE.JY/ANN
. 9/15/05- FAXED APPLICATION -ANN
RDATE :. 09/15/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 971705
ACCOUNT# :. 006910940031
CUSTOMER NAME :. RICHTER,LEE
SERVICE ADDRESS:. 33543 PENNBROOKE PKWY
PHONE :. / -
EDATE :. 09/23/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. LEE RICHTER-352-787-5764.
. ** ALSO CAN YOU MAKE SURE THAT THE NEXT DOOR(33605 PENNBK PKWY)IRRG. MTR
. BOX IS NOT ON HIS PROPERTY,MR. RICHTER THINKS THAT IT IS.**
. THANK YOU.
RESOLUTION :. YES, WE CAN SUPPLY AN IRRIGATION METER(SHORT SIDE), IRR. BOX FOR 33605
. ADDRESS WILL NE MOVED 4" TO 5" TO THE RIGHT. DSA/ANN
. 9/28/05-MAILED APPLICATION TO CUSTOMER.
RDATE :. 09/23/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 972218
ACCOUNT# :. 006910800161
CUSTOMER NAME :. HAAS,CHARLOTTE
SERVICE ADDRESS:. 32701 TIMBERWOOD DR
PHONE :. 407/970-5558

Pennbrooke

```
EDATE           :. 09/26/05
TYPE            :. 20
FOPER           :.
COMMENT         :. PLEASE OBTIN FINAL READ
                 . LOCK AND TAG FOR NEW APPLY
RESOLUTION      :. 9/29/05 PER JY. CUSTOMER CANCELLED FINAL AND WILL CALL WHEN
SHE IS
                 . READY. SHE DID NOT CALL??? FOR THIS ONE.
                 .
                 . JY/EC
RDATE           :. 09/29/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 973676
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 18
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

ACCOUNT# :. 006910960431
CUSTOMER NAME :. ZIEMIAN,JOSEPH
SERVICE ADDRESS:. 847 OLD OAKS LN
PHONE :. / -
EDATE :. 09/28/05
TYPE :. 20
FOPER :.
COMMENT :. READ, TURN OFF, LOCK , TAG FOR NEW
RESOLUTION :. CANCELLED BY CUSTOMER, ACCOUNT REACTIVATED
. 10/25/05 READ 758040
.
. DA/EC
RDATE :. 10/25/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 974131
ACCOUNT# :. 006910941071
CUSTOMER NAME :. MCDERMOTT,JOHN
SERVICE ADDRESS:. 33526 PENNBROOKE PKWY
PHONE :. / -
EDATE :. 09/29/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. MARYANN-(352)787-9656.
.
. THANK YOU.
RESOLUTION :. YES WE CAN SUPPLY IRRIGATION METER. DSA/ANN
. 10/05/05-MAILED APPLICATION TO CUSTOMER.
RDATE :. 01/05/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 974132
ACCOUNT# :. 006910940061
CUSTOMER NAME :. LEANNA,DALE
SERVICE ADDRESS:. 33519 PENNBROOKE PKWY
PHONE :. 352/315-0898
EDATE :. 09/29/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. MARYANN MCDERMOTT CALLED FROM THEM (THE LEANNA'S ARE SNOWBIRDS). CALL
. MARYANN AT 352-787-9656.
.

```
                 . THANK YOU.
RESOLUTION      :. YES, WE CAN SUPPLY AN IRRIGATION METER.DSA/ANN
                 . 10/6/05- SPOKE W/ MARYANN MCDERMOTT, ADVISED HER THAT WE THE
LEANNA'S
                 . TO SIGNED TO APPLICATION FOR THE IRRIGATION METER. MAILED
APPLICATION.AR
RDATE           :. 10/05/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER# :. 974153
ACCOUNT#        :. 006910941051
CUSTOMER NAME   :. OAKES,SALLY  M
SERVICE ADDRESS:. 33502  PENNBROOKE PKWY
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DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

PHONE :. 352/728-3099
EDATE :. 09/29/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. CATHY-352-728-3099.
.
. THANK YOU.
RESOLUTION :. YES WE CAN SUPPLY IRRIGATION METER,SHORT OR LONG SIDE IS NO LONGER
. RELEVANT. DSA/ANN
. 10/05/05 MAILED APPLICATION-ANN
RDATE :. 10/05/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 974315
ACCOUNT# :. 006910940081
CUSTOMER NAME :. BALL,FREDERICK
SERVICE ADDRESS:. 33503 PENNBROOKE PKWY
PHONE :. 352/323-1525
EDATE :. 09/30/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. DEANNA-703-622-3503
.
. THANK YOU.
RESOLUTION :. YES, WE CAN PROVIDE AN IRRIGATION METER. DSA/ANN
RDATE :. 10/18/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 975313
ACCOUNT# :. 006910940011
CUSTOMER NAME :. THAMES,ROBERT
SERVICE ADDRESS:. 33609 PENNBROOKE PKWY
PHONE :. 352/315-1238
EDATE :. 10/03/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE AN IRRIGATION METER TO THIS ADDRESS? SHORT OR LONG SIDE?
. ROBERT THAMES-352-315-1238 FAX/PH, CELL 352-250-6901.
.
. THANK YOU.
RESOLUTION :. YES, WE CAN SUPPLY AN IRRIGATION METER.

Pennbrooke

```
                . DSA/ANN
                .
                . 10/05/05-FAXED APPLICATION 352-315-1238.ANN
RDATE          :. 10/06/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 976665
ACCOUNT#       :. 006910960381
CUSTOMER NAME  :. JACKSON,FREDERICK
SERVICE ADDRESS:. 827  OLD OAKS LN
PHONE          :. 352/314-3254
EDATE          :. 10/06/05
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 20
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

TYPE :. 20
FOPER :.
COMMENT :. PLEASE OBTAIN FINAL READING LOCK OFF AND TAG FOR NEW
. GAVE CONF# 976665
RESOLUTION :. 10/25/05 READ 561110 LOCKED OFF AND TAGGED HOME FOR NEW.
NOBODY HOME
. LEFT WAIVER.
.
. 11:30 pm 10/25/05 CUSTOMER CALLED ANSWERING SERVICE TO SAY
THAT HE
. DID NOT CANCEL HIS SERVICE. THERE WERE 3 HOMES ON OLD OAKS LN
THAT
. CALLED IN FINALS. COULD THIS BE A PRANK?? NOT SURE. DANIEL A
T/ON
. SERVICE ON AFTER HOUR CALL.
. DA/EC
RDATE :. 10/25/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 979307
ACCOUNT# :. 006910940982
CUSTOMER NAME :. AICARDI,ANDREW
SERVICE ADDRESS:. 33400 PENNBROOKE PKWY
PHONE :. 352/728-8207
EDATE :. 10/14/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO THIS ADDRESS?
. ANDREW-352-728-8207
.
. THANK YOU
RESOLUTION :. YES WE CAN. CUSTOMER HAS A LONG GOLF CART DRIVEWAY TO GO
AROUND WITH
. PIPING. DSA/ANN
. 11/07/05-LEFT MESS OF ABOVE & MAILED APPLICATION-ANN
RDATE :. 10/18/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 980279
ACCOUNT# :. 006910940091
CUSTOMER NAME :. EARLEY,JAMES
SERVICE ADDRESS:. 33449 PENNBROOKE PKWY
PHONE :. 732/644-3728
EDATE :. 10/17/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE PROVIDE IRRIGATION METER TO 33449 PENNBROOKE PKWY?

Pennbrooke

```
                . JAMES-732-644-3728
                .
                . THANK YOU.
RESOLUTION      :. YES, WE CAN. CUSTOMER HAS A SHORT RUN AND A CEMENT CURBING TO
GO UNDER.
                . DSA/ANN
RDATE           :. 10/18/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 980711
ACCOUNT#        :. 006910940331
CUSTOMER NAME   :. O'BRIEN,JOHN
SERVICE ADDRESS:. 33117  PENNBROOKE PKWY
PHONE           :. 352/315-9116
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 21
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

```
EDATE           :. 10/18/05
TYPE            :. 20
FOPER           :.
COMMENT         :. CAN WE SUPPLY IRRIGATION METER TO 33117 PENNBROOKE PKWY?
                 . JOHN-352-315-9116
                 .
                 . THANK YOU.
RESOLUTION      :. READ-254900 IRRIGATION METER CAN BE INSTALLED - JAMES Y/ANN
RDATE           :. 10/19/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 980882
ACCOUNT#        :. 006910000921
CUSTOMER NAME   :. CLARK,SAIDE
SERVICE ADDRESS:. 549  EASTWOOD LN
PHONE           :. 352/365-1558
EDATE           :. 10/19/05
TYPE            :. 20
FOPER           :.
COMMENT         :. CUSTOMER SAYS WATER METER IS SINKING IN. KEEPS FILLING UP
W/DIRT.
                 . PLEASE GET METER NUMBER AND CHECK THIS OUT.
RESOLUTION      :. 10/24/05 RDG 1028030 METER# 928628
                 . WATER SERVICE IS NORMAL
                 . RIGHT LINE  JAMES Y./KIM S.
                 .
                 .
                 .
                 .
                 .
                 .
                 .
RDATE           :. 10/28/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 981265
ACCOUNT#        :. 006910940321
CUSTOMER NAME   :. MATHES,JUDITH J
SERVICE ADDRESS:. 33125  PENNBROOKE PKWY
PHONE           :. 352/326-0505
EDATE           :. 10/19/05
TYPE            :. 20
FOPER           :.
COMMENT         :. CAN WE PROVIDE AN IRRIGATION METER AT 33125 PENNBROOKE PKWY?
                 . ROBERT- 352-326-0505
                 .
                 . THANK YOU.
```

Pennbrooke

RESOLUTION :. READ-291320
. IRRIGATION METER CAN BE INSTALLED ON LEFT LINE. JAMES Y/ANN
RDATE :. 10/20/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 983222
ACCOUNT# :. 006910940311
CUSTOMER NAME :. LESHER,WILLIAM
SERVICE ADDRESS:. 33133 PENNBROOKE PKWY

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 22
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

PHONE :. 352/365-9665
EDATE :. 10/25/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO 33133 PENNBROOKE PKWY.
. BILL-352-365-9665.
.
. THANK YOU.
RESOLUTION :. READ-504910
. IRRIGATION METER CAN BE INSTALLED ON RIGHT LINE. JY/ANN
. 10/07/05-MAILED OUT APPLICATION. ANN
RDATE :. 10/26/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 984538
ACCOUNT# :. 006910950721
CUSTOMER NAME :. UHRMAN,BARBARA A
SERVICE ADDRESS:. 828 EAGLES LANDING
PHONE :. 352/326-5559
EDATE :. 10/28/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO 828 EAGLE LANDING? WHERE IS THE
. LOCATION FOR NEW METER. PLEASE ADVISE CUSTOMER OF THE LOCATION OF NEW
. METER. MR. UHRMAN 352-326-5559.
.
. THANK YOU.
RESOLUTION :. READ-282770
. IRRIGATION METER CAN BE INSTALLED ON THE RIGHT LINE, TALKED TO CUSTOMER.
. JY/ANN
RDATE :. 10/31/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 985026
ACCOUNT# :. 006910941042
CUSTOMER NAME :. O'SULLIVAN,BRADLEY K
SERVICE ADDRESS:. 33448 PENNBROOKE PKWY
PHONE :. 352/787-4209
EDATE :. 10/31/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO 33448 PENNBROKE PKWY? PLEASE

Pennbrooke

. LOCATION WHERE THE NEW IRRIGATION WILL BE INSTALLED. SHORT OR LONG SIDE?
.
. BRADLEY- 352-787-4209
RESOLUTION :. IRRIGATION METER CAN BE INSTALLED ON LEFT LINE ON THE SHORT SIDE-JY/ANN
. 10/02/05- PHONED CUSTOMER & MAILED APPLICATION. ANN
RDATE :. 11/01/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 989733
ACCOUNT# :. 006910911561
CUSTOMER NAME :. MAEDER,DAVID
SERVICE ADDRESS:. 830 GRAND VISTA TRL
PHONE :. 352/314-0084

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 23
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

EDATE :. 11/14/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO 830 GRAND VISTA TRL? WHERE WILL
. THE IRRIGATION BE LOCATED AT? SHORT OR LONG SIDE ?
. DAVID MAEDER-352-314-0084
.
. THANK YOU.
RESOLUTION :. READ-554010 METER CAN BE SUPPLIED ON THE SHORT SIDE, RIGHT LINE, JY/ANN
. PRICE ESTIMATE IS $600.00. CUSTOMER SAID NO WAY ON THE PRICE,HE WANTS IT
. FOR THE $99.79. EXPLAIN TO HIM THAT THE RATE HAS CHANGED, EFFECTIVE
. DATE 10/21/05- PER PATRICK . CUSTOMER WILL PROTEST TO THE PSC. ANN
. 11/16/05- PLEASE MET W/ CUSTOMER TO DETERMINE THE MOST EFFECTIVE &
. ECONOMICAL INSTALLATION. CONTACT AREA MANAGER FOR APPROVAL. ANN
. 11/22/05- TALKED TO CUST ABOUT USING A U BRANCH TO INSTALL IRRI MTR.
. TOLD HIM WILL GET PRICE AND WILL LET HIM KNOW HOW MUCH IT WILL COST.I
. ALSO ADVISED HIM THAT IF HE WENT THIS WAY THE PRESSURE IN HIS HOUSE
. COULD DROP WHEN IRRI IS ON.RC/ANN 12/6/05 OK-PER CUST, MAILED APPLI-ANN
RDATE :. 11/15/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 989750
ACCOUNT# :. 006910960252
CUSTOMER NAME :. LOMBARDO,CAROL
SERVICE ADDRESS:. 729 OLD OAKS LN
PHONE :. 352/787-7141
EDATE :. 11/14/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO 729 OLD OAKS LN. SHORT OR LONG
. SIDE? WHERE IS THE NEW IRRIGATION METER LOCATED?
. CAROL-352-787-7141
.
. THANK YOU!
RESOLUTION :. READ-535980 METER CAN BE INSTALLED ON THE LONG SIDE,RIGHT LINE. JY/ANN

Pennbrooke

```
                . PRICE EST IS $1000.00
                .
                . ADVISED CUSTOMER- NO JOB PER CUSTOMER-ANN
RDATE          :. 11/15/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 989777
ACCOUNT#       :. 006910940041
CUSTOMER NAME  :. NEMES,MICHAEL J
SERVICE ADDRESS:. 33535  PENNBROOKE PKWY
PHONE          :. 352/787-2844
EDATE          :. 11/14/05
TYPE           :. 20
FOPER          :.
COMMENT        :. CAN WE PROVIDE AN IRRIGATION METER TO 33535 PENNBROOKE PKWY?
                . WHERE WILL THIS METER BE LOCATED? IS IT ON THE SHORT OR LONG
SIDE?
                . MIKE-352-787-2844
                .
                . THANK YOU.
RESOLUTION     :. NO JOB PER CUSTOMER-LEFT MESSAGE ON ANN'S VOICEMAIL. CANCEL
S/O.
                . 11/15/05- READ-5639720 METER CAN BE INSTALLED ON THE SHORT
SIDE.
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 24
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. (LEFT LINE). JY.
RDATE :. 11/15/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 989973
ACCOUNT# :. 006910940251
CUSTOMER NAME :. CAROLLO,JOHN
SERVICE ADDRESS:. 33227 PENNBROOKE PKWY
PHONE :. 352/728-2280
EDATE :. 11/15/05
TYPE :. 20
FOPER :.
COMMENT :. CAN WE SUPPLY AN IRRIGATION METER TO 33227 PENNBROOKE PKWY? CUSTOMER
. STATED THAT HE REQUESTED FOR AN IRRIGATION METER BACK IN 2004.(SOMEONE
. PUT HIS NAME ON THEIR CLIPBOARD?) PROVIDE LOCATION OF WHERE THIS METER
. WILL BE LOCATED. LONG OR SHORT SIDE?
. JOHN-352-728-2280. THANK YOU.
RESOLUTION :. ADVISED CUSTOMER (WIFE) THAT THE PRICE WILL BE MORE THAN THE $99.79 PER
. PATRICK, ADVISED CUSTOMER OF THE PROCEDURES OF INSTALLING AN IRRIGATION
. METER. CUSTOMER WAS VERY UPSET. CUSTOMER WILL FILED A COMPLAINT TO THE
. PSC.ANN
RDATE :. 11/15/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 990827
ACCOUNT# :. 006910930811
CUSTOMER NAME :. KNOP,WILLIAM
SERVICE ADDRESS:. 33009 PENNBROOKE PKWY
PHONE :. 352/728-3498
EDATE :. 11/16/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER CALLED -INTERESTED IN A IRRIGATION METER. PLEASE MET W/CUSTOMER
. TO DETERMINE THE MOST EFFECTIVE & ECONOMICAL INSTALLATION. CONTACT AREA
. MANAGER FOR APPROVAL.
. BILL- 352-728-3498.
. THANK YOU.
RESOLUTION :. TALKED TO CUSTOMER ABOUT USING A U BRANCH TO INSTALL IRR MTR. TOLD

```
                . CUSTOMER THIS IS THE MOST EFFECTIVE WAY TO DO THIS. I ALSO
ADVISED HIM
                . IF HE DOES IT THIS WAY THE PRESSURE IN THE HOUSE COULD DROP
WHEN IRRG IS
                . ON. RC/ANN
                . 12/02/05- TALKED TO CUSTOMER & GIVE HIM THE PRICE OF $246.98.
CUSTOMER
                . WILL THINK ABOUT. ANN
                . 12/02/05-CUST. CALLED BACK DOESN'T WANT.-ANN
RDATE          :. 11/28/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 990853
ACCOUNT#       :. 006910700271
CUSTOMER NAME  :. BROWN,RONALD
SERVICE ADDRESS:. 32663  OAK PARK DR
PHONE          :. 352/314-0152
EDATE          :. 11/16/05
TYPE           :. 20
FOPER          :.
```

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

COMMENT :. CUSTOMER CALLED-INTERESTED IN AN IRRIGATION METER. PLEASE MET W/CUSTOMER
. TO DETERMINE THE MOST EFFECTIVE & ECONOMICAL INSTALLATION. CONTACT AREA
. MANAGER FOR APPROVAL.
. RON 352-314-0152
. THANK YOU.
RESOLUTION :. 12/02/05-I CALLED CUSTOMER - ROBERT PLEASE ARRANGE MEETING W/CUST.
. CUSTOMER IS HOME AFTER 9:00AM. THANK YOU-ANN
. 12/7/05- TALKED TO CUSTOMER LET HIM KNOW THE MOST EFFECTIVE WAY TO
. INSTALL IRRI MTR IS TO USE EXISTING LINE & PUT "U" BRANCH, ALSO ADVISED
. HIM THAT IF USING IRRIGATION THE PRESSURE IN THE HOUSE MAY DROP.RC/ANN
. 12-13-05- LEFT MESS TO CALL WE HAVE PRICE FOR METER(246.98). ANN
RDATE :. 12/02/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 990927
ACCOUNT# :. 006910950611
CUSTOMER NAME :. NELSON,ERNEST
SERVICE ADDRESS:. 946 EAGLES LANDING
PHONE :. 352/787-6767
EDATE :. 11/16/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER CALLED- INTERESTED IN AN IRRIGATION METER- PLEASE MET W/CUST
. TO DETERMINE THE MOST EFFECTIVE & ECONOMICAL INSTALLATION. CONTACT
. AREA MANAGER FOR APPROVAL.
. ERNEST NELSON-352-787-6767.
. THANK YOU.
RESOLUTION :. TALKED TO CUSTOMER ABOUT USING A "U" BRANCH TO INSTALL IRRIGATION MTR.
. TOLD CUSTOMER WE WILL GET PRICE TOGETHER & WE WILL LET HIM KNOW HOW MUCH
. IT WILL COST. I ALSO ADVISED HIM THAT IF HE DOES GO W/ THE "U" THE
. PRESSURE IN THE HOUSE MAY DROP WHEN IRRIGATION IS ON. RC/ANN
. 12/01/05 ADVISED CUSTOMER OF THE ABOVE WANTS TO GO AHEAD WITH THE "U".
. MAILED OUT APPLICATION, COST OF THE IRRIGATION METER IS 246.98 ANN.
RDATE :. 11/22/05

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CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 991398
ACCOUNT# :. 006910800111
CUSTOMER NAME :. WIREBAUGH,LARRY
SERVICE ADDRESS:. 32716 TIMBERWOOD DR
PHONE :. / -
EDATE :. 11/17/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER CALLED- INTERESTED IN AN IRRIGATION METER- MET W/CUSTOMER
. TO DETERMINE THE MOST EFFECTIVE & ECONOMICAL INSTALLATION. CONTACT
. AREA MANAGER FOR APPROVAL.
.
. THANK YOU
RESOLUTION :. CUSTOMER IS WAITING UNTIL AFTER THE THANKGIVING HOLIDAY TO CALL FOR
. MEETING WITH DANIEL. ISABEL/DSA/ANN
. 01/3/06- CUSTOMER CALLED ADVISED HIM THAT WE COULD PUT A "U" TO BRANCH
. & THAT HE COULD HAVE LOW PRESSURE WHEN USING IRRIGATION. PRICE $246.98.
. CUSTOMER WILL THINK ABOUT IT. ANN
RDATE :. 11/23/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 26
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 995693
ACCOUNT# :. 006911940980
CUSTOMER NAME :. AICARDI,ANDREW
SERVICE ADDRESS:. 33400 PENNBROOKE PKWY
PHONE :. 352/728-8207
EDATE :. 12/05/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER CALLED - CAN'T FIND METER? PLEASE LOCATE FOR HIM.
. THANK YOU/
RESOLUTION :. IRRI TAP COMPLETED, THOUGH NO METER WAS SET. DSA/ANN
. 12/6/05 DANIEL PLEASE RE-CK METER, ROBERT SET METER ON
11/22/05.
. (S/N#32729708).ANN
RDATE :. 12/05/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 996003
ACCOUNT# :. 006910800641
CUSTOMER NAME :. ANDERSON JR.,GORDON
SERVICE ADDRESS:. 325 RANCHWOOD DR
PHONE :. 352/315-0808
EDATE :. 12/05/05
TYPE :. 20
FOPER :.
COMMENT :. PLEASE MET W/CUSTOMER TO DETERMINE THE MOST EFFECTIVE &
ECONOMICAL
. INSTALLATION FOR AN IRRIGATION METER. CONTACT AREA MANAGER FOR
APPROVAL.
. PATTY ANDERSON 352-315-0808
.
. THANK YOU.
RESOLUTION :. TALKED TO CUSTOMER TO LET HIM KNOW THE COST EFFECTIVE WAY TO
INSTALL
. IRRI MTR IS TO USE EXISTING LINE WITH A "U" BRANCH. ADVISED
HIM THAT
. WHEN IRRIGATION IS ON THEY MAY HAVE A DROP IN PRESSURE IN THE
HOUSE.
. RC/ANN
. 12/8/05- GO AHEAD PER CUSTOMER.12/13/05 MAILED APPLICATION.ANN
RDATE :. 12/07/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 996153
ACCOUNT# :. 006910970342

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CUSTOMER NAME :. GRACE,ROBERT L
SERVICE ADDRESS:. 33118 MEADOWSIDE CT
PHONE :. 609/390-1319
EDATE :. 12/06/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER CALLED INTERESTED IN AN IRRIGATION METER- PLEASE GO TO THIS
. ADDRESS & DETERMINE THE EFFECTIVE & ECONOMICALLY INSTALLATION FOR THIS
. METER.(CUSTOMER IS IN NEW JERSEY). CONTACT AREA MANAGER FOR APPROVAL.
. MRS. GRACE -609-390-1319
. THANK YOU.
RESOLUTION :. CUSTOMER WAS OUT OF TOWN, TALKED TO FRIEND SHE WAS GOING TO LET THEM
. KNOW THE MOST COST EFFECTIVE WAY IS TO USE EXISTING LINE & TO USE A "U"
. BRANCH, I ALSO ADVISED HER THAT WHEN IRRI IS ON THEY MAY HAVE A DROP IN
. PRESSURE IN THE HOUSE. RC/ANN

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. 12/12/05 SPOKE W/ROBERT GRACE-GO AHEAD-MAILED APPLICATION TO NEW JERSEY
. ADDRESS.ANN
RDATE :. 12/09/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 996686
ACCOUNT# :. 006910950161
CUSTOMER NAME :. MCCOY,JAMES
SERVICE ADDRESS:. 903 EAGLES LANDING
PHONE :. 937/289-0023
EDATE :. 12/07/05
TYPE :. 20
FOPER :.
COMMENT :. CUSTOMER CALLED - IS INTERESTED IN AN IRRIGATION METER- PLEASE MET W/
. CUSTOMER TO DETERMINE THE EFFECTIVE & ECONOMICALLY INSTALLATION FOR THIS
. METER. CONTACT AREA MANAGER FOR APPROVAL.
. JIM McCOY-352-365-0739.
. THANK YOU.
RESOLUTION :. 1/12/06-TALKED TO CUSTOMER-BLOCK POLY SERVICE 5/8 METER.
. IRRIGATION METER CAN BE INSTALLED NEXT TO EXISTING METER.JY/ANN
. 1/19/06- GO AHEAD PER CUSTOMER-ANN
. 01/20/06-MAILED APPLICATION TO SERVICE ADDRESS.-ANN
RDATE :. 01/12/06

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 000352
ACCOUNT# :. 006910950151
CUSTOMER NAME :. MUSE,JUDY G
SERVICE ADDRESS:. 847 EAGLES LANDING
PHONE :. 352/365-1889
EDATE :. 12/19/05
TYPE :. 20
FOPER :.
COMMENT :. MR. HOWARD MUSE CALLED IS VERY INTERESTED IN A IRRIGATION METER- PLEASE
. MET W/CUSTOMER TO DETERMINE THE MOST EFFECTIVE &ECONOMICAL INSTALLATION.
. CONTACT AREA MANAGER FOR APPROVAL.
. HOWARD MUSE-352-365-1889.
. THANK YOU.
RESOLUTION :. RESOLUTION PLEASE-ANN

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```
                . 1/12/06-READ-281680 TALKED TO CUSTOMER -BLOCK POLY SERVICE
5/8" METER.
                . IRRIGATION METER CAN BE INSTALLED NEXT TO EXISTING
METER.JY/ANN,12
                . 1/19/06-ADVISED CUSTOMER- NO JOB PER CUSTOMER. ANN
RDATE          :. 01/12/06

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 002390
ACCOUNT#       :. 006910970011
CUSTOMER NAME  :. LIMBERG,ROBERT
SERVICE ADDRESS:. 33107  GRAY EAGLE CT
PHONE          :. 352/323-8262
EDATE          :. 12/27/05
TYPE           :. 20
FOPER          :.
COMMENT        :. CUSTOMER CALLED-IS INTERESTED IN AN IRRIGATION METER -PLEASE
MEET W/CUST
```

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. TO DETERMINE THE MOST EFFECTIVE & ECONOMICAL INSTALLATION.
CONTACT AREA
. MANAGER FOR APPROVAL. ROBERT LIMBERG-352-323-8262.
.
. THANK YOU.
RESOLUTION :. RESOLUTION PLEASE-ANN
. 1/16/06- READ-355380
. TALKED TO CUSTOMER BLOCK POLY SERVICE 5/8 METER.
. IRRIGATION METER CAN BE INSTALLED NEXT TO EXISTING METER.
JY/ANN
. 1/19/06-ADVISED CUSTOMER WIFE-GO AHEAD PER WIFE. MAILED
APPLICATION. ANN
. 1/20/06- MAILED APPICATION- ANN
RDATE :. 01/12/06

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 946591
ACCOUNT# :. 006910980291
CUSTOMER NAME :. CARPENTER,CHARLES
SERVICE ADDRESS:. 32230 SUMMERTREE CIR
PHONE :. 352/326-5574
EDATE :. 07/13/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAKS
. THE CUSTOMER WOULD LIKE TO BE INFORMED OF FINDINGS.
.
.
.
RESOLUTION :. 07/15/05 READ 1425950
. NO LEAKS AT THIS TIME
. CUST. WILL BE CALLING OFFICE ON MOMDAY TO GET RESULTS.
. CS/RB
RDATE :. 07/15/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 975249
ACCOUNT# :. 006910950752
CUSTOMER NAME :. BALUYOT,PATRICIO
SERVICE ADDRESS:. 825 FOREST BREEZE PATH
PHONE :. 609/607-0390
EDATE :. 10/03/05
TYPE :. 21
FOPER :.
COMMENT :. 08/23/05 READ 361270
. 09/22/05 READ 351910 NEG
RESOLUTION :. 10/03/05 READ 352000

```
                 . USED 270 ADJ 9710
                 .
                 . CB/ANN T
RDATE           :. 10/03/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER# :. 979539
ACCOUNT#        :. 006910800491
CUSTOMER NAME   :. DAVIS,JOSEPH
SERVICE ADDRESS:. 32837  TIMBERWOOD DR
PHONE           :. 407/787-0304
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 29
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

EDATE :. 10/14/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAK. INFORM CUSTOMER OF FINDINGS
. HIGH USAGE. CUSTOMER WAS AWAY 3 DAYS OF THIS READING PERIOD.
.
. 9/22/05 R=2053940
. 8/24/05 R=2018860 35,080 USAGE
RESOLUTION :. 10/17/05 READ 2068490 NO LEAKS LEFT TAG LEFT LINE
. JY/KRIS TEMP
RDATE :. 10/17/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 991650
ACCOUNT# :. 006910930791
CUSTOMER NAME :. FREY,JOHN
SERVICE ADDRESS:. 202 GRAND VISTA TRL
PHONE :. 352/365-2520
EDATE :. 11/18/05
TYPE :. 21
FOPER :.
COMMENT :. READ-CUSTOMER CONCERNED IS READ WRONG LAST TWO BILLINGS-& TAG WITH
. RESULTS
. 11/18/05-CUSTOMERS READ; 565730 ?
RESOLUTION :. 11/21/05 READ 0566100 NO LEAKS
. RC/KRIS TEMP
RDATE :. 11/21/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 998310
ACCOUNT# :. 006910980021
CUSTOMER NAME :. BESWICK,DON
SERVICE ADDRESS:. 621 GLEN OAKS DR
PHONE :. 352/323-1271
EDATE :. 12/13/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAKS. CUSTOMER USAGE IS VERY HIGH
. PLEASE INFORM CUSTOMER OF FINDINGS.
.
. 11/27/05 R=795840
. 10/26/05 R=778240
RESOLUTION :. R=798520 NO LEAKS LEFT TAG FOR CUSTOMER OF FINDINGS
. METER LOCATION: LEFT LINE

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```
                 . JY/KIM
RDATE           :. 12/14/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER# :. 998519
ACCOUNT#        :. 006910100231
CUSTOMER NAME   :. LEWIS,ANNA S
SERVICE ADDRESS:. 545  SHADOW RUN DR
PHONE           :. 352/326-5521
EDATE           :. 12/13/05
TYPE            :. 21
```

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 30
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

FOPER :.
COMMENT :. READ & CHECK FOR LEAKS****TAG WITH RESULTS***OR EXPLAIN TO CUSTOMER
. FINDINGS**
. 11/25 1518020
. 10/26 1489470
.
RESOLUTION :. R=1518640 NO LEAKS - TALKED TO THE CUSOTMER.
. JY/KIM
RDATE :. 12/14/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 998687
ACCOUNT# :. 006910980291
CUSTOMER NAME :. CARPENTER,CHARLES
SERVICE ADDRESS:. 32230 SUMMERTREE CIR
PHONE :. 352/326-5574
EDATE :. 12/13/05
TYPE :. 21
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAKS. CUSTOMER CALLED DUE TO HIGH
. BILL. TAG WITH FINDINGS
.
. 11/25/05 R=1463000
. 10/26/05 R=1450060
RESOLUTION :. R=1476320 NO LEAKS LEFT TAG WITH FINDINGS
. METER LOCATION: RIGHT LINE
. JY/KIM
RDATE :. 10/14/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 945805
ACCOUNT# :. 006910000531
CUSTOMER NAME :. FRENAK,THOMAS
SERVICE ADDRESS:. 324 WESTWOOD DR
PHONE :. 352/326-2684
EDATE :. 07/12/05
TYPE :. 24
FOPER :.
COMMENT :. PLEASE REREAD AND CHECK FOR LEAK
. 6/22/05 METER READ 987450 CONSUMPTION 7370
. TAG DOOR WITH FINDINGS
RESOLUTION :. 7/13/05 READ 984550 NO LEAKS. METER READER ERROR. TALKED TO CUSTOMER
. JY/EC

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                . 7/18/05 ADJUSTED ACCOUNT TO AVG CONS OF 2220 GALS. CUSTOMER
WAS OVER
                . BILLED ON 6/22/05 READ OF 987950 5150 GALS. WATER ADJUSTED
$8.29
                . SEWER ADJUSTED $10.09. THE CUSTOMER WILL BE SENT A CORRECTED
BILL.
                .
                . JY/EC
RDATE          :. 07/18/05

CORPýý----. 107
ROUTE          :. 2
SERVICE ORDER# :. 953503
ACCOUNT#       :. 006910001761
CUSTOMER NAME  :. GODDARD,JAMES
SERVICE ADDRESS:. 710  COTTAGE PARK LN
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DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

```
PHONE           :. 352/787-6958
EDATE           :. 08/01/05
TYPE            :. 24
FOPER           :.
COMMENT         :. CUSTOMER COMPLAINING OF WATER GOING THROUGH METER. THEY SHUT
THE WATER
                 . OFF THEMSELVES WHEN THEY LEFT 4/28/05 AND 100 GALLONS HAVE
GONE THRU
                 . METER? PLEASE RE-READ METER.
RESOLUTION      :. 08/02/05 R=191260 PER FINDINGS (CURB STOP IS STILL OFF)
                 . 6/22/05 BILLED READ 191360 WAS INCORRECTLY READ. ACCOUNT OVER
BILLED
                 . FOR 100 GALS. ADJUSTED ACCOUNT FOR WATER $.16 AND SEWER $.20.
THE
                 . ADJUSTED AMOUNT WILL BE REFLECTED ON 8/05 BILL.
                 .
                 . JY/RB/EC
RDATE           :. 08/02/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 957790
ACCOUNT#        :. 006910980031
CUSTOMER NAME   :. REMENIUK,LEONARD
SERVICE ADDRESS:. 627  GLEN OAKS DR
PHONE           :. 352/323-8178
EDATE           :. 08/11/05
TYPE            :. 24
FOPER           :.
COMMENT         :. READ & CHECK FOR LEAKS-TAG HOUSE WITH FINDINGS
                 . 7/22/05 1038140
                 . 6/22/05 1026830
RESOLUTION      :. 08/15/05 READ 1032680 CORRECT READ PRIOR READ WAS A MISREAD
                 . ADJUSTED ACCOUNT FOR OVER BILLED CONS 8070 GALS DUE TO 7/22/05
                 . MISREAD. ADJUSTED WATER $13.51 AND SEWER $13.25. CUSTOMER WILL
BE SENT A
                 . CORRECTED BILL.
                 .
                 . JY/EC
RDATE           :. 08/15/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 957983
ACCOUNT#        :. 006910910051
CUSTOMER NAME   :. MILLER,KENNETH
SERVICE ADDRESS:. 527  GRAND VISTA TRL
PHONE           :.    /   -
EDATE           :. 08/12/05
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Pennbrooke

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TYPE            :. 24
FOPER           :.
COMMENT         :. PLEASE REREAD METER
                 . DUE TO MISREAD
RESOLUTION      :. 8/15/05 REREAD 631120  7/21/05 INCORRECT READ 636250. CUSTOMER
                 . OVERBILLED FOR 11020 GALS DUE TO MIS-READ. ADJUSTED ACCOUNT
FOR
                 . WATER $20.24 AND SEWER $9.37. CUSTOMER WILL BE SENT A
CORRECTED BILL
                 .
                 . JY/EC
RDATE           :. 08/15/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 960246
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 32
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

ACCOUNT# :. 006910001591
CUSTOMER NAME :. TATE,LEE
SERVICE ADDRESS:. 32338 OAK PARK DR
PHONE :. 352/314-0021
EDATE :. 08/18/05
TYPE :. 24
FOPER :.
COMMENT :. CUSTOMER SAYS HE LEFT IN APRIL AND HAD WATER TURNED OFF AND LOCKED BY
. COMPANY. WATER IS GOING THROUGH METER. HOW CAN IT BE? PLEASE RE-READ
. AND ADVISE
RESOLUTION :. 8/24/05 READ 194500 MTR# 97387177. METER WAS MIS READ 4/21/05
. THROUGH 7/22/05. CONS OVER BILLED 320 GALS. ADJUSTED ACCOUNT FOR
. WATER $.52 AND SEWER $.63. ADJUSTED AMOUNT WILL BE REFLECTED ON
. 9/05 BILL.
.
. DA 1330 HRS/EC
RDATE :. 08/24/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 967754
ACCOUNT# :. 006911990290
CUSTOMER NAME :. FRYER,JOHN E
SERVICE ADDRESS:. 1205 MEADOWBEND DR
PHONE :. 352/728-4874
EDATE :. 09/12/05
TYPE :. 24
FOPER :.
COMMENT :. READ & CHECK FOR LEAKS-TAG WITH RESULTS
. THIS IS AN IRRIGATION METER**
. 8/23/05 50760
. 7/21/05 24930
RESOLUTION :. 09/13/05 R=31820
. N/L 8/23/05 WAS MIS READ AND CUSTOMER WAS OVER BILLED 21990 GALS.
. ADJUSTED ACCOUNT FOR WATER $41.74. A CORRECTED BILL WAS SENT TO THE
. CUSTOMER.
. JJY/EC
RDATE :. 09/13/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 970600

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ACCOUNT# :. 006910950941
CUSTOMER NAME :. DAVIS,RALPH
SERVICE ADDRESS:. 936 FOREST BREEZE PATH
PHONE :. 407/341-3936
EDATE :. 09/21/05
TYPE :. 24
FOPER :.
COMMENT :. READ, CHECK FOR LEAKS-TAG WITH RESULTS
. 8/23/05- 272330
RESOLUTION :. 9/22/05 REREAD 262740 N/L LEFT TAG. LOCATION RIGHT LINE.
CUSTOMER
. OVER BILLED ON 8/23/05 READ 9600 GALS. WATER ADJUSTED $15.79.
SEWER
. ADJUSTED $17.19. A CORRECTED BILL WILL BE SENT TO THE
CUSTOMER.
.
. JY/EC
RDATE :. 09/26/05

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 33
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 971297
ACCOUNT# :. 006910900282
CUSTOMER NAME :. CAIN,ROBERT
SERVICE ADDRESS:. 534 GOLFVIEW CT
PHONE :. 231/823-1201
EDATE :. 09/22/05
TYPE :. 24
FOPER :.
COMMENT :. REREAD AND CHECK FOR LEAK
. 8/24/05 METER READ 88210 CONSUMPTION 1640
RESOLUTION :. 9/26/05 READ 86570 N/L. 8/24/05 WAS MISREAD. ADJUSTED ACCOUNT
. 1640 GALS. WATER $2.64 AND SEWER $3.21
.
. CUSTOMER WILL BE SENT A CORRECTED BILL
.
. JY/EC
RDATE :. 09/26/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 989061
ACCOUNT# :. 006910930831
CUSTOMER NAME :. NORTON,HENRY
SERVICE ADDRESS:. 33017 PENNBROOKE PKWY
PHONE :. / -
EDATE :. 11/10/05
TYPE :. 24
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAK *** TAG WITH FINDINGS ***
.
. 10/25/05 R=496060 GIVING USAGE OF 30810 GALLONS
.
.
RESOLUTION :. 11/14/05 REREAD 471440 N/L FOR HOUSE METER. CUSTOMER OVER BILLED
. 26949 GALS DUE TO MISREAD ON 10/25/05. ADJUSTED WATER $51.71 AND
. SEWER $12.03. CUSTOMER WILL BE SENT A CORRECTED BILL.
. IRRG MTR READ 23520. SPOKE WITH CUSTOMER
. DA/JY/EC
RDATE :. 11/16/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 989199

Pennbrooke

ACCOUNT# :. 006910700381
CUSTOMER NAME :. STAFFORD BARON,MARY
SERVICE ADDRESS:. 32711 OAK PARK DR
PHONE :. 352/314-0445
EDATE :. 11/11/05
TYPE :. 24
FOPER :.
COMMENT :. PLEASE OBTAIN READING AND CHECK FOR LEAKS CUSTOMER CALLED DUE TO HIGH
. USAGE.
.
. 10/25/05 R=2220650
. 09/23/05 R=2185730 11/10/05 CUSTOMER'S READING R=2220580
RESOLUTION :. 11/14/05 REREAD 2218530 N/L . CUSTOMER OVVER BILLED FROM 10/25/05

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. MISREAD OF 2220650. ADJUSTED ACCOUNT TO CUSTOMER'S READ TAKEN ON
. 11/10/05 2220580 FOR 11/14/05 CONSUMPTION. WATER ADJUSTED 11988 GALS
. $23.49. A CORRECTED BILL WILL BE SENT TO THE CUSTOMER.
.
. JY/EC
RDATE :. 11/15/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 989498
ACCOUNT# :. 006910700141
CUSTOMER NAME :. DAMORE,JOHN
SERVICE ADDRESS:. 32644 OAK PARK DR
PHONE :. 352/315-1578
EDATE :. 11/14/05
TYPE :. 24
FOPER :.
COMMENT :. MS. CALLED BECAUSE SHE REREAD HER METER AND HER READ IS LESS THAN THE
. ONE ON HER BILL. REREAD AND CHECK FOR LEAKS.
. HER READ ON 11/12/05 IS 1360310
.
. 10/26/05 MR=1364260
RESOLUTION :. 11/15/05 READ 1361490. 10/25/05 WAS MISREAD. CUSTOMER ALSO HAS A
. SMALL LEAK. TALKED TO THE CUSTOMER. ACCOUNT IS ADJUSTED FOR 7838
. GALS FROM 10/25/05 MIS READ. WATER ADJUSTED $14.84 AND SEWER $4.48
. CUSTOMER WILL BE SENT A CORRECTED BILL.
.
. JY/EC
RDATE :. 11/16/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 993100
ACCOUNT# :. 006910980061
CUSTOMER NAME :. KORZILIUS,WILLIAM
SERVICE ADDRESS:. 639 GLEN OAKS DR
PHONE :. / -
EDATE :. 11/28/05
TYPE :. 24
FOPER :.
COMMENT :. RE-READ METER VERY HIGH CONSUMPTION. LAST READ 719050
RESOLUTION :. 11/29/05 READ 716980 N/L . 11/25/05 REGULAR READ 716760. CUSTOMER

Pennbrooke

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                . OVER BILLED 6780 GALS DUE TO BAD READ TAKIEN ON 10/26/05.
WATER ADJUSTED
                . $11.61 AND SEWER $9.90. ADJUSTMENT WILL APPEAR ON 12/05 BILL.
                .
                . JY/EC
RDATE          :. 11/30/05

CORPýý----. 107
ROUTE          :. 1
SERVICE ORDER# :. 998288
ACCOUNT#       :. 006910900081
CUSTOMER NAME  :. PFLUG,WILLIAM
SERVICE ADDRESS:. 529  GOLFVIEW CT
PHONE          :. 352/365-0166
EDATE          :. 12/13/05
TYPE           :. 24
FOPER          :.
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(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 35
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

COMMENT :. MR. CALLED BECAUSE HIS BILL IS HIGH.
. HE REREAD HIS METER AND THE READ ON 12/12/05 WAS 84460
. PLEASE REREAD AND ADJUST IF NECESSARY
.
. 11/25/05 MR=88120
RESOLUTION :. R=84610 ACCOUNT WILL NEED TO BE ADJUSTED - DUE TO MISREAD ON 11/25/05
. JY/KIM
.
. ADJUSTING WATER AND SEWER FOR -5230 GALLONS.
.
. WATER ADJ -$ 8.42 -(5230) GALLONS
. SEWER ADJ =$10.25 -(5230) GALLONS
. TOTAL ADJ -$28.67
. KIM
RDATE :. 12/14/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 980627
ACCOUNT# :. 006910800711
CUSTOMER NAME :. VONCKX,JOSEPH
SERVICE ADDRESS:. 353 RANCHWOOD DR
PHONE :. 352/728-8038
EDATE :. 10/18/05
TYPE :. 29
FOPER :.
COMMENT :. CUSTOMER CALLED ANS SERVICE ON 10/16/05 APPROX 7:35 AM TO REPORT
. RUSTY WATER. **PLEASE PROVIDE RESOLUTION**
RESOLUTION :. 10/18/05 0800 HRS TALKED WITH STEVE. HE FLUSHED ONE HYDRANT ON EACH SIDE
. OF ADDRESS OPEN FAST THE SLOWER FLUSH 5 MIN. RUST CLEARED UP WITH IN
. 30 SECS. 08300 HRS. 1630 HRS RECEIVED A SECOND CALL, CLEAR FOR A FEW
. HOURS, THEN COLOR RETURNED. CHECKED CUSTOMER RESIDENCE SLIGHT YELLOWISH
. TINT. BY UTILIZING ISOLATION VALVES, FLUSHED 100% OF RANCHWOOD PHASE "H"
. FROM ALL 3 SEPARATE FEED DIRECTIONS 2130 HRS OFFSITE.
. DA-SF/KRIS TEMP
RDATE :. 10/20/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 981058
ACCOUNT# :. 006910801081
CUSTOMER NAME :. KOOPMAN,EVERETT

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SERVICE ADDRESS:. 32744 TIMBERWOOD DR
PHONE :. 352/326-3660
EDATE :. 10/19/05
TYPE :. 29
FOPER :.
COMMENT :. BROWN WATER
. PAGED TO DAN A 12:24PM
RESOLUTION :. 10/19/05 MR=0796350
. CALLED STEVE P WITH SERVICE ORDERS AS HE WAS ON SITE. FLUSHED SERVERAL
. HYDRANTS IN AREA TO CLEAN UP LITTLE AREAS OF RUST. BIGGEST COLORATION AT
. HYDRANT CLOSEST TO ADDRESS. DSA 1230 HRS/KIM S.
. 10/19/05 FLUSHED HYDRANT AT CULDESAC ON TIMBERWOOD, LATER IN AFTERNOON.
. LINES SHOULD BE CLEAR NOW, NO MORE COMPLAINTS. DSA/KIM S.
.
.
.

(545) REPORT UBRSORDREPORT.2 UTILITY BILLING SYSTEM PAGE 36
DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

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                .
RDATE           :. 10/28/05

CORPýý----. 107
ROUTE           :. 1
SERVICE ORDER#  :. 990495
ACCOUNT#        :. 006910940291
CUSTOMER NAME   :. HORVATH,BERT
SERVICE ADDRESS:. 33149  PENNBROOKE PKWY
PHONE           :. 352/787-8477
EDATE           :. 11/16/05
TYPE            :. 29
FOPER           :.
COMMENT         :. MS. CALLED DUE TO DISCOLORED WATER.
                 . SHE WAS TOLD TO CALL BACK WHEN THIS OCCURS - IT COULD BE AFTER
FLUSHING.
                 . PLEASE CHECK HER WATER AND TAG DOOR WITH YOUR FINDINGS.
                 .
                 . PAGED TO DANIEL
RESOLUTION      :. 11/16/05 READ 0705840
                 . SPOKE WITH CUSTOMER, LOOKED AT SAMPLE OF WATER.EXPLAINED
COLORATION DUE
                 . TO FLUSHING.HOUSE FILTER TURNING ORAGE/CLOGGING AFTER ONLY 1
MONTH.
                 . EXPLAINED TO MR.HORVATH THAT WE ARE CURRENTLY
REVIEWING/RAISING CHEMICAL
                 . FEED RATES, WHICH SHOULD EXPAND FILTER'S TIME OF "IN-SERVICE".
CUSTOMER
                 . SATISFIED/UNDERSTANDS, SITUATION/RESOULUTION.
                 . DSA/KRIS TEMP
RDATE           :. 11/16/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 993237
ACCOUNT#        :. 006910970412
CUSTOMER NAME   :. GOTWOLS,BRUCE E
SERVICE ADDRESS:. 1133  EAGLES LANDING
PHONE           :. 352/365-0474
EDATE           :. 11/28/05
TYPE            :. 29
FOPER           :.
COMMENT         :. CUST SAID HER DISHES GET A CLOUDY FILM,,,,, PLEASE CHECK WTR
AND TAG
                 . HOME WIH FINDINGS
RESOLUTION      :. CORRECT DUE DATE TO 11/29/05
                 .
                 . 11/30/05 READ 928810 WATER IS OK TALKED TO CUSTOMER LEFT LINE
                 . JY/KRIS TEMP
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Pennbrooke

RDATE :. 11/28/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 994788
ACCOUNT# :. 006910600541
CUSTOMER NAME :. BENSON,THOMAS
SERVICE ADDRESS:. 32715 WESTWOOD LOOP
PHONE :. 352/323-4988
EDATE :. 12/01/05
TYPE :. 29
FOPER :.
COMMENT :. 11/26/05 CUSTOMER CALLED ANS SERVICE APPROX 1:16 PM TO REPORT DISCOLORED
. WATER **PLEASE PROVIDE RESOLUTION**
RESOLUTION :. R=816811 FLUSHED HYDRANTS IN AREA

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. SP/KIM
RDATE :. 12/02/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 995069
ACCOUNT# :. 006910800611
CUSTOMER NAME :. DICKINSON,JAMES G
SERVICE ADDRESS:. 313 RANCHWOOD DR
PHONE :. 352/787-8619
EDATE :. 12/02/05
TYPE :. 29
FOPER :.
COMMENT :. 12/1/05 APPROXIMATELY 7:03 A.M. CUSTOMER CALLED ANS SERVICE TO REPORT
. THAT HIS WATER WAS BLACK **PLEASE PROVIDE RESOLUTION**
RESOLUTION :. R=1290390 FOUND WATER SOFTENER WAS BROKE.
. 12/1/05
. SP/KIM
.
RDATE :. 12/05/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 959749
ACCOUNT# :. 006910400181
CUSTOMER NAME :. AICARDI,KEN
SERVICE ADDRESS:. 137 WILLOWBROOK DR
PHONE :. 352/435-0552
EDATE :. 08/17/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER RECENTLY HAD A WATER SOFTNER INSTALL BY A COMPANY CALLED H20.
. HE WAS TOLD BY THE FIELD TECH THAT THERE IS NO CHLORINE IN THE WATER.
. PLEASE CHECK AND ADVISE CUSTOMER OF FINDINGS. PH. 352-435-0552
RESOLUTION :. 8/17/05 READ 1512270. CKED WATER IN HOSE BIB, FREE CL2 AT 1.9.SHOWED TO
. CUST. THERE ARE SATISFIED WITH OUR RESPONSE AND ACKNOWLEDGED PLENTY
. OF CL2 RESIDUAL IN WATER. H20 COMPANY USED A CL2 POOL TYPE KIT OTHER
. THANK DPD COLORIMETRIC.I EXPLAINED DPD TEST WAS THE EXPECTED/ACCEPTED
. METHOD APROVED BY THE STATE OF FLORIDA.
.
. DA/EC

Pennbrooke

RDATE :. 08/17/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 960720
ACCOUNT# :. 006910980301
CUSTOMER NAME :. JAVIS,MOSES
SERVICE ADDRESS:. 32226 SUMMERTREE CIR
PHONE :. 352/787-6990
EDATE :. 08/19/05
TYPE :. 32
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO BAD TASTE IN WATER.
. PAGED TO DANIEL A
RESOLUTION :. 8/19/05 READ 1040900. MET WITH MR. JAVIS. SULPHUR LIKE ODOR WAS HIS
. DESCRIPTION. I DID NOT DETECT ANY ODOR. TASTE SLIGHT CL2 SENSE. I
. ASKED CUSTOMER TO FLUSH ALL FAUCETS IN HOUSE FOR 2 MINS EACH AND THAT

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

. I WOULD FLUSH.(DEAD END) ON SUMMERTREE CIR TO FRESHEN WATER.
FLUSHED
. 30 MINS AT END OF 2" MAIN & HYDRANT ON GLEN OAKS DR. THEY
CLEARED IN 2
. MINS OF START.CUSTOMER HAS A WATER SOFTNER.ASKED CUST TO CALL
OFC IF
. ODOR OR TASTE REAPPEARS. CL2 RESIDUAL IS 2.1 MGL IN MAINL
LINE. CUSTOMER
. SATISFIED WITH TIMELY RESPONSE AND RESOLUTION.
. DA/EC
RDATE :. 08/19/05

CORPýý----. 107
ROUTE :. 1
SERVICE ORDER# :. 997649
ACCOUNT# :. 006910000321
CUSTOMER NAME :. CARR,JOHN
SERVICE ADDRESS:. 32536 WEST GOLF CT
PHONE :. 352/314-3840
EDATE :. 12/09/05
TYPE :. 32
FOPER :.
COMMENT :. PER CUST SAID HIS WATER HAS A VERY BAD ODER INHIS WATER
RESOLUTION :. R=1028550 FLUSHED HYDRANTS ON EITHER SIDE OF MAIN LINE,
WHERE CUSTOMER
. IS TAPPED OFF OF
. JY/KIM
RDATE :. 12/12/05

CORPýý----. 107
ROUTE :. 2
SERVICE ORDER# :. 953118
ACCOUNT# :. 006910980242
CUSTOMER NAME :. AUGER,PAUL
SERVICE ADDRESS:. 32219 SWEET BRIAR CT
PHONE :. 404/461-9978
EDATE :. 07/29/05
TYPE :. 41
FOPER :.
COMMENT :. THE SEWER CLEANOUT-LOCATED BETWEEN THIS CUSTOMERS HOUSE &
NEIGBORS THE
. COVER IS BROKEN PLEASE REPLACE & RESOLVE
RESOLUTION :. 8/1/05 READ 819300 REPLACED COVER TO NEIGHBOR'S CLEAN OUT
.
. JY/EC
RDATE :. 08/01/05

CORPýý----. 107
ROUTE :. 1

Pennbrooke

SERVICE ORDER# :. 964633
ACCOUNT# :. 006910000161
CUSTOMER NAME :. CLARE,MARY JANE
SERVICE ADDRESS:. 249 WESTWOOD DR
PHONE :. 352/728-6269
EDATE :. 09/01/05
TYPE :. 41
FOPER :.
COMMENT :. TOILETS EXLPODING LOUDLY-& HAS FLUSHED SEVERAL TIMES-SINCE IN AREA
. PAGED TO DAN ; 9:50AM
.
RESOLUTION :. 9/1/05 READ 1943990. FOUND AIR IN WATER MAINS DUE TO LOW PRESSURE
. SITUATION DAY BEFORE. FLUSHED HYDRANT IN FRONT OF HOUSE FOR APPROX
. 1 HR. ASKED CUSTOMER TO FLUSH EACH FAUCET FOR APPROX 2 MINS. AGER MAIN
. FLUSH, ALL OKAY NOW.

DETAIL SERVICE ORDER COMPLAINTS FOR 107

CUSTOMER REQUESTED (Y)
FOR PERIOD 07/01/05 TO 12/30/05

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                 .
                 . DA 10:00AM/EC
RDATE           :. 09/01/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 981725
ACCOUNT#        :. 006910090231
CUSTOMER NAME   :. PENNBROOKE FARIWAYS HOA,
SERVICE ADDRESS:.   COUNTRYSIDE BLVD/PB PARKWAY
PHONE           :.    /   -
EDATE           :. 10/20/05
TYPE            :. 42
FOPER           :.
COMMENT         :. NOISE @PLANT-PER ROBERTA PH; 352-360-1001
                 . PAGED TO DAN A; SAID IS AWARE AND PARTS ORDERED TO RESOLVE
RESOLUTION      :. 10/20/05 DSA 1245 HRS/KIM S.
                 . CALLED STEVE TO REPORT INFO REGARDING NOISE COMPLAINT, CAUSE
IS
                 . DETERMINED TO BE NEW FILTERS ALLOWING NOISE. OLD FILTERS SO
CLOGGED,
                 . DIRT, DUST. SILENCERS NEED TO BE ORDERED, INFO COMMUNICATED TO
BILL
                 . COATES BY STEVE P.
                 . TIME TABLE=APPROX. 1 MONTH
                 .
                 .
                 .
                 .
RDATE           :. 10/28/05

CORPýý----. 107
ROUTE           :. 2
SERVICE ORDER#  :. 964205
ACCOUNT#        :. 006910950731
CUSTOMER NAME   :. MARKLAND,WILLIAM
SERVICE ADDRESS:. 815  FOREST BREEZE PATH
PHONE           :. 352/315-0498
EDATE           :. 08/31/05
TYPE            :. 43
FOPER           :.
COMMENT         :. MS. CALLED TO REPORT THEY HAVE NO WATER.
                 .
                 .
                 .
                 . PAGED TO DANIEL
RESOLUTION      :. 8/31/05  READ  252800  HOUSE VALVE WAS T/OFF. TURNED VALVE ON
AND
                 . CUSTOMER HAD WATER.
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. JY/EC
RDATE :. 08/31/05

114 records listed.