FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

UTLITIES, INC. OF FLORIDA

Exact Legal Name of Utility Docket No.: 090462-WS

MARION COUNTY VOLUME III



FOR THE

Test Year Ended: December 31, 2008

00695 FEB-12

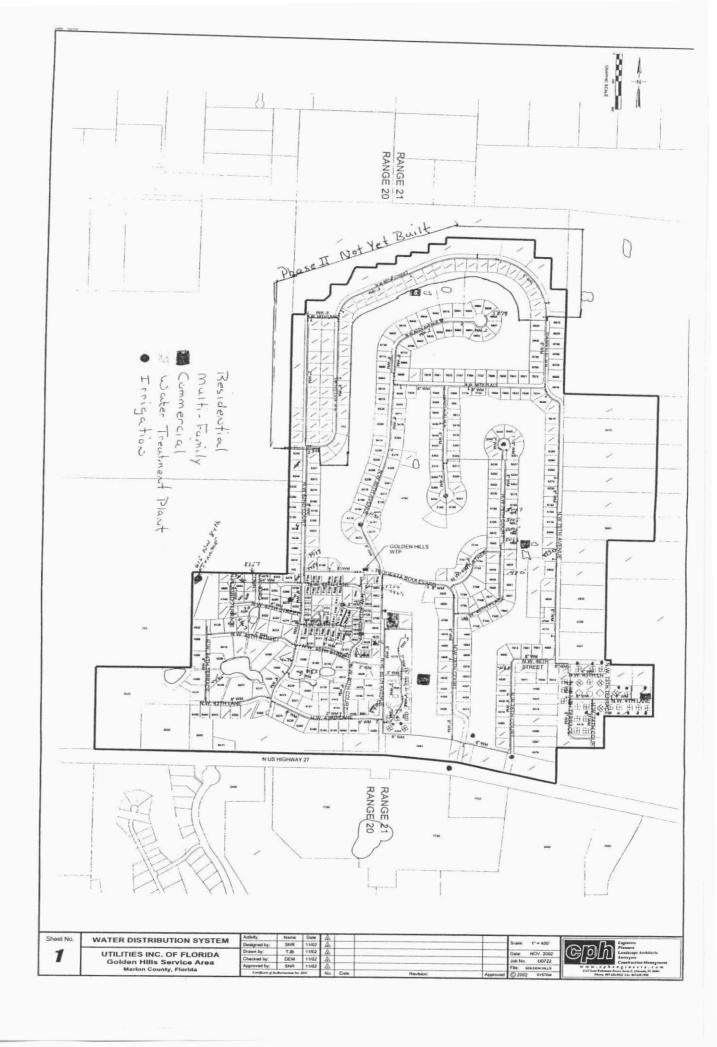
FPSC-COMMISSION CLERK

Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (1) DETAILED MAP





Multi Family

WWTP



Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (2) CHEMICALS USED

	A	В	С	D	E	F	G	Н	1	J	K	L	M	N
1	Utilities, Inc. of Florida; Marion Count	V											T	
2	Docket No. 090462-WS	,											1	
3	Schedule of Chemicals													
	Test Year Ended December 31, 2008												1	1
4	Test Year Ended December 31, 2000						-						+	-
5							-						-	
6				0 " 11		T'-11		0.1.5	1.6-26-	F :	0.5	TOTAL	-	
7			lypochlorite		ypochlorite		cyanuric Acid	Calcium Hy		Freight	Sales Tax	TOTAL		
8			solution		solution		ne tabs	Chlorine			-	AMOUNTS	-	
9	Date of Invoice	1 Gal	Unit Price	1 Gal	Unit Price	50# Pail	Unit Price	Pounds	Unit Price	Freight			Company	Invoice Number
10	1/15/2008	50	1.25									62.50		27268
11	1/15/2008			110	1.25							137.50		27270
12	2/12/2008			70	1.25							87.50		36272
13	2/12/2008	165	1.25									206.25		36273
14	3/11/2008	55	1.25									68.75		46209
15	3/11/2008			90	1.25							112.50		46210
		65	1.25	30	1.20	-	1					81.25	 	53340
16	4/8/2008	00	1.25	110	1.25							137.50	-	53341
17	4/8/2008			130	1.25	-	-					162.50		
18	5/6/2008	105	4.05	130	1.20	-	-							61914
19	5/6/2008	135	1.25			-	105					168.75	-	61918
20	5/20/2008					1	135				-	135.00		64296
21	6/3/2008		<u> </u>	150	1.25							187.50		66774
22	6/3/2008	115	1.25									143.75		66783
23	6/3/2008							100	1.48			148.00	1.	84194
24	7/1/2008	80	1.25									100.00		76638
25	7/1/2008	7		150	1.25							187.50		76641
25 26	7/29/2008	75	1.25					I.				93.75		83619
27	7/29/2008			185	1.25							231.25		86129
28	8/25/2008	70	1.25	150								87.50		91921
29	8/25/2008	,,,	1.20	100	1.25							125.00	-	91964
29			+	135	1.25							168.75	-	
30	9/23/2008	125	1.25	133	1.20	-	-			-	-	156.25		102745
31	9/23/2008	120	1.20	150	1,25	1	-				+	187.50		102747
32	10/21/2008		4.05	130	1,20	-	1			-	+			110720
33		90	1.25		1.05					-	-	112.50		110721
34	11/18/2008			150	1.25		-				-	187.50		115819
35	11/18/2008	75	1.25									93.75		115820
36	12/6/2008	110	1.25									137.50		123017
37	12/16/2008			110	1.25	1						137.50		123016
38														
39		1,210		1,640		1		100			-	3,845.50		
40		,_,	1											
41			1											
42		1,210	1	1,640	1	50	1	100		ler and the	1			400300,00000000
		Ga Ga	llone		llons	Pounds		Pounds						
43		GE	1,25		1.25	, Junios		y Julius						
44		- L		Se		Ç,	ewer	Sev	ver					
45	Where Used (Water Sewer)	ν	yaltı	Se	Wel	, s	HEI	OEV						
46	10.0 mm (4.5 元) 10.0 元 16.0 元			20.014.2-000.0					the state of	Lane statement				
47														
48		Disinfe	cting agent	Disinfec	ting agent									
49	A. A. S. P. T.				1.0									
50	Water, total item used, gallons		,210					Control of the second						
51	Water, chemical feed rate, ppm	300	2			N/A		N/A						

No.	Α	В	С	D	T =									
1	Utilities, Inc. of Florida; Marion County	٧		- 0	E	F	G	Н	1	1				
2	Docket No. 090462-WS									J	K		I M	1
3	Schedule of Chemicals		-										I M	N
4	Test Year Ended December 31, 2008													
5			1	-										
5													-	
		Sodium I	- Typochlorite											
П		12.50/	solution	Sodium F	lypochlorite	Trichloroisoc	yanuric Acid	Coloium II						
П	Date of Invoice	1 Gal			solution	Chlorir	ne tabs	Calcium H	ypochlorite	Freight	Sales Tax	TOTAL		
1	Volume treated million and		Unit Price	1 Gal	Unit Price	50# Pail	Unit Price	Chlorine Pounds	powder		1	AMOUNTS		
3	and the second s	6/	.829		Carlo Archiver			rounds	Unit Price	Freight		VIIIODIA12	-	
- 8	The state of the s													
15	Sewer total item used gallone									18 M.		CALLEGATION OF THE STATE OF THE	Company	invoice Num
5	Sewer, total item used, gallons			1,	640								Company	Invoice Num
1	Sewer, chemical feed rate nom			CONTRACTOR OF THE PERSON NAMED IN COLUMN NAMED									Company	Invoice Num
1	Sewer, total item used, gallons Sewer, chemical feed rate, ppm Volume treated, million gal.												Сотрану	Invoice Num
13	Sewer, chemical feed rate, ppm Volume treated, million gal.			6.7	9								Company	invoice Num
13	Sewer, chemical feed rate, ppm // Volume treated, million gal. = 7/22/2008	110	1.25	6.7 Jansen	9								Company	invoice Num
13	Sewer, chemical feed rate, ppm Volume treated, million gal. 7/22/2008 6/24/2008	110 200	1.25	Jansen Bear Lake	799								Company	invoice Num
13	Sewer, chemical feed rate, ppm // Volume treated, million gal. = 7/22/2008	110	1.25	6.7 Jansen	799								Company	82569
13	Sewer, chemical feed rate, ppm Volume treated, million gal. 7/22/2008 6/24/2008	110 200	1.25	Jansen Bear Lake	799								Company	

Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (3) CHEMICAL ANALYSIS



Sample

/s A	AQUA PURE WATER &				FOR LAB USE ONLY					
	SEWAGE SERVICE, INC			7 7	TIME RECEIVED/ DATE I			LYZED		
kaua Pi	10865 East State Road 40	MECEIVI	an Smesical	EVATION:	estime of contrast for the transactive	T ON ICE	SCHOOLSES BAS	· ·c		
	(352) 625-2822, Ext. 30 Laboratory No. E83265	UNION DISPOSITION	DISINFECTANT CHECK: 9-NOT DETECTED 0							
	SAMPLE COLLECTION AND REPORT FORM FOR DRINKING WATER TOTAL COLIFORM ANALYSIS Press Hard, (4) copies (Page 1 of 1)	PERSON	NOTIFIE	D BY L	B OF E. CON POSITIVE RESULTED IN THE STATE OF THE STATE O	NOTIFIED BY:				
STEM N	AME Golden Hills WTP		PWS ID	64240	76 SYSTEM PHO	NE 800	- 1277	9514		
CAPTURE OF THE PROPERTY OF THE	DDRESS: 8021 NW 49+ St. R.L. Ocal							tala II		
IENT:	TO THE PROPERTY OF THE PROPERT)	sample to a supplet to the sample to the sam	and the second second second second second	COLLECTOR PH	BOX ON STREET OF THE PARTY OF T	7.40	9827		
PE OF S	UPPLY (Check Box):	☐ Nancomi	nunity V	Vator Syster	n 💹 🖸 Nontransient No	ncommu	tity Wat	or System		
	☐ Limited Use System ☐ Other						1417			
ASON F	OR SAMPLING (Check Box): Boutine Compliance	☐ Repeat	☐ Rep	EDISTRICT WAS REPORTED		CENTER STREET	roy			
	O Other:				U::	NACIONAL CONTRACTO		ari 1980 Augs 1990 de la jario		
MPLE C	OLLECTION DATE(S): 12 /09 /09	REM	ARKS:	<u>(18 august)</u> Marakanaka	e resulte to 39	2-622		Oracia Basan		
	TO BE COMPLETED BY SAMPLE COLLEC	TOR			TO BE COM					
ample No.		Collection Time	Sample Type	Disinfect Res'd (mg/L)	Lab Sample Number	Total	E coli	Data Qualifier		
3-1	Water R. T. Barre	Books	A.S	00	Submission Number	4				
7-2	Well HZ. Ray Top	116 P.	B	0.0	mag/6611					
)-1	8080 4311 Lane	1330	D	1.0	mogILLID	4				
	5289 NW 781 Ct.	1345	D	0.8	m09//6/3	A				
					REPORTED IN	Sold				
in a libe										
ommunit	of disinfectant residuals for routine and repeat samples. (y and nontransient noncommunity systems serving population 4,900. Do not include raw or plant samples in the average.)			0.9	Time(s) Analyzed:	2 /				
erson p	erforming analysis is: certified operator (#A - 7)*(1) D Employ	Other: yed by a cert yed by DEP			and the					
WALKEL A W	performed in accordance with NELAC standards: coliforms are absent: P. a coliforms are present e Type Codes: D = Distribution (Floutine Compliance); C = Repeat or lorida Administrative Code Rule 62-160, Table 1	Chock: R . F	aws N & C	Ill you have a	TECHNICAL DIRECTOR session recording the report, ple ution; P. = Plant Tap; S = Spe	ward day Clea	nd. Beautyp at fi	ATE (d) especies:		
THE PARTY	D MAILING ADDRESS OF PERSON/FIRM TO RECEIVE REP	"阿里斯斯斯"	O Se	tisfactory			CONTRACTOR OF CALL SERVICE	SE ONLY		
	Flo Donewic Gentiliesi 200 Weathersfield Aury		O Re	peat Sample	ollection information es Required Samples Required					
CONTRACTOR STATE OF THE PARTY AND PERSONS ASSESSED.										

Flo Done we Gentile 200 Weathers () dd Au 7001201253

O Satisfactory			John Villand Marild Colors
O Incomplete Collection		strate Supplied	a Tombridge Market
☐ Repeat Samples Req			and the state of the
☐ Replacement Sample	a Required		
Date Reviewed by DEP,	DOH:		Helicanical Company of the State of the Stat
Harris Barrier Chief (Chief)			
DEP/DOH Reviewing O	lficial:		

Public Water System Information (to b	e completed by sampler)	
System Name:		PWS ID #
System Type (check one): Gommun		. State of the st
City:Phone #:E-Mail Address:	Fax :	ziP Code:#:
Sample Information (to be completed by Sample Number: 89290DW1 Sample Date: Sample Location (be specific): Disinfectant Residual (required when repo	Location Co	
Sample Type (check only one) Distribution Entry Point (for Distribution) Plant Tap (not for compliance with 62-550) Raw (at well or intake) Max Residence Time Avg Residence Time Near First Customer * See 62-550.500(6) for requirements and NOTE: See 62-550.512(3) for additional refor nitrate or nitrate MCL exceedances.	Routine Compliance (with 62-55 Confirmation of MCL Exceedance Composite of Multiple Sites ** Clearance (permitting) Other: Sampling Procedure Used or Other restrictions. ** See 6	Special (not for compliance with 62-550) Violation Resolution Replacement (of invalidated sample)
Sampler's Name:Sampler's E-Mail Address:	Sampler's F	ax #:
Certification (to be completed by sa	ampler)	
I,(Print Name)		(Print Title)
do HEREBY CERTIFY that the above pub	ugertigeterfysiootype (i) ■ tuvotage est. Here by the established substitution of the little of the	
Signature:		Date:

Laboratory Certification Info	ormation (to be complete	ed by lab)	
Lab Name: Flowers Chemical	Laboratories, Inc.	Florida Certifi	cation #: E83018
Address: P. O. Box 150597			Expiration Date: 6/30/2009
Altamonte Springs,	FL 32715-0597	Phone #: 407	
Analysis Information (to b	e completed by lab)	Report Number	er: 80200
Sample Number: 89290DW1	o completed by lab)	Date Sample	
		Date Sample	Received: 02/25/09
Group(s) analyzed and results	attached for compliance wit	h Chapter 62-550, F.A.C. (chec	ck all that apply)
Inorganics	Volatile Organics	Radionuclides	Disinfection Byproducts
□ All 17	☐ All 21 ☐ Partial	☐ Single Sample	☐ Trihalomethanes
Partial	3 900000000	☐ Qtrly Composite**	☐ Haloacetic Acids
□Nitrate			Bromate
Nitrite	Synthetic Organics	Secondaries	Chlorite
Asbestos		<u></u>	☐ Chlorite
	☐ All 30 ☐ Partial	☐ All 14 ☐ Partial	
Were any analyses subcontra-	cted? Yes No	(If yes, please provide subco	ontractor's Florida drinking water
, , , , , , , , , , , , , , , , , , ,	3.00.		ch result provided by that lab).
	C	ertification	
		eruncation	
I, Jefferson S. Flowers, Techn	ical Director, do HEREBY CE	ERTIFY that all attached analyti	ical data are correct and unless
		Laboratory Accreditation Conf	
\		,	
MO			
	- X		
XXX			
The			
Signature:		Date: 03/20/09	9
* Failure to provide a valid and cu	rrent Florida Dept, of Health lab	ID number and a current Analyte S	sheet for the attached
		enforcement against the public water	
** Please provide radiochemical s			5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5
, reads provide radioonal mode of	ample dates and locations for se	and quarter.	
Compliance Determination	(to be completed	by DEP or DOH)	
0	- C - C -	Occurring Accelerate Lafe Oction	CV- CN-
Sample Collection Info Satisfa		Sample Analysis Info Satis	
Resample Requested (circle	The chart of the contract of t	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ted (circle or highlight groups above)
Reason(s): Incomplete Rep		ation Unsatisfactory	☐ Analysis Unsatisfactory
☐ Missing Analyte	M 15.	er	
Person Notified:		D	ate Notified:
Comments:			
Date Reviewed:	DEP/DOH Reviewing	Official:	

Inorganic Contaminants: 62-550.310(1) Lab ID: 89290DW1 PWS ID: 6424076 Sample ID: Golden Hills WTP

Contan	•			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert #
1040	Nitrate (as N)	10	mg/L	1.18		EPA300.0	0.0500	02/26/09	10:30 AM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	02/26/09	10:30 AM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09		E83018
1010	Barium	2	mg/L	0.00479		EPA200.8	0.00200	03/03/09		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09		E83018
1020	Chromium	0.1	mg/L	0.00460		EPA200.8	0.00100	03/03/09		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4500CN-E	0.00500	02/26/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/26/09		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09		E83018
1035	Mercury	0.002	mg/L	0.0000170	U	EPA245.1	0.0000170	03/03/09		E83018
1036	Nickel	0.1	mg/L	0.00383		EPA200.8	0.00100	03/03/09		E83018
1045	Selenium	0.05	mg/L	0.00418		EPA200.8	0.00200	03/03/09		E83018
1052	Sodium	160	mg/L	6.00		EPA200.7	0.500	02/26/09		E83018
1074	Antimony	0.006	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	03/03/09		E83018
1085	Thallium	0.002	mg/L	0.00100	υ	EPA200.8	0.00100	03/03/09		E83018

Secondary Contaminants: 62-550.320 Lab ID: 89290DW1 PWS ID: 6424076 Sample ID: Golden Hills WTP

Contan	r			Analysis		Analytical	Lab	Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	Date	Time	Cert#
1002	Aluminum	0.2	mg/L	0.0200	Ū	EPA200.8	0.0200	03/03/09		E83018
1017	Chloride	250	mg/L	13.4		EPA300.0	0.400	02/26/09		E83018
1022	Copper	1	mg/L	0.00995		EPA200.8	0.00100	03/03/09		E83018
1025	Fluoride	4.0	mg/L	0.200	U	EPA300.0	0.200	02/26/09		E83018
1028	Iron	0.3	mg/L	0.0100	U	EPA200.7	0.0100	02/26/09		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	02/26/09		E83018
1050	Silver	0.1	mg/L	0.000500	U	EPA200.8	0.000500	03/03/09		E83018
1055	Sulfate	250	mg/L	14.3		EPA300.0	1.00	02/26/09		E83018
1095	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	03/03/09		E83018
1905	Color	15	CU	1.00	U	SM2120 B	1.00	02/25/09	04:30 PM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	02/25/09	03:45 PM	E83018
1925	pH	6.5 -8.5	pН	7.22		EPA150.1	0.0100	02/25/09	01:00 AM	E83018
1930	Total Dissolved Solids	500	mg/L	308		SM2540 C	2.50	02/27/09		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	02/26/09	09:00 AM	E83018

Volatile Organics: 62-550.310(2)(b) Lab ID: 89290DW1 PWS ID: 6424076 Sample ID: Golden Hills WTP

Contan				Analysis		Analytical	Lab		Analysis	Analysis	DOH Lab
ID	Contam Name	MCL	Units	Result	Qualifier	Method	MDL	RDL	Date	Time	Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	02/26/09		E83018

Synthetic Organics: 62-550.310(2)(c) Lab ID: 89290DW1 PWS ID: 6424076 Sample ID: Golden Hills WTP

0 1-				Analysis		Analytical	Lab		Franctica	A 1 1 -	A 1 1	20111
Conta	Contain Name	MCL	Units	Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction		Analysis	DOH Lat
ID	Contam Name	2	ug/L	0.0100	U	EPA505	0.0100	0.01	Date 03/03/09	Date	Time	Cert #
2005	Endrin	0.2	ug/L	0.0100	U	EPA505	0.0100			03/04/09		E83018
2010	Lindane		ŭ	0.0500	U			0.02	03/03/09	03/04/09		E83018
2015	Methoxychlor	40	ug/L			EPA505	0.0500	0.1	03/03/09	03/04/09		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	03/03/09	03/04/09		E83018
2031	Dalapon	200	ug/L		U	EPA515.4	0.100	1	03/09/09	03/12/09		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	03/03/09	03/03/09		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	03/03/09	03/09/09		E83018
2034	Glyphosate	700	ug/L	6.00	Ü	EPA547	6.00	6		02/27/09		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	03/05/09	03/12/09		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		03/04/09		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	03/04/09	03/10/09		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	03/05/09	03/12/09		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	03/09/09	03/12/09		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	03/09/09	03/12/09		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	03/03/09	03/04/09		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		03/04/09		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	03/04/09	03/10/09		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	03/04/09	03/10/09		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	03/03/09	03/04/09		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/03/09	03/04/09		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	03/09/09	03/12/09		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	03/09/09	03/12/09		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	03/03/09	03/04/09		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	03/05/09	03/12/09		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	03/09/09	03/12/09		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	03/03/09	03/04/09		E83018
2931	Dibromochloropropane	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	03/03/09	03/04/09		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	03/03/09	03/04/09		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	03/03/09	03/04/09		E83018
2000	Official to	~	-9'-	2.0.00	_		0.0100	0.2	00/00/00	COIPOIG		L03010

Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (4) OPERATIONS REPORTS

C R O W N W O O D

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32359-2450

PERMITTEE NAME MAILING ADDRESS Utilities, Inc. of Florida

200 Weathursfield Averus

Altenente Springs, FL 32714

PERMIT NUMBER:

FLA012680 Pinal

Minx

R-001

III/C

REPORT GROUP:

Domestic

FACILITY: LOCATION

Crownwood WWTF 4497 NW 73 Terrace

Ocala, FL

PLANT SIZE/TREATMENT TYPE

LIMIT:

CLASS SIZE:

NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

COUNTY

Marien

Parnmeter		Quantity	or Loading	Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow, to P/E pend	Sample Measurement	0.020		mgd					0	Calculation	Calca Rollyg 12 Man. Arg.	
PARM Code 50050 Y Mon. Site No. FLW-01	Panrit Meanannest	0.040 (IZMADE)		męd						Calculation	Calculated Roll, 12 Mo. Avn.	
Flow, total plant	Sample Measurment	0.020	0.021	mgd					0	5 Pays/lock	Elupsed Time meter	
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						51 bys/Week	Elapsed Time Meter	
Personal Capacity, (TMADF/Personal Capacity) x 100	Sample Massurement				50%			%	0	Monthly	Calculated	
PARM Code 00180 Mon Site No. FLW-01	Pennii Mensurement				(Perpent)			Percent		Monthly	Calculated ³	
CBODS	Sample Measurement					2.3		mg/L	0	Culculation	Culculated Followiz Ment	
PARM Code 80082 Y Mon. Site No. EFA-01	Permit Memurenegi					20.0 (12 Mo Ave.)		ng/L		Calculation	Calculated Roll, 12 Mo. Avg	
CHOD\$	Sample Measurement				* MORROW SQLES OF ST. ACCOMMODISTICS OF STREET	3.1	3.1	mg/L	0	Monthly	Grab	
PARM Code 80082 1 Mon Site No. EFA-01	Pennit Measurement		A STATE OF THE STA			30.0 (Mo.Avg.)	60.0 (Max.)	ಕ್ವಾಗಿ.		Monthly	Orab	
TSS	Sample Measurement		•		and a second	2.3		MAK	0	Calculation	Cale- Rolling 12 mon- Ava	
PARM Code 00538 Y Mon Size No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/l.		Calculation	Calculated Rell, 12 Mo. Avg.	
TSS	Sample Measurement					4	4	mg/L	0	Monthly	Grab	
PARM Code 00530 1 Mon. Site No. EFA-01	Pennit Meanwares		1 NY 200 HOUSE NO. 2 % NO. 27 NO.		TO SECURITION SHAPE A PARTY OF THE PARTY OF	300 (Mo.Ave.)	60.0 (Max.)	mg/L		Monthly	Grab	

I certify under peralty of law that I have personally examined and are familia: with the information submitted horses; and based on my monity of those individuals immediately responsible for obtaining the information. I believe the submit information is true, accurate and complete. I am aware that there are significant poralities for submitting falso information including the possibility of flow and imprisonment.

NAME/ITILE OF PRINCIPAL EXECUTIVE OFFICER OR AUT	HORIZED AGENT SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGE	IT PHONE NO.	DATE: YYAMA/DD
Daniel S. Anderson Lead Ope	vator Daniel S. anderson	800- 272-1919	07/02/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

PA File # FLA012680-002-DWJP Version 3/2004

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Commond WWTF COUNTY: Marion

PERMIT NUMBER: FLAU12680

DISCHARGE POINT NUMBER: R001

WAFR SITE No. ROO!

Month/Year: Junuary 2007

Parameter		Quantity or Loading	Units	Qua	lity or Concentrat	iion	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3		8.0	Su	0	5 Daysluck	Grab
PARM Code 00406 1 Mon. Site No. EFA-01	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Focal Coliforn Bacteria	Sample Measurement				1.8		#/100ml	0		Cale holling 12 Mon, Aug.
PARM Code 74055 Y Mon Site No. EPA-01	Permit				200 (12 Ma Avg.)		#/100mL		Calculation	Calculated Roll, 12 Mo. Avg. i
Focal Coliform Pacteria	Sample Measurement			3		3	#/100 == 1	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. EFA-01	Perusit Measurement			Report (Mo Gro Mean)		800 (Max.)	#/100mL		Monthly	Orab
TRC for disinfection	Sample Measurement		1	1.0			ng/L	0	50 ays /wah	Grab
PARM Code 50060 A Map. Site No. FFA-01	Permit Manuirement			0.5 (Min.)			fng/L		5 Days/Work	Grah
Nitrate (as N)	Sample Measurement	CONTRACT CONTRACT CONTRACT				1.82	m5.14	0	A service serv	
PARM Code 00620 1 Mon Site No EFA-01	Permit Measurement				100	12 0 (Max)	mg/L		Mogthly	Grab
	A BERTON TO SET									
CHOD5	Sample Measurement	A C. A. T.			MAR		my K	Q	Annually	Gnob
PARM Code 80082 G Mon Site No. INF-01	Pennit Measurement				Report Ameral Sample		mg/L		Annually*	Chab
TSS	Semple Measurement				mNR		myle	0	Amountly	Grab
PARM Code 00530 O Mon Site No. INF-01	Permit Measurument				Report Annual Sample		mg/l.	8	Annually 4	Cireb
	Sample Measurancut		Constitution of the Consti			eta transcriptorio				
	Permit Measurement	5 700 P							ļ	
a kacama in Antoniosa	Sample Measurement							-		
	Permit Measurement									

Relling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

Relling Three Menth Average is the average of the current month's average and the preceding two (2) months' averages.

The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOT

Facility Name: County: Month/Year: Marion January 2007

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH(su)	Facal Coliform Bacteria (#/100ml)	TRC (For Desir feet.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/
Code	50050	80082	00.530	00406	74055	50060	00620	80082	00530
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.019			7.9		5.0			-
2	0.021			7.9		4,9			
3	0.021			7.7		3,5			
4	150.0			7.6		3.0			
5	0.025			7.7		3,8			
6	0.025					310			+
7	0.023			7.4		2.1			-
8	0.018			7.3		1.0			
9	0.021			7.3		1.9			
10	0.021			7.4		2,3			-
11	0.019			7.7		3.5			
12	0.021			7.6		3.0			
13	0.021	Million of the control of the contro		1.0		5.0			
14	0.021			7.6		2.8		-	
15	0.023			7.4		1.5			
16	0.020			7.4		1.6			
17	0.021			7,6		THE RESERVE THE PERSON NAMED IN			-
18	6.025			7,7		3.0 3.7			-
19	0.021			7.8		3.9			-
20	0.021			1.3		201			
21	0.020			7.7		3.1			
22	0.021			7.5		2.4		**************************************	
23	0.021			7.7		3.0			
24	0.021			7.8		4.3			
25	0.023	3.1	4	7.4	3	1.4	1.82	41.110	1. 110
26	0.021			7.8		3.9	7.35	MNR	MNR
27	150.0								
28	8.020			8.0		5.0			
29	0.021			8.0		5.0			
30	0.021			7.9		5.0			1
31	0.023			7.9		5.0			
Total	0.661	3.1	4	206.7	3	88.6	1.82		
do. Ave	0.021	3.1	7	7.7	3 3	3.3	1.82		

Day Shift Operator	Chass A	Certificate No:	#4-0008122 Name	Daniel S. Anderson
Evening Shirt Operator	Class: C1455B	Certificate No	#8-0009509 CC Name:	Steve L. Pforts
Night Shift Operator	Class: (455 C	Certificate No:	#C-000 779700 Name:	Charles 6 Schwades
Lend Operator PA File # FI A012680-002-02	Class: Class A	Certificate No:	41A-0008122 PO Name	Daniel S. Anderson

Version 3/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed real this report to: Department of Environmental Protection, Mail Station 3551, 2000 Blair Stone Road, Tallahanne, FL 32359-2400

PERMITTER NAME: MAILING ADDRESS Utilities, but of Florida 200 Westbersfield Awares

Alternonie Springs, FL 32714

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA012680 Final Minor

R-001

REPORT: GROUP: FILE COPY

contestos

FACILITY:

Crownwood WWTF

Ocale FL

NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

From: Feb. 151, 2007

To: Fel 3814, 2007

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Aralysis	Somple Type
Flow, to P/E pond	Sample Measurement	€.020		mgo					C	Culculation	12 Min. Acres
PARM Code 50050 y Man Site No. FLW 01	Pennit Manuscroud	0,040 (17MADF) ¹		ngd						Calculation	Calculated Roll 12 Max Avg. 1
ylow, total plant	Sample Measurement	0.021	0.024	men					C	50an/wwh	Flage Time
PARM Code 50050 1 Mon Site No. PLW-01	Poznál Measurement	0.040 (3)4ADF) ²	Report (Mo.Avg.)	mgd						5 Days/Wook	Ehrpand Time Meter
Percent Capacity, (TMADE/Permented Capacity) x 100	Sample Messurement				53%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Sile No. FLW-01	Parait Massanguent				Report (Person)			Parcast		Monthly	Calmiated ³
CBODS	Sample Massurances					2.2		mall	0	Calculation	Cate Rolling 12 months Avg
PARM Code 80082 Y Mon. Site No. EFA-01	Pennit Mensurameni	1			,	200 (12 Mo Avg.)		mg/l.		Calculation	Roll 12 Mo. Avg
CBODS	Sample Measuranent					12.0	42.0	mg/L	0	Monthly	Grab
PARM Code 80052 Non-Site No. EFA-01	Pumpit Measurement					300 (MoAVZ)	60.0 (Max.)	mg/L		Monthly	Omb
758	Sample Measurement					2.7		mall	0	Calculation	Chie. Renny 12 mick. A.
PARM Code 00530 Y Mon. Site No. EPA-01	Permit Measurement				**	20.0 (12 Mo.Avg.)		mg/L		Calculation	Roll 12 Mo. Avg
755	Sample Measurement					5	5	my/L	0	Monthly	Grab
PARM Code 00530 1 Man São No. 19FA-01	Persoit Meastrement					300 (Mo.Avg.)	60.0 Ovince.)	mg/L		Monthly	Grab

I carify under peralty of law that I have personally examined and am familiar with the information submitted bearin, and based on my inquiry of these individuals immediately responsible for obsauling the information. I believe the submitting false information is true, accurate and complete. I am aware that there are nigotificant peralties for submitting false information including the possibility of fine and imprisonment.

NAME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONENO	DATE: YYAMM/DD
Paniel S. Anderson/Land Operator	Panil de Antono	300- 272-1919	67/03/12

CCADAENT AND RXPLANATION OF ANY VIOLATIONS (Reference all attacheseous here):

DISCHARGE MONITORING REPORT - PART A (Continued)

PACILITY NAME: Crownwood WWIF COUNTY: Merion

PERMIT NUMBER: FLAD12680

DISCHARGE POINT NUMBER: ROOI

WAFR SITE No.: RICH

Month Year: Feb. 2007

Personeter		Quantity or Loading	Units	Qua	lity or Concentra	tion	Umits	No. Ex.	Frequency of Analysis	Suraple Type
pił	Semple Messurement			7.5		8.1	Su.	0	5 Payslicek	Grah
PARM Code 00406 1 Man Site No. EFA-01	Permit Messaranega			6.0 (Min.)		\$.5 (Max.)	S.U.		5 Days/Work	Gnib
Final Coliforn Bacteria	Sample Monsurement				1.8		#16cmL	e	Calculation	Call Molling
PARM Code 74055 Y Mon. Site No. FPA-01	Pagnit Meassanneal				200 (12 Ma Avg.)		4/100ml,		Calculation	Calculated Roll. 12 Mo. Avg.
Focal Coliform Bacteria	Sample Measurement			21		<1	#1ccal	0	Monthly	Grah
PARM Code 74035 Mon. Site No. EFA-01	Penzit Mosskement			Report (Ma.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Oreb
TRC for distribution	Sample Measurement			2.3			MALL	E		
PARM Code 50060 A Mon. Sites No. FPA-01	Permit Mensurement			0.5 (Min.)			ang/L		5 Days/Week	deaD
Hitrate (as N)	Sample Measurement					1.44	mil	e	Menthly	Grah
PARM Code 00520 I Likes Side No. EFA-01	Pencit Measurement					12.0 (Mes.)	mg/L		Monthly	Grab
CRODS	Sample Measurement				306		mg/L	.e	Annally	Grah
PARM Code ROOR2 G Most Site No. INF-01	Percit Measurement				Report Amazzi Sampio		mg/L		Assumily ⁴	Orab
TSS	Sample Measurement				568		MylL	.0	Annually	Grab
PARM Code 00530 G Mon.Site No. INF-01	Pecuit Messorement				Report Amend Sample		mg/L		Armanily ⁴	Grab
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
	Paraut Monstrement					(1999 - 1994 - 1919) 1994 - 1995 1994 - 1995 1994 - 1995 1995 1995 1995 1995 1995 1995 1995				

Rolling Twelve Month Average is the average of the current month's average and the preceding serven (11) months' averages. For Feoal Coliform, use the monthly geometric mem.
Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
The 3MADF & Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

The anoual sample shall be taken in the mouth of February.

?A FILS FI.A012680-002-DWIP Version 3/2004

DAILY SAMPLE RESULTS - PART B

Facility Name:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County: Marion /2007

	Flow (MOD) To ROO!	CBODS (rag/L)	TSS (mg/L)	při (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (erg/L)	Nitrate (mg/L)	CBODS (mg/L)	T35 (mg
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Sice	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-0
1	0.033			8.0		5.0			
2	0.030			7.9		4.5		**************************************	
3	0.030								
4	0,025			7.8		3.7			
3	0.023			7.9		4.4		MAN HE PAR SON AND AND AND AND AND AND AND AND AND AN	
6	0.025			8.0		5.0			T
7	0.023			8.0		5.0		· ·	
1	0.023	1		8.1		5.0			T
9	0.025			8.0		4.9			
01	0.025			of Manual To Associate to Associate the Associate to Associate the Associate to Associate the Associate to Associate the Associa					1.
11	0.026			7.9		4.7			
12	0.024			7.6		2.3			
13	0.023			7.7		2.7			
14	0.023			7.7		3.0			E.
L5	0.021			7.8		3.4			
16	0.021			7.8		3.7		I.	
17	0.021						i i	***************************************	
81	0.021			7.7		3.2			
19	0.027			7.7		3.1			
20	0.021			7.5		2.4			
21	0.022	<2.0	5	7.5	<1	2.5	1.44	306	568
22	5.621			7.6		2.7			
23	0.023			7.5		2.4			
24	0.023			AND THE RESERVE AND THE PROPERTY OF THE PERSON OF THE PERS					
25	0.023			7.5		2.5			
26	0.022			7,9		4.1			
27	0.017			7.9		3.3			
28	6.018			7.3		3.7			
29									
30									
31				W					
Total	6.659	42.0	5	186.7	<1	87.2	1.44	306	568
Mo. Ave	C.024	42.0	5	7.3	41	3.6	1.99	306	563

Day Shift Operator	Class: Class A Certificate No:	14-50e \$12200 Name:	Daniel S. Anterson
Evening Shift Operator	Class: Class B Cortificate No:	# 17- 000 9509 Da Name:	Steve L. Pforts
Night Shift Operator	Chast: Ciast C Cathicate No:	#C-06079487 Name	Charles G Schmales
Lead Operator	Class: Class A Cortificate No.	# <u>A-000 8/22 90</u> Name:	David & Asiaria

PA File # FLA012680-002-DW3P Version 3/2004

PERABLIMIENT UF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed read this report for Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS Utilities, Inc. of Florida

200 Westbersfield Avenue Alternopte Springs, FL 32714 PERMIT NUMBER:

LIMIT:

FLA012680 Final Minor

R-001

mc

GROUP

Domestic

FACILITY: LOCATION:

Crownwood WWTF 4497 NW 734 Terrice

Ocala, FL

CLASS SIZE: DISCHARGE POINT NUMBER PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: MONITORING PERIOD From: March 15, 2007

To: March 31st

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Qua	ity or Coscentra	tion	Units	No. Ex.	Frequency of Atalysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.020		mgd					0	Culculation	12 month Av
PARM Code 50050 Y Mon Site No. FLW-01	Permit Magninerousi	0.040 (12MADF) ¹		mgd						Calculation	Calculated Reff. 12 Ma. Avg. 1
iow, total piant	Sample Measurement	0.022	0.020	mgd					0	5 Days/Wech	Clapsed Time
ARM Code 50050 1 Mon. Size No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Ma.Avg.)	nage .						5 Days/Wessk	Elapsod Time Metar
Percent Capacity, (TMADF/Pumpitted Capacity) x 100	Sample Measurement				55%			Percent	C	Monthly	Calculated
PARM Code 00180 1 Von Site No. F. W-01	Permit Moneytowners				Report (Postocal) ³			Parcent		Monthly	Calculated
C90D5	Sample Measurement					2.2		male	0	Calculation	
PARM Code 80082 Y Man Site No. EFA-01	Parent Measurament					20.0 (12 Mo Avg.)		ingyi		Calculation	Roll 12 Mo. Avg.
:BOD5	Somple Mossumment					42.0	42.0	mg 14	0	Monthly	Grah
ARM Code 80082 1 Ann Site No. EFA-01	Poznii Masuroneci					30.0 (Ma.Avg.)	60.0 (Max.)	me/l		Monthly	Girab
755	Sample Measurement					2.7		mylL	0	Calculation	12 month A
PARM Code 00530 Y Mon. Sdu No. EFA-01	Porteit Meastrement					20.0 (12 Mo.Avg.)		mgA.		Calouhtien	Roll. 12 Mo. Avg.
55	Sample Measurement					1	1	myle	0	Monthly	Grab
PARM Code 00530 1 Man Site No. RFA-01	Purselt Messagement					30.0 (Ma.Avr.)	60.0 (Mex.)	mg/L		Monthly	Orab

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 maporable for obtaining the information. I believe the submit information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and impresentant.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YYAAM/DD
Daniel S. Anderson/Lead Operator	Daniel & - anderson	272-1919	07/04/17

CONDIENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

PA File # FLAD12580-002-DW3P Version 3/2004

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWIF COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: ROO!

WAFR SITE No.: RICOL

Month/Year: March / 2007

Parameter		Quantity or Loading				Units Quality or Concentration					Sample Type
pH	Sample Measurement				7.3		7.9	s.u.	Ex.	5 Days/wak	Grah
PARM Code 00406 1 Man.Site No. EPA-01	Permit Mossayment				6.0 (Miss.)		8.5 (Max.)	S.U.		5 Days/Wook	Grab
Fecal Coliform Bacteria	Sample Measurement					1.8		#/100ml	C	Calculation	Calculatel 12 month Au
PARM Code 74055 Y Man Side No. FIFA-01	Parmit Mossuscensus					200 (12 Ma.Avg.)		9/100ml.		Calculation	Calculated Roll 12 Ma. Avg.
Fenal Cultium Bacteria	Settople Measurement				<1		41	FloomL	0	Monthly	Grah
PARM Code 74055 1 Mon. Site No. EFA-01	Porquit Messpacement				Report (Ma.Geo.Mesn)		800 (Max.)	#/100ml.		Monthly	Greb
TRC for dismfection	Sample Measurement				1.1			mglL	C	5 Doplan	Grah
PARM Codo 50060 A Man Site No. FPA-01	Petroit Measurement				0.5 (Nim.)			mg∕L		5 Days/Week	(jtab
Nitrate (as N)	Sample Measurement						2.48	mylL	0	Monthly	Grab
PARM Code 00620 Mon Site No. EFA-01	Pennis Measurement						(Max.)	mg/l.	_	Menthly	Chub
CRODS	Semple								_	1 1	C 1
PARM Code 80082 G	Masturement Permit			-		M N R Report		mylL	C	Annually	Grah
Mon Size No. INF-01	Massaraneat					Annual Sample		1			
TSS	Sample Measurement					MNR		my/L	0	Annually	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Menturament					Report Append Sostpho		mg/L		Annaelly	Grah
	Sample Measurement										
	Permit Messorement								-		
	Sample Measurement										
	Pernet Messurement										

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The 3MADF % Capacity is the 3MADF divided by the plant especity multiplied by 100, Reported as a percent.

The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOL

or married. Funnamen	
County:	- Marion / -
comy.	1200
Month/Yeer:	Marion /2007

Yeer:	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	błi (m.n.)	Front Coliform Bacterin (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBODS (mg/L)	TSS (mg/L
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mos. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	DVF-01	INF-01
1	0.023			7.7		3.0			
2	0.026			7.4		1.9			
3	0.026								
4	0.025			7.4		1.7			
5	0.016			7,3		1.1			
6	0.016			7.5		2.5			
7	0.016			7.6		2.9			
1	0.010			7.7		3.6			
9	0.013			7.6		3.0		(respective en	
10	0.013								
11	0.014			7.7		3,9			
12	0.011		1	7.8		4.1			
13	0,023			7.9		4.3			
14	0.030			7.8	13 DE	4.2			
15	0.010			7.7		3.8			
16	0.028			7.8		4.0			
17	0.021			7.7		1.5			
81	0.021								
19	0.023			7.7		2,3			
20	0.021			7.7		2.1			
21	0.022	<2.0	1	7.8	<1	2.7	2.48	MNR	MNR
22	0.018			7.8		3.8			
23	0.024			7.9		4.0			
24	0.021			7.8		2.5			
25	0.021	winningsommer and a second							
26	0.020			7.6		1.8			
27	0.016			7.9		4.3		-	-
28	0.019			7.8		3.9			
29	0.018			7.8		4.0			
30	0.020			7,9		4.7			
31	0.020								
Total	0.605	42.0	1	200.3	12	81.6	2.48		
Mo. Ave	0.020	K2.0	1	7.7	11	3.1	2.48		

PLANT STAFFING: Doy Shift Operator	Class: Class A	Certificate No:	#A-000812200 Name:	Daniel S. Anderson
			#B-300950900 Name:	Steve L. Pfonts .
			# C-000 7747 Name	Charles G. Schuades
Load Operator	Classic 145> A	Certificate No.	#A-0008(22 DO Nome:	Daniel S. Anderson

PA File # FLA012680-002-DW3P Version 1/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

Wisen Canaphted mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32359-2400

PERMITTEH NAME:

Utilities, Inc. of Florida MAILINO ADORESS: 200 Westbornfield Avenue

Alternesse Springs, FL 32714

PERMIT NUMBER:

FLA012680 Final

Max

R-001

mc

Monthly Documente

FACILITY: LOCATION: Crownwood WWTF 4497 NW 7314 Tecrace

Ocala, FL

PLANT SIZE/TREATMENT TYPE:

LIMIT:

CLASS SIZE

NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

COUNTY:

Marion

Parameter	Quantity or Loading		or Loading	Units	Qua	lity or Concentra	lity or Concentration		No. Ex.	Presponey of Analysis	Sample Type
Flow, to P/E pond	Saanple Measurement	0.020		MGO					0	Calculation	Tale. Royal 12 mon. Ava.
PARM Code 50050 Y Man Site No. FLW 01	Pennit Meastraneut	0.040 (12MADF) ¹		med						Calculation	Calculated Poll 12 Ma. Avg. ¹
Flow, total plant	Sample Measurement	0.021	0.018	MGD					0	5 Days Week	Elepen Tin
PARM Code 50050 Mon Site No. FLW-01	Permit Messeurement	0,040 (WIAME)	Report (Ma.Avg.)	Light.						5 Days/Wask	Elapoid Titre Metar
Percent Capacity, (TMADF/Permitted Capacity) x 100	Semple Measurement				52.5%			Percent	0	Monthly	Calcalaled
PARM Code 00180 1 Mon Size No. FLW-01	Pencit Messurerest				Report (Person) ³			Percent		Meathly	Calculated
CBOD5	Sample Massurateast					2.1		mall	0	Calculation	Caleni Rellow
PARM Code 80082 Y Mon Site No. E7A-01	Pennil Mensurament					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated - Roll 12 Mo. Avg. 1
CRODS	Sample Measurement					2.5	2.5	mylL	0	Monthly	Gras
PARM Code 80082 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Avr.)	60.0 (Max.)	mg/L		Monthly	Grab
T3S	Sample Mossurement					2.8		MYL	0	Calculation	Calc Rolling 12 month Aur.
PARM Code 00530 Y Mon Site No. EFA-01	Pencit Monttrement					20.0 (12 Mo.Avg.)		roy/1.		Calculation	Calculated Roll, 12 Mo, Avg.
753	Sample Monstroners					4	4	MAIL	0	Monthly	Grab
PARM Code 00530 1 Mon Site No. FFA-01	Perceit Messervent					300 (Mo.Avr.)	60.0 (bbss.)	mg/L		Monthly	Grab

I certify under peculty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immeriately responsible for obtaining the information, I believe the submit information is true, accurate and complete. I am aware that there are eigenfuscus possibles for submitting take 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	PHONENO	DATE: YYAMMADD
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	272-1919	07/05/11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Radingos all attachments here):

PA File # PLA012580-002-DW3P Varsion 1/2004

DISCHARGE MONITORING REPORT - PART A (Continued)

PACILITY NAME: Crownwood WWIF COUNTY: Marion

PERMIT NUMBER: FLAD12680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: ROOT

Month/Year: Args

Parameter		Quantity or Lo	ading	Units	Qual	ity or Concentre	tion	Units	No. Ex.	Frequency of Arealysis	Sample Type
Fig	Semple Measurement				7.5		3,0	s,u.	0	5 Dars week	Grah
PARM Code 00406 1 Man Site No. EFA-01	Permit Measurement				6.0 (Mm.)		8.5 (Max.)	S.U.		5 Days/Wook	Grab
Feeal Coliforn Bacteria	Sample Measurement					1.8		#/IcomL	0	Calculation	Cale Relling
PARM Code 74055 Y Mon Site No. EPA-01	Pagust Mona general					300 (12 Ma Avg.)		9/100ml		Calculation	Calculated Roll, 12 Mo. Avg.
Feoal Coliform Bacteria	Sample Meass removal				11		41	H/100.m1	0	Monthly	Evah
PARM Code 74035 1 Mon. Site No. EPA-01	Permit Messucment				Report (Ma.Geo Mosta)		ROO (Max.)	#/100mL		Mouthly	Grab
TRC for distribution	Sample Measurement				2.2			mylL	Ó	5 Day West	Grah
PARM Code 50060 A Mon. Situ No. FFA-01	Permit Mossurement				0.5 (Nin.)			mg/L		5 Drivar Weeds	Grab
Nitrale (as N)	Sample Measurement						4.30	MIL	0	Monthly	Greb
PARM Code 00620 1 Most Site No. EFA-01	Perceit Measurement						12.0 (Mex.)	Kg/L		Mezzhly	Grab
											*
CBOD5	Sample Measurement					MAR		mall	1	Anught	Grah
PARM Code 80082 G Mon. Site No. INF-01	Permit Mensurement					Report Annual Samuele		mg/L		Annually ^a	Grab
TSS	Semple Measurement			-		MMS		málc	C	A-nually	Grab
PARM Code 00530 G Man. Site No. INF-01	Pennit Measurement					Roport Agental Saruplo		mg/L		Attracelly	Grab
	Sample Measurement										
	Permit Measurement										
	Semple Mespirement										
	Permit Measurement										

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feed Coliform, use the monthly geometric mean.

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a parcent.

The annual astropic shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Facility Name:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOL

County:		Magion	
Month/Year:	Ac	11/2007	

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pří (s.u.)	Foost Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBODS (mg/L)	T\$3 (mg/I
Code	50050	80082	00.530	00406	74055	50060	00620	80082	00530
Mon. Sine	FLW-01	EFA-01	BFA-01	EFA-01	EFA-01	EFA-01	EFA-01	DVF-01	INF-01
1	0.016			7.9		4.8			
2	0,021			7.8		4.1		4. Tan	
3	0.016			3.0		5.0			
4	0.020			7.9		4.6			
5	0.018			7.9		4,5			
6	0.020			7.9		4.6			
7	0.020								
8	0.021			7.8		4.3			
9	0.020			7.9		4.7			
10	0.017			7.9		5.0			
11	0.019	The state of the s		3.0		5.0			
12	0.023	WWW		7.9		4.8			
13	0.019			7.8		4.3			
14	0.019								
15	0.021			7.7		3.9			
16	0.016		1	7.6		2.2		i i	1
17	0.016			7.8		411			
LB.	0.015			7.7		3.2			
19	0.016			7.7		3.0			
20	0.020			7.6		2.5			
21	0.020								
22	0.015			7.6		3.1			
23	0.016			7.5		2.4			t
24	0.016	WEET TO SERVICE THE SERVICE TH		7.7		3.5		***************************************	
25	0.018	2.5	4	7.6	<1	3.2	4.30	MNR	MNR
26	0.015			7.6		2.9			
27	0.015			7.6		2.7			
28	0.015								
29	0.0H			7.7		3.5			
30	0.013			7.8		4.2			
31									
Total	A 0,530	2.5	4	201.9	41	1:0.1	4.30		
Ma Ave	0.018	2.5	4	7.8	<1	3.9	4.30		

PLANT STAFFING: Day Shift Operator	Class: Class & Cartificate No:	#A-00812200 Name:	Duniel S. Anderson
Evening Shift Operator		#B-000950100 Name	Steve L. Prouts
Night Shift Operator	Chass: Class Certificate No:		Charles G. Schweder
Lead Operator	Class: Class & Certificate No.	=-4-00031220 Name	Ordel S. Anderson

PA File # FLA012680-002-DW3P Vession V2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report inc Department of Environmental Protection, Mail States 3551, 2500 Blain States Road, Tallabasses, FL 32394-2400

PERMITTHE NAME MAILING ADDRESS. Utilities, but of Florida

200 Westersteld Awene

Alteronote Springs, FL 32714

PERMIT NUMBER: LIMIT:

CLASS SIZE

FLA012580 Final Maxe

DISCHARGE POINT NUMBER: R-001 PLANT SIZE/TREATMENT TYPE III.C

MONITORING PERIOD

PACILITY: LOCATION

20

TACK.

GLULN HILLS

Crosswood WWTF 4497 NW 71" Terrest

Ocak, FL

NO DESCRIANCE FROM SITE:

To: May 31 1 2007

COUNTY

Marian

Partuneter		Quantity	or Loading	Units	Qui	dity or Concentra	tioa	Units	No.	Programmy of Atalysis	Semple Type
From, to 19/E pond PARM Code 50050 Y	Sample Measurement	0.020		rngil		And the second			0	Calculate	Caic - Rolling 12 man Arg
Man Fito No. FLW-01	Partial Management	0.066 (12MADE) ¹		med .						Calculation	Calosdatest Reiti 12 Mac Aves
Flow, total plant	Sample Memoriosis	0.018	0.017	regd					0	5 Days/Wed	Elupsed Tim
PARM Code 50050 1 Map 5 the No. TLW-61	Pareis Moseuropen	(MADE)	Repart (MALATE)	See .						3 Dept/Wheak	Flapsod Time
Persons Capacity, (TMADE/Ferminal Capacity) x 100	Semple Manuscrat				45%			Percent	0	Mostly	Calculate
PARM Code (D) \$0 1 Mon Sire No. 71.W-01	Renait Management				Report?			Percent	-	Monthly	Calculate
CBODS	Sample Measurement					2.7		mak	Q	Calculates	Call. Rolling 12 Mon. Av. Cabulated
PARM Code 80182 y Manuside No. EVA-01	francit Muscaraneni				_	200 (37 Ma Avg.)	Millioner - a' anthonaidh annair 1907 Aointean	leg/L		Calculation	Colculated Red 12 No. Avg.
CRODS	Sample Measurment				The second second	8.2	8.2	mil	0	Monthly	Grab
PARM Code 8082 1 Man Sch No EPA-01	Parest Moseuments					30.0 (Ma.Avg.)	(Max.)	hy/.		Monthly	Grab
Tes	Sample Mossammen					2.8		MSIL	0	Calculation	Cele. Relling R. Mon. Avg
PARM Code 03530 Y Mon Site No. EFA-01	Parajit Minutesment					200 (12 Mc Avg.)	The second secon	ing/L		Calcoling	Calculated Refit 12 No. Avg.
18.5	Sample Measurement					1	1	ns/L	0	Monthly	Grab
PARM Code (1953) Man Stu No. 12PA-01	Present Measurement					300 (Mo.Asg.)	600 (Max.)	mg/L		Mentily	Grab

I certify under presently of law that I have presently recurring and and and familiar with the information embersion benefit, and based on my inquiry of those individuals instendianly impossible for observing the information. I believe the submit information is true, accounts and complete I am arrays that there are eigenforms purchise for submuning false information including the possibility of fine and impresonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED ACTENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE YYARUDD
Daniel S. Anderson Lead Operator	Daniel S. anderson	1919	07/06/13
COLA EST AND BUTCH LIVE		1111	-1/00/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

PA File # FLAD12680-002-DW3P Vernoe 3/2004

FACILITY NAME Crowpwood WWTF COUNTY: Marke

PERMIT NUMBER: FLAD12580

DISCHARGE POINT NUMBER: ROOT

WATE SITE No.: RIO!

Month Year: May /2007

Parameter		Quantity or Loading		Units	Units Quality or Concentration				No. Ex.	Frequency of Analysis	Застріс Туро
料	Sengir Management				7.3		8.0	5.4.	0	5 Dys/wood	Grab
PARM Code 00406 1 Mor. Site No. EPA-01	Potenti Messerventi	-	-		60 (Mm.)		\$5 (3.5m.)	&U.		5 Days/Wash	(Jeap)
Freal Colifice: Bacteria	Semple Measurement					1.8		4/100mL	0	Calculation	Cak. Kelling 12 man Ava.
PAEM Code 74055 Y More Sitto No. EPA-01	Percent Mensurpring					200 (13 ks AVR)		#/KOcsL		Culodation	Calculated Roll 12 Mo Avg.
Feel Coliforn Basteria	bançis Manusant				41		41	7/100ml	0	Monthly	Grub
PARM Code 74055 Man Sine No. 15 A-01	Pornin Mostauraent				Papers (Ma Geo Menn)		809 (Mm.)	\$700ml		Monthly	Grab
TRC for distribution	Sample Measurement				1.5			mg/L	0	5 Daysweet	Grab
FARM Code 50060 A Mon Sto No. EFA-01	Parpiri Movetoromi				0.5 (Mm.)			mg/L		3 Daya/Wack	Ca3
Nurete (as N) PARM Code 0(670)	Sample Meaganneys						15.9	mg/L	1	Monthly	Grab
PARM Code 00520 1 Idea Sive No. EPA-01	Pereja Monagonan						(Mm.)	rzyA.		Manthly	Cirals
СВОЕЗ	Sant									A	
PAJON Code 80062 G Mar S.ta No. DIF-01	Magganesa Parek Magganesa					Report Access Sample		mg(L	0	AMMAE!Ly AMEDINEY	Grab
183	Segrates Managements					MNR		male	0	Annually	Grab
PAROM Code (0530 G Marc Site No. INF-01	Petrait Massirement		-			Report Armend Secrepte		mg/l.		Amus Dy A	Crab
	Measurement Permit	-									
	Management Sample										
	Manager Parage						-				***************************************

Rolling Twelve Month Average is the average of the exercit month's average and the preceding cleven (11) months' averages. For Facal Colliners, use the monthly geometric months.

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The SMADF '8 Capacity is the SMADF divided by the place separity multiplied by 100, Reported as a parent.

The average study be taken in the month of February.

Facility Name:

Crownwood WWTF

DAILY SAMPLE RESULTS - PART B

Permit Number	OF AGINERA
Particular Co. Later Selected Edition	P. L. PAUL LANGE

DISCHARGE POINT NUMBER: ROOI

Yaur:	Marion M. Flow (MOD) To ROO1	CBODS (mg/L)	T33 (mq/L)	pH (s.s.)	Feeni Coliforni Basteria (#/100ml)	TRC (For Disinfect) (mg/L)	Natiata (mg/L)	CHODS (mg/L)	T33 (mg/l.
Code	50050	80092	00,530	00406	74055	50060	00620	80082	00530
Mon. 5th	FLW-01	EFA-01	EFA-01	HPA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
)			-	7.6		3.0			
- 2	0.015			7.6		3.1			
-3	0,020			7.6		3.5			
4	0.013		+	7:7		4.2			1
- 5	0.016		-						
6	0.016		-	7.7	-	4.1	-		
7	0.016	2.0	-	7.7		4,0			
	0.016		-	7.8		4.5			
9	0.023		 	8.0		5.0			
10	0.016			7.9		5.0		76 1 7	
31	0.015		-	7.9		4.7			
12	0.015								1
13	0.015			7.8		4.1			140
14	0.018			7.7		3,5			
15	0.018		+	7.8	***************************************	4,2			
16	0.016			7.6		3.1			
17	0.019	1	1	7.3		1.5	1		
ta.	0.016		 	7.7	1	3,7			
19	0.019			***************************************					The second second second
20	0.019			7.8	1	4.3			1.0
21	0.017			7.9		5.0			1
22	0,020			8.0		5.0			
23	0.023	8.2	11	8.0	<1	5.0	15.9	MNR	MAK
24	0.016		1	8.0		5.0	6.48		16
25	0.013			7.9		4.2			
25	0.018								
27	0.018	1		7.8		3,9			1
28	0.018			7.8		3.7			1
29	0.016					4,2			1
30	0.016			7.8 7.9	*****************	4.7			
31	0.015			8.0		5.0			1
Total	0.527	8.2	1	210.3	41	111.2	22.88		
Mo, Ave	0.017	8.2	11	7.8	11	4.1	11-44	-	1

Day Shift Operator Class: Class A Certificate No: #A-000 8122 Name: Daniel S. Anderson

Evening Shift Operator Class: Class B Certificate No: #B-000 9509 Name: Steve L. Pfouts

Night Shift Operator Class: Class C Certificate No: #C-000 7747 Name: Charles G. Schwales

Lond Operator Class: Class A Certificate No: #A-000 8122 O'Name: Daniel S. Anderson

PA File # FLA012680-002-DW3P

Vanion 3/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635V

When Completed mail tale report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Talighessee, FL 32359-2400

PERMITTEE NAME

Utilities, Inc. of Florida

MAILING ADDRESS

200 Weathersfield Avenue

Altamente Springs, FL 12714

PERMIT NUMBER:

LIMIT:

FLA012680 Final

Minor

R-001

MC

580

REPORT;

FILE GOPY

Same

FACILITY: LOCATION Crownwood WWIF

Ocala, FL

CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

MONITORING PERIOD

From: June 15,2007

To: June 3014, 2017

COUNTY:

Manon

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.020		mad					0	Calculation	Culi. Keling
PARM Code 50050 Y Mon. Site No. FLW-01	Pennit Massarment	9.040 (12MADE) ¹		mgd						Calculation	Calculated Roll 12 Mo. Avg.
Flow, total plant	Sample Measurement	0.017	0.016	mgd					0	5 Pays/uleh	Clapsed Tin
PARM Code 50050 1 Mon. Site No. FLW-01	Permit Messurement	0.040 (3MADF) ²	(Mo.Avg.)	mgd						5 Days/Week	Elapsed Tune Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				43%			0/0	0	Monthly	Calculated
PARM Code 001\$0 Mon. Site No. PLW-01	Permit Measurement				Report (Paneal) ³			Purcent		Monthly	Calculated)
CBOD5	Sample Measurement					2.7		mg/L	0	Colculation	Calcalifol Nollows 12 Minus
PARM Code 80082 Y Mon. Site: No. EFA-01	Pennit Measurancut					20.0 (12 Ma.Avg.)		mg/l.		Calculation	Calculated Roll, 12 Mo. Avg.
CBOD3	Sample Measurement					42.0	42.01	mall	0	Monthly	Grab
PARM Code 80092 1 Mon. Site No. EFA-01	Permit Measurement					JO.O (Mo.Avg.)	60.0 (Max.)	mg/L		Mouthly	Orah
TSS	Sample Measurement					2.41		Mg/L	0	Calculation	Calc. Kelling
PARM Code 00530 Y Mon. Site No. EFA-01	Permit Measurement					20.0 (12 Mo Avg.)		mg/L.		Calculation	Calculated Rell 12 Mo. Avg. 1
735	Sample Measurement					41 ,	(1,	mirle	0	Monthly	Grah
PARM Code 00530 1 Mon. Size No. EPA-01	Permit Measurement					30.0 (Mo.Avz.)	60.0 (Max.)	mg/L	_	Monthly	Grab

I certify under penalty of taw 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 the submittinformation 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	PHONE NO:	DATE YY/MM/DD
Daniel S. Anderson/Lead Operator	Daniel S- Underson	272-1919	07/07/02

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crowpwood WWTF

COUNTY: Marion

PERMIT NUMBER: FLA012580

DISCHARGE POINT NUMBER, ROOT

WAFR SITE No.: ROOT

FILE COPY

Month/Year: June/2007

Parameter		Quantity or Loading	Units	Qual	Units	No. Ex.	Frequency of Analysis	Sample Type		
pł i	Sample Measurement			7.6 -		8.0 -	Su	0	5 Days Policy	Grah
PARM Code 00406 1 Mon.Site No. EFA-01	Permit Measurances			5.0 (Min.)		R.5 (Max.)	S.U.		5 Days/Week	Gerb
Focai Coliform Bacteria	Sample Measurement				1.7		#/jWm1	0	Calculation	Luic. Kaling
PARM Code 74055 Y Mon Sita No. EFA-01	Pennit Measurement				200 (12 Ma Avg.)		#/100mL		Calculation	Calculated Roll, 17 Ma. Av
Feesal Coliform Bacteria	Sample Meastrement			<1.		<1 /	#/10001	0	Monthly	Grah
PARM Cade 74055 Mon.Site No. EFA-01	Fermit Measurement			Report (Ma Goa Mesa)		800 (Max.)	1/100mL		Monthly	Gmb
TRC for disinfusion	Sample Measurement			2.9.			mg/L	0	5 Days/Wal	Grah
PARM Code 50060 A Mon Site No. RFA-01	Pennis Montanenti			0.5 (Min.)			mg/L		5 Days/Week	(imb
Natrate (as N)	Sample Measurement					2.64 /	MIL	0	Monthly	Grah
PARM Code 00620 1 Mon Site No. FFA-01	Pennit Messurement					(Max)	rig/L		Meethly	Grab
CROOS	Sample				AL 1.0			0	A :	
PARM Cod= 80082 0 Moza Site No. INF-01	Mesturment Permit Measurement				MNR Report Atsunal Semple		myll	0	Annually	Grab Gab
75.5	Sample Minerament				MNR		MylL	0	Annually	Grab
PARM Code 00330 G Mon.Sde No. INF-01	Pennit Measurement				Report Amual Sample		wel.		Armaly*	Grab
	Sample Measurement Permit									
	Mesoarement Sample		-		# :************************************			-		
	Mensurement Purnet		 						The Street	

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feoal Colliform, use the monthly geometric mean.

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The JMADF % Capachy is the JMADF divided by the plant capacity multiplied by 100, Reported as a percent.

The annual sample shall be taken in the month of February.

FILE COPY

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOL

Facility Name: County: Mouth/Yeur

Marion June /2007

Flow (MGD) CBOD5 T35 (mg/L) pH (a.u.) TRC (For Fecal Coliform Nitrate (mg/L) TSS (mg/L) CBODS To R001 (mg/L) Bacteria Disinfect.) (mg/L)(mg/L) (#/100ml) Code 50050 80082 00530 00406 74055 50060 00620 80082 00530 Mos. Site FLW-01 EFA-01 BFA-01 HFA-01 **RFA-01** EFA-01 RFA-01 INF-01 INF-01 1 0.020. 7.8 4.3 2 0.020. 3 0.020-7.8 4.1 4 0.016 7.9 407 5 0.016 7.9 4.8 6 0.015 1 7.9 5.0 7 0.015 8.0 5.0 R 0.015 / 7.9 4.5 9 0.013 10 0.013 -7.9 4.7 11 0.008 1 8.0 5.0+ 12 0.010 7.9 4.6 13 0.019 1 7.8 4.2 14 0.016 7.7 3.8 15 0.016 -7.7 4.0 16 0.016. 17 0.016. 7.7 3.7 131 0.0161 7.3 4.4 19 0.0151 11 <2.0 7.6 41 3.2 2.64 20 0.0161 3.6 7.7 21 0.015 1 7.8 4.0 22 0.0161 7.6 2.1 23 0.0161 24 0.016 7:7 3.3 25 0.0184 7.7 3.5 26 0.016. 7.8 4.2 27 0.016 1 7.8 41 28 0.015 7.9 5.0 29 0.016 8.0 5.0 30 0.020. 31 Total 0.475 42.0 41 195.3 41 105.6 2.64 Mo, Ava 0.016 42.01

PLANT STAFFING: Day Shift Operator	Class:	Class	Catificate No.	#A-000812200	Name:	2.64	1.1	
Evening Shift Operator	Class:			#B-000950900		12 1 12 L	Muderse.	.1
Night Shift Operator	Class.	4 4		#G-000 1747 DC		harles G.	STOURS	
Land Operator PA File # FLA012680-001-D9 Version 1/2004	Class: VJP	Class		/ - 0:		aviels,	-Tehwail Anderson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed reall this report to: Department of Environmental Prosection, Mail Station 3551, 2600 Blair Stone Road, Tallahatsee, FL 32399-2400

PERMITTEE NAME:

Utilities, los. of Florida

MAILING AIXTRESS:

200 Westhers Sald Avenue Altamonte Springs, FL 32714 PERMIT NUMBER

CLASS SIZE:

LIMIT:

FLA012680

REPORT GROUP:

Moethly Domestic

FACULTY: LOCATION:

Crownwood WWTF 4497 NW 7314 Terrace

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

R-001 ШC

Finel

Minor

MONITORING PERIOD

To: 3/31/2007

COUNTY:

Marion

Ocaba FL

Parameter		Quantity (or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E poed	Sample Measurement	0.020		mgd					C	Colculation	Cale Preside
PARM Code 50050 Y Map Site No. FLW-01	Pennit Mensumment	0.040 (12MADF) ¹	_	mgd						Calculation	Calculated Roll 12 Ma. Ava.
Flow, total pinra	Sample Measurement	0.018	0.020	mad	5				O	5 Din look	Cly time
PARM Code 50050 1 Man Site No. FLW-01	Permit Meserganisat	0.040 (3MADP) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Mater
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measuroneet				45%			Peruni	C	Monthly	Cilwind
PARM Code 00180 1 Mran Site No. FLW-01	Permit Measuroment				Report (Percent) ³			Parcent		Monthly	Calculated)
CBOD3	Sample Measurement					2.7		my!L	C	Calcalaria	12 Marie An
PARM Code 80082 Y Man Site No. EFA-01	Permit Measurement				-	20.0 (12 Mo.Avg.)		mg/l.		Calculation	Calculated Roll, 12 Mo. Avg.
CRODS	Sample Measurement					42.0	42.0	mall	C	Monthly	Gris
PARM Code 80082 1 Mon. Site No. FFA-01	Poneit Moanrement					30.0 (Ma.Avg.)	60.0 (Max.)	mg/L		Morably	Orab
TSS	Sample Monumental					2.0		mg/L	0	Calculation	Calc. Feb., 12 Magni Au
PARM Code 00530 Y Mea Site No. EPA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/l.		Calculation	Calculated Roll 12 Mo. Avg.
TSS	Sample Measurement					41	41	mg!L	O	ill anthry	Gab
PARM Code 00530 Mon.Sile No. EFA-01	Permit Measurement					30.0 (Mo.Avr.)	60.0 (Max.)	me/L		Monthly	Grab

Countify under penalty of law that I have personally examined and am familiar with the information, and besed on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submit information is true, accurate and complete. I am aware that there are significant peralties 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	PHONE NO:	DATE: YYAMADU
Uniel S. Anderson/Lead Operator	Daniel S. anderson	900-272- 1911	(Aug.) 07/08/6

CONDUCTION OF ANY VIOLATIONS (Reference all attachments here):

*A File # FLA012580-002-DW3P Version 3/2004

FILE COPY

1,35

FACILITY NAME: Crowwood WWTF COUNTY Marion

PERMIT NUMBER: FLAD12680

DISCHARGE POINT NUMBER: ROW

WAFR SITE No. 9001

Month Year: July /2007

Parameter		Quantity or Loading	Units	Qua	lity or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
PH -	Sample Messarement			7.5		7.9	55.	0	5 Parshie	Grah
PARM Code 00406 1 Mon. Sto No. EFA-01	Formit Measurement			6.0 (Min)		8.5 (Max.)	S.U.		5 Days/Wook	Grab
Feoal Colifern Bacteria	Sample Measurement				1.5		a/local	0	Calculation	Carles facts
PARM Code 74055 Y Man Sita No. EFA-01	Pennit Mesareneci				200 (12 Ma Avg.)		6/100mi.		Calculation	Cakrdsted Roll 12 Mo Ave
Fesal Coliform Bacteria	Sample Measuraport			<1		41	1/WIAL	0	Monthly	Corab
PARM Code 74053 [Mota Site No. 1EA-0]	Ferrat Measurement			Papert (MaGeo Mesa)		800 (Max.)	#/100ml		Monthly	Omb
TRC for disinfunction	Sample Measurement			1.c			male	0	5 Dayslitch	Grah
PARM Code 50060 A Idon Site No. EPA-01	Pezzit Mosszement			0.5 (Mba.)			ung∕!.		5 Days/Week	Grab
Nursin (as N)	Sample Massurene					0.65	mayle	0	Mondily	Grah
PARM Crain 00620 1 Mon Satu No. EFA-01	Perint Management					12.0 (Max.)	mg/i.		Mouthly	Gnb
СВОО	Sample Massaument				MNR		my/c	0	Annally	6006
PARM Code 800\$2 G Mon. Site No. INF-01	Permit Meneteraneut				Report Annual Sample	***************************************	mg/L		Arrently*	Grab
122	Santiple Measurement				MNR		must	0	Annuella	Grah
PARM Code 00530 G Mon. Site No. DNF-01	Pegnit Messarement				Report Annual Sample		mg/i.		Annually 4	Grab
	Sample Measurement									n, /
	Permit Messaverent									
	Sample Monurement									
	Permit Measurement	10. 10.0								

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feed Colliform, use the monthly geometric month.

The amonal sample shall be taken in the month of February.

Rolling Three Month Average is the average of the current month's average and the preceding two (2) musths' averages.

The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 190, Reported as a percent.

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOT

Facility Name: Crownwood WWTF
County: Marion
Month/Year: Tal 2007

	Flow (MGD) To R001	CBODS (mg/L)	TSS (mg/L)	při (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nittate (mg/L)	CBOD5 (mg/L)	TSS (mg/l.
Code	50050	80082	00330	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.028			7.5		1.5			
2	0.011			7.7		3.2		MMAM.	
3	0.016			7.9		4.7			
4	0.017			7.9		3.6			
3	0.027			7.9		1.0			
6	0.021			7,9		3.5			
7	0.013			7.9		3.5			
8	10.024								
9	0.024			7.8		2.0			
10	0.016			7.8		2.1			
2)	0.016		-	7.8		2.2			
12	0.011			7.8		j., j			
13	0.009			7.8		1.1			31
14	0.013			7.8		1.5			
15	0.019								
16	0.019			7.8		2.3			
17	0.016			7.8		3.0			
18	0.025			7.9		3.9			
19	0.018	<2.0	41	7.8	<1	3.0	0.65	MNR	MNR
20	0.017			7.9		3.5			
21	0:026								
22	0.026			7.7		2.9			
23	0.026			7,5		1.2			
24	0.018			7.5		1.7			
25	0,021			7.8		4.1			
26	0.021			7.8		4.0			
27	0.018			7.4		4.5			
28	0.025								
29	0,025			7.9		4.4			
30	0.020			7.8		4.4 3.8			
31	0,022			7.7		3.2			
Total		22.0	K1	210.3	41	76.6	0.65		**************************************
Ma Ave	0.020	42.0	<1	7:8	21	2.8	0.65		

PLANT STAFFING: Day Shift Operator	Class: Class A Cartificate No:	A -030Σ12 € Name:	Pariel S. Anderson	
Evening Shift Operator	Class: Class & Certificate No:	R B-009509 CV Name:	Steve L. Pfouts .	
Night Shift Operator	Class: Class Catificate No:	# C - 000 7747 Name:	Charles G. Schundes	
Lead Operator	Class: (1255) Certificate No:	24 00 512 x 00 Name	David S Anderson	

PA File # FLA012680-002-DW3P Version 3/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MAILING ADDRESS:

Utilities, Inc. of Florida

200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLATITION

Final Minor

R-001

REPORT:

Monthly Domestic

FACILITY:

Crownwood WWTF
4497 NW 73rd Terrace

NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

m/c 11 From: Ann. 1 2007

To: Az. 3

LOCATION:

4497 NW 73

Ocala, FL

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurcament	0.020	W 20 1	myel			*		0	Calculation	12 Mes. A.
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		bym						Calculation	Calculated Roll 12 Mo, Avg
Flow, total plant	Sample Measurement	0.018	0.019	mgd					0	5 Parilwell	
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADE) ³	Report (Ma.Avg.)	mgd						5 Days/Work	Elapsed Time Meter
Percent Capacity, (TMADE/Permutted Capacity) x 100	Sample Measurement				45%			Breent	0	Monthly	Colculated
PARM Code 00180 I Mon Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated
CBODS	Sample Measurement		*			2.7		m9/4	0	Colculation	Olic Killing 12 may Av
PARM Code 80082 Y Mon Site No. FFA-01	Permit Measurement					20.0 (12 Mg.Avg.)		mg/L		Calculations	Calculated Roll 12 Ma. Ava
CBQD5	Sample Measurement					< 2.0	42.0	mg/L	C	Monthly	
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	(O.0 (Max.)	mg/L		Monthly	Grah
TSS	Sample Measurement					2.0		m3/L	0	Calculation	Calconomia
PARM Code 00510 Y Mon.Site No. EFA-01	Pennit Measurement					20.0 (12 Ma.Avg.)		mg/L		Calculation	Calculated
133	Sample Measurement					41	<1	nig/L	0	Monthly	Rell. 12 Mu. Avg.
PARM Code 00530 I Mon Site No. EFA-01	Permit Measurement					30.0 (Mo_Ayr.)	60.0 (Max.)	.mg/l.	~	Monthly	Grah

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 these individuals immediately responsible for obtaining the information, I believe the authorities 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	SKINATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE YY/MM/DD
Daniel S. Anderson/Lead Operator	Daniel S. anderson	Sec - 272-	17/19/12
			27212

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here);

FILE COPY

PERMIT NUMBER: 17 A012680

DISCHARGE POINT NUMBER: ROOF

WAFR SITE No. ROOF

FACILITY NAME: Crownwood WWTF

COUNTY , Manon

Month Year: August /2007

Parameter		Quantity or Loading U		Quali	ty or Concentrati	on	Units	No. Ex.	frequency of Analysis	Sample Type
H	Sample			7.7		8.0	5.4.	٥	5 Panlycen	-yeb
	Measurement Pennit			6.0		8.5	S.U.		5 Days/Work	tiab
ARM Code 00406	Measurement		1	(Min.)		(Max.)				
Ion Site No. EFA-01	Sample				1.5		in 100 ml	0	Calculation	Cole Kanin
ceal Coliform flacteria	Measurement				The second secon			-		12 Alson Aug
ARM Code 74055 Y	Permit Measurement				200 (12 Mo.Avg.)		#/100-nL		Calculation	Roll 12 Me Avg
Mon Site No. EFA-01	Sample			4		. 4	111.	0	Monthly	7
Fecal Coliform Bacteris	Measurement			<1		41	#/10ml	1-		Grah
PARM Code 74055	Pernat			(Ma Gen Mean)		800 (Max.)	14/100mL		Monthly	Grah
Mon Site No. EFA-01	Measurement						Τ,	-	E 0 1	1
TRC for disinfection	Sample	1		2.0		11 d	male	0	5 Days Hinte	Grab
	Permit			0.5			mg/L		5 Days/Week	Grah
PARM Code 50060 A Most Site No. EFA-01	Measurement			(Min.)				-		
Nurate (25 N)	Sample					3.16	mall	0	Monthly	7
Milate (28 M)	Measurement							10	11 Corresing	Grah
PARM Code 00620 1	Permit					12.0	mg/t.		Mosthly	Grah
Mon Site No. EFA-01	Measurement					(Max.)		-	 	
							*	1	1	
								-		
CBODS	Sample				MNR		mall	0	Annualle	Grah
	Pennit				Report		mg/L	T	Annually'	Grab
PARM Code 80082 G Mon.Site No. INF-01	Measurement				Annual Sample					
TSS	Sample				11 110			1	1 4	Enh
13.9	Measurement	1			MNR		MISIL		Angually	
PARM Code 00530 G	Permit				Report		mg/L		Annually*	Greb
Mon Site No. INF-01	Measurement				Annual Sample				-	
	Sample						1	1		į
	Measurement							-		
	Pomit			1				1		
	Measurement		-		-	-	-	-	-	
	Sample		1						1	
}	Measurement Permit				1			-		
1	Measuramont									
	WESTRELEN									

¹ Rolling Twelve Month Average is the average of the current month's average and the proceding eleven (11) months' averages. For Focal Coliform, use the monthly geometric mean.

² Rolling Three Month Average is the average of the current month's average and the proceeding two (2) months' averages.

³ The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

⁴ The annual sample shall be taken in the month of February.

Facility Name: County:

Month/Year

Crownwood WWTF

Marion

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOT

	Flow (MGD) To RGD1	CBODS (mg/L)	TSS (mg/L)	pH (5.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/
Code	50050	80082	00530	00406	74055	50060	00520	80032	00530
Mon. Site	FLW-01	FFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
:	COOK			7.7		3.0			
2	6.021			7.7		2.8			
3	0.021			7.9		4.7			1
4	0.026						i		
5	0.026			7.8		3,9			i
6	0.023		i	7.9		4.5		***************************************	
7	0.015			8.0		5.0			1
8	0.018			7.9		4.0			
9	0.022			7.4		4.1		***************************************	1
10	0.016			8.0	Harmon Street,	5.0		W	1
11	0.023								
12	0.023			7.9		4.1			1
13	0.013			8.0		4.5			
14	0.016			8.0		5.0			
15	0.018			8.0		5.0			1
16	0.023			8.0		5.0			
17	0.014			8.0		4.9			
18	0.025					1			
19	6.025			7.7		4.7			
20	0.016			7.7		4.9			
21	0.016			7.8		3,5			
22	0.013	42.0	<1	7.7	<u>e1</u>	3.1	3.16	MNR	MNB
23	0.016			7.8		72.2			
24	0.016			7.4		72.2			
25	0.022								
26	0.022			7.7	·	72.2			
27	0.016			7.8		72.2			
28	0.019			7.7		2.0			
29	0.023			7.7		2.0			
30	0.018			7.8	-	72.2			
31	0.011			7.9		72.2			
Total	0.592	42.0	THE PERSON NAMED IN THE PE	212.5	<1	98.9	3.16		
Mo. Ave	0.019	42.0	<1	7.9	41	3.7	3.16		

PLANT STAFFING: Day Shift Operator	Class Class A	Certificate No:	#A-000 8122 Name:	Daniel S. Anderson
	Class: Chas B	Certificate No:	#B-0009509 Name:	Steve L. Pfonts
Night Shift Operator	Class: Class C	Certificate No.	4.C-0007747 00 Name:	Charles G. Schwades
Lead Operator	Class: Class A	Certificate No:	# A-6008122 Name:	Daniel S. Anderson

PA File # FLA012680-002-DW3P Version 3/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

MAILING ADDRESS:

Utilities, Inc. of Florida

200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA012680 Final

Minor

REPORT: GROUP.

Monthly Damestic

FACILITY: LOCATION:

Crownwood WWIF 4497 NW 73" Terrace

Ocala, FL

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITTE:

DISCHARGE POINT NUMBER:

R-001 MC

MONITORING PERIOD

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Qı	ality or Concentr	ation	Units	I M.	T	
Flow, to P/E pond	Sample	Λ Δια					***************************************	Onits	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 50050 Y	Measurement	0.019		myd					-		Calc Kallan
Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd			<u> </u>		0	Calculation	12 Mins Av
Flow, total plant	Sample Measurement	0.019	0.018	mgd					-	Caroninai	Roll 12 Mo. Av
PARM Code 50050 1 Mon Site No. FLW-01	Permit	0.040	Report	mgd					0	5 Papskick	Elipsed Time 12
Percent Capacity, (TMADE/Personal	Measurement Sample	(3MADE) ²	(Mo.Avp.)							5 Days/Week	Elapsed Time
Capacity) x 100 PARM Code 00180	Measurement				48%						Meter
Mon.Site No. FLW-01	Permit Measurement				Report		***	Percent	0	Monthly	Calculated
CBODS	Sample		7	-	(Percent)			Percent		Monthly	Calculatori'
PARM Code 800R2 Y	Measurement Pennit					2.7		- 1		0.1	1112 61
Mon.Sile No. FFA-01	Measurement					20.0	*****	mg/L	0	Colonkton	Calc. Ralling
CHODS	Sample					(12 Mo Avg.)		ing/l,		Calculation	Calculated
ARM Code 80082	Measurement Permit					(2.0	< 2.0	MG/L	0	1	Roll. 12 Ma. Av
Mon.Site No. EFA-01	Measurement				,,,	30.0	60.0	mg/L	-	Monthly	Grah
	Sample Measurement					(MaAvg)	(Max.)	4,11		Monthly	Grah
ARM Code 00530 Y Mon.Site No. EFA-01	Permit					2.0		my/L	0	01.1.	Cale Kallmy
SS EFA-01	Measurement					20.0		mg/L		Calculation	12 Mm. An
101/0 / 000	Sample Measurement					(12 Ma.Avg.)				ARGUSTION	Calculated Roll, 12 Mo. Av.
ARM Code 00530 1 fon Site No. EFA-01	Permit					1	1	mg/2	0	Monthly	Grah
entify under penalty of law that I have possibled information is true, accurate and	Measurement					(MaAve)	60.0	rum/II	~	Monthly	Grab

I certify under penalty of law that I have personally examined and arm familiar with the information submitted herein; and based on my inquity of these individuals immediately responsible for obtaining the information. I believe the 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	an permitted for submitting false information including the possibility of fine and imprisonment.
Daniel S. Anderson/Lead Operator	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORITAIN ACCUS
Lead Operator	DATE FF/MM/DD
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments	s here):

FACILITY NAME: Crownwood WWITF

COUNTY: Marion

PERMIT NUMBER: 17 A012680

DISCHARGE POINT NUMBER: ROOL

WAFR SITE No. ROOT

Month/Year: September 2007

Parameter		Quantity or Loading	Units	Qu	ality or Concentr	ation	Units	No.	Frequency of	Sample Type
pH	Sample Measurement		 		T	T		Ex.	Analysis	
PARM Code 00406 Man.Site No. EFA-01	Permit		 	7.7	<u> </u>	8.1	S.U.	0	5 Days WWW	Grah
Fecal Coliform Bacteria	Measurement Sample			(Min.)		8,5 (Max.)	S.U.		5 Days/Week	Grab
PARM Code 74055 Y	Measurement Permit				1.5		#/100%	0	Calculation	Cela Bolls
Mon.Site No. EFA-01 Fecal Coliform Bacteria	Measurement Sample				200 (12 Mo.Avg.)		#/100mL	U.	Calculation	Cala Rolls 12 Men Av. Calculated
PARM Code 74055	Measurement			<1	(15 MONEY)	<1	 			Roll 12 Ma. Avg
Mon.Site No. 1:FA-01	Permit Measurement			Report		800	#/100mL	0	Monthly	Grah
TRC for disinfection	Sample Measurement			(Ma.Geo.Mean)		(Max.)			Monthly	Grab
PARM Code 50060 A Mon.Site No. RFA-01	Pennst Measurement			1.8			mylL	0	5 Days/week	Grah
Niurate (25 N)	Sample			(Min.)			mg/L		5 Days/Week	Grab
PARM Code 00620	Measurement Permit					3,47	m5/L	0	Monthly	^ .
Mon.Site No. EFA-01	Measurement					12.0 (Max.)	mg/L	-	Monthly	Grah
		*				(9181")				
CBODS							-			
	Sample Measurement				4,440					
ARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				M/VR Kepart		my/L	0	Annuella	Grah
222	Sample Measurement				Annual Sample		ing/l.		Annually*	Grab
ARM Code 60530 G fon.Sile Na. INF-01	Permit				MNR		MISIL	0	Annually	61
	Measurement Sample				Report Annual Sample		mg/L		Annually	Grah
	Measurement Permit									
	Measurement Sample			_						
	Measurement Permit							-		
	Measuronest									

Rolling Twelve Month Average is the average of the current month's average and the preceding elever (11) months' averages. For Feed Coliforn, use the monthly geometric mean. Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. The JMADF % Capacity is the JMADF divided by the plant capacity multiplied by 100, Reported as a percent. The annual sample shall be taken in the month of February.

3

Facility Name:

Crownwood WWTF

Permit Number: FLA012650

DISCHARGE POINT NUMBER: R001

County: Month/Year:

Magion September 2007

	Flow (MGD) To R001	CBODS (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nurate (mg/L)	CBOD5 (mg/L)	TSS (mg/L
Code	50050	50082	C0530	00406	74055	50060	00620	80032	60530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
ı	0.016			7.9		>2.2			
2	0.020								
3	0.021			7.9		72.2			
4	0.018			8.0		72.2	I	···	
5	0.016	-		7.9	*	72.2			
6	0.021			7.9		72.2		-	
7	0.017	***************************************		7.9		72.2			
8	0.017			7.9		72.2			
9	0.016								
10	0.016			8.0		72.2			
11	0.020			7.8		72.2			
12	0.007			7.7		2.0			1
13	0.021			7.8		72.2			
14	0.023			7.7		1-8			
15	0.017			7.7		2.0		Va	
16	0.018								
1.7	0.018			7.8		72.2			
18	0.017			8.0		72.2		-	
19	0.017	42.0	1	800	<1	>2.2	3.47	MNR	MNS
20	0.018			7.9		>2.2		77.74.11	MINI
21	0.018			8.0		72.2			
22	0.025								
23	0.025			8.0		>2.2			
24	0.011			7.9		72.2			
25	0.023			8,0		72.2			
26	0.020			8.0		72.2			***************************************
27	0.018			8.1	**************************************	72.2			
28	0,020			8.0		72.2			
29	0.020								
30	0.020		- i	7.8		2.0			
31									
Total	0.554	42.0	1_	197.6	<1	54.0	3.47	MNR	MNR
10. Ave	0.013	42.0	1	7.9	<1	2.2	And desired the Party of the Pa	MNR	MAR

PLANT STAFFING: Class: Class A Cartificate No: #4-0008122 Name: Day Shift Operator Class: Class B Certificate No: AB-0007509 Name: Evening Shift Operator Class: Cluss C Certificate No: #6-0007747 00 Name: Night Shift Operator Class: (1-55 A Certificate No: #A-00) \$12200 Name: Lead Operator PA File # FLA012680-002-DW3P Version 3/2004

Facility Name:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOT

County: Month Year: Marion September 2007

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliforni Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBODS (mg/L)	TSS (mg/L)
Code	50050	\$0082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
l l	0.016			7.9		72.2			
2	0.020								
3	0.021			7.9		72.2		The state of the s	
4	0.018	(8.0		72.2			
5	0.016			7.9	•	72.2			
6	0.021			7.9		72.2			
7	0.017			7.9		72.2			
8	0.017			7.9		72.2			
9	0.016								
10	0.016			8.0		72-2			
11	0.020			7.8		72.2		-	
12	0.007			7.7		2.0			
13	0.021	Name of the last o		7.8		72.2			
14	0.023			7.7		1-8			
15	0.017			7.7		2.0			
15	0.018								
17	0.018			7.8		72.2			
18	0.017			8.0		72.2			
19	0.017	42.0	1	8.0	<1	>2.2	3.47	MNR	MNR
20	0.018			7.9		72.2			
21	0.018			8.0		72.2			
22	0.025								
23	0.025			8.0		>2.2			
24	0.011			7.9		72.2			
25	0.023			8.0		72.2		animica anima anima anima anima	
26	0.020			8.0		72.2			
27	0.018			8.1		72.2		~	
28	0,020			8,0		72.2			
29	0.020								
30	0.020			7.8		2.0			
31					<u> </u>				
Total	0.554	42.0	1 1	197.6	<1	54.0	3,47	MNR	MNR
Mo. Ave	0.018	42.0	1 1	7.9	<1	2.2	3,47	MNR	MNR

PLANT STAFFING: Day Shift Operator

Certificate No: #4-000812200 Name:

Evening Shift Operator

Class: Class B Certificate No: 18-0009509 Do Name: Class: Class C Certificate No: #C-0007747 0 Name:

Night Shift Operator

Class: Class A Certificate No: #A-000 812210 Name:

Lead Operator Cl PA File # FLA012680-002-DW3P

Version 3/2004

IDEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT 2 PART A

When Completed mall this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Taliahassee, FL 32399-2400

PERMITTEE NAME. MAILING ADDRESS: Litilities, Inc. of Florida

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: LIMIT:

FLA012680

CLASS SIZE:

Final Minur R-001

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: III/C

NO DISCHARGE FROM SITE: MONITORING PERIOD

11 From: 10/01/07

To: 1 /31/07

LOCATION.

Crownwood WWTF FACILITY: 4197 NW 73rd Terrace

Ocala, FL

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Qu	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Lype
Flow, to P/E pond	Sample Measurement	0.020		regd					C	Calculation	E. Man. Fig.
PARM Code 50050 Y Mon Site No. FLW-01	Pennit Measurement	0.040 (12MADF) ¹	Europ Michol	mgd	- Marian de la companya de la compan					Calculation	Calculated Roll 12 Mo Avg.
Flow, total plant	Sample Measurement	0.021	0.026	mad					C	5 Dr. 1984	
PARM Code \$0050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo Avg.)	mgd						5 Days/Work	Elapsed Lime Meter
Percent Capacity, (FMADF/Permitted Capacity) x 100	Sample Measurement				53%			Percent	C	Monday	(1
PARM Code 60180 1 Mon Site No. FLW-61	Pennit Measurement				Report (Percent) ¹			Percent		Monthly	Calculated*
CBOD3	Sample Measurement					2.5		Mail	0	Calculation	Carlo Angel
PARM Code 80082 Y Mon Site No. FFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll 12 Mg. Ave.
CBOD5	Sample Measurement				•	42.0	42.0	MULL	C	11:00	/+;
PARM Code 80082 U Mon Site No. EFA-01	Permit Measurement					30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grah
TSS	Sample Measurement					2.0		MIL	C	Calcumina	La Peter H
PARM Code 00530 Y Mon Site No. EFA-01	Permit Measurement				-	20.0 (12 Mo Avg.)		mg/L		Calculation	Calculated Roll 12 Mo Avg. 1
TSS	Sample Measurement					< 1	<1	Mall	O	Monthly	6.44
PARM Code 00530 1 Mon Site No. EFA-01	Permit Measurement					30 0 (Mo Avg.)	60.0 (Max.)	mg/L	eneure distance	Monthly	Grah

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 the submitted information is true, accurate and complete. I am aware that there are significant penaltics for submitting false information including the possibility of fine and imprissyment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE YY/MM/DD
Daniel S. Anderson/Lead Operator	Daniel S. anderson	865-272- 1919	(7/11/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).

PA File # 1°LA012680-002-DW3P Version 3/2004

FACILITY NAME. Crownwood WWIF

COUNTY, Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: ROOF

WAFR SITE No. ROOT

Month/Year: October /2007

Parameter		Quantity or Loading	Units	Qua	lity or Concentra	ntion	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7-6		8.0	5.0.	0	5 Pars/Link	Gras
PARM Code 60406 Mon Site No EFA-01	Permit Massurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Dayo Week	Grab
Focal Coliform Bacteria	Sample Measurement				1.3	***************************************	7/00 mL	0	Coleman	Calle (1910)
PARM Code 74055 Y Mon Site No. EFA-01	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated
Fecal Coliform Bacteria	Sample Measurement			1		1	"/ICIAL	0	Monthly	Roll 12 Me Ave
PARM Code 74055 Mon.Site No. EFA-01	Permit Measurement			Report (Mo Geo Mean)		800 (Max.)	#/100mL	Ť	Monthly	Grab
TRC for disinfection	Sample Measurement			1.0		times.	MS/L	C	5 Augs / Cast	Grah
PARM Code 50060 A Mon Site No. FFA-01	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Work	Grah
Nitrate (as N)	Sample Measurement				-	2.72	mall	5	Monthly	Gran
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement					12.0 (Max.)	mg/L		Monthly	(iral)
							Manager a	778.00000 0000000 000		
CBODS	Sample Measurement				11110		-			187.4400
PARM Code 80682 G Mon.Site No. INF-01	Permit Measurement	The second secon			MNG Keport		mg/L	0	Annually Annually	Grad Grab
TSS	Sample Measurement	And the second s			Annual Sample M. N.S.	The second second				
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report		11.5 /L mg/L	<u></u>	Annually*	Grah
	Sample Measurement				Annual Sample					
	Permit Measurement									# * D # 2 * W
	Sample Measurement								1 20 40 4	
	Permit Measurement									X7 4

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Colliform, use the monthly geometric mean Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

The annual sample shall be taken in the month of February.

Facility Name:

Version 3/2004

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County: Month/Year. Marion

-/2007 Octob

Flow (MGD) CBOD5 TSS (mg/L) pH (s.u.) Fecal TRC (For CBOD5 Nitrate (mg/L) TSS (mg/L) To ROOL (mg/L) Coliform Disinfect.) (mg/L)Bacteria (mg/L) (MILGOINE) Code 50050 80082 00530 00406 74055 50060 00620 00530 80082 Mon. Site FLW-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 INF-01 INF-01 1.8 0.024 7.7 2 0.025 7.7 1.7 3 8.0 0.026 >2.2 4 8.0 72.2 0.026 0.030 7.6 1.0 6 OSA (0.033) 7.6 1.2 0.033 8 7.7 1.8 0.033 0.025 7.7 1.9 10 7.9 72.2 0.021 11 0.021 8.0 72.2 12 7.9 0.024 72-2 13 0.020 14 0.020 7.9 >2-2 15 7.9 >2.2 0.024 16 7.9 0.018 72.2 17 <1 2.72 < 2.0 0.020 >2.2 MNS 1148 18 0.020 7.8 >2,2 19 7.9 0.017 72,2 20 0.025 21 8.0 0.025 >2.2 22 0.027 7.8 1.9 23 1.3 0.030 7.6 24 2.0 0.028 7.8 25 7.9 0.030 72.2 26 0.025 >2.2 27 0.030 28 0.030 7.6 1.0 29 0.029 1,2 30 0.030 7.9 72.2 31 7.7 0 = 029 72-2 Total 1 0.798 < 1 42.0 2.72 Me. Ave < 1 0.026 <2.0 2,72

PLANT STAFFING Day Shim Operator	Class Class, 4 Constant	ne No. #A-8122 DC Name	Daniel S. Anderson
Diversing Shift Operator	Class Class & Cemilica	te No 58-4509 PV Name	-
Night Shift Operator	Class: Charle Centiles	12 No. 46-7747 Nume	Charles G Selve 1 :
Lead Operator PA Fife # FLA012680-002-4	Class: C1455/ Certifice	te No: = 4 - 8/22 PV Name	Tracial S. Charlesson

IDEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Ecomospanial Protection, Mail Station 3551, 2600 Blan Stone Road, Tallahussee, F1 32399-2400

FILE COP

(35)

PERMITTEEN AME MAILING ADDRESS

Uniforms, Inc. of Florida

200 Weatherstield Avenue Altamonte Springs, Ft. 32714 PERMIT NUMBER: LIMIT: CLASS SIZE: FLA012680 Final Minor

R-001

IIIVC

REPORT GROUP:

Monthly Denotation

FACILITY FOCATION Crownwood WWTF 4497 NW 73rd Tetrace

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

From: Nov. 1st, 2007

To: Nov. 30 1/201

CHINTY

Maion

Ocala, FL.

Parameter		Quantity	or Loading	Units	Qu	ality or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to OE pond	Sample Measurement	0.020		myd					0	Calculation	Calle Rolling 12 Min. Av
PARM Code 50050 Y Mon.Sit: No. FLW-01	Permit Measurement	0.040 (12MADF) ⁵		mgd			TEST PETER EST SESSENCE ANT TEST PETER SESSENCE AND A COLUMN ASSESSMENT OF THE SESSENCE AND A COLUMN ASSESSMENT ASSESSMEN			Culculation	Calculated Roll 12 Mo. Av
Flew, total plant	Sample Measurement	0.022	0.022	mgd					0	5 Augs/week	A 1 AME &
PARM Code Silosii 1 Mon Site No. FLW401	Penant Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	4digd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMAI)F/Permitted Capacity) v 100	Sample Measurement				55%			Percent	0	Monthly	Colenlate
PARM Code 00186 1 Mon Site No. FLW-01	Permit Memurement				Report (Percent) ³			Percent		Monthly	Calculated'
CBOD5	Sample Measurement					2.7	·	mylL	0	Calculation	Calc. Rolly
PARM Code 80682 Y Mon.Site No. EFA-01	Permit Measurement					20 0 (12 Mo Avg.)	- 100	mg/l.		Calculation	Calculated Roll, 12 Mo, Av
CBOD5	Sample Measurement					42.0	42.0	my/L	0	Monthly	Grah
FARM Code 80082 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
ISS	Sample Measurement		The second secon			2.0	(2-1:0-2.)	mylL	0	Calculation	Calc. Rolla
PARM Code (10530 Y Mon Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated
TSS	Sample Measurement				197 (A)	42	42	mylL	0	Partly	Grah
PARM Code 00530 1 Mon Site No. EFA-01	Permit Measurement				The second of the second	30.0 (Mo Ave.)	60.0 (Max.)	mg/l.	<u> </u>	Monthly	Grah

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 three individuals immediately responsible for obtaining the information. I believe the 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/HTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/DD
Daniel S. Anderson/Lead Operator	Daniel S. anderson	300-272-	07/12/13
CHAMPALANDERPLANATION OF ANY MODESTANGE DEC.			

COMMENT AND UNPLANATION OF ANY VIOLATIONS (Reference all attachments here):

TACTUTY NAME: Crownwood WWTF COUNTY, Marion

PERMIT NUMBER: ILA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No. ROOT

Month/Year: November/2007

Parameter		Quantity or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
թե	Sample Measurement			7.5		\$2.5	5/1	1	-n. 1.	
PARM Code 00406 1	Pennit		-			8.0	S.U.	0	5 theys/wel	Grab
Mon Site No. EFA 01	Measurement			6.0 (Min.)		8.5 (Mux.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample		 	- Committee		(Max.)	 , 		— .	A 1. 2 i.
	Measurement	***			1.3		15/100mL		Calculation	Cale Relling
PARM Code 71055 Y	Permit			***************************************	200		#/100ml.	-	Calculation	Calculated 7
Mon Site No. FFA-01	Measurement				(12 Mo.Avg.)		TITOVIII.		Carcustion	Roll 12 Mo Avg 1
Feeal Coliform Bacteria	Sample			- 1		,	11/		l	
	Measurement			1		<1	ALOOL	0	Mon the	6.06
PARM Code 74055	Permit			Report		800	#/100mL		Monthly '	Grab
Mon Site No EFA-01	Measurement			(Ma Geo Mean)		(Max.)			,,	CHAD
TRC for disinfection	Sample			1.6					- A T	<u> </u>
TO 1 70 F 1 70 F 1 F 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Measurement						myle	0	5 Pers Well	Grab
PARM Code 50060 A	Permit	1		0.5			mgl		5 Days/Week	Cirab
Mon Site No EFA-01	Measurement			(Min.)		1				
Nitrate (as N)	Sample	!				100	1.	~	A. 11	_
PARM Code 00620	Measurement		-			1,00	mg/L	0	Monthly	Gent
Mon Site No. EFA-01	Permit Measurement	1	1			12.0	nlg/L		Monthly	Grab
	STRASHERREN					(Max.)				
CBODS	Sample									
	Measurement				MNR		mylL	0	Amuelly	Grub
PARM Code 80082 G	Permit				Report		mg∕l.		Annually*	Grab
Mon Site No. INI-01	Measurement				Annual Sample				70000017	/uzo
TSS	Sample									
	Measurement				MNR		mylL	0	Irnou-lly	Grab
PARM Code 00530 G	Permit				Report		mg/L		Annually	Grab
Mon Site No. INF-01	Measurement				Annual Sample					341 866
	Sample								A	X
	Measurement		- mare							
	Permit Measurement									
	Sample					W- A		-		
	Measurement									
	Pemil		ļ							
	Measurement	1								
	strengerini		1							

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feeal Coliform, use the monthly geometric mean

² Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
3 The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

⁴ The annual sample shall be taken in the month of February.

Facility Name:

Crownwood WWTF

It.II.

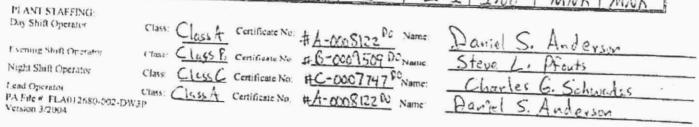
Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County: Month/Year

Marion Neurabire/2007

	Flow (MGI To R001	CBODS (mg/L)	2 4 100 11 11 11 11	pff(su.	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/l)	Nitrate (mg/L	CBOD (mg/L)	
Code	50056	50082	09530	00406	74055	50060	00620	80082	G0536
Men Sit	1	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	11.00
1	0.025			7.8		72.2		1	1.47-01
2	10.030			7.9		72.2			
3	0.028					15.6			
4	0.028			7.5		1,			
5	0.028	1		7.8		1.6	-	1	
6	0.026			7.9	1	72.2	-		
7	0.028			7.9	1	72.2			
8	0.025			7.9 7.9					
9	0.016			7.7		72.2			
10	0.023				1	161			_
11	0.023	1		7.8		72.2			
12	0.022		1	7.9					
13	0.021			7.8		72,2			
[4	0.021			7.9		72.2			
15	0.016	ĺ		7.9		72.2			-
16	0.020			7.9		72.2	***************************************	**************************************	
17	0.018					1686			
18	0.018			7.9		72.2		***************************************	
19	0.017			7.7		1.8			-
20	0.020			7.8		2.0			
21	0.020			7.7		1.8			
22	0.020			7.8		2.0			
23	0.018			7.9		>2.2			
25	0.017					1616			1
	0.017			7.9		2.0			
26 27	0.016			7.9		2.1			-
	0.020	42.0	42	8.0	41	>2.2	1.00	Alua	4
28	0.025			7.9		72.2	7,00	MNS	MNR
29	0.021			7.9		2.0			
30	0.019			7.8		1.9			
			State of the last			-			
Festal	0.646	<2.0 I	42	203.8	21	54.1	1 00	411.0	- ALVERTON TO THE PARTY OF THE
o Ave	0.022	12.0	42		21	- The second second		MAR	MNR



IDEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

on Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Taliabassee, FL 32399-2400

UMITTEE NAME JUNG ADDRESS: Utilities, Inc. of Florida

200 Weathersfield Avenue

Altamonic Springs, FL 32714

PERMIT NUMBER:

LIMIT:

CLASS SIZE: Minor DISCHARGE POINT NUMBER: R-001

FLA012689

Final

III/C

11

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

MONITORING PERIOD

FIL REFORCOPY

CILITY:

Crownwood WWTF 4497 NW 73th Terrace CATION

Ocala, IL

UNITY.

Marion

Parameter		Quantity o	r Loading	Units	Qua	lity or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
low, to P/E pend	Sample Measurement	0.020		MGD			2.46000000000		C	Calculation	
ARM Code 50050 Y Ion Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹	20000	mgd						Calculation	Calculated Rolf, 12 Mo Avg.
ow, total plant	Sample Measurement	0.022	0.019	MGD			20000000000000000000000000000000000000		0	5 Pays/Wah	Elep. Fine Bigton
ARM Code 50050 I lon Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo Avg.)	mgd			- Company of the Comp		Annual process continues	5 Days/Week	Flapsed Time Meter
creent Capacity, (TMADE/Permitted apacity) x 100	Sample Measurement				55 %			fercent.	0	Monthle	Calculated
ARM Code 00180 I Ion Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ²
BODS	Sample Measurement					2.7		MIL	0	Calculation	Calc. Rellin.
ARM Code 80082 Y fon Site No. EFA-01	Pennit Measurement					20.0 (12 Ma Avg.)		ing/L		Calculation	Calculated Roll, 12 Mo, Avg.
RODS	Sample Measurement		The state of the s			2.3	2.3	mg/L	0	Monthly	Grah
ARM Code 89082 I Aon Site No. EFA-01	Permit Measurement			and the same of th		30.0 (Mo.Avg.)	60,0 (Max.)	mg/L		Monthly	Grab
SS	Sample Measurement					2.0		mylh	0	Calculation	Calc. Rolla
ARM Code 00530 Y Ion Site No. EFA-01	Permit Measurement					20.6 (12 Mo.Avg.)		mg/l.		Calculation	Calculated Roll, 12 Mo. Avg.
5.5	Sample Measurement					2	2	MIL	0	Monthly	Grah
ARM Code 00530 1 Mon Site No. EFA-01	Permit Measurement				Sold and the Proposition of Age Sold	30.0 (Mo.Avg.)	(Max.)	mg1.		Monthly	Grab

sertify 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 the bmitted 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	PHONE NO.	DAIL, YYMMDD
Daniel S. Anderson/Lead Operator	Daniel S. anderson	800 - 272-	03/01/15

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).

CILITY NAME. Crownwood WWTF

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: ROOT

WAIR SITE Sa From

UNITY Marrien

Parameter		Quantity or Loading	Units	Qua	lity or Concentral	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Į į	Sample Measurement			7.7		8.0	s.u.	0	5 Days/wich	Grah
'ARM Code 00406 1 dog,Site No. EFA-01	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
ecal Coliform Bacteria	Sample Measurement				1.3		F/108"L	٥	Calculation	Calc Rollers 12 Man. 44
ARM Code 74055 Y don,Site No. EFA-01	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll, 12 Mo Avg ¹
ecal Coliform Bacteria	Sample Measurement			42		42	#/10ml	0	Monthly	Grah
PARM Code 74055 I Mon Site No. EFA-01	Permit Measurement			Report (Mo.Geo Mean)		800 (Max.)	6/100mL		Monthly	Girab
FRC for disinfection	Sample Measurement			1.5			mg/L	٥	5 Pays/Wal	Grah
PARM Code 50060 A Mon Site No. EFA-01	Permit Measurement			0.5 (Min.)			ng/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					4.45	mall	0	Monthly	Greb
PARM Code 00620 I Mon Site No. EFA-01	Permit Measurement					(Max.)	mg/L		Monthly	Grab
										ar Arte
CROD\$	Sample Measurement				MNR		mill	0	Annually	Grah
PARM Code 80082 G Mon.Site No. INF-01	Permit Measurement				Report Annual Sample		me'L		Annually	Gab
TSS	Sample Measurement				MNR	250	mylL	0	Annually	Grah
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement				Report Annual Sample	7000000	mg/l.		Annualty*	Cirab
	Sample Measurement									
	Permit Measurement			OMAN SERVICE STREET						
	Sample Measurement									
	Permit Measurement									

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feeal Coliforna, use the monthly ecometric mean

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent. The annual sample shall be taken in the month of February.

Pacifity Name:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County: Month/Year: Marion

December 2007

CBQD5 Flow (MGD) TSS (mg/L) pH (s.u.) Fecal TRC (For CHOD5 TSS (mg/L) Nitrate (mg/L) To ROOT (mg/L)Coliform Dismfect.) (mgL)Bacteria (mg/L)(#/100ml) Code 50050 80082 00530 60406 74055 50060 00620 80052 00530 Mon. Site FLW-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 EFA-01 INF-01 INF-01 0.018 2 >2.2 0.018 3.0 3 0.021 79 1.9 4 7.8 0.023 1.8 5 8.0 0.018 72.2 6 0.020 7.9 1.9 0.021 8.0 2.0 8 0.018 9 7.8 1.8 0.018 10 0.018 7.7 1.6 11 7.7 0.017 1.8 12 0.013 7.9 2.0 13 0.020 7.8 1.8 14 0.020 7.7 1.6 15 0.016 16 7.7 0.016 1.6 17 7.8 0.017 1.7 18 0.018 7.7 1.5 19 2.3 < 2 3.0 4.45 0.020 72.2 MNR MNG 20 7.9 0.016 72.2 23 0.016 8.0 72.2 22 0.016 8.0 >2.2 23 0.018 24 0.018 7.9 2:0 25 0.023 1.9 7.9 26 0.019 2.0 7.9 27 0.019 7.9 1.9 28 0.020 8.0 1.8 29 0.018 7.9 1.6 30 0.021 31 0.021 7.9 2,2 Tota! 0.580 2.3 2 204.7 49.6 42 4. 75 Mn. Ase 0.019 2.3 7.9

PLANT STAFFING: Day Shirt Guerator	Class: Class A Certificate No	* #A-0608122 Name:	De of S.A.
Evening Staff Greener	Class: Class & Certificate No		Steve L. Pfonts
Night Shift Operator	Class Class C Certificate No	***************************************	Charles G. Schueles
Load Operator PA File = FLA0 2680-002-0 Vabion 3/2004	Class Class A Certificate No	11.4-000\$122.50 Name:	Daniel S. Anderson

42

4.45

1.9

2

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME.

Utilities, Inc. of Florida

MAILING ADDRESS

200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER

LIMIT:

CLASS SIZE:

FLA012680 Final

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

Minor R-001 HIC 11

FACILITY: LOCATION Crownwood WWTF

4497 NW 7312 Terrace

MONITORING PERIOD

From: 01/01/08

To: 01/31/08

Ocala, FL

COUNTY:

Marion

Parameter		Quantity (or Loading	Units	Qua	ility or Concentrat	ion	Units	No. Ex.	Trequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.020	20-1-00-00-00-00-00-00-00-00-00-00-00-00-	Mgd					0	Calculate	Cale Rolling 12 Mon Avg
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		Mgd				- 200		Calculation	Cakulated Roll 12 Mo Avg.
Flow, total plant	Sample Measurement	0.020	0.020	Mgd					()	5 Dys/Wk	Hap Time Mir
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo Avg.)	Mgd						5 Days Work	Flapsed Time Meter
Percent Capacity, (TMADE/Permitted Capacity) v 100	Sample Measurement		The state of the s		50%			%	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. FLW-01	Permit Measurement				Report (Percenti)			Percent		Monthly	Calculated
CRODS	Sample Measurement					2.6		mg/l	0	Calculate	Cate Rolling 12 Mon Avg
PARM Code 80082 Y Mon Site No. EFA-01	Pennit Measurement					20.0 (12 Mo Avg.)		mæ1.		Calculation	Calculated Roll 12 Mo. Avg.
CBODS	Sample Measurement					<2.0	<2.0	mg/L	0	Monthly	Cirab
PARM Cisde 80082 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60 II (Max.)	më.l.		Monthly	Cirah
TSS	Sample Measurement					1.8		mg/L	0	Calculate	Calc Rolling 12 Mon Ave
PARM Code 00530 Y Mon.Site No. FFA-01	Permit Measurement					20.0 (12 Mo:Avg.)		m¢I.		Calculation	Calculated Roll 12 Mo Avg
TSS	Sample Measurement					<1.0	<1.0	mg/L	()	Monthly	timb
PARM Code 00530 1 Mon Site No. FFA-01	Permit Measurement				2.3000000000000000000000000000000000000	30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Cirah

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 the 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/LITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE YY/MM/DD
Daniel S. Anderson/Lead Operator	Daniel S. anderson	800-272-1919	08/02/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).

FACILITY NAME: Crownwood WWTF

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: ROOT

WAIR SITE No. RIGH

COUNTY: Marion

Month/Year: JAN / 2008

Parameter		Quantity or Loading	Units	Qua	lity or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.6		8.0	S.U.	0	5 Dys/Week	Grab
PARM Code 00406 1 Mon Site No. EFA-01	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	(îrah
Feeal Coliform Bacteria	Sample Measurement				1.1		#/1(X)m1.	0	Calculate	Cale Rolling 12 Mon Avg
PARM Code 74055 Y Mon Site No. EFA-01	Permit Measurement				200 (12 Ma Avg.)	Account of Property	#/100mL		Calculation	Calculated Roll 12 Mo. Avg
Fecul Coliform Bacteria	Sample Measurement			<1		<1	#/100ml	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-01	Permit Measurement			Report (Mo Geo Mean)		800 (May.)	2/100mL		Monthly	Grah
IRC for disinfection	Sample Measurement			1.2			mg/L	0	5 DyvWeek	Grah
PARM Code 30060 A Mon Site No. EFA-01	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Cirab
Nitrate (as N)	Sample Measurement					4.69	mu/L	0	Monthly	Grah
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement	Acceptance of the Control of the Con				12 0 (Max.)	mg/l,		Menthfy	Grab
										Action of the state of the stat
CBOD5	Sample Measurement				MNR	10 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	rgm.	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement				Report Annual Sample		ıng/L		Anaually'	Giph
ISS	Sample Measurement				MNR		MgT	0	Annualls	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L		Annually *	Grah
	Sample Measurement									
4 - 4504(15145)469019-7-18 - 2	Permit Measurement Sample								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Measurement Permit					No.				
	Measurement Measurement									

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliforni, use the monthly geometric mean Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent

The annual sample shall be taken in the month of February.

Facility Name: County; Month/Year:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

Marion

JAN/2008

	Flaw (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH(s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	(mg/L)	TSS (mg/L
Civile	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FL,W-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
ı	0.018	1		7.9		2.1			
7	0.026			7.9		2.2			
3	0.016		1	8.0		2.0			
.1	0.018	<u> </u>		8.0		>2.2			
5	0.022								
6	0.022			7.8		1.5			
7	0.017			7.9		2.0			
8	0.022			8.0		2.0			
9	0.023			7.9		1.9			
10	0.023	1		8.0		>2.2			
11	0.020			7.8		1.6			***
12	0.019	1							
13	0.019			7.7		1.5			
14	0.021			7.6		1.4			
1.5	0.021			7.8		1.7			
16	0.020	A. C.		7.9		2.0			
17	0.021			8.0		>2.2			
18	0.021			8.0		2.0			
19	0.019								
20	0.019	İ		7.8		1.7			
21	0.021	***		7.7		1.5			
22	0.021			7.7		1.3			
23	0.020	<2.0	<1.0	7.7	<1	1.2	4.69	MNR	MNR
24	0.020			7.8		1.5			
25	0.023			7.9		2.0			
26	0.020								
27	0.020			7.9		2.0			
28	0.018			7.9		>2.2			
29	0.025			8.0		>2.2			
.3()	0.020	1	1	8.0		>2.2			
31	0.020			7.9		>2.2	l		
Total	0.635	<2.0	<1,0	212.5	<1	50.5	4.69		
Mo Ave	0.020	<2.0	<1.0	7.9	<1	1.9	4.69		

PLANT STAFFING:							
Day Shift Operator	Class	Class A	Certificate No:	# X-0008122	Summe:	Daniel S Anderson	
Evening Shift Operator	Class	Class II	Certificate So:	*11-0009509	Same:	Steve I. Pfouts	900000
Night Shift Operator	Class:	Class C	Certificate No:	a C-0007747	Name:	Charles G Schwades	
Lead Operator	Classi	ClassA	Certificate So:	×1-0008122	Name:	Daniel S Anderson	

635

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

Wher appreciated mail this report to: Department of Environmental Protection, Marl Station 3551, 2600 Blair Stone Road, Tallahassee, Fl. 32399-2400

PERMITTEE NAME:

Utilities, Inc. of Henda

MAILING ADDRESS:

200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA012680 Final Minor

REPORT: GROUP: Monthly Domestic

FACILITY: LOCATION Crownwood WWTF

4497 NW 73" Terrace FILE COPY

V

PLANT SIZE/TREATMENT TYPE. NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

IIVC [] From:

R-001

m: To: 02/01/2008 02

02/29/2008

Ocala, FL

COUNTY:

Manon

Parameter		Quantity of	or Loading	Units	Qu	ality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0 020		mgd					Ö	Calculation	Calc, Roll, 12 Mp. Avg
PARM Code 50050 Y Mon Site No. FLW-01	Pennit Measurement	0.040 (12MADF) ¹		mgd						Calculation	Calculated Roll, 12 Mn. Avg. ¹
Flow, total plant	Sample Measurement	0.021	0.023	mgd					Ü	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Measurement	0.040 (3MADE) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) v 100	Sample Measurement				53%			Percent	Ó	Monthly	Calculated
PARM Code 00180 1 Mon Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated ⁵
CBOD5	Sample Measurement					2.6		Mg/l	0	Calculation	Calc. Roll 12 Mo. AVe.
PARM Code 80082 Y Mon Site No. EFA-01	Permit Measurement					20.0 (12 Mo Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Avg. ³
CBOD5	Sample Measurement					<2.0	<2.0	MgA	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement					1.4		Mg/L	()	Calculation	Cale, Roll, 12 Mo. Ave.
PARM Code 00530 Y Mon Site No. EFA-01	Permit Measurement					20.0 (12 Mo Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo, Avg ¹
TSS	Sample Measurement						1	Mg/L	Û	Monthly	Grab
PARM Code 00530 Mon.Site No. EFA-01	Permit Measurement					30.0 (Ma.Avg.)	60 0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information, I believe the 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	PHONE NO:	DATE: YY/MM/DD
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	08/03/10

FACILITY NAME: Crownwood WWTF

COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: ROOT

Month/Year: February/2008

Parameter		Quantity of	or Loading	Units	Qua	lity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.7		8.0	S.U.	0	5 Days/Week	Grab
PARM Code 00406 1 Mon.Site No. EFA-01	Permit Measurement				6.0 (Min.)		8.5 (Max.)	S U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					1.1		#/100m1	0	Calculation	Calc. Roll. 12 Mo. Avg.
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Measurement					200 (12 Mo Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo Avg. ¹
Fecal Coliform Bacteria	Sample Measurement			a distribution of the second	<1	And American Control of the Control	<1	#/100ml	0	Menthly	Grab
PARM Code 74055 1 Mon Site No. EFA-01	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0			Mg/I	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-01	Permit Measurement		200000 2000 2000 2000		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement						0.25	Mg/l	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/l.		Monthly	Grab
*											
CBODS	Sample Measurement			-		191		Mg/I	0	Annually	Cirab
PARM Code 80082 G Mon Sue No. INF-01	Permit Measurement	A. A				Report Annual Sample	A A A A A A A A A A A A A A A A A A A	mg/L		Annually 4	Grab
TSS	Sample Measurement					160		Mg/l	0	Annualty	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually*	Grab
	Sample Measurement										
AND THE RESIDENCE OF THE PARTY	Permit Measurement										
	Sample Measurement							-			
	Permit Measurement										

¹ Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) mainths' averages. For Feeal Coliform, use the monthly geometric mean.

² Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

³ The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

⁴ The annual sample shall be taken in the month of February.

Facility Name: County: Month Year:

Crownwood WWTF

Marion

__February 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: KOOL

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (8.11.)	Fecal Coliforn Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg.1
Code	50050	80082	00530	06406	74055	30060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
ı	0.021			7.9		>2.2			
2	0.023	***************************************		-				**************************************	
3	0.023			7.9		>2.2			1
4	0.020			80		>2.2			
5	0.021			8.0		>2.2	***************************************		-
6	0.025		***************************************	7,9	1	>2.2		PROFESSION AND ADDRESS OF THE PROFES	
7	0.016			7.9	<u> </u>	>2.2			-
8	0.024			7.9		>2.2			
9	0.021					-			
10	0.021	***************************************		8.0	·	>2.2			
11	0.022			7.8		1.5			
12	0.020	<2.0	1	7.9	<	>2.2	0.25	191	160
13	0.026	-		7.7		1.0			
14	0.022			7.9		2.0			
15	0.025			8.0		>2 2		·	
16	0.026								
17	0.026			8.0		>2.2			
18	0.026		***************************************	7.7		1.1			
19	0.028			7.8		1.6			
20	0.030			8.0		>2.2			
21	0.025			8.0	(>2.2			
22	0.023			7.9		>2.2			
23	0.026								-
2.4	0.026			7.9		2.0			
25	0.021	*		7.7		1.2			
26	0.022			7.9		2.1			
27	9.022	***************************************		7.9		2.0		***************************************	
28	0.013		,	8.0		>2.2			The second second second
29	0.021	***************************************		8.0		>2.2			
30									
31		***************************************			······································				
Total	0.665	<2.0	t	197.6	<1	49.7	0.25	91	160
Mo. Ave	0 023	<2,0	1	7.9	<1	2.0			160

PLANT STAFFING: Day Shift Operator	Class:	Class A	Certificate No:	#A-0008122	Name:	Daniel S Anderson	
Evening Shift Operator	Class:	Class B	Certificate No:	#8-(800)95(99	Name:	Steve 1. Pfouts	
Night Shift Operator	Class:	Class C	Certificate No	#C-0007747	Name:	Charles G Schwades	-
Lead Operator PA File # TLA012680-002-DW Version 3/2004	Class: V3P	Class A	Certificate No:	#A-0008122	Name	Daniel S Anderson	

635 (D)

TIDEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When (Smi)leted mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Utilities, Inc. of Florida

200 Weathers field Avenue Altamonte Springs, FL 32714 PERMIT NUMBER:

DISCHARGE POINT NUMBER:

TLA012680

Final

R-001

Minor

REPORT GROUP

Monthly Dannestic

FACILITY: LOCATION.

Crownwood WWTF 4497 NW 73rd Terrace

NO DISCHARGE FROM SITE: MONITORING PERIOD

LIMIT:

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE: IIIC 11

From: 3/1/08

FILE COPYO: 3/31/08

Ocala, FL

COUNTY

Marion

Parameter			or Loading	Units	Qu	ality or Concentra	tion	Units	No. Es.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.020		Mgd					0	Calculation	Calculated Roll, 12 Mo Ave.
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		Mgd						Calculation	Calculated Roll, 12 Mo. Avg.
Flow, total plant	Sample Measurement	0.022	0.024	Mgd					0	5Days/Week	Dapsed fime
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) ³	Report (Mo.Avg.)	Mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				\$5%			Percent	n	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Measurement				Report (Percenti)			Percent		Monthly	Calculated*
CBOD5	Sample Measurement					2.6		Mg/I	0	Calculation	Calculated Roll 12 Mo Ave
PARM Code 80082 Y Mon Site No. EFA-01	Permit Measurement					20 0 (12 Mo.Avg.)		mg/L		Calçulation	Calculated Roll 12 Mo. Avg. 5
CBOD5	Sample Measurement		The second secon		WARRE E WOOLSHIP	2.7	2.7	Мел	0	Monthly	Grah
PARM Code 80982 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grah
TSS	Sample Measurement					1,6		Mg/I	0	Calculation	Calculated Roll 12 Mo. Avg.
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Measurement					20 0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo, Ave 1
ISS	Sample Measurement					3	3	MgT	()	Monthly	Citah
PARM Code 00530 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Cirab

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 the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of line and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE YYMMDO
Daniel S Anderson	Daniel D. andorson	800-272-1919	08/04/14

COMMENT, AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

PA File # FLA012680-002-DW3P Version 3/2004

FACILITY NAME: Crownwood WWTF COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R601

WAFR SHE No - ROOF

Month/Year: March 2008

Parameter		Quantity or Loading	Units		llity or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
ρH	Sample Measurement			7.5		8.1	S.U.	0	5 Days/ Week	Grab
PARM Code 00406 I Mon Site No. EFA-01	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria PARM Code 74055 Y	Sample Measurement				1.1		#/190ml	()	Calculation	Calculated Roll 12 Mo. Avg
PARM Code 74055 Y Mon.Site No. EFA-01 Fecal Coliform Bacteria	Permit Measurement Sample				200 (12 Mo.Avg.)		%/1(i()m1.		Calculation	Calculated Roll, 12 Mo, Avg
PARM Code 74055	Measurement Permit			<1		<1	#/100ml	0	Monthly	Grah
Mon Site No. EFA-01 IRC for disinfection	Measurement Sample			Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
PARM Code 50060 A	Measurement Permit			1.0			Mg/l	43	5 Days/Week	Grah
Mon Site No. EFA-01 Nitrate (as N)	Measurement Sample			0,5 (Min.)		CONTRACTOR	mg/l.		5 Days/Week	Grah
PARM Code 00620 I	Measurement Permit					3.44	Mg/l	0	Monthly	Cirab
Mon Site No EFA-01	Measurement					(Max.)	mg/L		Monthly	Grah
CBODS	Sample						3/701-lecos			The state of the s
PARM Code 80082 G	Measurement Permit				MNR		Mg/I	0	Annually	Cirah
Mon Site No. INF-01	Measurement Sample				Report Annual Sample		mg/l.		Annually 1	Grab
PARM Code 00530 G	Measurement Permit				MNR		Mg/I	0	Anually	Grak
Mon Site No. INF-01	Measurement Sample				Report Annual Sample		mg/l.		Annually*	Grah
THE REAL PROPERTY AND A SECOND CONTRACT OF THE PARTY OF T	Measurement Permit Measurement					•				
	Sample Measurement Permit									
THE PROPERTY OF THE PROPERTY O	Measurement									200

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 160, Reported as a percent.

The annual sample shall be taken in the month of February.

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

Facility Name: County: Month/Year:

Marion March 2008

	Flow (MGD) Fo R001	CBOD5 (mg/L)	TSS (mg/L)	pff (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	(mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mun. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.023								
2	0.023			7.9		2.0			
3	0.027			8.0		>2.2			
4	0.026			8.0	- International	>2.2			
5	0.025			8.1		>2.2			
6	0.021			8.0		>2.2			
7	0.030			8.0		>2.2			
Я	0.028								
9	0.028		1	7.6		1.2			
10	0.017			7.6		1.4			
11	0.025			7.6		1.8			
12	0.026			7.8		1.9			
13	0.021			7,8		1.9			
14	0.025			7.9		2.1			
15	0.028								
16	0.029			7.8		>2.2			
17	0.020			7.8		1.7		1	
18	0.021			7.9		>2.2			
19	0.023	1		7.9		2.0			
20	0.023	2.7	3	8.0	*:I	>2.2	3,44	MNR	MNR
21	0.022			8.0		>2.2			
22	0.023			8.0		>2.2			
23	0.024	1							
24	0.024			7.7		1.3			
25	0.021			7.6		1.0			
26	0.023	***************************************		7.7		1.5			
27	0,021			7.8		1.8			
28	0.021			7.8		2.0			
29	0.023				90.000.000				
30	0.023	1		7,5		1,1			
31	0.016			7.9		2.0			
Total	0.730	2.7	3	203.7	<1	48.7	3 44	MNR	MNR
Mo. Ave	0.024	2.7	3	7.8	122	1.9	3.44	MNR	MNR

PLANT STAFFING: Day Shitt Operator	Class:	Class A	Centilicate No	= 八4四周122	Name:	Daniel S Anderson
Evening Shift Operator	Class	Clas B	Certificate No:	2B-0004509	Name.	Steve I. Prioris
Night Shift Operator	Class	Class C	Cenificate No:	#C-0007747	Name:	Charles G Schwades
Lead Operator	Class:	Class A	Certificate No	#A-0008122	Name:	Daniel S Anderson

PA File # 11,A012680-002-DW3P Version 3/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, Fl. 32399-2400

PERMITTEE NAME MAILING ADDRESS: Unlities, Inc. of Florida 21#1 Weathersfield Avenue

Altaniente Springs, Fl. 32714

FILE COPY

PERMIT NUMBER: LIMIT:

CLASS SIZE:

FLA012680

Final Minor

REPORT: GROUP. Monthly Domestic

EACILITY LOCATION.

Commwood WWIF
4497 NW 73th Temace

Ocala, FL

NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

K-001 III/C

From:04-01-2008

To:04-30-2008

COUNTY

Marion

Parameter	- Alexandra -	Quantity	or Loading	.oading Units		Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E post	Sample Measurement	0.021		mgd					0	Calculation	Cale Rolling 12
PARM Code Strish Y	Permit	0.040	- United Section 1	mgd						11.11	Month Avg
Mon Site No. FI W-01	Measurement	(I2MADE) ¹		1						Calculation	Calculated
Flow, total plant	Sample	0.023	0.022	mgd							Roll 12 Ma. Avg
PARM Code 50050 1	Measurement Permit	0.040							g	5 Days/Week	Elapsed Lime Meter
Mon Site No. FLW-01	Measurement	(3MADE) ²	(Mo Avg.)	mgd						5 Days/Week	Elapsed Time
Percent Capacity, (TMADE/Permitted Capacity) v 100	Sample Measurement				58%			Percent	0	Monthly	Meter Calculated
PARM Code 00180 Mon Site No. 11,30-01	Permit Measurement				Report			Percent		Monthly	Calculated ³
CHOIDS	Sample				(Percent) ¹					*	Carebiated
PARM Code 800x2 V	Measurement					2,6		Mg/l.	0	Calculation	Cale Rolling 12
Mon Site No. 11 A-01	Permit Measurement				W. W. W.	20.0 (12 Mo Avg.)		mg/L		Calculation	Month Avg Calculated
	Sample		***************************************			<2.0	<26		**************************************		Roll. 12 Mo. Ave.
A + 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Measurement Pennit				earn all and a second a second and a second	-2.0	25.0	MgL	0	Monthly	Grab
Mon Site No. EFA-01	Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement				***************************************	1.4	127344.1	Mg/L	0	Calculation	Cale Rolling 12
	Penni Measurement	İ	production and the second			20 0		mg/L	-	Calculation	Month Avg
NAME OF TAXABLE PARTY O	Sample					(12 Mo.Avg.)			1	- montainel	Calculated
	Measurement					2	2	Mg/L	0	Monthly	Roll. 12 Mo. Avg. 1 Grab
	Permit Measurement				A	30.0 (Ma Avg.)	60.0 (Max.)	mg/L		Monthly	Grah

Lectrify 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 the 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		
Daniel S Anderson	SIGNATURE OF TRACETAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE YY/MM/DD
	Daniel S. (Informer	800-272-1919	08/05/14
COMMENT AND EVER AND TAKE AND ADDRESS AND	The state of the s		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).

PA File # FLA012680-002-11W3P Version 3/2004

LACILITY NAME: Crownwood WWTF

COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: _ April / 2008_

Parameter		Quantity or Loading	Units		lity or Concentra		Units	No. Ex.	Frequency of Analysis	Sample Type
pi i	Sample Measurement			7.5		8.1	S.U.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No. EFA-01	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				2.8		#/100ml	0	Calculation	Calc Rolling 12 Month Avg
PARM Code 74055 Y Mon Site No. FFA-01	Permit Measurement	opening.			200 (12 Ma Avg.)		#/100mL		Calculation	Calculated Roll, 12 Mo. Avg
Feeal Coliform Hacteria	Sample Measurement			22		22	#/160m1	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. EEA-01	Permit Measurement			Report (Mo Geo Mean)		800 (Max.)	#/100ml.		Monthly	Grab
FRC for disinfection	Sample Measurement			1.5			Mg/L	û	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. FFA-01	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					4,27	Mg/L	0	Monthly	Grab
PARM Code 00r20 1 Mon Sue No. EFA-01	Рести Меамистери					12.0 (Max.)	mg/l.		Monthly	Grah
		And the state of t				Suspenier				
CHOPS	Sample	al Milesonia e e e e	-		MNR	And the second s	Me/L	0	Annually	
PARM Code 80082 G	Measurement Permit	and the second of the second o			Report				_	Grab
Mon Sue No. INF-01	Measurement				Annual Sample		mg/L		Annually 4	Grab
188	Sample Measurement	COLUMN TO THE PARTY OF THE PART			MNR		Mg/L	0	Annually	Grab
PARM Code 190530 G Mon Site No. INI 401	Permit Measurenicut				Report Annual Sample		mg/L		Annually ⁴	Grab
	Sample Measurement									
	Permit Measurement					Torrido E				
	Sample Measurement									
	Permit Measurement									

¹ Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feeal Coliform, use the monthly geometric mean,

² Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages

³ The 3MADE % Capacity is the 3MADF divided by the plant capacity multiplied by 160, Reported as a percent.

⁴ The annual sample shall be taken in the month of February.

Facility Name:

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County: Month Year Marion __April / 2008

	Flew (MGD) To R001	(mg/L)	TSS (mg/L)	p[1 (s.u.)	Feea! Coliforni Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/l.
Code	50050	80032	00530	00416	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	FFA-01	EFA-01	EFA-01	EFA-01	INF-01	INE-01
1	0.021	**************************************		7.8		1.7			
2	0.018			7.9		1.9			
3	0.020			8.0		>2.2			
4	0 021	The second secon		80	***************************************	>2.2			
5	0.028	The second secon							
6	0,028	Manager Andrews		8.0		>2 2			
7	0.024			N.1		>2.2			
8	0,026			8.0		>2.2			
9	0.029	**************************************		R,U		>2.2			
10	0,021			8.1		>2.2			1
11	0.025	×1		7.9		1.8		2000	
12	0.025								
13	0.025	·		7.9		1.9			
14	0.025			7.9		2,0			
15	0.025	Magazini (1900)		8.0		>2.2			
16	0.026			8.0		>2.2		- admit the quantity of the control	
17	0.025	-		80		>2,2			
18	0.032			7.9		>2.2			
19	0.023								
20	0.023			8.0		>2,2			
21	0.021			8.0		>2.2			
22	0.019			7.9		>2.2			
23	0.018			7.9		>2.2			MNR
24	0.018	<2.0	2	8.1	22	>2.2	4.27	MNR	MINK
25	0.020			8.0		>2.2			
26	0.019			8.0		>2.2		1	
27	0.018								
28	0.018			7.5		1.5			
29	0.016			7,6		1,8			
30	0.016			7.7		2.0			
31								NASS.	MND
Total	0.673	<2.0	2	206.2	22	54.2	4.27	MNR	MNR
Mo. Ave	0.022	<2.0	2	7.9	22	2.1	4.27	MNR	MNR

PLANT STAFFING. Day Shift Operator	Class.	Class A	Certificate No	*A-0008122	Name	Daniel S Anderson
Evening Shift Operator	Class:	Class B	Certificate No	#13-0009509	Name	Steve L Pfouts
Night Shift Operator	Class:	Class C	Certificate No:	#C-0007747	Name	Charles G Schwades
Lead Operator	Class	Class A	Certificate No	#A-0008122	Name:	Daniel S Anderson
PA File # FLA012680-002- Version 3/2004	DW3P					

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME MAILING ADDRESS.

Utilities, Inc. of Florida 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER: LIMIT:

CLASS SIZE:

Final

REPORT: GROUP:

Monthly Domestic

FACILITY. LOCATION

Crownwood WWIF

FILE COPY 4497 NW 7314 Terrace Ocala, FL

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

Minor R-001 IIIAC

MONITORING PERIOD

11 From: 05/01/08

To: 05/31/08

COUNTY:

Marion

Parameter		Quantity	or Loading	Units Quality or Concentration					No.	Frequency of	Sample Type
Flow, to P/f. pond	Sample Measurement	0.020		mgd				-	Ex.	Analysis	
PARM Code 50050 Y Mon Site No. FI W-01	Permit	0,040		mgd	de maria de la companya de la compa				- "	Calculation	Calc Rolling 1 Month Avg
Flow, total plant	Measurement Sample	(12MADE) ¹ 0.020	0.015	-						Calculation	Calculated
PARM Code Sturstr 1	Measurement		0 015	mgd					0	5 Days/Week	Roll. 12 Mo. Av Elapsed Time
Mon Site No. FI W-01	Permit Measurement	0.040 (3MADE) ²	Report (Mo Avg.)	mgd						5 Days/Week	Meter
Percent Capacity, (TMADI/Permitted Capacity) x 100	Sample	, santa ,	(alternity)		50%			Überen			Elapsed Time Meter
PARM Code 00180	Measurement Permit			-	-			Percent	Ü	Monthly	Caulculated
Mon Site No. FI W-01 CBOD5	Measurement				Report (Percent) ¹			Percent		Monthly	Calculated
	Sample Measurement					2.1		Mg/1.	0	Calculation	Cale Rolling 12
PARM Code 80082 Y MonSite No. FFA-01	Permit Measurement					200		mg/L			Month Avg
Chobs	Sample					(12 Mo.Avg.)	CHICAT TRANSPORT AND AND A LOCAL TO A CONTRACT OF THE WARRANT OF THE CONTRACT	mg.L		Calculation	Calculated Roll, 12 Mo. Av
PARM Code NORS	Measurement Permit					<2.0	<2.0	Mg/t.	0	Monthly	Grab
Mon Site No. EFA-01	Measurement					30.0 (Mo.Avg.)	0.00	mg/L		Monthly	Grab
1 1.7	Sample Measurement					1.4	(Max.)	Mg/L	0	Calculation	
PARM Code 00530 Y Mon Site No. FEA-01	Permit					20.0				V. 185	Cale Rolling 12 Month Avg
ISS	Measurement Sample					(12 Mo.Avg.)		mg/L		Calculation	Calculated
PARM Code 00530 1	Measurement					<1	<1	Mg1.	0	Monthly	Roll 12 Mo. Avg Grab
Mon Site No. FFA-01	Permit Measurement					30.0	60.0	mg/L	-	Monthly	00000
	-					(Mo.Avg.)	(Max.)	-	- 1		Grab

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 the 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.

	of the mid unpercented	4.	
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Daniel & Conference	PHONE NO: 800-272-1919	DATE: YYAMA/DD 68/06/12
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments in	ere):	<u></u>	

FACILITY NAME: Crownwood WWIF COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: ROOF

WAFR SITE No.: ROOT

Month/Year: May 2008

Parameter		Quantity or Loading		Units		lity or Concentra	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement				7.%	7.8		S.U.	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No. FFA-01	Permit Measurement				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Feeal Coliform Hacteria	Sample Measurement					2.8		#/100mL	0	Calculation	Calc Rolling 12 Month Ave
PARM Code 74055 Y Mon Site No. EFA-01	Рети Меамлетет					200 (12 Mo.Avg.)		#/100m1.		Calculation	Calculated Roll. 12 Mo. Avg.
Fecal Coliforn Bacteria	Sample Measurement				ı		1	#/100mL	0 .	Monthly	Grab
PARM Code 74655 1 Mon Site No EFA-01	Pennii Meantement				Report (Mo Geo Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disintection	Sample Measurement				1,9			Mg/L	0	5 Days/Week	Grab
PARM Code Stitunt A Mon Site No. 1 FA-01	Pennu Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement						5.58	Mg/L	0	Monthly	Grab
PARM Code 00t20 1 Mon Site No. FFA-til	Permit Measurement		7,000				12.0 (Max.)	mg/l.		Monthly	Grab
CBODS											
	Sample Measurement					MNR		Mg/L	Û	Annually	Grab
PARM Code 81082 G Mon Site No. 1NF-01	Permit Measurement					Report Annual Sample		mg/L		Annually '	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
PARM Code 10530 G Mon Site No. INF-01	Permit Méasurement					Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement										
	Permit Measurement										
	Sample Measurement		Manufacture of the second								
	Permu Measurement		12 Eur								

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean. Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent. The annual sample shall be taken in the month of February.

Facility Name: County Month/Year

Marion

Crownwood WWTF

May 2008_

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBODS (mg/l.)	188 (mg/L)	plf (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (Fer Disinfect) (mg/L)	Nitrate (mg/L)	CBODS (mg/L)	TSS (mg/L
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FFA-01	INF-01	INF-61
1	0,015			7.8	-	2.1			***************************************
2	0.016			7.9		>2.2			
3	0.017	08/104/14/₁₀₈₈ (10/108/108/108/108/10 /1/108/108/108/108/108/108/108/108/108/1	***************************************	7.9		2.0	1		
4	0.016		1			1	***************************************		
5	0.016		The second second	8.0		>2.2	-		
6	0.017			8.0		>2.2			
7	0.016			8.1		>2.2			
8	0.015		***************************************	8.0		>2.2			
9	0.014	A A A A A A A A A A A A A A A A A A A		7.9		>2,2			-
10	0.018			7.9		>2.2			
11	0.016								
12	0.016			8.0		>2.2			
13	0.015	The same of the sa		8.0		>2.2			
14	0.016	WARE THE THE PARTY OF THE PARTY		7.9		>2.2			
15	0.016		 	8.0		>2.2			
16	0.015	**************************************	-	8.0		>2.2			
17	0.015	CALL MATERIAL CONTRACTOR CONTRACT	-	8.1	**************************************	>2.2			
18	0.016					-			1
19	0.016		***************************************	8.0		>2.2			
20	0.014	**************************************		8.1		>2.2			
21	0.022	The second secon		8.0	The state of the s	>2,2			
22	0.011			7.9		2.0			
23	0.015			8.0		>2.2			
24	0.016			7.9		1.9			<u> </u>
25	0 015				<u> </u>				
26	0.015	The second secon		8.0		2.1			
27	0.013	<2.0	<1	8.1	1	>2.2	5,58	MNR	MNR
28	0.011			8.1		>2.2			
29	0.016			8.1		>2.2			
30	0.013			8.0		>2.2	1	· · · · · · · · · · · · · · · · · · ·	
.31	0.015			7.9		>2.2			
Total	0.477	<2.0	<1	215,6	1	58,5	5.58	MNR	MNR
Mo. Ave	0.015	<2.0	<1	8,0	1	2.2	5.58	MNR	MNR

PLANT STAFFING; Day Shift Operator	Class:	Class A	Censficate No	*A-0008122	Name,	Daniel S. Anderson	
Evening Shift Operator	Class:	Class B	Certificate No:	#8-0009509	Name:	Steve L. Prouts	
Night Shift Operator	Class.	Class C	Certificate No:	#C-0007747	Name:	Charles G. Schwades	
Lead Operator PA File # FLA012680-002-DW	Class: /3P	Class A	Certificate No:	#A-0008122	N алте	Daniel S. Anderson	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

- When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Utilities, Inc. of Florida

MAILING ADDRESS:

200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FLA012680

R-001

HIC

Final Minor

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

11

Monthly Domestic

FACILITY: LOCATION: Crownwood WWTF 4497 NW 73" Terrace

Ocala, Fl.

MONITORING PERIOD

From: 6/1/2008

Fo: 6/30/2008

COUNTY:

Marion

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample 0.020 Measurement			mgd					1)	Calculation	Calc. Roll. 12 Mon. Avg
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) ⁴		mgd						Calculation	Calculated Roll, 12 Mo. Avg. 1
Flow, total plant	Sample Measurement	0.017	0.015	mgd					0	5 Days/Week	Hapsed Time Meter
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd					2	5 Days/Week	Hapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				43%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. FLW-01	Permit Measurement				Report (Percent)			Percent		Monthly	Calculated
CHOD5.	Sample Measurement					2.1		Mg/l	11	Calculation	Cale Roll 12 Mon. Avg
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Measurement					20 0 (12 Mo Avg)		mg/1.		Calculation	Calculated Roll 12 Mo. Avg.
CBODS	Sample Measurement					<20	<2.0	Mg/I	0	Monthly	Grah
PARM Code 80082 1 Mon.Site No. EFA-01	Permit Measurement					30.0 (Ma.Avg.)	60.0 (Max.)	mg/L		Monthly	(ital)
TSS	Sample Measurement					1.4		1.4Q	g	Calculation	Cole Refl. 12 Mon. Avg
PARM Code 00530 Y Mon Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		mg/l.		Calculation	Calculated Roll, 12 Mo. Avg. ¹
TSS	Sample Measurement					<1	<	Mg/I	0	Monthly	Grah
PARM Code 00530 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

Legrify under penalty of law that I have personally examined and am familiar with the information submitted herein; and hased on my inquiry of those individuals immediately responsible for obtaining the information. I believe the 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	PHONE NO.	DATE, YY/MM/DD
Daniel S. Anderson / Lead Operator	91-111/11-19	1-800-272-1919	08/07/15
	Namal & Unders		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

PA File # FLA012680-002-DW3P Version 3/2004

DISCHARGE BEGIN CHRISTIAN RELEVANT * LANG A COMMISSION

TWILLTY NAME Commond WWTF CHINTY Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER, ROUT

WALR SITE NO ROOT

Month Year: JUNE 2008

Parameter		Quantity or Loading	Units	Qua	lity or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Pype
) \$	Nample Measurement			7.8		8.1	S.U.	0	5 Days/Week	Cirab
PARM Code Bullon 1 Mont Site No. 11 A-111	Permut Measurement			6.0 (Mm.)		8.5 (Max.)	5.11		5 Days Week	(irab
Freai Coliforn Hacteria	Sample Measurement				2.8		#/100m1	0	Calculation	Calc. Roll 12 Mon. Avg
PARM Code 34055 V MonSite No. ELA-01	Permit Measurement				200 (12 Mo.Avg.)		#/100mL		Calculation	Roll 12 Mo Av
scale oliform flacteria	Sample Measurement			< <u>ا</u>		*1	#/](M)ml.	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. FFA-01	Permit Measurement			Report (Mo Geo Mean)		800 (Max.)	#/1 Ottml		Monthly	Cirab
IRC by demission	Sample Measurement			1,3			Mpl.	0	5 Days/Week	Grab
PARM Code Stoner A Mon Site No. 1 FA-01	Perint Measurement			0.5 (Min.)			me/l.		5 Days Week	Grah
Subate (as N)	Sample Measurement					4 12	Mell	11	Monthly	Carab
PARM Code 90670 1 Mon Site No. L. (Add)	Permit Méasurement	300000000000000000000000000000000000000				12.0 (Max.)	mg/l		Monthly	Grab
(*IF H)5	Sample Measurement				MNR		Mg/L	n	Annually	(m.d)
PARM Code 80082 G Mon Site No. 184-01	Permit Measurement				Report Annual Sample	Color (see s	mgl		Annualis	Chate
177	Nample Measurement	A JAMES OF THE PROPERTY OF THE			MNR		Mg/l	10	Annulty	l Cirah
PARM CIAR BISTO G Mon Sire No. 184-41	Permit Measurement				Report Annual Sample		mel.		Annually'	(ma)
	Sample Measurement					the state of the s				
	Permit Measurement						- Company -			
	Sample Measurement	44								-
	Permit Measurement									

Rolling Tweive Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean.

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. The 3MADF "a Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

the annual sample shall be taken in the mornh of February.

DAILY SAMPLE RESULTS - PART B

Facility Name: County: Month/Year;

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001.

Marion

___JUNE 2008_

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pil (s,u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	(mg/L)	TSS (mg/L
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.015								
2	0.015		İ	8.0		>2.2			
3	0.015	<u> </u>		7.9	1	1.9			
-4	0.015		1	7.9		2.0			
5	0.016			8.0		>2.2			1
6	0.015			8,1		>2.2			
7	0.015								
8	0.015			8.0		>2.2			
9	0.014		- Augustian Augu	8.0		2.0			<u> </u>
10	0.014			7.9		1.9			
11	0.016			7.9		1,9			
12	0.015			7.9		1.8	1		
13	0.016			7,9		1.9			
14	0.016								
15	0.016			8.0	1	2.0			
16	0.015			8.1		>2.2			
17	0.014	<2.0	<1	8.0	< 1	>2.2	4.12	MNR	MNR
18	0.006			8.1	***************************************	>2.2	-		
19	0.016			8,0		>2.2			
20	0.015			8.0		2.0			
21	0.016								
22	0.016			8.0		2.1			1
23	0.015			8.0		2.2			1
24	0.020			8.0		2.1			1
25	0.012	İ		8.1		>2.2			
26	0.015			8.0		2.0			1
27	0.016			8.0		1.9			
28	0.021								
29	0.021			8.1		>2.2			
30	0.008			7.8	-	1.5			
31									
Total	0.454	<2.0	<1	109.7	<1	51.2	4.12	MNR	MNR
Mo. Ave	0.015	<2.0	<:1	8.0	<1	20	4.12	MNR	MNR

PLANT STAFFING: Day Shift Operator	Class:	Class A	Cartificate Not	*/\-\%\(\8122	Name	Daniel S. Anderson	
			67	***************************************	•		The state of the s
Evening Shift Operator	Class;	Class B	Certificate No.	KH159(K)O-EL=	Nume	Steve L. Propers	
Night Shift Operator	Class:	Class C	Cartificate Not	≥C-0006490	Name:	Allson S. McPhee	
Lead Operator	Chass:	Class	Cembrate No.	#A-0008122	Name	Daniel S. Anderson	

PA File # FLA012680-002-DW3P Version 3/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME.

Utilities, Inc. of Florida

MAILING ADDRESS: 200 Weather

200 Weathersfield Avenue

Altamonte Springs, Fl. 32714

PERMIT NUMBER:

LIMIT:

FLA012680 Final

CLASS SIZE: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

MONITORING PERIOD

Minor R-001 III/C []

From: 07-01-2008

REPORT GROUP:

PY

Monthly

Dymestic

To:07-31-2008

FACILITY: LOCATION: Crownwood WWTF 4497 NW 73rd Terrace

Ocala, FL

COUNTY:

Marion

Parameter		Quantity or Loading			Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow, to PÆ pond	Sample Measurement	0,020		mgd					1)	Calculation	Calculated Roll 12 Mo. Avg
PARM Code 50050 Y Mon.Site No. FLW-01	Pennit Measurement	0.040 (12MADF) ³		måq						Calculation	Calculated Roll, 12 Mo. Avg ³
Flow, total plant	Sample Measurement	0.016	0.017	mgd					U	3 Days/Week	Flap Time Meter
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADE) ²	Report (Mo.Avg.)	mgd						5 Day e Week	Flapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement	1000			40%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. FLW-01	Permit Measurement				Report (Percent)			Percent		Monthly	Calculated*
CBOD\$	Sample Measurement					2.2		m#/L	Û	Calculation	Calculated Roll 12 Mon. Avg
PARM Code 80082 Y Mon Site No. EFA-01	Permit Measurement					20,0 (12 Mo Avg.)	-	mg/L		Calculation	Calculated Roll_12 Mo_Avg
CBOD5	Sample Measurement					2.0	20	നല്.	0	Monthly	Grab
PARM Code \$0082 I Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	mg/l		Monthly	(irah
TSS	Sample Measurement					1,4		mg/L	41	Calculation	Calculated Roll 12 Mon. Avg.
PARM Code 00530 Y Mon Site No. EFA-01	Permit Measurement				According to	20,0 (12 Mo Avg.)		me/l.	-	Calculation	Calculated Roll 12 Mo. Avg.
TSS	Sample Measurement					<1	<1	mg/f	0	Monthly	tirab
PARM Code 00530 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo Avg.)	60 0 (Max.)	mg/l.		Monthly	Cirah

Lecrify 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 the 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	PHONE NO.	DATE YYAMM/DD
Daniel S Anderson/ Lead Operator	Paris X. arkores	800-272-1919	68/08/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF

COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: ROOT

WAFR SHT: No. BOOL

Month/Year: _July 2008_

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ntion	Units	No. Ex.	frequency of Analysis	Sample Type
pii	Sample Measurement		(10) <u>(10)</u> (10)		7.9		8.2	SU.	0	5 Days/Week	Grah
PARM Code 00406 1 Mon Site No. EFA-01 Feeal Coliform Bacteria	Permit Measurement	WALL A VINCEN			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grah
PARM Code 74055 Y	Sample Measurement Pennit					2.8		#/160ml.	1)	L'alculation	Calculated Roll 12 Mon, Avg
Mon.Site No. EFA-01 Feeal Coliform Bacteria	Measurement Sample				** ***********************************	200 (12 Mo.Avg.)	1980c01964-503	#/100ml.		Calculation	Calculated Roll, 12 Mo Avg
PARM Code 74055 1	Measurement Permit				<1		<1	#/100ml.	0	Monthly	Grah
Mon Site No. EFA-01 TRC for disinfection	Measurement Sample				(Mo Geo Mean)		800 (Max.)	#/100ml.		Monthly	Cirab
PARM Code 50060 A	Measurement Permit		3		>2.2			mg/L	0	5 Days/Week	Cicab
Mon.Site No. EFA-01 Nitrate (as N)	Measurement Sample				(Min.)			mp/l.		5 Days/Week	Grab
PARM Code 00620 1	Measurement Permit	- Continues					0.58	mg/L	0	Monthly	Grah
Mon Site No EFA-01	Measurement						12 0 (Max.)	mg/l.		Monthly	Grah
CBODS	Sample	V schnoolden				MNR		mg/l.	1)	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Measurement Permit Measurement					Report		mg/l		Annually.	Grah
TSS	Sample Measurement					Annual Sample MNR		mg/L	0	Annually	Grah
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/t.		Annually 4	Grah
	Sample Measurement Permit Measurement										
	Sample Measurement Permit				-						
	Measurement										

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feeal Coliform, use the monthly geometric mean.

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Crawnwood WWTF

Marion

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

Facility Name: County: Month/Year: ___July 2008____

	Disw (MGD) To ROOL	CBODS (mpl.)	ISS (mg/L)	pH(su.)	Iveal Coliforn Bucteria (#/100ml)	TRC (For Disinfect) (mg/L)	Nurse (mg/L)	CHODS (mg/L)	188 (mg/L)
Code	50050	80082	00530	007406	74055	50060	181620	NADR2	(8)5.4)
Mon. Site	F1.W-01	UEA-01	EFA-01	EFA-01	EFA-01	HEA-01	EFA-01	INI-01	INFOR
1	0.016			8,0		>2.2			
3	0.015	2.4	<1	8.0	<1	>2.2	11,58	MNR	MNR
3	0.019			8.0		>2.2			
4	0.018			8.0		>2.2			
5	0.016						***************************************		
6	0.016			8.0		>2.2			
7	0.019		1	8.0		>2.2			***************************************
8	0.018			8.0		>2.2			
Ģ	0.016			8,0		>2.2			
10	0.015			8.0		>2.2			
11	0.014			8.0		>2.2			
12	0.017								
1,3	0.018			8.0		>2.2			
14	0.016			8.0		p2.2			
1,5	0.015			K.1		3·2·2			
16	0.018			8.2		>2.2			
17	0.013			8.1		>2.2			
18	0.016			8.0		>2.2			
19	0.018								
20	0.019			8.0		>2.2			
21	0.016			8.0		>2.2			
22	0.016			8.0		>2.2			
23	0.017			8.1		>2.2			
24	0.017			7.9		>2.2			
2,5	0.01.7			7.9		>2.2			
20	0.016								
27	0.016			8.0		>2.1			
28	Cintra			8,0		>2 2			
50	0.018	444		84)		>2.2			
313	13 (13 %			7.0		>2.2			
31	DAILS			8 12		>2.2			
िल्ला	0.318	2.9	<1	216.2	**L	59,4	0.38	MNR	MNR
Mis. Asc	um7	211	<1	8.0	e!	>2.2	41 4M	MNR	MNR

PLANT STAILING Day Shift Operator	t Los	Ches	Certificate So	art chief 22	Name	United S Ambrewin
				Account of the same of the sam		
Exering Shift Operator	6 1.188	Class B	County No.	albertaustes	Name,	Stew I. Prouts
Night Shift Operator	4 7234	Classic	Certificate Sec	»С-(хахьгээ)	Same:	Alle it S.M. Phys
Leaf Openius	(1,00	ClosA	Comilicate No.	RV (RX)8155	Nankt	Dark 18 Asiletson

PA 1 de # 11 A012/30 (8)2 10X 8p. Version 3/2084

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Laydoumental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTE NAME

Unlines Inc of House

MARING ADDRESS

200 Weathersfield Avenue

Altanoste Springs, 11, 32214

LACHIEY. HOCATION Crownward WWIF 4497 NW 7311 Terrace

Ocala, FI

COUNTY

Marion

PERMIT NUMBER

LIMIT:

FLA012680

Final Minut

REPORT GROUP

Monthly Domestic

CLASS SIZE: DISCHARGE POINT NUMBER:

R-001 PLANT SIZE/TREATMENT TYPE:

IIIC NO DISCHARGE FROM SITE: 11

MONITORING PERIOD From: 08-01-2008 To:08-31-2008

Parameter		Quantity	or Loading	Units	Qua	ality or Concentra	tion	Units	No. Ex.	Frequency of Analysis	Sample Type
Fins, to Pi pard	Sample Measurement	0.022		Mgd			Acceptable and the second seco		Ű	Calculation	Calculated Röll 12 Mon. Avg
PARM Code Source V Mon Site No. FI W 01	Permit Measurement	0.040 (12MADE) ¹		Mgd	AND AND AND AND AND AND AND AND AND AND					Calculation	Calculated Roll 12 Mo. Ava
them total plant	Sample Measurement	0.018	0.021	Mgd	2.2				Ö	5 Days/Week	Etapsed Time Meter
PARM Code 20050 1 Mon Site No. 11 W. 01	Pennd Measurement	O DAU (3MADE) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Flapsed Time Meter
Percent Capacity, (TMADE/Permitted Capacity) v 100	Sample Measurement	Ministration mea		-	45 %			Percent	Û	Monthly	Calculated
PARM Code 00180 1 Mon Sue No 11 W 91	Permit Measurement				Report (Percent)			Percent		Monthly	Calculated'
(1kM)	Sample Measurement					2.2		Mg/L	0	Calculatum	Calculated Roll 12 Mon. Avg.
PARM Code S0082 Y Mon Site No. 14 Asti	Perma Measurement					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Av
ChODS	Nample Measurement		0000 May 18 Barrier 1900 M		Action of the control of	20	<20	Mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. 1 LA-01	Pennit Measurement				3.3	30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grah
155	Sample Measurement				and a desired color of the colo	1,4		Mg/L	Ü	Calculation	Calculated Roll 12 Mon. Avg.
PARM Code 0053a - V Man Sile No. LF A401	Permit Measurement		Additional to the same			20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Av
188	Sample Measurement					1	1	Mg/L	Û	Monthly	Grah
PARM Code 00/30 I Mon Site No. 11 A401	Permit Measurement					30 0 (Mo.Avg.)	60.0 (Max.)	mg1.		Monthly	Grab

f 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 th 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 THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE, NO.	DATE: YY/MM/DD
Daniel S. Anderson - Lead Operator	Said Alleron	1-800-272-1919	0K/ (P)/ 12
	DATE OF CALL STREET		

COMMENT AND FAPI ANATRON OF ANY YOR ATRONS (Reference all attachments here).

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY SAME COMMOOD WWITE CHATY Marin

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SHE No.: ROOF

Month Year: August - 2008

Parameter		Quantity or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Typ≈		
pH	Sample			7.9		8.1	S.U.	0	5 Days/ Week	Grab
ist t	Measurement								5 Days/Week	Grab
PARM Code 00406 I	Permit			6.0		8,5	S.U.		3 LAIST WEEK	(nab
Mon Site No. EFA-01	Measurement			(Min.)		(Max.)	#/100mL	0	Calculation	Calculated Roll
lecal Coliforn Bacteria	Sample		1		2.8		#/100mL	U	C. MICHIGAN AL	12 Mon. Avg.
	Measurement				23%		#/100ml.	1-	Calculation	Calculated
PARM Code 74055 Y	Permit				200 (12 Mo Avg.)		W/IOAIII.	1	Carcaran	Rell. 12 Mo. Av
Mon Site No. FFA-01	Measurement				(IZ NO AVE.)	<u>*1</u>	#/100ml.	0	Monthly	Grab
recal Coliform Bacteria	Sample			<1			211/20141			
	Measurement					8(×)	#/100ml.		Monthly	Grah
PARM Code 74055 1	Permu	1		Report (Mo.Geo Mean)		(Max)		1	·	
Mon Site No. LFA-01	Measurement			1.5		5 KYK85-Y *	Mg/L	0	5 Days/Week	Grab
TRU for disinfection	Sample			1-2			1			
	Меанистеп			0.5			mg/L		5 Days/Week	Grah
PARM Code Strott A	Fernit	1		(Min.)						
Mon.Site No. FFA-011	Measurement			(3-1111.)		0.15	Mg/L	0	Monthly	Grab
Nifrate (as Ni	Sample									
	Measurement Pennat					12.0	mg/L		Monthly	Grab
PARM Cisle 00620	Measurement	100				(Max.)				
Mon Sile Xo. FTA-01	ACCESSAGE									
							Mg/L	0	Annualiy	Grab
CHODS	Sample				MNR		MAL	1 **	, tenimany	
	Measurement				D		mg/L	-	Annually4	Grab
PARM Code 86082 G	Permit		1		Report Armual Sample		1119,12		2 1400000000	
Mon Site Sir 181-401	Measurement				MNR		Mg/L	()	Annually	Cirab
TSS	Sumple				aian.		,			
	Measurement				Report		mg/1.		Annually '	Grab
PARM Code 00530 G	Permat				Annual Sample					
MonSite No. 1815-01	Measurement	Access to the second se			700000 0000					
	Sample									
	Measurement									
	Permit									
and the second s	Measurement									
	Sample			800 O						
	Measurement					-				
	Permit Measurement		-	11 2 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2						
	Mannengn	l L		1				4.5	2000	

Bolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feeal Coliform, use the monthly geometric mean.

Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

The AMADI "a Capacity is the AMADI divided by the plant capacity multiplied by 100, Reported as a percent.

The animal sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Figility Name. County Month Year

Crownwood WW II

Marion

August (2008)

Permit Number - FLA012680

DISCHARGE POINT NUMBER; ROOT

	To Busi	CBODS (mg/L)	155 (mg/L)	pit(su)	Coliforn Bacteria	Danniert) (mg/L)	Nurate (mg/l)	(mp/L)	
					(#/100ml) 74655	50000	00620	80082	00530
Code	\$(KI\$I)	811082	00530	00496	El-A-01	EFA-01	EFA-01	INF-01	INIAI
don. Site	FI W-01	EFA-01	EFA-01	13.7-11	Electron	+2.2			
1	onte			N.I					
2	0.018					52.2			
3	10.018	A CONTRACTOR OF THE PARTY OF TH		80		>2.2			
	10016			8.0		>2.2			
4	0.016			K 0		>2 2	0.15	MNR	MNR
6	0.016	<2.9	1	8.1	<1	>2.2			
w i	0.015	1		8.1		>2.2			
	0.015			8.0					
9	0.016					102.2			
	0.016			8,0					
10	0.013			K ()		>2.2			
	0.015			7.9		>2.2			
12	0.015			8.0		>2.2			
13	0.015			7.9		>2.2		-	
14	0.015			7.9		>2.2			
15	0.018			***************************************					
16				8.0		>2.2			
17	0.018			8.0		>2.2			
18	0.018		_	8.0		>2.2			
19	0,015			8.1		>2.2			
20	0.016			7.9		1.5			
21	0.018			7.9		1.9			
22	0.038			7.9		2.0			
23					Macoustaine and a second				
24				8.0		>2.2			
25				8.1		>2.2			
26				18.1		>2 2			
23				8.1		>2.2			
71				8.1	***************************************	5-2.2			
21				8.1		1-2.2			
3	0 0.024								MNR
1	1 0.025			208.3	<1	56.0	0.15	MNR	
Te	tal 0 664	<2.0	1	8,0	<1	2.2	0.15	MNR	DINE
N.O	Ave 0.021	<2.0	1	0,0					

NO WE HOLL		The state of the s	A STATE OF THE STA		
DE ANT STAFFING Day Shift Operator Evening Shift Operator Night Shift Operator	Class C	assA Certificate No. [assB] Certificate No. [assC] Certificate No. [assA] Certificate No.	#C-0006490	Name Name	Daniel S. Anderson Steve L. Pfouts Allson S. McPhee Daniel S. Anderson
Lead Operator	Class C	Pet. 7-7-7			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONDORING REPORT-PARTA

When Completed usall this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PLRMITTEE NAME: MAILING ADDRESS. titilities, Inc. of Florida

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FLA012680 Final Minor

R-001

IILC

REPORT: GROUP: Monthly Domestic

FACILITY: LOCATION: Crownwood WWTF

4497 NW 73rd Terrace

NO DISCHARGE FROM SITE: MONITORING PERIOD

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

[] From: 09/01/08

To: 09/30/08

COUNTY:

Marion

Ocala, FL

Parameter		Quantity	r Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.020		mgd					0	Calculation	Calc. Rolling 12 Mo. Avg.
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd						Calculation	Calculated Roll. 12 Mo. Avg.
Flow, total plant	Sample Measurement	0.018	0.016	mgd	W. 1972-1987 S. 1975-1976				Ü	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon Sue No. FLW-01	Permit Measurement	0.040 (3MADF) ⁷	Report (Mo Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADE/Permitted	Sample Measurement	V.J.M.	2		45%		######################################	Percent	0	Monthly	Caulculated
Capacity) x 100 PARM Code 001x0 1	Permit Measurement		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Report (Percent) ¹			Percent		Monthly	Calculated ¹
Mon Site No. FLW-01 CBODS	Sample				The Land Constitution of the Constitution of t	2.2		Mg/L	Û	Calculation	Cale. Rolling 12 Mo. Avg.
PARM Ciste 80082 Y	Measurement Permit					20,0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Avg
Mon Site No. EFA-01 CBOD5	Measurement Sample					<2.0	Q.0	Mg/L	0	Monthly	Grab
PARM Code 80082 1	Measurement Permit					30.0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Mon Site No. EFA-01 TSS	Measurement Sample Measurement				N	1,6		Mg/L	0	Calculation	Calc. Rolling 12 Mo. Avg.
PARM Code 00530 Y	Permit					20.0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Avg
Mon Site No. EFA-01 TSS	Measurement Sample					3	3	Mg/L	U	Monthly	Grab
PARM Code 00530 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Ave.)	60.0 (Max.)	mg/l.		Monthly	Grab

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 the 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	PHONE NO:	DATE: YY/MM/DD
Daniel S. Anderson		800-272-1919	08/10/15
	X Jan J Or Underson		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONTORIAG REPORT - PART A (COHRDUCT)

FACILITY NAME. Crownwood WWTF

COUNTY: Mission

PERMIT NUMBER; FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: ROOT

Month/Year SEPT 20088

Parameter		Quantity or Loading	Q	uality or Concentration	on	Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			78		8.1	S.U.	Û	5 Days/Week	Grab
PARM Code 00406 1 Mon Site No. EFA-01	Permit Measurement			6.0 (Min.)		8.5 (Max.)	s.u.		5 Days/Week	Grab
Fecal Coliforn Bacteria	Sample Measurement				2.9		⊭/100ml.	Û	Culculation	Calc. Rolling 12 Mo. Avg.
PARM Code 74055 Y Mon Site No. FFA-01	Permit Measurement				200 (12 Ma.Avg.)		#/100mL		Calculation	Calculated Roll, 12 Mo. Avg
Feeal Coliform Bacteria	Sample Measurement			2		2	#/100ml.	0	Monthly	Grab
PARM Code 74055 1 Mon.Site No. EFA-01	Permit Measurement			Report (Mo Geo Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Nample Measurement			1.2			Mg/L	Û	5 Days/Week	Grab
PARM Code 50000 A Mon Sue No. EFA-01	Permit Measurement	OCCUPATION AND ADMINISTRATION AN		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					0,89	Mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBODS	Sample Measurement	Manufacture M			MNR	Will consider the control of the	Mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permat Measurement				Report Annual Sample		mg/L		Annually ⁴	Grah
TSS	Sample Measurement				MNK		Mg/L	0	Annually	Grah
PARM Code (10530 G Mon Site No. INT-01	Permit Measurement				Report Annual Sample	* 0 ***	mg/L		Annually	Grah
	Sample Measurement									
	Permit Measurement									
	Sample Measurement									
MA .	Permit Measurement									

Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Fecal Coliform, use the monthly geometric mean. Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. The 3MADF % Capacity is the 5MADF divided by the plant capacity multiplied by 100, Reported as a percent. The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

Facility Name: County : Manth Year: Marion __SEPT 2008

	Flow (MGD) To R001	CHODS (mg/L)	188 (mg/L)	pH in.u s	Coliforn Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Natrate (mg/L)	CBODS (mg/l ₂)	TSN (mg L)
Code	50050	80082	00530	00496	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EEA-01	EFA-01	INF-01	INF-01
1	0.025			N 1	1	>2.2		4. No. of the last	
2	0.022		-	8.0		:-2.2			
3	0.020		 	8.0	 	S-2.2			
4	0.020		-	8.1		>2.2			
.5	0.018			8.1		>2.2			
6	0.018								
7	0.018			8.0		>2.2			
8	0.020			7.9		2.0			
9	10.016			7.9		2.0	1		
10	0.016			8.0		2.1			
11	9,016			8.0		>2.2			
12	0.016			8.0		>2.2			
13	0.016			8,1		>2.2			
14	0.018								
15	0.018			1.8		>2.2			
15	0.018	-		7.9		1.5			
17	0.017	<2.0	3	7.8	2	1.2	0.89	MNR	MNR
18	0.016			8.1		>2.2			
19	0.015			38.0		>2.2			
20	0.015			8.0		>2.2			
21	0.015	1							
22	0.015			7.8		1.7			
23	0.018			8.0		>2.2			
24	0.016			7.9	1	2,0			
25	0.016			7.9		1.9			
26	0.007	1		7.9		1.9			
27	0.007			amount and a second		1			
28	0.007			7.9		2.0			
29	0.007	1		7.8		1,8			
30	0.007	1		7.9		2.1			
31	1								
Total	0.473	<2.0	3	207.2	2	53.0	0.89	MNR	MNR
Mo. Ave	0.016	<2.0	3	8,0	2	2.0	0.89	MNR	MNR

PLANT STAFFING: Day Shift Operator	Class:	Class A	Centificate No.	#A-0008122	Name:	Daniel S. Anderson	
Evening Shift Operator	Class:	Class B	Certificate No	≭B-0009509	Name:	Steve L. Pfouts	
Night Shift Operator	Class:	Class C	Certificate No:	#C-0006490	Name:	Allson S. McPhee	
Lead Operator	Class	Class A	Certificate No:	#A-0008122	Name	Daniel S. Anderson	

PA File # FLA012680-002-DW3P Version 3/2004

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed social this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Talkhassee, Fl. 32399-2400

PERMITTEE NAME. MAILING ADDRESS Unities, Inc. of Harida 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER:

FLA012680 Final

LIMIT: CLASS SIZE: Minor

R-001 DISCHARGE POINT NUMBER: IIIC PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

MONITORING PERIOD

REPORT. GROUP:

Monthly

Domestic

FACILITY: LOCATION Crownwood WWIF 4497 NW 73rd Tenace

Ocala, Fl.

From: 10/01/08_ FILE COPY To: 10/31/08

COUNTY

Marion

Parameter	Madagaca (Constant)	Quantity or Loading		Units	Qua	lity or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
How, to P/E pend	Sample	0.019	and the same of th	Mgd	n security or the				Ü	Calculation	Calc. Rolling 12 Month Avg
PARM Code 50050 Y	Measurement Permit	0,040 (12MADE) ¹		Mgd						Calculation	Calculated Roll 12 Mo. Avg.
Hon Site No. FLW-01 Tow, total plant	Measurement Sample Measurement	0.018	0.016	Mgd					Ü	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1	Permit Measurement	0 040 (3MADF) ²	Report (Mo Avg)	mgd						5 Days/Week	Hapsed Time Meter
Mon Site No. FI W-01 Percent Capacity, (TMADE/Permitted	Sample Measurement	(386.187)			45%			Percent	0	Monthly	Calculated
Capacity) x 100 PARM Code 00180 1	Permit				Report (Percent)			Percent		Monthly	Calculated ¹
Mon Site No. FLW-01 CBOD5	Measurement Sample					2.2		mg/L	Û	Calculation	Calculated Roll, 12 Mo. Avg
PARM Code 80082 Y	Measurement Perind					20.0 (12 Mo Avg.)		mg/l.		Calculation	Calculated Roll, 12 Mo. Avg
Mon Site No. EFA-01 CBOD5	Measurement Sample			- COMMANDE ALARMAN		<2.0	<2.0	mg/l.	0	Monthly	Grab
PARM Code 80082	Measurement Permit					30.0 (Mo Avg)	60.0 (Max.)	mg/L		Monthly	Grab
Mon Site No. EEA-01 TSS	Measurement Sample			-		1.6		mg/L	0	Calculation	Calculated Roll, 12 Mo. Avi
PARM Code 00530 Y	Measurement Permit				11814-119-	20.0 (12 Mo.Avg.)		mg/t.		Calculation	Calculated Roll, 12 Mo. Avg
Mon Site No 14A-01 TSS	Measurement Sample					<1	<1	mg·L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No. FFA-01	Measurement Permit Measurement					30 0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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 the 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	PHONE NO:	DATE: YY/MM/DD
Daniel S. Anderson I cad Operator		407-948-9829	08/11/14
174116 3. CERRY 1963A & Post & Christian	Rained of Chalaser		The state of the s

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MUNITORING REPORT - PART A (Continued)

FACILITY NAME: Crowmood WWIF COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: October 2008

Parameter		Quantity or Loading			Units Quality or Concentration					Frequency of Analysis	Sample Type
pH	Sample				7.7	T	8.1	S.U.	Ex.	5 Days/Week	Grab
74 B	Measurement	1									<i>(*)</i>
PARM Code 00406 1	Permit				6,0		8.5	S.U.		5 Days/Week	Grab
Moa Site No. FFA-01	Measurement	1	G000 x 0.44 (Fig.)		(Min.)		(Max.)				Calculated
Feeal Coliform Bacteria	Sample					2.9		#/100mL	0	Calculation	Roll, 12 Mo. Av
	Measurement					200		#/100ml		Calculation	Calculated
PARM Code 74055 Y	Permit					(12 Mo.Avg.)		W) FORME			Roll. 12 Mo. Av
Mon Site No. FFA-ul	Measurement		A Secretary with the second		<1	112 310.712.7	<1	#/100mL	0	Monthly	Grab
recal Coliform Bacteria	Sample	1			1		~1	1 **, 100*****	"	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Measurement Permit				Report	THE OF THE OWNER, THE	800	#/100mL		Monthly	Grab
PARM Code 74055 1	Measorement			1	(Mo.Geo Mean)		(Max.)				
Mon Site No. EFA-61	Sample		***	-	1.4			mg/l.	0	5 Days/Week	Grab
TRC for disinfection	Measurement				.,,						
PARM Code 50000 A	Pennit		**************************************		0.5			mg/L		5 Days/Week	Grab
Men Site No. FFA-01	Measurement				(Min.)						
Nitrate (as N)	Sample		- A - A - A - A - A - A - A - A - A - A				3.32	mg/L	Ũ	Monthly	Grab
Allewise factor	Measurement										
PARM Code 00620 1	Permit		a continue por la continue de la con				12.0	mg/L		Monthly	Grah
Mon Site No. EFA-01	Measurement	200					(Max.)				
AN EAST TO A STATE OF THE STATE	September 1										
			Section Process								
CRODS	Sample			1		MNR		mg/L	Ü	Annually*	Grab
	Measurement								-	 	Grah
PARM Code 80082 G	Permi					Report Annual Sample		mg/L		Annually 4	Contract
Mon Sue No. INF-01	Measurement					MNR		mg/L	0	Annually ⁴	Grab
TS5	Sample					MAR		111/217	"		
	Measurement Permit		***************************************			Report	A WANTED TO SEE THE SE	mg/L		Annually*	Grab
PARM Code 00530 G	Measurement			1		Annual Sample				I	1
Mon Sic No INF-01	Sample			+					1		
	Measurement			1					1		
	Permit										
	Measurement									1	
	Sample						enting new Art		T		
	Measurement										
	Pennit								1		
	Measurement										
	A LESS AND THE RE		******				COMPANY OF THE PARK OF THE PAR				

Rolling Twelve Month Average is the average of the current month's average and the preceding cleven (11) months' averages. For Feeal Coliform, use the monthly geometric mean, Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages. The 3MADF the SMADF divided by the plant capacity multiplied by 100, Reported as a percent.

The annual sample shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROPT

Facility Name: Crumy: North Year. Marion October 2008

	Flew (MGD) 76 R091	CBOD5 (mg/l.)	TSS (mg.1.)	pHisui	Fecal Coliform Bacteria	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBODS (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INE-01	INF-01
<u> </u>	0.010			7.8		2.0			
2	0.016			7.7		1.5		***************************************	1
3	0.015		1	8.1	1 1	>2.2		**************************************	
ĸž	0.016			8.0		>2.2		•	
5	0.017								
6	0.017			7.9		1.6			
7	0.018			7.9		1.5			
8	0.014			7.9		1.7			1
Ç	0.015			7.9		1.8			
10	0.019			7.9		1.4			
11	0.015			8.0		2,0			
12	0.019		1						
13	0.019		-	7.9		1.6			
14	0.018		-	7.9		1.8			
1.5	0.015			7.9		2.0		***************************************	
15	0.015			8.0	1	>2.2			
17	0.016		***************************************	8.0		>2.2			
13	0.016		1	7.9		1.9			İ
19	0.018							***************************************	
20	0.018			7.8		1.8			
21	0.015		***************************************	7.9		1.9	<u> </u>	***************************************	1
22	0.015		1	8.1	1	>2.2			
2.3	0.015	<2.0	≺1	8,0	<1	2.0	3.32	MNR	MNR .
2.4	0.015			7.9	1	1.7			
25	0.015			8.1		>2.2			
26	0,018			 	 				
27	0.018		-	7,9		1.8			
28	0.016			7.8		1.8			
29	0.015			7.9		1.9			1
30	0.016			7.9		1.8			
31	0.020			7.7		1,5			
Total	0.504	<2.0	<1	213.7	<1	50.2	3.32	MNR	MNR
Mo. Ave	0.016	<2.0	<1	7.9	<1	1.9	1	MNR	MNR

PLANT STAFFING Day Shift Operator	Class	Class A	Centificate No:	*A-0008122	Name:	Daniel S. Anderson	
Exching Shift Operator	Class:	Class B	Certificate No:	#B- 0009509	Name:	Steve L. Pfouts	
Night Shift Operator	Class:	Class C	Certificate No:	#C- 0006490	Name.	Allson S. McPhee	
Lend Operator	Class:	Class A	Certificate No.	#A-0008122	Name:	Daniel S. Anderson	•

DEPARTMENT OF ENVIRONMENTAL PROTESTION BLOCKAR'S CAUDIO COURS IN PROCESSION OF A

While Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blan Stone Road, Taliahassee, FL 32384-2400

PERMITTEE NAME: MAILING ADDRESS:

Utilities, Inc. of Florida

200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER:

FLA012680

LIMIT-CLASS SIZE: Final Minor R-001 REPORT GROUP Monthly Domestic

Crownwood WWTF 4497 NW 73rd Terrace DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

1.1

III/C

MONITORING PERIOD

From: 11/01/08

16: 113008

COUNTY.

FACILITY

LOCATION.

Marion

Ocala, FL

Parameter		Quantity of	or Loading	Units	Quality or Concentration			Units	No. Ex.	Trequency of Analysis	Sample lape
Flow, to P/E pond	Sample Measurement	0.019		mgd			7.315		1)	Calculation	Calculated Roll 12 Mo Avg
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd						Cakulatum	Calculated Roll 12 Mo. Avg.
Flow, total plant	Sample Measurement	610,0	0.016	mgd					ía.	5 Days/Week	Flapsed Lime Meters
PARM Code 50050 I Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						5 Days Week	LEipsed Time Meters
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				46%			Percent	()	Monthly	Calculated
PARM Code 00180 1 Mon Site No. FLW-01	Permit Measurement				Report (Percent)			Percent		Monthly	Calculated
CBOD5	Sample Measurement					2.2		mg/i	fi	Calculation	Calculated Rolf 12 Mar Avg
PARM Code 80082 Y Mon Site No. EFA-01	Permit Measurement					20.0 (12 Mo.Avg.)		me.L		Calculation	Calculated Roll, 12 Mo. Avg.
CBOD5	Sample Measurement	* 0000			rakus saaraa	2.0	<2.0	mg/l	0	Monthly	(inh
PARM Code 80082 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	me/L	B-000000000000000000000000000000000000	Monthly	(nah
TSS	Sample Measurement				A CONTRACTOR OF THE PROPERTY O	1.5		mg/l	()	Calculation	Calculated Roll 12 Mo Avg
PARM Code 00530 Y Mon Site No. EFA-01	Permit Measurement					20.0 (12 Mo Ave.)	300000	mg:L		t'alculation	Calculated Roll 12 Mo. Avg.
TSS	Sample Measurement		****		ACCE CONSTRUCTORY T	<1	*1	mg.1.	111	Monthly	Cirab
PARM Code 00530 1 Mon Site No. EFA-01	Permit Measurement					30 0 (Mo.Avg.)	60 0 (Max.)	mgl		Monthly	Grab

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 the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of face and imprisonment

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO	DATE YY-MMIDO
Daniel S. Anderson/Lead Operator	Daniel S. anderson	407-948 9829	108/12/11

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

PA Die # FLA012680-002-DW3P Version 3/2001

DISCHARGE MONIFORING REPORT - PART & (Continued)

FACILITY NAME. Crownwood WWTF COUNTY: Marion

PERMIT NUMBER: FLA012680

)...............................)

DISCHARGE POINT NUMBER 1901

WARRSHI So RIGH

Month/Year: November/2008

Parameter		Quantity	or Loading	Units	Qual	lity or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
pll	Sample Measurement				76		8.0	SU.	ţ.j	5 Days/Week	timb
PARM Code 00406 I Mon Site No. EFA-01	Permit Measurement	30000	Ula di Santa di Santa di Santa di Santa di Santa di Santa di Santa di Santa di Santa di Santa di Santa di Santa		6,0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grah
Fecal Coliform Hacteria	Sample Measurement			1		2.9		#/100ml	41	Calculation	Calculated Roll, 12 Mo. Avg
PARM Code 74055 Y Mon Site No. EFA-01	Permit Measurement	27.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	ana			200 (12 Mo. Avg.)		#/[fx0mil_		Calculation	Calculated Roll, 12 Mo. Avg.
Fecal Coliform Bacteria	Sample Measurement	-weektooders 1967			*1		<1	#/100ml	ń	Monthly	Litah
PARM Code 74055 I Mon Site No. EFA-01	Pennit Measurement				Report (Mo.Geo Mean)		800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				1,5			me;1.	0	5 Days/Week	Citah
PARM Code 50060 A Mon Site No. EFA-01	Permit Measurement				0.5 (Min.)			mg/l.		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement						3.05	mg/l	n	Monthly	Citab
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	tirah
											W 2 400-2- 1
CHOD5	Sample Measurement		2- 1120-117-117-117-117-117-117-117-117-117-11			MNR	********	mg/l	**	Ausually*	Crab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement	And the second second				Report Annual Sample		mg/l		Annually ⁴	Grab
TSS	Sample Measurement					MNR		mg/f.	ô	Annually '	(inh
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually 4	Grah
And all the second seco	Sample Measurement								-		
	Permit Measurement									, , , , , , , , , , , , , , , , , , ,	
	Sample Measurement								-		
	Permit Measurement										1

¹ Rolling Twelve Month Average is the average of the current month's average and the preceding eleven (11) months' averages. For Feeal Coliform, use the monthly geometric mean.

² Rolling Three Month Average is the average of the correst month's average and the preceding two (2) months' averages.

³ The 3MADF % Capacity is the 3MADF divided by the plant capacity multiplied by 100, Reported as a percent.

⁴ The annual sample shall be taken in the month of f chruary.

DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF Unimy: Marion Month/Year November / 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: ROOT

	Now (MGD) To Rout	CBODS (mg/l.)	188 (mg 1)	pil is u ;	Feeal Coliform Bacteria (#/100ml)	TRU (For District) (mg/L)	Nitrate (mg L)	CBODS (mg/L)	USS (mg/L)
Cress	\$0050	80/052	00330	(0)4(0)	741155	50060	00620	8(0)82	0/1530
Marr. Site	FLW-01	EFA-01	EFA-01	FFA-01	FFA-01	EFA-01	EF A-151	INF-01	[NI-0]
ÿ.	0.025			2,7		1.7		· · · · · · · · · · · · · · · · · · ·	l
elly On	0.019			1				······································	
7	0.019			7 7		1 f			<u></u>
4	0.018			7.7		1.7			
5	0.012			7,8		2.0			
6	0.016		1	7.6		1,5			
7	0.012			7.8		2.0			
6	0015			7.7	1	1.8			
Ģ	0.019		TO A STATE OF THE PARTY OF THE	±					
10	0.018			7.7		1.9	NAME OF THE OWNER, WHEN PARTY OF THE OWNER, WH		
11	0.013		1	7.7		2.0			
12	0.011			7.7		1.9			
13	0.016			7.8		2.1		A CONTRACTOR MARKET NAME OF THE OWNER, THE O	
14	0.016			7,6		1.5			
15	0.013			7.7		1.9	1		
16	0.015					1			1
17	0.015			7.8		2.0			
18	0.015			7.8	**************************************	2.1		-	
19	0.016	<2.0	<1	7.8	<1	2.1	3.05	MNR	MNR
20	0.016			7.8		P2 2			
21	0.018			7.7		1.9			
22	0.018			7.7		1.8			
23	0.015			1					
24	0.015			7.9		>2.2			
25	0.016		1	7.9		>2.2	***************************************		
26	0.015		1	8.0		>2.2		,	
27	0.017			7.8		2.0	1	The state of the s	
28	0.016			7.6		1.5			
29	0016			7.7		1,9			1
30	0.015		***************************************	1					
31	****************	******			Mark States W. N. (a) as sense price	************	************	*****	
Total	0,482	<2.0	<1	193 7	<1	47.7	3.05	MNR	MNR
Mo. Ave	0.016	<2.0	 <1	7.7	<,I	1.9	3.05	MNR	MNR

FLANT STAFFING. Ea) Shift Operator	Class:	Class C	Certificate No	#C-0006490	Name	Affson S. McPhec	
Evening Shirt Operator	Class:	Class C	Certificate No	#C-0007747	Name:	Charles G. Schwades	
Night Shift Operator	Class:	Class B	Certificate No:	#B-0009509	Name;	Steve L. Pfouts	And the second contract of the second contrac
1 csd Operator	Class	Class A	Certificate No:	#A-0008122	Name:	Daniel S. Anderson	

PA File = FLA012680-002-DW3P

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report for Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassec, Fl. 32399-2400

PERMITTEE NAME.
MAILING ADDRESS:

Utilities, Inc. of Florida 200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER:

LIMIT: CLASS SIZE:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE: MONITORING PERIOD R-001 IIL/C

From: 12/01/08

Monthly Domestic

To: 12/31/08

FACILITY: LOCATION Crownwood WWTF 4497 NW 73rd Terrace

Ocala, FL

COUNTY:

Marion

£: •

Parameter		Quantity of	or Loading	Units	Qua	ality or Concentra	tion	Units		Frequency of Analysis	Sample Type
Flow, to Pit. pand	Sample Measurement	0.019		mgd					Ö	Calculation	Calculated Roll, 12 Mo. Avg. 1
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) ¹		mgd						Calculation	Calculated Roll, 12 Mo. Avg.
Flow, total plant	Sample Measurement	0.016	0.017	mgd					0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) ²	Report (Mo.Avg.)	mgd						5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				40 %			Percent	0	Monthly	Calculated'
PARM Code 00180 1 Mon Site No. FLW-01	Permit Measurement				Report (Percent) ³			Percent		Monthly	Calculated'
CBOD5	Sample Measurement				- Commenter of the Comm	2,1		mg/l.	0	Calculation	Calculated Roll, 12 Mo. Avg.
PARM Code 80082 Y Mon Site No. FEA-01	Permit Measurement					20,0 (12 Ma.Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
CBOD5	Sample Measurement	***************************************	# 10 K			<2.0	<2.0	mg/l.	Û	Monthly	Grab
PARM Code 80082 1 Mon Site No. EFA-01	Permit Measurement					30.0 (Mo.Avg.)	60.0 (Max.)	me/L		Monthly	Grab
185	Sample Measurement		Service Servic			1.5		mg/L	0	Calculation	Calculated Roll, 12 Mo. Avg.
PARM Code 00530 Y Mon Site No. EFA-01	Permit Measurement				The second secon	20 0 (12 Mo.Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Avg.
TSS	Sample Measurement		1,000			2	2	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No. EFA-01	Permit Measurement					30 0 (Mo.Avg.)	60.0 (Max.)	mg/L		Monthly	Grab

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 the 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/TOLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YY/MM/OD
Daniel S. Audetson / Lead Operator	Daniel & Greinson	407-948-9829	09/01/14

COMMENT AND EXPLANATION OF ANY YELL HONS (Reference all effectments here);

DISCHARGE MOREFORING REPORT - PART A (Confinued)

FACILITY NAME: Consumod WWIF CHREEY: Macon

PERMIT NUMBER: 17 A012680

DISCHARGE POINT NUMBER: ROOT

WAFR SITE No.: R001

Month/Year: December / 2008

l'arameter		Quantity or Loading	Units	Qual	lity or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample			7.4		7.9	S.U.	Û	5 Days/Week	Grab
PARM Code 00406	Measurement Permit			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Mon Site No. EFA-01 Fecal Coliform Bacteria	Measurement Sample			(Min.)	2.8	2242000	#/100mL	Ò	Calculation	Calculated Roll. 12 Mo. Avg
PARM Code 74055 Y	Measurement Permit				260 (12 Mo.Avg.)		#/100mL		Calculation	Calculated Roll, 12 Mo. Avg
Mon Site No. EFA-01 Fecal Coliform Bacteria	Measurement Sample		-	<1	(12 MOARE)	<1	#/100ml.	0	Monthly	Grab
PARM Code 74055	Measurement Permit			Report		800 (Max.)	#/100ml.		Monthly	Grab
Mon.Site No. EFA-01 TRC for disinfection	Measurement Sample			(Mo.Geo.Mean) 1.0		(MAL)	mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Measurement Permit			0.5			mg/L		5 Days/Week	Grab
Mon Site No FFA-01 Nitrate (as N)	Measurement Sample			(Min.)		4,46	mg/L	0	Monthly	Grab
PARM Code 90620 I Mon Site No. EFA-01	Measurement Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
Traine of the tray by the tray	111111111111111111111111111111111111111									
CBOD5	Sample Measurement				MNR		mg/L	0	Annually 4	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement				Report Annual Sample	CO TALANS	mg/L		Annually ⁴	Grab
TSS	Sample Measurement				MNR		mg/L	0	Annually ⁴	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L		Annually ⁴	Grab
A STATE OF THE PROPERTY OF THE	Sample Measurement					W19204111100001				
	Permit Measurement								AND CAN DECEMBER OF THE PARTY O	
	Sample Measurement					- 40-40-40-40-40-40-40-40-40-40-40-40-40-4				
	Permit Measurement									

Rolling Twelve Month Average is the average of the current munth's average and the preceding eleven (11) months' averages. For Feeal Coliform, use the monthly geometric mean. Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.

 ³ Ha! 3MADE % Capacity is the 3MADE divided by the plant capacity multiplied by 100, Reported as a percent.
 4 The annual sample, shall be taken in the month of February.

DAILY SAMPLE RESULTS - PART B

Facility Name: County: Month Year.

Crownwood WWTF

Marion December / 2008 Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	(mg/L)	TSS (mg/L)	pH (s u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect 1 (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/t
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
*	0.015		 	7.5		1.3			
2	0.016	1	 	7.6		1.8			
3	0.015	<2.0	2	7.8	<1	2.2	4.46	MNR	MNR
4	0.015			7.7	-	2.0			
5	0.019			7.6		1.7		A STATE OF THE PARTY OF THE PAR	
6	0.020	1		7.7		1.9			
7	0.015								
8	10.015		1	7.8		2.2			
9	0.017			7.8		2.0			
10	0.018			7,7		1.9			
11	0.013			7.9		>2.2			
12	0.016			7.8		1.9			
13	0.016			7.9		2.0			
) a	0.016		***************************************					,	
15	0.016			7.9		2.1			
15	0.016			7.5		1.1			
17	0.015			7.6		1.7			
18	0.021	1		7.5		1.4			
19	0.016			7,4		1,0			
20	10.916			7,5		1.1			
21	0.018			1		1			
22	0.019			7.8		>2.2			
23	0.019	1		7,7		2.0			
24	0.011			7.8		>2.2			1
24	0.020		1	7.8		>2.2			
26	0.018			7.7		>2.2			
27	0.021			7.7		>2.2			1
28	0.016								
29	0.016	1		7.8		>2.2			
30	0.017			7.7		>2.2			
31	0.023			7.7		>2,2			
Total	0.524	<2.0	2	207.9	<1	\$1.1	4.46	MNR	MNR
Mr. Ave	0,017	<2.0	2	7.7	<1	1.9	4.46	MNR	MNR

PLANT STAFFING: D to Shift Operator	Class	Class C	Certificate No:	#C-0008659	Name:	Domenie Gentilucci	
Evening Shift Operator	Class:	Class C	Certificate No:	#C-0007747	Name:	Charles G. Schwades	
Night Shift Operator	Class	Class B	Certificate No:	#B-0009509	Name:	Steve L. Pfouts	
Lord Operator	Class:	Class A	Certificate No.	#A-0008122	Name.	Daniel S. Anderson	

PA File # FLA012680-002-DW3P Version 3/2004

G O L D E N

H I L S



Signature and Date

DEP Form 62-555 900(3) Effortive August 24, 2003

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

License Number

Se	e page 4 for instructions.						LE G	ODV	•
	General Information for the V	Ionth/Year of: January , 2007			- 4°	2 16	66 U	UF B	
A.	Public Water System (PWS) Inf	formation							
	PWS Name: GOLDEN	HILLS WATER TREATMENT PLANT			PWS Identification Number	r 63	24076		
	PWS Type:	ommunity [1] Non-Transient Non-	-Community	Г	Transient Non-Community		onsecutive		-
	Number of Service Connections	at End of Month: 522			ation Served at End of Mont				
	PWS Owner: UTILITIES	INC OF FLORIDA				1,174			
	Contact Person: Patrick Flyn		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contact Per	son's Title:	Regional Di	irector		
	Contact Person's Mailing Addre			City:	Altamonte Springs	State: Flori		Code:	32714
	Contact Person's Telephone Nur			Contact Per	son's Fax Number:	1-407-869-6	The second second second second	COGO.	32,114
	Contact Person's E-Mail Addres		com						
B.	Water Treatment Plant Informa								
		IILLS GOLF AND TURF			Plant Telephone Number:				
	Plant Address: 8021 NW 49			City:	OCALA	State: FLO	RIDA Zip	Code:	34482
	Type of Water Treated by Plant:			Finished W	ater				
	Permitted Maximum Day Opera	ating Capacity of Plant, gallons per day:	636,000			4		-	
	Plant Category (per subsection (Plant Class	(per subsection 62-699,310(4), F.A.C.):	С		
	Licensed Operators	Same and the second sec	The state of the s	e Class	License Number	Day	y(s)/Shift(s)	Worked	200
	Lead/Chief Operator:	Steve Pfouts		<u>c</u>	14204		Days Mon	ı-Fri	
	Other Operators:	Domenic Gentilucci		С	12562		Days Mon	-Fri	
	A STATE OF THE PROPERTY OF THE	Daniel Anderson	The same of the sa	A	7141		Days Mon	-Sat	
		Charles Schwades		Ċ	7368		Days Mon	-Sat	
	According Areas - Company and Areas - Company	Raymond Parrish	-	Ç	12740		Days Tue-	-Sat	
			1				Miner.		
			-						
	A company of the control of the cont								
	Company of the state of the sta								
	A STATE OF THE PROPERTY OF THE								
11	Certification by Lead/Chief O	opestor	Especial Company						
Lt	he undersigned water treatment	plant operator licensed in Florida, am the b	end/chief one	entoe oCabo					4.5
the	information provided in this rer	port is true and accurate to the best of my ki	nowledge on	thelief Lee	water treatment plant identif	ned in Part I d	of this repoi	rt. I certil	y that
COI	form to NSF International Stand	dard 60 or other applicable standards refere	monteage am	aution 67 56	stury that all drinking water	freatment che	emicals used	d at this p	lant
one	rations records for this plant we	re prepared each day that a licensed operate	or etaffed or	vicital this s	5.520(5), r.A.C. Talso cent	ily that the fol	Howing add	litional	
cho	micals used and chemical feed r	rates: and (2) if applicable, appropriate trea	tinent proces	e oarfoewer	nam withing the month indica	ated above: (1	i) records of	amounts	of
	1	4	men moces	a remainaik	ce records. runnermore, 1 a	gree to refain	these addit	ional oper	rations
_	The flato	2/05/07	Steve Pfe	outs		C+	14204		

Page 1

Printed or Typed Name

WS I	dentifica	tion Numb	xt.	6424076			Plant Name	;	GOLDEN	HILLS				ED PINISHED WATER
II. D:	illy Data	a for the A	donth/Year o	f:	January , 2007									
leans	of Achie	eving Four	-Log Virus In			Free	Chlorine		hlorine Diaxi	ide [Ozone	Com	bine Chlorine (Ch	oramines)
	aviolet Ra			Other (-		- 1-101-2-1						- 1 <u>90</u> 20 × 1 *
vpe o	Disinfe	ectant Resi	dual Maintair	ed in Dist	ribution System:	v	Free Chlorine		Combine	Chlorine (Ct	oramines)		Chlorine Diox	ide
					CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inscrivation, if Applicable*									
						CT Ca	kulations				UV	Dose		Andrews
				l			Lowest CT							
						Disinfectant	Provided						1	
					Lowest Residual	Contact Time	liefore or						Lowest Residual	
	Days plant				Disinfectora	(T) MC	at First	1			Lowest	Mwemean	Disinfectant	
Terri and	stadfod ce		Net Quantity of		Concentration (C) Before or at First	Measurement Point During	Customer During	fcmp.	pHof	Minimum CT	Operating UV Dosg,	UV Dose	Concentration at	Emergency or Abnormal Operating
Jay of the	Visited by Operator	Hours Plant	Finished Water	Peak Flow	Customer During	Peak Flow,	Peak Flow, mg		Water, if	Required,	mW-	Required, mW-	Remote Point in Distribution	Conditions; Repair or Maintenance Work if
longh	(place t)	in Operation	Produced, gal	Reta, god	Peak Flow, mg 1.	minutes	en L	Water, C		mg-min1.	sec/cm2	wee/em2	System mg L	Involves Taking Water System Componen Out of Operation
1	×	24	116,000										1,3	CAME OF CHATACKES
2	Х	24	134,000										1.0	
3	X	24	135,000							-			1.2	
4	X	24	142,000										1.2	
3	X	24	148,000										1,1	
6	-	24	148,000	1									1,1	
7	X	24	154,000										1.0	
i	X	24	134,000	-									0.9	
9	X	24	165,000	 				1					1.1	
10	X	24	178,000										1.2	
11	X	24	145,000	1									1.2	
12	X	24	177,000	1									1.0	
13		24	177,000										1.0	
14	X	24	196,000	—									09	
15	X	24	165,000					_					0.8	
16	X	24	177,000					 					1.0	
17	X	24	152,000	1				_					1.2	
11	X	24	162,000	 									1,1	
19	X	24	192,000	 									1.2	
20	1	24	192,000				l —	—					1.2	
21	×	24	184,000	1									0.9	
22	x	24	160,000	1	 								0.9	
23	X	24	92,000				—						1.5	
24	x	24	136,000										0.6	
25	X	24	143,000	1	1								09	
26	X	24	168,000					 					09	
27	1	24	168,000					_					- 0.5	
28	X	24	115,000	 				_					1.0	
29	X	24	189,000	—				l —					1.2	
30	×	24	156,000	—				1					1.0	
31	X	24	197,000	 									0.9	
otal		1 24	The same of the sa	1									0.8	
_			4.897,000	-										
VEERER			157,968	4										

197,000

Maximum



See page 4 for instructions

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_	6.1	1 407/	

L. General Informa	tion for th	e Month/Year ()[:	February, 200)7				-		
A. Public Water Syst	tem (PWS)	Information									
PWS Name:	GOLD	EN HILLS WA	TER TR	EATMENT PLANT			PWS Identification Number		6424076		
PWS Type:	P	Community		Non-Transient Non-	-Community		Fransient Non-Community		Consecutive		
Number of Service	e Connecti	ons at End of M	onth:	522		Total Pop	oulation Served at End of Mont		1,827		
PWS Owner:	UTILIT	TES INC OF FL	ORIDA								
Contact Person:	Patrick	Flynn				Contact P	erson's Title:	Regio	nal Director		
Contact Person's	Mailing Ac	ldress:	200 W	eathersfield Ave.		City:	Altamonte Springs	-	Florida	Zip Code	32714
Contact Person's	Telephone	Number:	1-407-	869-1919		Contact P	erson's Fax Number:	1-407	-869-6961		
Contact Person's	E-Mail Ad	dress:	p c Fi	ynn@utilitiesinc-usa	com						
B Water Treatment	Plant Infor	mation									
Plant Name:	GOLDI	N HILLS GOL	F AND	TURF			Plant Telephone Number:				
Plant Address:	8021 N	W 49TH ST.				City:	OCALA	State:	FLORIDA	Zip Code:	34482
Type of Water Tr	eated by P	lant:	₩ Ra	w Ground Water	Purchased	Finished W	/ater				
Permitted Maxim	um Day O	perating Capacit	of Plan	t, gallons per day:	636,000						
Plant Category (p	er subsecti	on 62-699.310(-	1), F.A.(C.): V		Plant Clas	ss (per subsection 62-699,310(4), F.A.(C.):	C	
Licensed C	perators			Name	Licen	ise Class	License Number		Day(s)/SI	hift(s) Worked	
Lead/Chief	Operator:		Ste	ve Pfouts		C	14204			s Mon-Fri	
Other Op	erators:		Domen	ic Gentilucci		C	12562		Days	s Mon-Fri	
			Danie	Anderson		A	7141		Days	Mon-Sat	
			Charle	s Schwades		C	7368		Days	Mon-Sat	
			Raym	ond Parrish		C	12740			s Tue-Sat	-

11. 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

The Pforts	3/05/07	Steve Pfouts	C-14204
Signature and Date	7	Printed or Typed Name	License Number
PEP Form 62-155 900(1)			

Fiffinding Austral 28, 2003

PWS Id	entifical	tion Numbe	T.	6424076	NI TONTI	103 111	Plant Name		GOLDEN	HILLS	TENC	IN FUI	CONASEL	FINISHED WATER
		manuscript of the	onth/Year of:		February , 2007			_						
			Log Virus Inac			 ✓ free (trionne		hiorine Diavi	de 🗌	Ozone	Com	oine Chionne (Chi	oramines)
	violet Ra	dation		Other (Describe);									•
Type of	Disinfo	ctant Resid	lual Maintainee	d in Distrib			Free Chlorine		Combine				Chlorine Diox	de
					CT Calculate	ops, or UV Done	to Denvestrate	Four-Las	e Virus Inactiva	tion if Applic	atie"			
						CTCa	kulations				IN	Dose		
							Lowest CT							
						Disinfectant	Provided							
					Lowest Residual	Contact Time	Refore or	1					Lewest Residual	
	Days plant				Divinfectant Concentration (C)	(T) at C Measurement	at First Customer				Landest	Management	Disinfoctant	
Day of	stelled or		Net Quantity of		Before or at First	Point During	During			Managara CT	Operating UV Dose,	UV Dose Required	Remote Point in	Foretyers or Absorbad Operating Condition
the	Vented by Lyurater	Hours Plant	Finished Water	Feak How	Customer During	Peak Flere.	Peak Flow, mg	Temp of	pli of Water	Required.	mW-	mW-	Distributers	Repair or Maintenance Work that Involves Faking Water System Compresents that of
Month	(place a)	in Cheratica	Produced gal	Rate, gpd	Peak Flow, mp.L.	spirates.	mm L	Water, C	if Applicable	nig-mm L	sectors2	seciem2	System, mg 1.	Operation
1	Х	24	139,000										0.8	
2	х	24	149,000										0.7	
3		24	149,000											
4	Х	24	160,000										0.7	
5	Х	24	217,000										0.9	
6	Х	24	155,000										1.1	
7	Х	24	215,000										1.0	
8	Х	24	154,000										0.9	
4	×	24	155,000										06	
10		24	166,000											
11	Х	24	157,000										0.5	
12	X	24	164,000										07	
13	X	24	182.000										0.8	
11	Х	24	174,000										1.4	
15	X	24	256 000										1.5	
16	Х	24	152,000										12	
17		24	152,000											
IÄ	Х	24	201,000										1.2	
19	×	24	176,000										1.1	
20	X.	21	176,000										12	
21	Х	24	174,000										1.0	
22	X	24	243,000										12	
23	X	24	208,000										1.1	
24		24	208.000											
25	Х	24	207,000										1.1	
26	. X	24	207,000										1.2	
27	×	-24	138,000										1.0	
28	Х	24	199,000										1.2	
otal			5,044,000						CONT. ST. CO. ST. ST. ST. ST. ST. ST. ST. ST. ST. ST		1000000			
versus			180,143											

Maximum

256,000

630



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

Si L

Se	ee page 4 for instructions.					L. 60 L		A
	General Information for the Month						i Gur	ħ.
A.	Public Water System (PWS) Informat				The state of the s	,		
		S WATER TREATMENT PLANT	4.4		PWS Identification Number	er: 6424076	1	
	PWS Type:	inity F Non-Transient Non-Com	aunity	☐ Iran	sient Non-Community	C'onsecutive		
	Number of Service Connections at En			Total Popu	lation Served at End of Mor			
	PWS Owner: UTILITIES INC	OF FLORIDA						
	Contact Person: Patrick Flynn			Contact Pe	rson's Title:	Regional Director		
	Contact Person's Mailing Address:	200 Weathersfield Ave.		City:	Altamonte Springs	State: Florida	Zip Code	327
	Contact Person's Telephone Number:	1-407-869-1919		Contact Pe	erson's Fax Number:	1-407-869-6961		321
	Contact Person's E-Mail Address:	p.c.Flynn@utilitiesinc-usa.c	om			A STATE OF THE STA		
B,	Water Treatment Plant Information							
	Plant Name: GOLDEN HILLS	GOLF AND TURF			Plant Telephone Number.			
	Plant Address: 8021 NW 49TH 5	ST,		City:	OCALA	State: FLORIDA	Zip Code	3448
	Type of Water Treated by Plant:	▼ Raw Ground Water 「	Purchased	Finished Wa	iter			
	Permitted Maximum Day Operating C		636,000					
	Plant Category (per subsection 62-699	**************************************		Plant Class	(per subsection 62-699,310	(4), F.A.C.):	C	
	Licensed Operators	Name	Licen	ise Class	License Number	Day(s)/St	hift(s) Worked	1
	Lead/Chief Operator:	Steve Pfouts		С	14204	Days	s Mon-Fri	
	Other Operators:	Domenic Gentilucci		С	12562	Days	Mon-Fri	
		Daniel Anderson		A	7141	- " - " - " - " - " - " - " - " - " - "	Mon-Sat	
		Charles Schwades		C	7368	Days	Mon-Sat	
		Raymond Parrish		С	12740	Days	s Tue-Sat	
				unava - re-minava-				
								*
11.	. Certification by Lead/Chief Operate	D r					COSTAGO	Joseph L

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

Stave Plouts	4/3/07	Steve Pfouts	C-14204
Signature and Date	7	Printed or Typed Name	License Number
DEP From 62-111-90(1):			

Lifective Ament 28, 2005

Description of Art Literary Color of Distriction of	Achieving Four let Radiation sinfoctant Res refault food or led by ward let Cheeratio X 24 X 24 X 24 X 24 X 24 X 24 X 24 X 2	The state of the s	ctivation/Ra	Describe): oution System:	ices, or UV Dose,	Free Chionne	Faur-Log		Chionne (Ch	Lowest Operating		Chlorine Chorine Character Chlorine Dioxi	Emergency of Absormal Operating Condition
Description of Distraction of Distra	et Radiation sinfoctant Res refaire fod or ted by water X 24 X 24 X 24 X 24 X 24 X 24 X 24 X 24	Net Quantity of Finished Water Produced, gal 164,600 141,000 148,000	Other (i d in Distrib	Describe): Off Calculat CT Calculat Lowest Residual Disinfectant Concentration (C) Before or at l'irst Customer During	CT Cs Disinfectant Contact Time (T) at C Measurement Point During Peak Flow,	Free Chlorine to Demonstrate loulations Lowest CT Provided Before or at First Curtomer During Peak How, mp	Faur-Log	Combine Virta Inactro	Chionne (Chi	Dramines) able* UV Lowest Operating	Davie Manman	Childrene Diox:	Emergency of Absormal Operating Condition
Description of Disi	sinfectant Res	Net Quantity of f Finished Water o Produced, gal 164,600 141,000 148,000	d in Distrib	Lowest Residual Disinfectant Concentration (C) Before or at l'irst Customer During	Disinfoctant Contact Time (T) at C Measurement Point During Peak Flow,	to Demonstrate leulations Lowest CT Provided Before or at First Customer During Penk Haw, mg	Four-Log	t Vista Inactiva	dina if Applic	Lowest Operating	Mauman	Lowest Residual Disinfectant Concentration at	Emergency of Absormal Operating Condition
Deyn parties of Visital Community (glass and X 2 X 3	r plant fod or teat by wear at X 24 X 24 X 24 X 24 X 24 X 24 X 24	Net Quantity of f Finished Water o Produced, gal 164,600 141,000 148,000	Peak How	CT Calculat Lowest Residual Disinfectant Concentration (C) Before or at l'irst Customer During	Disinfoctant Contact Time (T) at C Measurement Point During Peak Flow,	to Demonstrate leulations Lowest CT Provided Before or at First Customer During Penk Haw, mg	Four-Log	t Vista Inactiva	dina if Applic	Lowest Operating	Mauman	Lowest Residual Disinfectant Concentration at	Emergency of Absormal Operating Condition
staffes of Ventacing Control (class) 1 X 2 X 3 1 X	fed or ted by Nozing Hours Plan (1994) in Operation X 24 X 24 X 25 X 24 X 24 X 24 X 24 X 24	t Finished Water Produced, gal 164,600 141,000 148,000		Lowest Residual Dissinfectant Concentration (C) Before or at l'irst Customer During	Disinfoctant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg	Lemp. of			Lowest Operating	Maximan	Desinfectant Concentration at	Emergency or Alexanual Operating Condition
staffes of Ventacing Control (class) 1 X 2 X 3 1 X	fed or ted by Nozing Hours Plan (1994) in Operation X 24 X 24 X 25 X 24 X 24 X 24 X 24 X 24	t Finished Water Produced, gal 164,600 141,000 148,000		Disanfectant Concentration (C) Before or at First Customer During	Disinfoctant Contact Time (T) at C Measurement Point During Peak Flow,	Lowest CT Provided Before or at First Customer During Peak Flow, mg		all of Water	Merimum CI	Lowest Operating	Maximan	Desinfectant Concentration at	Emergency or Absormal Operating Condition
staffes of Ventacing Control (class) 1 X 2 X 3 1 X	fed or ted by Nozing Hours Plan (1994) in Operation X 24 X 24 X 25 X 24 X 24 X 24 X 24 X 24	t Finished Water Produced, gal 164,600 141,000 148,000		Disanfectant Concentration (C) Before or at First Customer During	Contact Time (T) at C Measurement Point During Peak Flow,	Provided Before or at First Curtomer During Peak Hisw, mg		all of Water	Meimen CI	Operating		Desinfectant Concentration at	Emergency or Alexand Operating Condition
staffes of Ventacing Control (class) 1 X 2 X 3 1 X	fed or ted by Nozing Hours Plan (1994) in Operation X 24 X 24 X 25 X 24 X 24 X 24 X 24 X 24	t Finished Water Produced, gal 164,600 141,000 148,000		Disanfectant Concentration (C) Before or at First Customer During	Contact Time (T) at C Measurement Point During Peak Flow,	Before or at First Customer During Peak How, mp		nii of Water	Meimen Ci	Operating		Desinfectant Concentration at	Emergency or Alexand Operating Condition
staffes of Ventacing Control (class) 1 X 2 X 3 1 X	fed or ted by Nozing Hours Plan (1994) in Operation X 24 X 24 X 25 X 24 X 24 X 24 X 24 X 24	t Finished Water Produced, gal 164,600 141,000 148,000		Disanfectant Concentration (C) Before or at First Customer During	(T) at C Measurement Point During Peak How,	at First Customer During Peak (Now, mp		oll of Water	Mezenem CT	Operating		Desinfectant Concentration at	Emergency of Alexand Operating Condition
staffes of Ventacing Control (class) 1 X 2 X 3 1 X	fed or ted by Nozing Hours Plan (1994) in Operation X 24 X 24 X 25 X 24 X 24 X 24 X 24 X 24	t Finished Water Produced, gal 164,600 141,000 148,000		Concentration (C) Before or at First Customer During	Measurement Point During Peak Flow,	Curtomer During Peak How, mp		nil of Water	Meimen CI	Operating		Concentration at	Emergency or Alexamal Operating Condition
of Ventacine Copies on the Cop	ted by Matter Hours Plan Ke s.3 in Operation X 24 X 24	t Finished Water Produced, gal 164,600 141,000 148,000		Before or at l'irst Customer During	Point During Peak Florie,	During Peak Haw, mp		all of Water	Mezman CI		ALL ENVISE		t mercules of Arrestman t Terrating Logalities
ne constant (place 1 X 2 X 3 . 1 X	Hours Plac Hours Plac X 24 X 24	n Produced, gal 164,600 141,000 141,000 148,000						all of Water		UV Dow.	Required,	Remove Point in	Repair or Maintenance Work that Involve
1 X 2 X 3 . 1 X 5 X	X 24 X 24 24 X 25 X 24 X 24 X 24	164,000 141,000 141,000 148,000	Rate, gpd	Peak How, mg l.	minks	msv1.	Water C		Required,	70W-	mW-	Distribution	Taking Water System Companions (b) o
2 X 3 . 1 X 5 X	X 24 24 X 25 X 24 X 24	141,000 141,000 148,000					** 414.5 . 5.	if Applicable	mg-mm1.	secion2	sec cm2	System, mg L	Operation
3 . 1 X 5 X	. 24 X 24 X 24 X 24	141,000 145,000										10	
1 X	X 24 X 24 X 24	148,000										0.4	
5 X	X 24 X 24		1										
	X 24	175,000										0.5	
5 X												0.8	
		178.000										0.9	
7 X	X 24	143,000										10	
ı X	X 24	206,000										1.1	
9 X	X 24	221,000										1.2	
0	74	221.000											
1 X	X 24	188,000										1,0	
2 X	X 24	192,000										10	
3 X	X 24	228,000										1.6	
4 X	X 24	331,000										12	
5 X	X 24	132,000									-	1.4	
6 X	X 24	166,000										1.5	
7 X	X 24	178,000										1.2	
8	24	178.000											
9 X	X 24	234,000										1, †	
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- COURT OF THE PARTY OF THE PAR	X 24	285,000										1.1	
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	X 24	212,000		7000 444								1.1	
5	24	213.000	I										
	X 24	222,000										09	
	X 24	275,000								-		1.0	
-	X 24	248,000										1.2	
	X 24	246,000										08	
	X 24	263,000										1.0	
	24	263,000											
<u>. </u>	1 -	6,343,000		1									
ruge		204,613	1										
rantas .		331,000	1										



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See page 4 for instructions.

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. General Information for the Month						
A. Public Water System (PWS) Informa						
PWS Name: GOLDEN HIL	LS WATER TREATMENT PLANT		PWS Identification Number	er: 642407	6	
PWS Type:	unity FiNon-Transient Non-Com	munity Frans	ient Non-Community	Consecutive		
Number of Service Connections at F.	nd of Month: 522	Total Popul	ation Served at End of Mor	nth: 1,827		
PWS Owner: UTILITIES INC	OF FLORIDA					
Contact Person: Patrick Flynn		Contact Per	rson's Title:	Regional Directo	г	
Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	State: Florida	Zip Code:	327
Contact Person's Telephone Number	; 1-407-869-1919.	Contact Per	rson's Fax Number:	1-407-869-6961		
Contact Person's E-Mail Address:	pcflynn@uiwater.com					
B. Water Treatment Plant Information						
Plant Name: GOLDEN HILL	S GOLF AND TURF		Plant Telephone Number:	The state of the s		
Plant Address: 8021 NW 49TH		City:	OCALA	State: FLORID,	A Zip Code:	3445
Type of Water Treated by Plant:	Raw Ground Water Fi	Purchased Finished Wa	ter			
Permitted Maximum Day Operating	Capacity of Plant, gallons per day:	636,000				
Plant Category (per subsection 62-69	99.310(4), F.A.C.): V	The state of the last of the l	(per subsection 62-699,310	A STATE OF THE PARTY OF THE PAR	C	
Licensed Operators	Name	License Class	License Number	Day(s)/	Shift(s) Worked	
Lead/Chief Operator:	Steve Pfouts	C	14204	Da	ys Mon-Fri	
Other Operators:	Domenic Gentilucci	С	12562	Da	ys Mon-Fri	
	Daniel Anderson	A	7141	Day	s Mon-Sat	
	Charles Schwades	C	7368	Day	s Mon-Sat	
	Raymond Parrish	C	12740	Da	ys Tue-Sat	
					000000000000000000000000000000000000000	

II Card	Cantian	less I am	dif bial	Operator
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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

Stew Plants	5/	2/07	Steve Pfouts	C-14204
Signature and Date	1	7	Printed or Typed Name	License Number

THP Form 62-555 90f4 t)
Efficace August 28, 2565

The process Control			cation Nun	VIt.)100250	,		Plant Nam	e:	GOLDE	NHILLS		UKPL	MUHASE	D FINISHED WATER
	Mean	s of Act	issine E	Monile Year o	1:	April , 2007		A)			· · · · · · · · · · · · · · · · · · ·				- WILL
		THE PARTY	neving Pou	r-Log Virus In	activation/I	Removal; *	✓ Free	Chicana		201					
Part Part		A LEGISLANCE D	KNOCH SERVICE		1 1-0			~ ~ ~ ~ ~ ~ ~ ~		Chlorine Dio	wide [Ozone	Cox	nbine Chlorine (
Part Face Part	Type	of Lyisin:	rectant Res	idual Maintain	ed in Distri	bution System:		From Chinasa						- Carrie (C	a conditiones)
Designation Designation		1				CI Calcula	tions or UV Doe	THE CHOINE		L. Combin	e Chiorine (C	horamines)		Chicago D	
Description Description			1				CTC	alasta.	e lour-la	W Vinus Issueti	extion, if Appl	icable*		Cacalle De	SCAL
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See page 4 for instructions.

FILE COPY

General Interma	tion for the Month Jear of:	May , 2001				
Public Water Syst	tem (PWS) Information					
PWS Name:	GOLDEN HILLS WATER	TREATMENT PLANT	PWS Identification N	umber: 6424076		-
PWS Type:	∇ Community	Non-Transient Non-Community	Fransient Non-Community	[onsecutive		
Number of Service	ce Connections at End of Month	522	Total Population Served at End of	Month: 1,827		
PWS Owner:	UTILITIES INC OF FLORI	DA				
Contact Person:	Patrick Flynn		Contact Person's Title:	Regional Director		
Contact Person's	Mailing Address:	200 Weathersfield Ave.	City: Altamonte Springs	State: Florida	Zip Code:	3271
Contact Person's	Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961		
Contact Person's	E-Mail Address:	pcflynn@uiwater.com				
200					The state of the s	

B. Water Treatment Plant Information Plant Name: GOLDEN HILLS GOLF AND TURF Plant Telephone Number Plant Address: 8021 NW 49TH ST. City: State: FLORIDA Zip Code: OCALA. 34482 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000 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: Steve Pfouts C 14204 Days Mon-Fri Other Operators: Domenic Gentilucci C 12562 Days Mon-Fri Daniel Anderson A 7141 Days Mon-Sat Charles Schwades C 7368 Days Mon-Sat Raymond Parrish C 12740 Days Tue-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 retain these additional operations records at the plant site for at least ten years and to

	Pomenic Gentilucci rinted or Typed Name	C-12562 License Number
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Page 1

DFP Form 62-115-900(1) Effective August 21, 2001

Designation Designation	-	THE RESERVE THE PERSON NAMED IN	tion Numbe	The second secon	6424076		The second secon	Plant Name:		GOLDEN					FINISHED WATER
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Locate Resultant Discretation of Control Control							UTCa	kalations	22.9			UV	Dene		
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See page 4 for instructions.

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I.	General Information for the Month	Near of: June , 2007				1		0011	į.
A	Public Water System (PWS) Informat	ion							
	PWS Name: GOLDEN HILL	S WATER TREATMENT PLANT			PWS Identification Num	iber:	6424076	,	-
	PWS Type:	unity Non-Transient Non-Com	munity	Tra	nsient Non-Community	r Cor	secutive		-
	Number of Service Connections at En	d of Month: 522		7	oulation Served at End of M	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	1,827		
	PWS Owner. UTILITIES INC	OF FLORIDA						Marie Company Marie Company	
	Contact Person: Patrick Flynn			Contact P	erson's Title:	Region	nal Director		
	Contact Person's Mailing Address:	200 Weathersfield Ave.		City:	Altamonte Springs	-	Florida	Zip Code:	3271
	Contact Person's Telephone Number.	1-407-869-1919		Contact F	erson's Fax Number:	The state of the s	-869-6961		
	Contact Person's E-Mail Address:	pcflynn@uiwater.com		113,000					
B.	Water Treatment Plant Information			1711					
	Plant Name: GOLDEN HILLS	S GOLF AND TURF			Plant Telephone Number	Γ:			
	Plant Address: 8021 NW 49TH	ST.		City:	OCALA	State:	FLORIDA	Zip Code:	3448
	Type of Water Treated by Plant:	Raw Ground Water	Purchasec	Finished W	ater ater				-
	Permitted Maximum Day Operating C	apacity of Plant, gallons per day:	636,000						
	Plant Category (per subsection 62-69	9.310(4), F.A.C.): V		Plant Clas	ss (per subsection 62-699.3)	0(4), F.A.(C.):	С	
	Licensed Operators	Name	Lice	ise Class	License Number		Day(s)/S	hift(s) Worked	ı
	Lead/Chief Operator:	Steve Pfouts		C	14204		Day	s Mon-Fri	
	Other Operators:	Domenic Gentilucci		C	12562		Day	s Mon-Fri	-
		Daniel Anderson		A	7141		Day	s Mon-Sat	-1100
		Charles Schwades		C	7368		Day	s Mon-Sat	
		Raymond Parrish		C	12740		Day	s Tue-Sat	
	2.								-
									W
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H. 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

There Plouto	7/3/07	Steve Pfouts	C-14204
Signature and Date /	/ /	Printed or Typed Name	License Number

DEP From 62-555 91(1)

Display Cymark			tion Numb		6424076			Plant Name:		GOLDEN					THIOTIED WATER
Container Cont	II. Dai	ly Data	for the V	onth/Year of:		June , 2007									
Procedure Proc	leans o	of Achie	ving Four-	Log Virus Inac	tivation/Re	moval: *	✓ Free	Chlorine		hiorine Dioxi	de 🗌	Ozone	Comit	ine Chiorine (Chi	oramines)
Part Part	Julya	violet Ra	diation		Other (Describe):							-	-0.00	7
	vpc of	Disinfe	ectant Resid	lual Maintaine	d in Distrib	ution System:	J	Free Chionne		Combine	Chlonne (Ch	oramines)		Chlorine Diox	de
Description Description	T						ions, or UV Dose	, to Demonstrate	Four-Log	Virus Inactive	tion, if Applic	able*	***************************************		
Description Description							CT Ca	lculations				UV	Danc		
Description Project		7							T				I		
Department Dep							Chinfortune								
Description Concentration					Lowest Residual								Leonard Residual		
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Output O							Point During	During 1			Miramum CI	UV Dose,	Required,	Remote Point in	Repair or Maintenance Work that lavely
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326,000

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Maximum



See page 4 for instructions

A. Public Water System (PWS) Information PWS Name: GOLDEN HILLS WATER TREATMENT PLANT PWS Type:	PWS Identification Number:	6424076
		6424076
PWS Type:	Transient Non-Community	
		Consecutive
Number of Service Connections at End of Month: 522	otal Population Served at End of Month	
PWS Owner: UTILITIES INC OF FLORIDA		
	Contact Person's Title:	Regional Director
	City; Altamonte Springs	State: Florida Zip Code: 32714
	ontact Person's Fax Number	1-407-869-6961
Contact Person's E-Mail Address: pcflynn@uiwater.com		
B Water Treatment Plant Information		
Plant Name: GOLDEN HILLS GOLF AND TURF	Plant Telephone Number:	
		State: FLORIDA Zip Code: 34482
Type of Water Treated by Plant:	nished Water	William Co.
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000		
	lant 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: Steve Pfouts C	14204	Days Mon-Fri
Other Operators: Domenic Gentilucci C	12562	Days Mon-Fri
Daniel Anderson A	7141	Days Mon-Sat
Charles Schwades C	7368	Days Mon-Sat
Raymond Parrish C	12740	Days Tue-Sat
		MINISTER CONTRACTOR OF THE CON
		And the second s

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

Signature and Date

8/3/07

Steve Pfouts

Printed or Typed Name

FILE COPY

C-14204

license Number

19 F From 62-333-990(3)

Fifensive August 18, 2003

Page 1

1,30

		ion Numbe		6424076			Plant Name:		GOLDEN	HILLS				FINISHED WATER
_	-		onth/Year of:		July , 2007									
leans	of Achie	ving Four-	Log Vinus Inac			☑ Free (hiorine		hiorine Diaxi	je 🔲	Ozone	Comb	ane Chlorine (Cho	xamines)
	molet Ra			Other (I	escribe):									
unc o	Disinfer	ctant Resid	lual Maintainex		ation System:		Free Chlorine		Combine	UAL)	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		Chionne Dioxi	de
1,20					CT Culculati	om, or UV Dose.	to Depointrate	Four-Log	Vinis Inactiva	tion, if Applie				
					75.11	CTC4	kulstions				UV.	lese		
							Lowest CT							
						Displectant	Prevaded							
					Lowest Residual	Contact Time	Before or	1			Lowest	Manman	Lowest Residual Dismfectant	
	Character of				Desirfectant	(T) at C	At furst				Operating	IIV Ikw	Concentration at	Emergency or Absormal Operating Condition
	Days place scalled or				Concentration (C) Before or at First	Point During	During			Miramum C1	UV Dase,	Required,	Remote Point in	Repair or Maintenance Work that Involves
lay of	Visited by	W (#t	Net Quantity of Frinhed Water	Peak Plone	Customer During	Peak Flow,	Peak How, my	Temp of	pH of Water,	Required,	mW-	-Wen	Distribution	Taking Water System Components Chil of
the Month	toperatur Epilara v i	Hours Part in Operation		Rate, gpd	Peak How, mg 1.	entrates	min 1.	Water, C	if Applicable	mg-mm I	sec cm2	sec-cm2	System, the 1.	Operation
1	X	24	211,000										1.0	
	×	24	105,000										1.2	
3	X	24	128 000										1.3	
4	X	24	160,000										0.9	
5	X	24	163,000			· ·							0.9	
6	X	24	121,600										0.6	
7	X	24	178,000										1.3	
8	-	24	190,000											
9	X	24	190,000			60							0.8	
19	X	24	213,000										1.1	
11	X	24	246,000										0.9	
12	X	24	208,000										07	
13	X	24	189.000										06	
14	T x	23	153,000					T				-	0.5	
	 ^	24	157,000											
15	X	24	157,000										0.7	
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18	X	24	163,000	1									1.7	
19	X	24	153.000	1									0.6	
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	-	24	161,000										1.2	
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21	X	24	97,000		1								1.0	
24	1 x	24	144,000	1								-	0.9	
and the same of	-	24	138,000	1									0.9	
26	_	24	139,000	1									0.7	
27	_	24	153,000			1						-	-	
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36)	111111111111111111111111111111111111111	24	153,000	+				T					0.7	
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state			5,101,000	-										
ICI2	25		164.548	-										

a viending

246,000



See page 4 for instructions.

I. General Information for the Month/Year of: August , 2007 A. Public Water System (PWS) Information GOLDEN HILLS WATER TREATMENT PLANT PWS Name: PWS Identification Number 6424076 PWS Type: Community Non-Transient Non-Community Consecutive Transient Non-Community Number of Service Connections at End of Month: 522 Total Population Served at End of Month 1.827 PWS Owner UTILITIES INC OF FLORIDA Contact Person: Patrick Flynn Contact Person's Title: Regional Director Contact Person's Mailing Address 200 Weathersfield Ave. City: Altamonte Springs State: Florida Zip Code 32714 Contact Person's Telephone Number: 1-407-869-1919 Contact Person's Fax Number 1-407-869-6961 Contact Person's E-Mail Address: pcflynn@uiwater.com B Water Treatment Plant Information Plant Name: **GOLDEN HILLS GOLF AND TURF** Plant Telephone Number. Plant Address: 8021 NW 49TH ST. City: OCALA State: FLORIDA Zip Code. 34482 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000 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: Steve Prouts C 14204 Days Mon-Fri Other Operators: Domenic Gentilucci \mathbf{C} 12562 Days Mon-Fri Daniel Anderson A 7141 Days Mon-Sat Charles Schwades C 7368 Days Mon-Sat Raymond Parrish C 12740 Days Tue-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 retain these additional operations records at the plant site for at least ten years and to

Signature and Date

Steve Pfouts
Printed or Typed Name

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Effective August 28, 3903

Page 1

PWS Identification Number: 6424076 Plant Name. GOLDEN HILLS														
			onth/Year of:		August , 2007									
éans	of Achie	ving Four-	Log Virus Inac			☑ Free (Chonne		hionne Dioxi	de 🗌	Ozone	Comi	oine Chionne (Chi	xamines)
	wolet Ra			Other (MINTER CONTRACT						
vpe o	Dismie	ctant Resid	lual Maintaine	d in Distrib			Free Chlorine		Combine				Chicane Dias	de .
					CT Calculari	ians, or UV Dose	, to Demonstrate	Four-Log	Virus Inactiva	tion, of Applic	able*			
					237/A-2	CT Ca	deulations			-	UV	Dosč		
							Lowest CT							
						1) verfection	Provided							
			-		Lamest Residual	Contact Time	Picture on						Lawest Residual	
	Days plan				Desafectast	(i) at C	at l'irst				JAMASA T	Maumum	Disinfectant	
	staffed or		N. 10		Concessination (C)	Measurement	Customer				Operating	UV Dance	Concentration at	Unservence of Abnormal Operating Condu
the	Visited by	Hoors Flant	Net Quantity of Furshed Water	Peak Flow	Before or at First Customer Daying	Point During Peak Flow,	During Peak Flow, imp	Temp of	pil of Water,	Minimum CT Required,	UV Dose, mW-	Required, mW-	Remote Pout in	Repair or Maintenance Work that favide
logth	Fguenter Epident k i	in Operation	Printed, gal	Rute, graf	Pent Flow, mg L	minutes	ma L		if Applicable	ma-min L	sec em2	sec cm2	Distribution System, mg I	Faking Water System Components Out a Operation
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3	X	21	90,000							parameter section			10	
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5	Х	24	162,000										1.0	1112
6	X	24	121,000										0.8	
7	X	24	185,000		22 1001								0.4	
8	Х	24	216,000					****					0.8	
9	×	24	235,000										0.8	
10	X	24	203,000										05	
11		24	305 000									-		
12	X	24	305,000				 						0.5	***
13	X	24	171,000										0.5	
14	X	24	158,000										10	
15	X	24	158,000										13	
16	×	24	152,000			_							1.0	
17	×	24	150.000										1.1	
	^	24	226,000										1.1	
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26	-	24	201,000	-									0.7	
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28	X	24	171.000	-									0.8	
29	X	24	273.000			THE PERSON AND PROPERTY OF THE PERSON AND PE							1.0	
30	X	24	227,000					-					1.1	
31	X.	24	184,000		<u> </u>								15	
tal			6,040,000	1										

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305,000

Average

Maximum



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See page 4 for instructions

General Information for the Month/	'ear of: September, 20	007					
Public Water System (PWS) Informatio	n						
PWS Name: GOLDEN HILLS	WATER TREATMENT PLANT		PWS Identification Num	ber.	6424076	·	
PWS Type	ity Non-Transient Non-Con	munity Transi	ent Non-Community	_ Co	nsecutive		
Number of Service Connections at End	of Month: 522	Total Popul	ation Served at End of Me	onth:	1,827		
PWS Owner UTILITIES INC O	F FLORIDA						
Contact Person: Patrick Flynn		Contact Per	son's Title:	Regio	nal Director	+	
Contact Person's Mailing Address	200 Weathersfield Avc.	City:	Altamonte Springs	State:	Florida	Zip Code.	32714
Contact Person's Telephone Number:	1-407-869-1919	Contact Per	son's Fax Number:	1-407	-869-6961		
Contact Person's E-Mail Address:	pcflynn@uiwater.com						
Water Treatment Plant Information							
Plant Name. GOLDEN HILLS	GOLF AND TURF		Plant Telephone Number	r;			
Plant Address: 8021 NW 49TH ST	I,	City:	OCALA	State	FLORIDA	Zip Code:	34482
Type of Water Treated by Plant:	▼ Raw Ground Water 「	Purchased Finished Wat	er				
Permitted Maximum Day Operating Ca		636,000					
Plant Category (per subsection 62-699.	310(4), F.A.C.): V	Plant Class	(per subsection 62-699.31	0(4), F.A.	C.):	C	72 1 1
Licensed Operators	Name	License Class	License Number		Day(s)/S	hift(s) Worked	
Lead/Chief Operator;	Steve Pfouts	C	14204		Day	s Mon-Fri	
Other Operators:	Domenic Gentilucci	C	12562		Day	s Mon-Fri	
	Daniel Anderson	Λ	7141		Day	s Mon-Sat	
	Charles Schwades	С	7368		Day	s Mon-Sat	
	Raymond Parrish	С	12740		Day	s Tue-Sat	
							Water State of the

II. Certification by Lead/Chief Operator

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sider	1-1	well.
Sionature and	Date	-

10/05/07

Steve Pfouts

C-14204

ard

Printed or Typed Name

License Number

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Effective August St. David

Page 1

630

PWSI	dentifica	tion Numb	er.	6424076			Plant Name		GOLDEN					TIMONED WATER
			ionth/Vear of:		September , 200									
deans	of Achie	eving Four-	Log Virus Inac			☑ Free (Chicome		Thionne Dioxi	Э е 🗌	Ozone	Comi	oine Chlonne (Ch	oranines)
	avoiet Ri			Other (I										
Type o	f Dismfe	retain Resid	hual Maintaine	d in Distrib	ution System:	₹	Free Chlonne		Combine	Chlorine (Ch	ocamines)		Chionne Diox	de
					CT C4kolat	ions, or UV Dase	to Demonstrate	Four-Log	Vina laatin	tion if Apple	able*			
						CIC	louistions				LIV	Desse		
							Longst CT	1						
						Domlectant	Provided							[
					Lincot Residual	Centact Tune	Before es						Lowest Residual	
	Deve plani				Desinfectant	(T) at C	at funi				fament	Ministras	Desinfectant	
las of	watt.dig		Net Quantity of		Concentration (C) Before or at First	Measurement Pout During	Custimus During			Minimum CT	Operating UV Danc.	UV Dane Regared,	Concentration at Remote Point in	Emergency or Alassimal Operating Condition Repair or Maintenance Work that Involve
the	Visited by	Henri Pan	Finished Water	Peak Flow	Customer During	Peak Flore,	Peak Flow, mg	femp of	pH of Water	Required,	mW-	aW-	Distribution	Taking Water System Congressins Out of
Month	1110404	in Operation	Produced gal	Mala_gpd	Peak How, mg 1.	e states	tain).		if Applicable	mg-min1.	secton?	мест2	System, rag-1.	Суктына
1	×	21	181,000										1.0	
2		24	201,000											
j.	Х	24	202,000										10	
·i	X	24	202,000										1.5	
- 5	X	24	248 000										1.3	
# 1	X	24	223,000										16	
7	X	24	206,000										1.6	
×	Х	24	240,000										1.4	
ц		24	294,000											
lu-	×	24	295,060										0.4	
11	×	24	277.000										0.5	
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14	Х	24	302,000										0.5	
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lo		24	220,000											
17	Х	34	220,000										09	
ib	X	24	190 000										0.7	
19	Х	24	201,000										0.7	
20	X	34	140,000										1.0	
21	Х	24	175 000										0.7	
23		24	173,000											
23	X	21	173,000										0.5	
24	Х	24	68,000										07	
25	X	24	210,000										0.9	
26	Х	34	173,600			4							1.4	
27	Х	24	142,000										1.2	
28	Х	24	152.000										0.8	
39		21	152,000											
3ú	·X	24	152,000										0.5	
أشاه	4		8,164,000			William Total					1			
Ways.			205,467											
-	-	-	The second secon	t .										

Meanman

302.000



See nage 4 for instructions I. General Information for the Month/Year of: October . 2007 A. Public Water System (PWS) Information PWS Name. GOLDEN HILLS WATER TREATMENT PLANT PWS Identification Number: 6424076 PWS Type. Community Consecutive Non-Transient Non-Community Transient Non-Community Number of Service Connections at End of Month 522 Total Population Served at End of Month 1.827 PWS Owner: UTILITIES INC OF FLORIDA Contact Person Patrick Flynn Contact Person's Title: Regional Director Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Florida Zip Code: 32714 Contact Person's Telephone Number: 1-407-869-1919 Contact Person's Fax Number: 1-407-869-6961 Contact Person's E-Mail Address: pcffynn@uiwater.com B. Water Treatment Plant Information Plant Name GOLDEN HILLS GOLF AND TURF Plant Telephone Number: Plant Address 8021 NW 49TH ST City: **OCALA** State: FLORIDA Zip Code: 34482 Type of Water Treated by Plant Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day 636,000 Plant Category (per subsection 62-699,310(4), F.A.C.): 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: Steve Pfouts C 14204 Days Mon-Fri Other Operators: Domenic Gentilucci C 12562 Days Mon-Fri Daniel Anderson A 7141 Days Mon-Sat Charles Schwades C 7368 Days Mon-Sat Raymond Parrish \boldsymbol{C} 12740 Days Tue-Sat

II. Certification by Lead/Chief Operator

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71/02/07 Steve Prouts
Printed or Typed Name C-14204 License Number

DtPleam to \$555 Wex 1; Blacks Ages 3. 344

		tion Numbe		6424076		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	Plant Name		GOLDEN					FINISHED WATER
	WHI THE		onth/Year of:		October , 2007	A STATE OF THE STA								
cans	of Achie	ving Four-	Log Virus Inac	tivation/Re		☑ Free C	niorine		hionine Diaxi	oe 🛘	Ozone	Comb	ane Chionne (Cho	ramines)
] Littre	wolet Ra	diation		Other (i	Describe);									
ope of	Disinte	ctant Resid	lual Maintainee	l in Distribi	ution System:		Free Chicane			Ovonne (Cho			Chiorine Dioxi	Oè
					CT Calculate	ons, or UV Dane,	to Deconstrate	Four-Leg	Virus Inscrive	tion, if Applica	able*			
						CTCa	calations				UV	And .		
							Lowest CT							
						Desinfectant	Privided							
					Lowest Residual	Contact Time	Before or	c .					Lowest Rendual	e.
	danya galassa		î.		Designation	(Tjut C	at First				Lowest	Mranum UV Dose	Divinfectant Concentration at	Emergency or Absorbal Operating Condition
	statical or				Concentration (C)	Measurement Point During	Ouring			Managem CY	Operating UV Dose,	Required,	Remote Point in	Repair or Mannenance Work that Involve
las of	Vintally	Hours Plant	Net Quantity of Fundad Water	Peak How	Customer Daring	Paul Flow,	Peak Flow, my	Temp. of	pH of Water.	Required.	mW.	mW-	Distribution	Taking Water System Compresents Out of
t. week	egiane e i	WHILE TANK PER	land to select	Rate, spd	Peak How, mg 1.	minutes	pres-1		if Applicable		sec/cm2	secrem2	System, mg 1.	Оригалод
1	×	24	172,000										1.2	
2	×	24	203 000										1.0	0.00
.i	х	24	142.000										0.7	
4	×	24	130.000										0.7	
Ť	Х	24	167,000										06	
£4		24	105,000											
7	X	24	108,000										1.7	
3	×	24	138,000										2.0	
¥	×	21	199,000										13	
111	X	21	151,000					1					1.5	
11	×	24	158,000										1.0	
12	×	24	170,000										1.0	
11		24	175,000											
14	×	24	175,000		28.6.000								10	
15	×	21	200,000										0.8	
Îti	X	24	197.000										0.9	
17	Х	24	208.000										12	
18	X	34	206,000										1.3	
14	X	24	178,000										0.8	
34		24	160,000											
21	X	24	150,000										0.8	
32	×	21	194 000					T					0.7	
23	×	24	153,000										0.8	
24	Х	21	191,000										1.2	
25	×	24	122,000										1.3	
Zń	X	24	158,000						1				1.1	
27		21	151,000											
2×	×	24	151.000										1.0	
34	×	24	162,000						1	1			1.0	
.6.3	X	24	172,000										1.0	
11	X	24	168,000										1.0	
OLI			5.187,000		A		-	A		1				
nemec nemec			167.323	1										
Lynna	-		208.000	1	oul den	1 0 1	1							
- 545181	The same of the sa		200.000	1/27-0	y wing year	e sylve	6							



See page 4 for instructions.

23.0	e page 4 for instructions.												
I.	General Information for the Month/	Year of: November , 2	2007			-		empf 65					
A.	Public Water System (PWS) Informati	ion											
	PWS Name: GOLDEN HILL	S WATER TREATMENT PLANT			PWS Identification Number	af,	6424076						
	PWS Type:	nity Non-Transient Non-Com	munity	Tran	sient Non-Community	Con	secutive						
	Number of Service Connections at En	d of Month: 522		Total Population Served at End of Month: 1,827									
	PWS Owner: UTILITIES INC	OF FLORIDA											
	Contact Person: Patrick Flynn		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contact P	erson's Title:	Region	nal Director						
	Contact Person's Mailing Address.	200 Weathersfield Ave.		City:	Altamonte Springs	State:	Florida	Zip Code:	3271				
	Contact Person's Telephone Number:	1-407-869-1919		Contact P	erson's Fax Number;	1-407-	869-6961						
	Contact Person's E-Mail Address:	pcflynn@uiwater.com											
B	Water Treatment Plant Information												
	Plant Name: GOLDEN HILLS	GOLF AND TURF			Plant Telephone Number:								
	Plant Address: 8021 NW 49TH S	УГ.		City:	OCALA	State:	FLORIDA	Zip Code:	3448				
	Type of Water Treated by Plant:	∇ Raw Ground Water	Finished W	ater									
	Permitted Maximum Day Operating C	apacity of Plant, gallons per day:	636,000										
	Plant Category (per subsection 62-699	9.310(4), F.A.C.): V		Plant Clas	s (per subsection 62-699,310	(4), F.A.C	2.):	C					
	Licensed Operators	Name	Licen	se Class	License Number		Day(s)/Sh	iift(s) Worked					
	Lead/Chief Operator:	Steve Pfouts		C	14204		Days	Mon-Fri					
	Other Operators:	Domenic Gentilucci		C	12562		Days	Mon-Fri					
	2,00	Daniel Anderson		A	7141		Days	Mon-Sat					
		Charles Schwades		C	7368		Days	Mon-Sat					
		Raymond Parrish		C	12740		Days	Tue-Sat					

II. Certification by Lead/Chief Operator

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Steve Ploute	12/06/07	Steve Pfouts	C-14204
Signature and Date	/ /	Printed or Typed Name	License Number

DEP Form 62-555 500(3)

WSJd	lentifica	tion Numb	T	6424076			Plant Name		GOLDEN	HILLS				
			onth/Year of:		November, 20						ALCO CONTRACTOR OF THE PARTY OF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
feans (of Achie	eving Four-	Log Virus Inac			√ free	Chiorine		Dianne Diaxi	de 🗌	Özöne	Comt	oine Chlorine (Ch	CY artismes)
	wolet Ra			Otiver (***************************************		12
spe of	Disinf	ectant Resid	lual Maintaine	d in Distrib	ution System:	₹	Free Chionne		Combine	Chlorine (Ch	oramines)		Chiorine Diox	ide
					CT Cakulat	ons, or UV Dose	to Demonstrate	Four-Log	Virus Inactor	thon, if Applic	able*			
-						CTC	kulations	***************************************			UV	Dose		
- 1							Lowest CT							
						Disinfectant	Provided							
1					Lava est Residual	Contact Time	Before or						Lewest Residual	
1	Days plant				Disinfectant	(T) at C	at First	1			Lonest	Montmen	Disinfectant	
	statiol or				Concentration (C)	Measurement	Customer				Operation	UV Dose	Concentration of	Unterpersey of Absormal Operating Couching
av of the	Vascad by	Hours Plans	Net Quantity of Tuntshed Water	Peak Flow	Refore or at First Customer During	Point During Peak How,	Daring Peak How, mg	Temp of	ald of Water	Minimum (1) Required,	IIV Dose,	Required,	Remote Point in Distribution	Report or Maintenance Work that Involve
hindh	Chalain.	en Operation	Produced, gal	Rate, gpd	Peak Flow, mg 1.	mande.	mis.I.		if Applicable	mg-min i	see em2	see-em2	System, ma I	Fakuta Water Sestem Components (Act of Operation)
1	X	24	141,000						1,7,1				1.0	TRIBIAN
2	X	24	193,000										0.8	
3		24	184 000										0.0	
,	×	24	184,000										09	
5	×	24	160,000					-	<u> </u>				1.2	
6	Ŷ	24	184,000										1.0	
7	×	24	196,000					_						
8	X	24	333,000								 		1.0	
-	THE PERSON NAMED IN	-						-					1.1	
9	<u> </u>	21	175,000						-				1.0	
10	**	24	227,000						-				2.0	
11	Х	24	227,000						 				09	
12	X	24	225,000										0.9	
13	×	2.4	214.000										0.7	
14	_ х	24	231,000										0.8	
15	×	24	208,000										1_1	
16	X	24	224,000										1.0	
17		24	229,000											
18	X	24	229.000										0.7	-
19	X	24	245,000										0.7	
20	×	24	222,000										2.0	
21	Х	24	245,000										1.9	
22	Х	24	207.000								-//		1.5	
23	Х	24	178,000										1.3	
24		24	163,000											
25	X	24	163,000										12	
2 6	Х	24	197,000										1.0	
27	x	24	174,000										1,3	
28	Х	24	234,000										1.3	
29	X	24	198.000										1.3	
10	X	21	199,000										1.2	
tal			5,189,000	12-11-	or more	kt								
ernoe			206.300	1										

333,000

dassman



I. General Information for the Month/Year of:

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

See page 4 for instructions.

8 8	5	0	n	n	6.5
The same of the sa	E	C	U	I	

A.	Public Water System (PWS) Informatio	n	1 2						
	PWS Name GOLDEN HILLS	WATER TREATMENT PLANT	ž ž		PWS Identification Numb	er:	6424076	5	
	PWS Type:	ity	munity	Tran	sient Non-Community	□ Cor	nsecutive	000 - 15 - 10 - 10 - 10	
	Number of Service Connections at End	of Month: 522	Ī	Total Pop	ulation Served at End of Mo	nth:	1,827		
	PWS Owner: UTILITIES INC O	F FLORIDA	1						
	Contact Person Patrick Flynn		•	Contact P	erson's Title:	Regio	nal Director		
	Contact Person's Mailing Address.	200 Weathersfield Ave.		City:	Altamonte Springs	State:	Florida	Zip Code:	32714
	Contact Person's Telephone Number	1-407-869-1919	ŧ	Contact P	erson's Fax Number.	1-407	-869-6961		
	Contact Person's E-Mail Address:	pcflynn@uiwater.com	ŧ			Assessed Assessed			
B,	Water Treatment Plant Information								
	Plant Name GOLDEN HILLS O				Plant Telephone Number:	-			
	Plant Address: 8021 NW 49TH ST			City:	OCALA	State:	FLORIDA	Zip Code:	34482
	Type of Water Treated by Plant:	Raw Ground Water F		d Finished W	ater				
	Permitted Maximum Day Operating Ca		636,000	_					
	Plant Category (per subsection 62-699).				s (per subsection 62-699,310)(4), F.A.(C.):	C	
	Licensed Operators	Name	Lice	nse Class	License Number		Day(s)/S	hift(s) Worked	
	Lead/Chief Operator:	Steve Pfouts		C	14204		Day	s Mon-Fri	
	Other Operators	Domenic Gentilucci	1	C	12562		Day	s Mon-Frî	
		Daniel Anderson		A	7141		Day	s Mon-Sat	
		Charles Schwades		C	7368		Day	s Mon-Sat	
		Raymond Parrish		С	12740		Day	/s Tue-Sat	
	1		E 3		1	1			1

December , 2007

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There Pfruits	01/07/08	Steve Pfouts	C-14204
Signature and Date	/ /	Printed or Typed Name	License Number

Parlament Sandaria

PWS K	WS Identification Number 6424076 Plant Name: GOLDEN HILLS													
III. Da	III. Daily Data for the Month/Year of: December 2007													
			Log Virus Inac		moval: *	✓ Free (Diccine		Morine Diaxi	de 🗌	Ozone	Comt	ane Chlorine (Ch	xamine)
Untra	violet Ra	dation		Other (I	Describe):				+					
Type o	Disinfe	ctant Resid	hial Maintainec	in Distrib	ution System:	V	Free Chlorine		Combine	Chionne (Chi	zennes)		Chlorine Diak	de
					CT Calculan	ons, or UV Dase.	to Denoratrate	Four-Log	Virus Inactive	una. if Applic	sblc*			
						CT Ca	lcolations		3		UV	Dose		
							Lowest CT							
						Distributions	Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
	Days plant				Districtist	(T) at C	at First				Lowest	Musmam	Diverfectant	
Davoi	staffed or		Net Quantity of		Concentration (C) Before or at First	Measurement Point Daries	Customer During			Minimum C1	Operating UV Dose,	UV Dose Required,	Remote Post in	Emergency of Absormal Operating Conditions, Repair or Maintenance Work that Involves
the	Vantal by	Hours Plant	Funded Water	Peak Flora	Customer Daring	Peak Flow,	Peak flow, mg	Temp. of	pli of Water	Required,	mW-	mW-	Dyurbuton	Taking Water System Components that of
Month		in Charates	The state of the s	Rate ppd	Peak Plan, mg L	modes	min/L		if Applicable	mg-min I.	sec/cm2	see em2	System, mg 1.	Орставая
1		21	195,000											
2	X	24	195.000										1.2	
3	Х	24	208,000							Market and			1.0	
4	Х	24	185.000										1.3	
,	Х	24	222,000								1		1.5	
O	×	24	215.000						I .				1.0	
7	Х	24	213,000										1.1	
3		24	200,000											
**	Х	21	200,000										0.5	
153	X	24	215,000										0.7	
- 11	Х	5.1	191,000						1	_			0.8	
12	X	34	251,000					_					0.6	
- 33		74	248 000						-				0.6	
14	*	24	161,000										1.0	
15		24	155.000											
17	X	24	155,000 186,000										1.0	
		24											07	
18	X	21	165,000 220,000										1.2	
20		24	176.000										1.6	
21	X	24	179,000										1.1	
22	^X	24	151,000										0.6	
21		21	165,000					_					1.0	
24	Х	24	164.000											
25	X	24	193,000										1.1	
36	X	21	184.000							_			0.8	
27	8.	34	225,000					-					0.7	
28	Х	24	185,000			-		-					1.0	
19	X	24	223,000		-								1.0	
Juj		24	205.000											
.11	X	24	208,000						1				1.1	
letal			6,037,000				-							
Aserace	-		194.742											

Makinggi

251,000



PWS Name:

PWS Type:

PWS Owner:

Contact Person:

A. Public Water System (PWS) Information

Contact Person's Mailing Address:

Number of Service Connections at End of Month:

Patrick Flynn

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

See page 4 for instructions. I. General Information for the Month/Year of: January , 2008

200 Weathersfield Ave.

Ti Non-Transient Non-Community

531

GOLDEN HILLS WATER TREATMENT PLANT

Community

UTILITIES INC OF FLORIDA

	W S Eas.	La	U	O1	U		
	PWS Identification Numbe	r:	_	6424	076		
Γ	Transient Non-Community	匚	Con	secutive		N ADDRESS TO TAKE	
Tota	l Population Served at End of Mon	th:		1,859			
Con	tact Person's Title:	R	egion	al Direc	tor		
City	Altamonte Springs	Is	tate:	Florida		Zip Code:	32714

FILE CUDA

Contact Person's Telephone Number: 1-407-869-1919 Contact Person's Fax Number: 1-407-869-6961 pcflynn@uiwater.com Contact Person's E-Mail Address: B. Water Treatment Plant Information **GOLDEN HILLS GOLF AND TURF** Plant Name: Plant Telephone Number: 8021 NW 49TH ST. City: State: FLORIDA Zip Code. Plant Address: OCALA 34482 Type of Water Treated by Plant: **▼** Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000 Plant Category (per subsection 62-699.310(4), F.A.C.): Plant Class (per subsection 62-699,310(4), F.A.C.): C License Class Licensed Operators Name License Number Day(s)/Shift(s) Worked Lead/Chief Operator; Steve Pfouts C 14204 Days Mon-Fri Domenic Gentilucci C Other Operators: 12562 Days Mon-Fri Daniel Anderson A 7141 Days Mon-Sat Charles Schwades C 7368 Days Mon-Sat Raymond Parrish 12740 Days Tue-Sat

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There Planter	02/05/08	Steve Pfouts	C-14204	
Signature and Date /	, ,	Printed or Typed Name	License Number	•
IN P June 62-355 WKK hi				

Effective Assert 24, 3003

and the same of th		ion Numb		6424076			Plant Name:		GOLDEN	HILLS				
III. Da	ly Data	for the M	onth/Year of:		January , 2008								***************************************	
			Log Virus Inac			✓ Free (Chiorine		niorine Diaxio	de 🔲	Ozone	Comit	oine Chiorine (Cho	ramnes)
	rviolet Ra			Other ((100			
Type of	Disinfe	ctant Resid	lual Maintainec	l in Distrib	ution System:	J	Free Chionne		Combine	Onlorine (Ox	oramin(s)		Chlorine Diaxi	de
					CT Cakulan	ons, or UV Dase	, to Demonstrate	Four-Log	Varus Inactiva	tion, if Applic	Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner,			
						CTCa	lculations				UV	Anc		
							Lowest CT							
						Distributant	Provided							
					Lowest Readual	Contact Time	विद्यालक स्म						Lowest Residual	
	Days plant				Disinfectant Concentration (C)	(T) at C Measurement	at First Customer				Lowest Operating	Miniman UV Dese	Disinfectant Concentration at	Francisco de Universida (Nacioni) di Contra
Dayof	staffed ca		Net Quantity of	,	Defore or at l'ust	Fourt During	During			Managam (7)	UV Dose,	Required.	Remote Point in	Finergenes or Almorreal Operating Conditions Repair of Maintenance Work that families
the	Vinited by Operator	Hours Plant		Peak Flow	Customer During	Peak Flow.	Peak Flow, mg	Temp of	pll of Water.	Required.	raW-	mW-	Distribution	Taking Water System Companies Out of
Month	fgtar + t	ia Operation	Produced gal	Rate, and	Peak How, mg/l.	mantes	nua L	Water, C	if Applicable	mg-min/l	sec cm2	see em2	System, mg.1.	Operation
ı	×	21	206,000										1.0	
2	Х	21	272,000										1.0	
.3	X	24	211,000										0.8	
4	Х	24	211,000										0.9	
5		24	193,000											
6	Ж	24	193,000										0.5	
7	×	24	134,000			-							0.7	
8	X	24	184,000										0.9	
9	Х	24	210.000										0.9	
10	Х	24	190,000										0.9	
11	X	24	171,000										0.9	
12		24	165,000											
13	×	24	165,000										0.8	
14	Х	24	159,000										0.6	
15	Х	24	176,000										1.1	
16	Х	24	174,000										1.3	1 2000 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
17	×	24	119,000										1.4	
18	Х	24	140,000										1.4	
19		24	117,000				-							
20	×	24	117,000		_								1.4	
21	Х	24	140,000										1,2	
22	X	24	173,000										0.6	
23	Х	24	112,000										1.1	The state of the s
24	X	24	107,000										1.4	
25	X	24	134,000										1.6	
26		24	141.000											
27	Х	24	141,000			-							1.4	
29	Х	24	150.000										1.2	
29	Х	24	174,000										1.2	
30	X	24	162.000				1						1.1	
31	Х.	24	168,000								L		12	
11		-	5 100 000											

164,606 272,000

Maxenum



: page 4 for instructions.		" # (m)
General Information for the Month/Year of:	February , 2008	

11	Pro	00
11	F	GOPY
*****	Ca	UUFI

S.L.B.	Official full mention for the month	The state of the s	0.0				16	
A.	Public Water System (PWS) Inform	nation						
	PWS Name: GOLDEN HI	LLS WATER TREATMENT PLANT		PWS Identification Num	nber:	6424076)	
	PWS Type:	munity Non-Transient Non-Con	nmunity T	ransient Non-Community	□ Co	asecutive	-	
	Number of Service Connections at	End of Month: 531	Total P	opulation Served at End of A		1.859		-
	PWS Owner: UTILITIES IN	C OF FLORIDA	The state of the s					
	Contact Person: Patrick Flynn		Contact	Person's Title:	Regio	nal Director		
	Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	The same of the sa	Florida	Zip Code:	32714
	Contact Person's Telephone Number	er: 1-407-869-1919	The same of the sa	Person's Fax Number,		869-6961	Traff Code.	C 40 F B 1
	Contact Person's E-Mail Address:	pcflynn@uwater.com						
B	Water Treatment Plant Information					-	9 106	
	production of the second of th	LS GOLF AND TURF		Plant Telephone Number	er.			
	Plant Address: 8021 NW 49T	H ST.	City:	OCALA		FLORIDA	Zip Code	34482
	Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished	Decomposition 100		- 102110	Trap cone	31192
	A A STATE OF THE PARTY OF THE P	Capacity of Plant, gallons per day:	636,000					
	Plant Category (per subsection 62-		70 TO TO TO TO TO TO TO TO TO TO TO TO TO	lass (per subsection 62-699.3	10(4) FA	*):	C	
	Licensed Operators	Name	License Class	License Number		The state of the s	hift(s) Worked	1
	Lead/Chief Operator:	Steve Pfouts	С	14204		-	s Mon-Fri	
	Other Operators:	Domenic Gentilucci	C	12562		-	s Mon-Fri	-
		Daniel Anderson	Λ	7141		The state of the s	s Mon-Sat	
		Charles Schwades	C	7368		The state of the s	s Mon-Sat	
		Raymond Parrish	C	12740			s Tuc-Sat	
		Craig Raines	A	7960			s Tue-Sat	
							2- 1 ft Dat	
							71100 011010101	
					-			

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. Lalso 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

Men Conta	03/05/08	Steve Pfouts	C-14204
Signature and Date/	/ /	Printed or Typed Name	License Number

Dt.P. Form 67-555 9838 33 Thickey Appeal 24, 2003

WSI	lentific»	tion Numb	er,	6424076			Plant Name		GOLDEN					TIMISHED WATER
11. Da	ily Data	for the M	lonth/Year of:		February, 200							***************************************	-	
(cans	of Achie	ving Four-	Log Virus Inac	tivation/Re	emoval: *	✓ Free	Chlorine		Inlanine Diax	de 🔲	Ozone	Comi	one Ottonne (Ch	oraminas)
	aviolet Ra			Other (4								of the lateral management of the lateral man
spe o	f Disinfe	ctant Resid	dual Maintaine	d in Distrib	ution System:	Ø.	Free Chiorine		Combine	Chlorine (Ch	oramines)		Cháonne Diox	ete.
					CT Calculat	em, or UV Dose	, to Demonstrate	Four-Log	Virus Imetica	tion, if Applic	able*			
						ctc	kulstions				UV	Diose	}	
							Lowest CT							
						Districctors	Provided							
					Lowest Residual	Contact Time	Before or						Lawest Residual	ì
	Days place				Disinfectant	(T) at C	at l'irst				Lonest	Manatturn	Districted	
	station or		Net Quantity of		Concentration (C) Before or at First	Measurement	Customer		000000000000000000000000000000000000000	15. 10	Operating	UV Denc	Consentration at	Emergency or Abroveral Operating Condust
kny of the	Cisotal by Eparater	Hours Plant	Finished Water	Peak Flow	Customer During	Point During Peak Flow,	Peak Flora, mg	Temm of	nH of Water	Musinum C1 Required,	UV Dose, mW-	Required,	Remote Point in Distribution	Repair or Maintenance Work that Implie
denth	(Piece t)	in Operation		Rate, gpd	Pesk Flow, mg 1	migrates	min1.	0.70	if Applicable	A CONTRACTOR OF THE PROPERTY O	360 cm2	sec cm2	Sistem, mg L	Taking Water System Components Out a Operation
1	×	24	145,000										1.1	० वृक्षामा अस्ति हो।
2		24	235,000											
3	Х	24	238,000										1.2	
1	×	24	203,000										13	
5	×	24	195,000										1.1	
6	×	24	200,000										1.1	
7	X	24	159,000										1.0	
8	×	24	163,000										0.9	
ij		24	163,000		automorphism - Andrews									
10	×	24	163,000										0.9	
11	Х	21	168,000										0.5	
12	Х	.24	189,000										0.6	
13	Х	24	119.000										0.9	
14	x	24	156,000										1.1	
15	X	24	166,000										OB	
15	-	24	142,000								-			
17	X	24	142,000									With the second	1.0	
18	X	24	194,000										0.6	
19	X	21	178,000					_					0.7	
20	X	-24	150,000			/mx mm							0.9	
21	X	24	149,000										1.0	
22	X	21	121,000										1.3	
23	<u> </u>	24	122.000										***	
21	×	24	122,000										1.2	
25	X	24	145,000										0.7	
Z6	×	24	142,000										1.0	
27	X	24	158,000										11	
28		24	118,600										1.1	
29	X	24	149,000										1.2	
-	^_	**								لـــــا			1.4	
ntal			4,692,000											

161,793

236,000

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Massaum



See page 4 for instructions

l.	General Information for the Month	Year of: March , 2008				- 0	UFY		
A.	Public Water System (PWS) Informat	ion					ä		
	PWS Name: GOLDEN HILL	S WATER TREATMENT PLANT			PWS Identification Numb	er	6424076		PONIC
	PWS Type:	nity Non-Transient Non-Com	munity	Trans	ient Non-Community	-	nsecutive		
	Number of Service Connections at En	d of Month: 531		7/B 200 / 20	lation Served at End of Mo		1.859		
	PWS Owner. UTILITIES INC	OF FLORIDA					11/4		
	Contact Person: Patrick Flynn		,	Contact Per	rson's Title:	Regio	nal Director		
	Contact Person's Mailing Address:	200 Weathersfield Ave.		City:	Altamonte Springs	-	Florida	Zip Code:	3271-1
	Contact Person's Telephone Number:	1-407-869-1919		Contact Per	rson's Fax Number:		-869-6961	Train Coate	30711
	Contact Person's E-Mail Address:	pcflynn@uiwater.com							
B	Water Treatment Plant Information								-
	Plant Name: GOLDEN HILLS	GOLF AND TURF			Plant Telephone Number:		-		
	Plant Address: 8021 NW 49TH	ST.		City:	OCALA	State	FLORIDA	Zip Code	34482
	Type of Water Treated by Plant:	Raw Ground Water	Purchased	Finished Wa	ter				7 7 7 7 7 7
	Permitted Maximum Day Operating C	apacity of Plant, gallons per day:	636,000						-
	Plant Category (per subsection 62-699	9.310(4), F.A.C.); V		Plant Class	(per subsection 62-699.310	(4), F.A	C.):	C	
	Licensed Operators	Name	Licer	ise Class	License Number		Day(s)/S	hift(s) Worked	
	Lead/Chief Operator:	Steve Pfouts		C	14204			s Mon-Fri	
	Other Operators:	Domenic Gentilucci		C	12562		Day	s Mon-Fri	
		Daniel Anderson		A	7141		Days	Mon-Sat	-
	. ,	Charles Schwades		C	7368		Days	Mon-Sat	
		Raymond Parrish		C	12740		Day	s Tue-Sat	
		Craig Raines		A	7960		Day	s Tue-Sat	
1									

H. 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

Signature and Date | O4/02/03 | Steve Pfouts | C-14204 |
Printed or Typed Name | License Number

DEP (over 62 555 900))

Friance, Sugar M. 2883

		ion Numbe	The second secon	6424076			Plant Name:		GOLDEN	HILLS				THISTED WATER
INDa	► Data	for the M	onth/Year of: Log Virus Inac		March , 2008									
leans o	of Achie	ving Four-	og Virus Inaci	ivation Re	moval: *	✓ Free (hionne		hlorine Diaxis	de 🔲	Ozone	Com	ane Chlorine (Cho	ramines)
Ititra	rviolet Ra	diation		Other (C	lescribe]:									
sne of	Disinfe	ctant Resid	nal Maintained	in Distrib	ution System:		Free Chlorine			Chlorine (Chx			Chlorine Dens	de
1	13111111				CT Calculati	cm, of UV Dose	to Demonstrate	Four-Live	Virus Inactiva	tion, if Applic	shie*			
						CT Ca	lculations				UV	Dose		
							Lowest CT							
						Disprectant	Provided							
					Lowest Residual	Contact Time	Before or						Lowest Residual	
					Disinfections	(T) at C	at First				Lowest	Metroum	Disenfectant	
	Days plant				Concentration (C)	Measurement	Customer				Operating	UV Dose	Concentration at	Emergence or Absormal Operating Condition
lay of	Maffed or Viscted by		Net Quantity of		Before or at First	Ford During	During Peak Flow, mg		pH of Water,	Minimum CT Required	UV Dose.	Required, mW-	Remote Point in Distribution	Repair of Maintenance Work that Intolice Taking Water System Components Out of
the	Special and	Hours Plant	Fansbod Water	Peak How	Customer During Peak Flow, mg 1.	Peak Flow, minutes	mal.	Water C	if Applicable	mg-mm L	seciem2	woom2	System, mg. l.	Operation
Manth	(jdane #)	in Operation	Produced, gal	Rate, and	1 CHE HAW, CLIE !	LIAM MARKA	tords to		1,0,0					
1		24	130,000			-							0.7	
2	Х	24	130.000					1					0.6	
3	X	24	166,000					 	 				0.8	
4	X	21	166,000					-	-				0.6	
5	X	24	173.000				-	1-	1				0.3	
6	X	24	160.000					\vdash					0.7	
7	X	24	149,000				-	-	-		<u> </u>			
Ř		21	120,000			-		-	-		-		06	
9	X	24	120 000			 		-	-		-		07	
10	Х	24	106,000				-		-		-		07	
11	X	24	151,000				-	-	-				1.0	
12	Х	24	143.000			-	-	 	-		-		1.0	
13	Х	24	190,000				-		-		-	-	0.7	
14	X	24	154,000				-	+	-	-	-	-	u r	
15		2.1	170,000					-				-		
16	Х	24	170,000				-	-		-	-		04	
17	Х	24	154,000			-					-	-	0.5	
18	Х	24	123,000					-			-		0.8	
19	Х	24	171,000			-	-	-	-	-	-	 	D6	
20	Х	24	162,000				-	+			-	-	09	
21	×	24	140,000					-	-	-	-	-	0.6	
22	X	24	149,000			-	-	+	-	-	-	-	0.6	
23		24	134,000				-	-	+	-	-	-	0.7	
24	Х	24	135.000				-	-	-				0.7	
25	х	24	135,000				-	-	-	-	-		0.8	
26	X	24	176.000				-	-	-	-	-	-	0.8	
27	X	2.4	165,000					-		-		-	0.9	
28	X	24	225,000					-	-	-	-	-	0.7	
29	1	24	249,000								-	-		
30	X	24	249,000										6.0	
31	X	24	184,000										0.5	
Total			4,949,000	1										

159,645

249,000

Average

Maurana



See page 4 for instructions.

1. General Information for the Mont	th/Year of: April , 2008			FII F AARL
A. Public Water System (PWS) Inform	ation April , 2008			FILE COPY
	LLS WATER TREATMENT PLANT			
PWS Type: Comn	nunity Non-Transient Non-C		PWS Identification Numb	ecr: 6424076
Number of Service Connections at E	and of Month: 531		sient Non-Community	Consecutive
PWS Owner: UTILITIES INC	C OF FLORIDA	Total Popu	lation Served at End of Mo	nth: 1,859
Contact Person: Patrick Flynn	- C. I DOMINA			1,000
Contact Person's Mailing Address:	200 Weathersfield Ave.		rson's Title:	Regional Director
Contact Person's Telephone Number	1-407-869-1919	City;	Altamonte Springs	
Contact Person's E-Mail Address:	pcflynn@uiwater.com	Contact Pe	rson's Fax Number:	State Florida Zip Code: 32714 1-407-869-6961
B. Water Treatment Plant Information	Manager Com			2011
	S GOLF AND TURF			-
Plant Address: 8021 NW 49TH	ST ST		Plant Telephone Number.	470
Type of Water Treated by Plant:	E	City:	OCALA	State: FLORIDA Zip Code: 34482
Permitted Maximum Day Operating (Canacity of Plant unless need dear [7]	Purchased Finished War	ler	phate. ProkiDA [Zip Code: 34482
Plant Category (per subsection 62-69	9.310(4), F.A.C.): V	636,000		
Licensed Operators	Name	Plant Class	(per subsection 62-699.310((4), F.A.C.): C
Lead/Chief Operator:	Steve Pfouts	License Class	License Number	Day(s)/Shift(s) Worked
Other Operators:	Domenic Gentilucci	C	14204	Days Mon-Fri
	Daniel Anderson	C	12562	Days Mon-Fri
	Charles Schwades	A	7141	Days Mon-Sat
N N N N N N N N N N N N N N N N N N N	Raymond Parrish	C	7368	Days Mon-Sat
	Craig Raines	C	12740	Days Tue-Sat
	Craig Raines	A	7960	Days Tue-Sat
				Days Tue-Sat
			The FE	
I. Certification by Lead/Chief Operato		,		
the seal of the Chief Operator	perator licensed in Elosida and Automotive		A. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18	

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

Signature and Date

Steve Pfouts

C-14204

Printed or Typed Name

License Number

DEP Form 42-111 500(3)

WC LA	anti Canti	on Number		6424076			Plant Name:		GOLDEN	HILLS				FINISHED WATER
					April , 2008									
I, Dai	ly Data	for the Mo	nth/\car of:	ination De	moval *	☑ Free C	hiorine		nionne Dioxid	se 🔲	Ozone	Comb	ine Chiorine (Cho	vamines)
cans c	of Achiev	ing rour-L	og Virus Inact	Other (D	lecribal:									
Juitra	violet Rac	NOTES	sal Maintained	in Dietribe	ution System	[3]	Free Chlorine		Combine	Chilorine (Chi	ratines)		Chilorine Diani	<u> </u>
pe of	Disinted	tant Residi	tat Aldinamen	III District	Cf Calculati	ons, or UV Dose.	to Densustrate	Four-Log	Virus Inactive	tion, if Applica	thie"			2, 2 2 2
- 1	- 1						kulatives				UV	kose	1	
1	1	.]					Lowest CT							
- 1		- 1			1	Disinfectant	Provided							
1					Lowest Residual	Contact Time	Refere or		1				Lougst Residual	
					Desiglectant	(T) at C	at First				Lowest	Manmun	Distriction	
	Days plant				Concentration (C)	Measurement	Customer	l	- 7		Operating	UV Dove	Remote Point in	Fanerpency or Almormal Operating Condition Repair or Magatemance Work that Insolves
Day of	staffed or		Net Quantity of		Before or at First	Point During	During		11 611/400	Missmom CT Required.	EV Dose.	Required, mW-	Distribution	Taking Water System Components Out of
the	Vinited by Operator	Hours Plant	Faished Water	Peak Flow	Customer Daring	Peak Flow,	Peak How, my	Temp. of	if Applicable	mg-min L	sec em2	see em2	System, mg 1	Operation
Viceth	(place x)	as Operation	Produced gal	Nate, ap.1	Peak Flow, mg. L	tutantes	es.	Wases, C	II refferences	gang turner an			06	
1	Х	24	193,000					-					06	
2	Х	24	224,000					-	-	-			0.7	
3	Х	24	215,000					-					0.6	
4	×	24	212,000					-			-			
5		24	154.000					-	-				0.6	
6	×	24	154,000				-				-		0.5	
7	X	2.4	149,000				-	-	-	-			0.6	
*	X	24	150,000		1000			-					11	
9	X	24	192.000					-	-	-	-		1,1	
10	X	24	99,000					-					0.7	
11	X	24	191,000			1		-		-			0.7	
12	 ^	24	179.000					-	-		-	-	10	
13	X	24	179.000	1								-	1.0	
-	X	24	174.000						-				0.9	
14	-	23	182,000										1.2	
15	X	24	218.000			1				1	-		0.8	
16	X	24	200,000	1									10	
17	X	-	218,000	1									0.7	
ĮÄ	X	24	215,000	+										
19	-	24	215,000	1								-	0.7	
393	X	24	241,000	1							-	-	0.7	
21	X	24	201.000	1			7. Dec 2						1.0	
22	X	21	244,000	+							-	1	0.9	
23	X	24	-	-	1								0.6	
24	X	24	245,000	1-								-	0.7	
25	X	24	247,000	-									0.7	
26	X	21	203.000	-	-	1								
27	1	24	233,000	-	-								0.8	
2%	X	24	233,000	-		-							0.8	
29	X	2.1	187,000	-									0.7	
10	X	2.8	271,000											
20														

200,600

271,000

Average

Maximum



See page 4 for instructions

FILE COPY

ce page a fin monticions.					<i>y</i> 1 1	
General Information for the Mont	h/Year of: May , 2008				-	
Public Water System (PWS) Inform						
PWS Name GOLDEN IIII	LS WATER TREATMENT PLANT	Consideration and the constant of the constant	PWS Identification Num	iber 642407		
PWS Type		nunity Trans	ient Non-Community	Management of the second of th	O .	
Number of Service Connections at I	nd of Month. 531		lation Served at End of M	Consecutive		
PWS Owner UTILITIES INC	C OF FLORIDA	1	ation served at Life Of M	onth: 1,859		
Contact Person Patrick Flynn	100	Contact Per	son's Title:	D 10°		
Contact Person's Mailing Address	200 Weathersfield Ave	City:	Altamonte Springs	Regional Director	The second secon	
Contact Person's Telephone Number	1-407-869-1919	The same of the sa	son's Fax Number	State: Florida	Zip Code	3271
Contact Person's E-Mail Address	pcflynn@uiwater.com	Connectic	SON STAN (MUNICI	1-407-869-6961		
Water Treatment Plant Information						
	S GOLF AND TURF	V Annual V A	Plant Telephone Number	*4		Million Co. Co.
Plant Address 8021 NW 49TH	ST	City:	OCALA		1/42	
Type of Water Treated by Plant	Raw Ground Water	Purchased Finished Wat		State: FLORIDA	Zip Code:	3448
Permitted Maximum Day Operating	Capacity of Plant, gallons per day	636,000				
Plant Category (per subsection 62-69	99.310(4), F.A.C.): V	Plant Class	(per subsection 62-699.31	OCIVE A C.V.		
Licensed Operators	Name	License Class	License Number		C	
Lead/Chief Operator:	Steve Pfouts	C	14204		hift(s) Worked	É
Other Operators:	Domenic Gentilucci	C	12562		s Mon-Fri	
	Daniel Anderson	Λ	7141		s Mon-Fri	
	Charles Schwades	C	7368		Mon-Sat	
	Raymond Parrish	С	12740		Mon-Sat	
	Craig Raines	A	7960	- Charles and the control of the con	s Tue-Sat	
			7700	Day	s Tue-Sat	
	Accounts with the same of the					
		And Williams				
Cartification by Land Ct : 60		and a common of the common of			-	

II. Certification by Lead/Chief Operator

little are we will be

Lette 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

a street of 1	1 1		or or or or reast ten years and to
Signature and Dato	02/05/03	Steve Pfouts Printed or Typed Name	C-14204 License Number

	_	uon Naunts		6424076			Plant Name		GOLDEN	mills		THE ROLL OF THE PARTY OF THE PA		
			onth/Year of:		May . 2008	-			***************************************					
			Log Virus Inac			2 Free!	Chiorine		Nonne Diox	de L	Ozone	☐ Com	pine Chionne (Ch	Gramines)
	aviólet Ra			Other (***							
KO	Distute	Stant Resid	hial Maintains	d in Distrib		The state of the s	Free Chionne		☐ Combine			***************************************	Chionne Diox	rde
					1 1 t 4 to 141	PRE W DV I Kac		tour-lay	Vara levelis	HOIL if Applic	atk*		1	
						(10)	A alataren	,	,		UV	Nose	1	
						ā.	LowelCI							
						Desinfectant	Provided							
					Loveret Residual	Contact Tune	Betoreau						Lowest Resultad	
	(Notes place)				Disense (and	(Trat C	attra				Lowest	Ministra	Dismicciant	
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	AND SHALLOWS	31	256,000											
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17	X	24	281.036	 									1.2	
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See page 4 for instructions

1. General Information for the Month/Year of:	June	, 200
A. Public Water System (PWS) Information		

Public Water Syst	em (PWS) Information							
PWS Name	GOLDEN HILLS WA	ATER TREATMENT PLANT		PWS Identification Nur	nber:	642407	6	
PWS Type:	▼ Community	Non-Transient Non-Community	Tr.	ansient Non-Community	_ C co	nsecutive		
Number of Service	e Connections at End of N	Month: 531	Total Po	pulation Served at End of N	fonth:	1.859	-	
PWS Owner:	UTILITIES INC OF FI	LORIDA						The second state of
Contact Person:	Patrick Flynn		Contact	Person's Title:	Regio	nal Directo	T	
Contact Person's?	Mailing Address.	200 Weatherstield Ave	City:	Altamonte Springs	State.	Florida	Zip Code	32714
Contact Person's	Felephone Number:	1-407-869-1919	Contact	Person's Fax Number:	1-407	-869-6961		
Contact Person's I	E-Mail Address:	pcflynn@uiwater.com			,			
Water Treatment	Plant Information						- Indiana	

connect resoura commit venue's	INCREMENTAL PROPERTY OF THE				
Water Treatment Plant Information					
Plant Name: GOLDEN HILLS GOI	F AND TURF		Plant Telephone Number:		***
Plant Address 8021 NW 49TH ST.		City:	OCALA	State: FLORIDA Zip Code:	34482
Type of Water Treated by Plant:	Raw Ground Water	Purchased Finished W	ater		2. 1. 10.2
Permitted Maximum Day Operating Capaci	ty of Plant, gallons per day:	636,000			
Plant Category (per subsection 62-699 310	4), F.A.C.): V	Plant Clas	ss (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:	Steve Pfouts	С	14204	Days Mon-Fri	
Other Operators	Domenie Gentilucci	C	12562	Days Mon-Fri	
	Daniel Anderson	A	7141	Days Mon-Sat	
	Charles Schwades	C	7368	Days Mon-Sat	-
	Raymond Parrish	С	12740	Days Tue-Sat	
	Craig Raines	A	7960	Days Tue-Sat	
No.					
	and the same of th				
		l .			

IL 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

The factor	07/02/08	Steve Pfouts	C-14204
Signature and Date /		Printed or Typed Name	License Number
14 7 Land 47, 465 - 4 Land			The state of the s

-		tion Numb		6424076			Plant Name		GOLDEN	HILLS				
			onth/Vear of:		June , 2008									
			Log Virus Inac	ination/Re	emoval: *	☑ Free (Chlorane		Этоппе Diax	de 🗌	Caone	Com	bine Chlonine (Ch	oramines)
	noiet Ra			Other (I										
pe of l	Dismie	erant Resid	lual Maintaine	d in Distrib	ntion System:		Free Chionne		Combine	ONorine (Ch	oramines)		Chlorine Diox	de
					CT Calculat	BAB. OF UV TABLE	to Densandrate	Frazelaz	Virus Imetro	tion if Applic	able*			
-						CT C3	houlesteens				UV	1×e)	
							Lowest CT					1 4		
						Desinfectant	Provided							
					Lessert Resultal	Capitact Time	Hefore or						Lowest Residual	
I ,,	إناسالار دها	i i			Demicciasi	(T) at C	at Fust				Lowest	Mirimum	Disinfection	
1.	talked or				Concentration (C)	Меазисикая	Castomer			1 T T 200	Operating	UV Dance	Concentration at	
	rated by	11	Net Quantity of	D 4 17	Before or at First	Point Daning	1 Naming	T	-11 -610	Managara CT	UV Dose, mW-	Required, mW-	Remote Point in	Repair or Maintenance Work that Involv
	t Çabilis Ejdanê sir	House Pard	Freducid gal	Peak How Itate, grad	Customer Dermy Fast flow, mg L	Prok Haw,	Peak Flow, mg min L		if Applicable	Required,	mrw- weern2	weera2	Distribution System, mg/1.	Taking Water System Compresents Out
_	17-2-4-1	marketalen 24	310 000	mate : piet	1 4044 K 10700 , Maga 1.	PARAMETER A	DOM: L.	Hand, C	in Labitate and	1116 AUTHS 37	mar pritts	yes blile	STATES TO STATE I.	Operation
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See page 4 for instructions

L. General Information for the Month/Year of: JULY, 2008 A Public Water System (PWS) Information PWS Name GOLDEN HILLS WATER TREATMENT PLANT PWS Identification Number 6421076 Community Non-Transient Non-Community PWS Type Transient Non-Community Consecutive Number of Nervice Connections at End of Month 531 Total Population Served at End of Month 1.850 PWS Owner UTILITIES INC OF FLORIDA Contact Person Patrick Flynn Contact Person's Title: Regional Director Contact Person's Mailing Address. 200 Weathersfield Ave. City Altamonte Springs State: Florida Zin Code 32711 1-407-869-1919 Contact Person's Telephone Number Contact Person's Fax Number 1-407-869-6961 Contact Person's E-Mail Address pcflynn@uiwater.com B Water freatment Plant Information Plant Name GOLDEN HILLS GOLF AND TURF Plant Telephone Number. Plant Address 8021 NW 49TH ST City OCALA State. H.ORIDA Zin Code 3448 Type of Water Treated by Plant Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day. 636.000 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 Dav(s)/Shift(s) Worked Lead/Chief Operator Steve Pfouts C 14204 Days Mon-Fri Other Operators Domenic Gentilucci C 12562 Days Mon-Eri Daniel Anderson A 7141 Days Mon-Sar Charles Schwades C 7368 Days Mon-Sat Raymond Parrish C 12740 Days Tuc-Sat Craig Raines A 7960 Days Tue-Sat

II. Certification by Lead/Chief Operator

18:18 200 6-244-41

FEEL MAY SER BE TO A TE A

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 ficensed operator staffed or visited this plant during the month indicated above. (1) records of amounts of chemicals used and chemical fixed 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

Stan State	03/04/03	Steve Pfouts	C-14201
Signature and Date	,	Printed or Typed Name	License Number

	WS Identification Number 6424076 Plant Name GOLDEN HILLS													
III. Daily Data for the Month/Year of: IULY, 2008 Means of Achieving Four-Log Virus Inactivation/Removal.*														
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□ Uttre	wicket Ra	diation		Other (I										
Type of	Disinfo	ctam Resid	ual Maintained	in Distrib	ntion System:	\Box	Free Chionne		Combine (Osionine (Cro	xamines)		Chionne Dice	je
	***************************************				Litakulai	on, or UV lksc	, to Demonstrate	Found of	Varus laughters	tion if Applie	sk-lic *			The state of the s
						CFCa	leulations				UV	kra:		
							Lawrett							
						Disasfectant	Provided							
					Longst Residual	Contact Time	Before w						Limest Residual	
					Dismissiant	(FatC	at First				Lemest	Montana	Drastics cost	
	Noveptani stalkstva				Concentration (C)	Меняневыя	Chalenter				Operating	UV Dog	Concesses	I margon, or Mangal Cycons of Continue.
185,01	Sed-Jts		Net Quality of		Reference at First	Point During	During			Meaneta CI	UV Dave,	Required	Remote Possi in	Regard on Maintenance Work of the Security
Its.	1000	then item	Lembed Water	Ped Him	Costomer During	Peak Him.	Peak Flow, mg		pH of Water.	Responsal,	mW-	mW.	Destributan	bulung the edge by adaptate engage and robe a but of
Month	g last i	or Operation	Preduced yal	Rate, and	Peak Flow, mg/L	resturem	rains 1	Weier, t.	if Applicable	my-can L	we' cm?	sex chi?	System mg-1	f fin i alteri
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Public Water System (PWS) Information	ee page 4 for instructions.		ru C	CUPA				
PWS Name GOLDEN HILLS WATER TREATMENT PLANT PWS Identification Number 6424076	The state of the s	ear of: August, 2008		UUL		7	* ************************************	-
PWS Type: Community Non-Transient Non-Community Transfert Non-Community Consecutive Number of Service Connections at End of Month: 531 Total Population Served at End of Month: 1,859 PWS Owner: UTILITIES INC OF FLORIDA Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State Florida Zip Code 327 Contact Person's Telephone Number 1-407-869-1919 Contact Person's Fax Number 1-407-869-6961 Contact Person's E-Mail Address pollyon@uswater.com Water Treatment Plant Information Plant Name GOLDEN HILLS GOLF AND TURF Plant Telephone Number Plant Address: 8021 NW 497H ST. City: OCALA State FLORIDA Zip Code 3448 Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Permitted Maximum Day Operating Capacity of Plant, gallons per day 636,000 Plant Category (per subsection 62-699 310(4), F.A.C.): V	Public Water System (PWS) Information	The state of the s					17674 Marketon Capacity Market	-
Number of Service Connections at End of Month. 531 Total Population Served at End of Month. 1,859 PWS Owner: UTILITIES INC OF FLORIDA Contact Person. Patrick Flynn Contact Person's Title: Regional Director Contact Person's Mailing Address: 200 Weathersfield Ave. City: Altamonte Springs State: Florida: Zip Code: 327. Contact Person's Telephone Number: 1-407-869-1919 Contact Person's Fax Number: 1-407-869-6961 Contact Person's E-Mail Address: pcflyon@unwater.com Water Treatment Plant Information Plant Name: GOLDEN HILLS GOLF AND TURF Plant Address: [8021 NW 497H ST.] Type of Water Treated by Plant: Raw Ground Water: Permitted Maximum Day Operating Capacity of Plant, gallons per day: 636,000 Plant Category (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): V Plant Class (per subsection 62-699.310(4), F.A.C.): C Licensed Operators: Name: License Class: License Number: Davis)/Shift(s) Worked: Category (per subsection 62-699.310(4), F.A.C.): C License Operators: Domenic Gentilucci: C: 14204 Days Mon-Frit: Other Operators: Domenic Gentilucci: C: 14204 Days Mon-Frit: Daniel Anderson: A: 7141 Days Mon-Frit: Charles Schwades: C: 7368 Days Mon-Frit: Charles Schwades: C: 7368 Days Mon-Frit: Charles Schwades: C: 7368 Days Mon-Frit: Craig Raines: A: 7960 Days Mon-Frit: C: 7368 Days Mon-Frit: C	PWS Name: GOLDEN HILLS	WATER TREATMENT PLANT		PWS Identification Numb	er	6-12-1076		
Number of Service Connections at End of Month: 531 Total Population Served at End of Month: 1,859 PWS Owner: UTILITIES INC OF FLORIDA	PWS Type: Communi	ty Non-Transient Non-Com	munity Tr	ansient Non-Community	Co	nsecutive	· Province of Particular St. St. St. St.	
PWS Owner UTILITIES INC OF FLORIDA	Number of Service Connections at End	of Month: 531						
Contact Person's Mailing Address: 200 Weathersfield Ave. City. Altamonte Springs State Florida Zip Code 327. Contact Person's Telephone Number 1-407-869-1919 Contact Person's Fax Number 1-407-869-6961 Contact Person's E-Mail Address. pcflyon@uswater.com Water Treatment Plant Information Plant Name: GOLDEN HILLS GOLF AND TURF Plant Address: 8921 NW 497H ST. City: OCALA State FLORIDA Zip Code 3448 Type of Water Treated by Plant:	PWS Owner: UTILITIES INC O	FFLORIDA						
Contact Person's Mailing Address: 200 Weathersfield Ave. City. Altamonte Springs State Florida Zip Code 327. Contact Person's Telephone Number 1-407-869-1919 Contact Person's Fax Number 1-407-869-6961 Contact Person's E-Mail Address pellyon@uiwater.com Water Treatment Plant Information Plant Name: GOLDEN HILLS GOLF AND TURF Plant Name: GOLDEN HILLS GOLF AND TURF Plant Address: 8921 NW 49311 ST. City: OCALA State FLORIDA Zip Code 3448 Type of Water Treated by Plant: Raw Ground Water Permitted Maximum Day Operating Capacity of Plant, gallons per day. Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699 310(4), F.A.C.). C License Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Steve Pfonts C 14204 Days Mon-Fri Other Operators: Domenic Gentilucci C 12562 Days Mon-Fri Charles Schwades C 7368 Days Mon-Fri Charles Schwades C 7368 Days Mon-Fri Carig Raines A 7960 Days Mon-Fri Carig Raines A 7960 Days Mon-Fri Days Sun-Thurs Brian Eubanks B 14073 Days Sun-Thurs	Contact Person. Patrick Flynn		Contact	Person's Title:	Regio	nal Director	Annual Control of the	
Contact Person's Telephone Number 1-407-869-1919 Contact Person's Fax Number 1-407-869-6961	Contact Person's Mailing Address:	200 Weathersfield Ave.	City.	Altamonte Springs	10.7		Zip Code	3271
Water Treatment Plant Information	Contact Person's Telephone Number	1-407-869-1919	Contact	Person's Fax Number	1-407	869-6961		
Plant Name: GOLDEN HILLS GOLF AND TURF Plant Address: 8021 NW 49TH ST. Type of Water Treated by Plant:	Contact Person's E-Mail Address:	pcflynn@uiwater.com				V - 1 WWW.		7800
Plant Address: 8021 NW 49TH ST. Type of Water Treated by Plant: Raw Ground Water Purchased Finished Water Purchased Finish	. Water Treatment Plant Information							
Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Licensed Operators: C 14204 Other Operators: Domenic Gentilucci Davis Mon-Fri Charles Schwades C 7368 Davs Mon-Fri Craig Raines Raymond Parrish C 12740 Days Tue-Sat Brian Eubanks B 14073 Days Sun-Thurs				Plant Telephone Number:	- April 18(100			
Type of Water Treated by Plant: Permitted Maximum Day Operating Capacity of Plant, gallons per day: Plant Category (per subsection 62-699.310(4), F.A.C.): Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Other Operators: Domenic Gentilucci Daniel Anderson Charles Schwades Capacity of Plant, gallons per day: Other Operators Domenic Gentilucci Capacity of Plant, gallons per day: Other Operators Day(s)/Shift(s) Worked Days Mon-Fri Days Mon-Fri Days Mon-Fri Charles Schwades Capacity of Plant, gallons per day: Other Operators Days Mon-Fri Charles Schwades Capacity of Plant, gallons per day: Other Operators Days Mon-Fri Charles Schwades Capacity of Plant, gallons per day: Other Operators Days Mon-Fri Charles Schwades Capacity of Plant, gallons per day: Other Operators Other Operators Other Operators: O				W-1000	State	FLORIDA	Zip Code	3448
Plant Category (per subsection 62-699 310(4), F.A.C.): V Plant Class (per subsection 62-699 310(4), F.A.C.). C Licensed Operators Name License Class License Number Day(s)/Shift(s) Worked Lead/Chief Operator: Steve Pfonts C 14204 Days Mon-Fri Other Operators: Domenic Gentilucci C 12562 Days Mon-Fri Daniel Anderson A 7141 Days Mon-Fri Charles Schwades C 7368 Days Mon-Fri Craig Raines A 7960 Days Mon-Fri Raymond Partish C 12740 Days Tue-Sat Brian Eubanks B 14073 Days Sun-Thurs				Vater				
Licensed OperatorsNameLicense ClassLicense NumberDay(s)/Shift(s) WorkedLead/Chief Operator:Steve PfontsC14204Days Mon-FriOther Operators:Domenic GentilucciC12562Days Mon-FriDaniel AndersonA7141Days Mon-FriCharles SchwadesC7368Days Mon-FriCraig RainesA7960Days Mon-FriRaymond PartishC12740Days Tue-SatBrian EubanksB14073Days Sun-Thurs								
Lead/Chief Operator: Steve Pfouts C 14204 Days Mon-Fri Other Operators: Domenic Gentilucci C 12562 Days Mon-Fri Daniel Anderson A 7141 Days Mon-Fri Charles Schwades C 7368 Days Mon-Fri Craig Raines A 7960 Days Mon-Fri Raymond Parrish C 12740 Days Tuc-Sat Brian Eubanks B 14073 Days Sun-Thurs				iss (per subsection 62-699 310	M(4), F.A.(`).	C	
Other Operators: Domenic Gentilucci C 12562 Days Mon-Fri Daniel Anderson A 7141 Days Mon-Fri Charles Schwades C 7368 Days Mon-Fri Craig Raines A 7960 Days Mon-Fri Raymond Parrish C 12740 Days Tue-Sat Brian Eubanks B 14073 Days Sun-Thurs			License Class	License Number		Dav(s)/SI	iff(s) Worked	
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Signature and Date	9/3/03	Steve Pfouts Printed or Typed Name	C-14204 License Number
organistic and Date /		Transcript by a sign with a small property of the state o	FICCION SHIPPING

DEPTIME CHISCOT

Effactive August 28, 2903

WS Id	ntificat	ion Numbe	τ.	6424076			Plant Name:		GOLDEN	HILLS				
and the same of th	The second second		onth/Year of:		August, 2008									
eans c	f Achie	ving Four-	Log Virus Inac	tivation/Re	moval: *	☑ Free (hionne		hionne Diaxu	ie 🗆	Ozone	Comt	oine Chionne (Cho	v attinicis)
Tuttra	wolet Ra	diation		Other (C	describe):									
ne of	Dismfe	ctant Resid	ual Maintainec	in Distrib	ition System:		Free Chlonne		Combine				Chicage Diox	de
1					CT Calculati	om, or UV Dose.	to Demonstrate	Fran-Log	Virus baştıra	non if Applica				
						CfCa	leulatuwa				UV	Deve		
							LowestCT							
- 1			į.			Disinfectana	Provided							
l					Lovest Revidual	Contact Time	Before or						Limited Residual	
l					Desinfectant	(f) at C	at Frest				limest	Minusum	Printedari	The state of the s
	Daya plant staffed or		202 /m8 3		Concentration (C)	Measurement	Customer			Musuum CT	Operating UV Dose.	Registed.	Remote Front in	François of Meneral Specimen Continue Repair of Manufesting West that Incodes
ay of	Visited by		Net Quantity of		Before or at First Customer During	Fout Daring Peak Flora,	Peak How, mg	Temp of	pli of Water.	Required.	mW-	BiW-	Distribution	Taking Water System Companyons obtain
the	Special a	Hours Plant	I mashed Water Produced gal	Peak Flow Rate, gpd	Peak Flow, mg 1.	minestes.	min1		if Applicable	0.00 \$ 0.00 0.00 0.00 0.00	see em2	sec un2	Sastem and I	Uperatase
ionsis .	işlere:	in Operation	127,000	nam, glas	. cur i								12	
1	<u> x</u>	24	119,000											
2		24	119,000					1					10	
3	X	24		-									1.1	
4	X	24	134,000	-					·				1.2	
5	Х	24	152,000					1	-				10	
6	Х	24	148,000					-	-				1.0	
7	X	24	167,009					├	-			1	10	
Ж	Х	24	180,000					-			-		10	
9		24	200,000				-		-				O.E.	
10	Х	21	200,000						-	-		-	0.5	
11	х	24	231,000					-					0.8	
12	×	24	161,000					-		-	_		0.9	
13	Х	2.4	119,000					-					0.9	
14	Х	24	145,000						-				0.8	
15	×	24	123,000	-									0.9	
16		24	129,000											
17	X	24	129.000										0.9	
18	X	24	118,000	T									10	
19	X	24	105 000					1					07	
20	×	24	112,000										1.1	
21	x	21	130,000										0.9	
22	X	24	94,000										1.1	
23	X	24	125,000										0.9	
24	<u> </u>	21	125,000		Service Annual Control		1							
25	X	24	125,000	1									0.5	
_	-	24	116,000										0.9	
26	X	24	146,000	1		1		1					1.1	
27	X		-	+						1			1,1	
28	X	24	127,000	+	-			1	1		1	1	1.3	
29	X	24	150,000	-		-	1	1					0.9	
30	X	24	189,000					-	1	1	1			
31		21	120,000	-									-	A CONTRACTOR OF THE PARTY OF TH
otal			4,365,000	_										

140,806

231,000

Average

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See page 4 for instructions

FILE COPY

I. General Information for the Month	Near of: September, 200	08		I ILL U			
A. Public Water System (PWS) Informat	ion				100 - 50		
PWS Name GOLDEN HILL	LS WATER TREATMENT PLANT		PWS Identification Nun	iber: 642407	b		
PWS Type ✓ Comma	unity Non-Transient Non-Com	ununity Tra	Transient Non-Community Consecutive				
Number of Service Connections at Er	nd of Month: 531	Total Por	oulation Served at End of M	onth: 1,859	THE PARTY NAMED THE PARTY OF TH		
PWS Owner UTILITIES INC	OF FLORIDA		William Control of the Control of th	4			
Contact Person Patrick Flynn		Contact I	'erson's Title:	Regional Director	Г		
Contact Person's Mailing Address:	200 Weathersfield Ave.	City	Altamonte Springs	State: Florida	Zip Code:	32714	
Contact Person's Telephone Number	1-407-869-1919	Contact I	erson's Fax Number:	1-407-869-6961			
Contact Person's E-Mail Address	pcflynn@uwaler.com						
B. Water Treatment Plant Information					•		
Plant Name GOLDEN HILLS	S GOLF AND TURF		Plant Telephone Number	Γ,			
Plant Address 8021 NW 49TH	ST	City.	OCALA	State: FLORIDA	Zip Code:	34482	
Type of Water Treated by Plant	✓ Raw Ground Water Ti	Purchased Finished W	l'ater				
Permitted Maximum Day Operating C		636,000			THE RESERVE OF THE PARTY OF THE		
Plant Category (per subsection 62-69	9.310(4), F.A.C.): V V	Plant Clas	ss (per subsection 62-699,3)	10(4), F.A.C.):	C	-	
Licensed Operators	Name	License Class	License Number	Day(s)/S	hift(s) Worked		
Lead/Chief Operator:	Steve Pfouts	C	14204	Day	s Mon-Fri		
Other Operators:	Domenie Gentilucci	C	12562	Dav	s Mon-Fri		
	Daniel Anderson	Λ	7141	Day	s Mon-Fri		
	Charles Schwades	C	7368	Day	s Mon-Fri		
	Craig Raines	A	7960	Day	s Mon-Fri.		
	Raymond Parrish	C	12740	Day	s Tue-Sat.		
	Brian Eubanks				Sun-Thurs.		
	Allson McPhee			Days	Sun-Thurs		

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

Mean Plants	10/02/03	Steve Pfouts	C-14204
Signature and Date 3		Printed or Typed Name	License Number

14 1 Forth C. - 577 142 5 11

PWS I	dentifica	tion Numb	T	6424076			Plant Name		GOLDEN	HILLS				
			onth/Year of:		September, 200									
			Log Virus Inac	in ation Re		₹ free (njoring		Informe Draw	de	Ozone	Com	bine Chlonine (Ch	oramines)
] UID	awolet Ri	laaton		Other (I	Describe):								318	
spec	Chant	actual Resti	bial Maintaine	d in Distrib	ution System:	Ū.	Free Chlonne		Combine	Chionne (Ch	oramines)		Chionne Diox	sõe
		T			CT Calculat	usu, of GV Day	to Demonstrate	Fixed-Log	Virus Inactiva	ition, if Applic	able*			
						CT Ca	l, alatican				UV	Dose]	1
							Lowest CT							
						Dismiscrant	Pronded							
					Limest Headard	Contact Time	Before or						Louget Reschal	Action in the control of the control
	l kij s përni				tast sales of l	(T) at C	at first				lamest	Менип	Disented that	design of the second of the se
	striptes.				Concentiation (C)	Measurment	Customer				Operating	UV Danc	Concentration at	Emergency or Abnormal Operating Conda
key od	Van.d by	l	Not Quantity of	Feat Hos	Defeate of at First Customers Daring	Posts During	During		11 710 .	Masseum CT	UV (kse, mW-	Required,	Remote Past in	Repair or Magazenarce Work that Involve
Ein:	ing angle of the state of the s	lings than	Finalsocial gal	Rate and	Peak How mg I.	Peak keep	Peak How, mg mm I.		if Applicable	Required mg-min L	scerem2	aW- weem?	Distribution System, mg L	Taking Water System Comparators Out a
\$ ********	X	21	120 000	* (BIS - 30) 23		MILION. *	saint s.	-7 3447, 4	It vildar war	Mary Manue L.	MAN SALES	2.40 €1014	0.6	(Berniket
-	×	24	99 000										0.9	
3	×	24	142.000										08	
4	X	74	136,060					-					08	
5	×	24	152,000					-					1.1	
-16	 	24	144,000			-							1.1	
77	X	24	144 000										07	
×	X	31	126 000										10	
13	×.	2.4	155 000										0.7	
Ist.	X	24	167,000		200								0.7	
II	X	24	119,000										0.9	
12	X	2.3	196,000										07	
14	×	24	200.000										0.8	
14	F -	34	186,000										0.6	
45	×	34	166,000										0.6	
[4s	X	24	205,000			-							10	
17	X	21	138 000										10	
18	λ,	24	173,000										0.9	
14	X	3.	132 000											
3.6	À	3.	189 000										8.0	
21		21	121.000									-	u.c	
3 -	×	3.	121.000										0.7	
23	X	31	119,000										07	
21	X	34	176,000										07	
34	X	24	200 000					_					1.9	
No	×	21	201,000		Acceptation of the second	-							1.4	
47		31	185,800										14	
, h	X		165,000											
34	- X	34	220,000				-						11	
N. F	'X	34	153,000										13	
est.			4,772,000										0.9	
-			159.067											
elui-			130,007	Į.										

Marinest:

220,000



See page 4 for instructions.

General Information for the Month	N'ear of: October, 2008	The second secon			**************************************			
Public Water System (PWS) Information					The state of the s			
PWS Name: GOLDEN HILI	S WATER TREATMENT PLANT		PWS Identification Num	ber	6424076			
PWS Type: Commi	inity Non-Transient Non-Commun	ity Trans	Transient Non-Community Consecutive					
Number of Service Connections at Er	nd of Month: 531		lation Served at End of Me		1 850	7 7 7 10 10 mg		
PWS Owner: UTILITIES INC	OF FLORIDA					-		
Contact Person: Patrick Flynn		Contact Per	rson's Title.	Region	nal Director			
Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS	Florida	Zip Code	32714	
Contact Person's Telephone Number.	1-407-869-1919	Contact Per	son's Fax Number.	T7 T0 C000000000000000000000000000000000	869-6961			
Contact Person's E-Mail Address:	pcflynn@uiwater.com							
Water Treatment Plant Information						****	*****	
The same of the sa	GOLF AND TURF	III MARIA AND A	Plant Telephone Number	-		Consequence of the Consequence o		
Plant Address: 8021 NW 49TH ST. City: OCALA State, FLORIDA Zip Code 34482								
Type of Water Treated by Plant:		urchased Finished Wat	er					
Permitted Maximum Day Operating (6,000						
Plant Category (per subsection 62-69			(per subsection 62-699.31	0(4), F.A.(`.):	C	-	
Licensed Operators	Name	License Class	License Number		Day(s)/Sh	iff(s) Worked		
Lead/Chief Operator:	Steve Pfouts	C	14204		Days	Mon-Fri		
Other Operators:	Domenie Gentilucci	C	12562		Days	s Mon-Fri	-	
	Daniel Anderson	A	7141		Days	Mon-Fri		
	Charles Schwades	C	7368		Days	Mon-Fri		
	Craig Raines	A	7960		Days	Mon-Fri		
	Raymond Parrish	<u>C</u>	12740		Days	Tue-Sar		
	Brian Eubanks Allson McPhee	В	14073		Days S	Sun-Thurs		
	C	15255		Days S	Sun-Thors			

II. Certification by Lead/Chief Operator

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There Shouts	11/03/08	Steve Pfouts	C-14204
Signature and Date	, ,	Printed or Typed Name	License Number
was area.			

14 P Form 62 155 WXX 1)

Effective August 28, 2003

I ZUIG	lentifica	tion Numb	7	6424076			Plant Name		GOLDEN	LILLE				THOUSED WATER
						7.00	Triant ivante		COLDEN	IIILL)				
III. Da	ily Data	for the M	onth/Year of:		October, 2008									
		_	Log Virus Inac			✓ Free	Ontorine		Informe Diavi	de 🗌	Ozone	Comi	oine Chaonne (Ch	Yanaks)
	aviolet Ra			Other (and the second s
Type o	l'Disinfe	ctant Resid	loal Maintaine	d in Distrib			Free Chlorine			Chionne (Ch			Chiorine Diax	rise .
					CI Calculat	ees, or UV Dosc	, to Demonstrate	Tour-Las	Virus Inaction	ation, it Applic	ukie =			
						cre:	alculations.				LIV	Dance		
							Lowest CT							
1						Disinfectant	Provided	1						
					Lowest Residual	Contact Time	Before or						I may of Head and a	
	Dave plant				Distribuçum	(T) at C	at First				Lonest	Magazia	Disafectara	
	statfed or				Concentration (C)	Measurement	Customer				Operating	GV Dose	Compensations at	I recipency or Almoratal Operating Constitution
Day of	Visited by		Net Quantity of	n . n	Before set at First	Point During	Daring			Maurisim Cl	IN Dose,	Required	Remode Frant m	Repair or Mantenance Work that be ches
Morata	Cycles (places:	Hours Plans in Operation		Peak Flow Rate, gpd	Customer Doring Peak How, mg 1.	Peak Flow, minutes	Peak Flow, my min L		of Applicable	Respired.	mW.	mW.	l Kstributum	falms: Water System Compounds in the
VECAME		24	181,000	Marc' Mist	reakrium, mg i.	tipitatie s	men L.	Water. C	II Applicates	mig-ents 1.	secsol2	see cm2	System, mg 1.	Operation
-	X		7 Talleston Towns of the Control of										0.8	
2	X	24	188.GOO										0.8	
3	X	24	222.000										0.5	
1	Х	24	228,000										0.7	
- 5		24	203 000				}							
6	X	24	204,000										0.7	
7	Х	74	219,000										0.8	
3	Х	24	196,000										0.5	
y	Х	24	179,000										0.9	
10	-Х	24	194,000										1.1	
11	X	24	165,000										1.2	
12		24	166,000											
13	Х	24	187,000										10	
14	Х	24	215.000										0.8	
15	Х	21	194,000									20.700 Tel CAL	0.9	
16	Х	24	205,000										0.8	
17	×	24	197,000										0.8	
18	Х	24	204 000										07	
19		24	217,000											
26	х	24	218,000					1				-	0.8	
21	X	24	192,000										0.7	
22	X	24	253,000					†					10	
23	X	24	234,000					 					13	
24	X	24	194,000											
25	- ^	24	152,000										0.6	
-													0.6	
26	-	24	185,000											
27	X	24	186,000	-			-	-					1.0	
28	X	24	211,000										12	
29	Х	24	226,000										12	
36)	X	24	218,000										1.1	
31	X	24	235,000		L								07	9 decision X-9865
Testal			6,308,000											The state of the s
Азетане			203,484											

253,000

Maximum



See page 4 for instructions

PWS Name GOLDEN HILL:	S WATER TREATMENT PLANT		PWS Identification Nun	iber.	6424076			
PWS Type	ity Non-Transient Non-Com	munity Transi	Transient Non-Community					
Number of Service Connections at End	of Month 531	Total Popul	ation Served at End of M	THE RESERVE OF THE PARTY OF THE	1,859			
PWS Owner UTILITIES INC C	OF FLORIDA							
Contact Person Patrick Flynn		Contact Per	son's Title:	Region	nal Director			
Contact Person's Mailing Address:	200 Weathersfield Ave.	City:	Altamonte Springs	State:	Florida	Zip Code	3271-	
Contact Person's Telephone Number	1-407-869-1919	Contact Per	son's Fax Number:	1-407-	-869-6961			
Contact Person's E-Mail Address	pctiynn@ujwater.com							
Water Treatment Plant Information				7000				
The state of the s	GOLF AND TURF		Plant Telephone Numbe	r:				
Plant Address 8021 NW 49TH S	Γ	City	OCALA	State:	FLORIDA	Zip Code:	3448	
Type of Water Treated by Plant	✓ Raw Ground Water	Purchased Finished War	ęr					
Permitted Maximum Day Operating Ca	The same of the sa	636,000						
Plant Category (per subsection 62-699	310(4), F.A.C.): V		per subsection 62-699.3	10(4), F.A.C	<u>'):</u>	C		
Licensed Operators	Name	License Class	License Number		Day(s)/Sh	uff(s) Worked		
Lead/Chief Operator:	Steve Prouts	C	14204			Mon-Fri		
Other Operators:	Domenic Gentilucci	С	12562		Davi	Mon-Fri		
	Daniel Anderson	A	7141		Days	Mon-Fri		
	Charles Schwades	C	7368		Days	Mon-Fri		
	Craig Raines	A	7960			Mon-Fri		
	Raymond Parrish	C	12740		Days	Tue-Sat		
	Brian Fubanks	В	14073			iun-Thurs.		
1	Allson McPhee	C	15255			ium-Thurs		

H. 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 intornation 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

Signature and Date	12/03/08	Steve Pfouts Printed or Typed Name	C-14204 - License Number
State of the state of the state of			incense (sumper

ETC. MA. CAPPARE TO THE

11816	entifica	tion Numbs	т.	6424076			Plant Name:		GOLDEN	HILLS				
l. Da	ily Data	for the M	outh/Year of:		November, 2008	(×							
			Log Virus Inac			J Free €	hiorage		hionne Diaxi	de _	Özone	Comi	bine Chlorine (Ch	oramices)
Marin .	rest Re			Done (
13,5 11	Distute	clant Resid	nal Manifance			9	Free Chlorine		Combine	Chianne (Ch	gramines)		Chionine Diox	ode .
*					CT Calcula	exts, or UV [Asse	to Demonstrate	finar-lan	Virus Inscire	оюс и Аррік	able*			
						CICa	k ulanem				IIV	krow		
							Lower CT							
						Dismediai	Provided							
					Lement Resolution	Contact Into	lichae at						Longest Rosedual	
	Lhavy ji tami				[banketan	(1)=10	at First				Lowest	Mannan	District of Land	
	statte fra				Cagaxistratum (C)	Measuremen	Customer				Operating	UV Dose	Caracontration at	Emergency or Abnormal Operating Condi-
a's ind	h inthad by		Not Chamble of		Beine or at last	Pond Durny	Daring		1) 2000	Museum CI	UV Dose,	Required,	Remote Pouri in	Repair or Maintenance Work that Is voice
la .est.	1:45-3	Hansa Plati m thanatar	Faished Water Produced gal	Peak Hose Kate opd	Customer Dange Peak How, pag 1.	tak line.	l'esk l'est, me un l		of Applicable	Required, mg-min 1.	mW- we cal	mW- see cm2	Distribution Nysiem inc L	Taking Water System Compresents that
24161)	×	31	794.000	1,000 - 730	\$ 500 E 10710 , \$1-15 E.	E-1400stv. F	10 85 1	114362, 1	is velder more	friffe, reiter & '	Web Wister	Mr. Fist	0.7	(hazzlion
,		34	201,000										0.7	
1	X	34	201,000										68	
	×	34	251,000										0.7	
*	<u>`</u>	3:	219 000										06	
1,	$\frac{}{\lambda}$	21	169 000											
			250 000										0.8	
-	× ×		276 000										0.9	
}- 		21	241,000										1.2	
511	×	24	241.000											
MARKOTO CONTRACTOR Y		21	The state of the s							 			10	
11	X	21	207,000										1.0	
i.	- X	p - 4	202 000										0.5	
ŧ ș		3.4	229,000										1.0	
14	λ	24	364,000										0.7	
13	λ	24	194 000						ļ				0.7	
1:1	_		168 860	1										
["_	X	.14	155 000										0.8	
134	X	- : 1	82,000										C 8	
25 s	Χ.	21	310 000										1.1	
To 2 proproperty	×	21	314,050										1.3	
,* I	<u> </u>	i	294,000										10	
**	×		261,000										1.0	
			206.000											
**	X	21	207 000										0.5	
<u>_</u> 5	X	24	345 000										0.6	
24	X	.3-4	254,000										0.9	
	<u> </u>	3.8	136 000	-									1.0	
_ K	X		152 000										12	
ĝu.	Ä		154,000										10	
A _S §		21	161,560											
ul			5 837 000			Water the second of the second								
i i vi ji k			227,900											

364,006



See page 4 for instructions

General Information for the Month	Year of: December, 2008									
Public Water System (PWS) Informati PWS Name GOLDEN HILL				ó	^					
111.2	S WATER TREATMENT PLANT		PWS Identification Number: 6424076							
PWS Type. Commu		nity Trans	ient Non-Community	Consecutive	10,					
Number of Service Connections at Enc			Total Population Served at End of Month: 1,859							
PWS Owner UTILITIES INC	OF FLORIDA			1,037						
Contact Person. Patrick Flynn		Contact Per	son's Title:	Regional Director						
Contact Person's Mailing Address.	200 Weathersfield Ave.	City:	Altamonte Springs	State: Florida		2221				
Contact Person's Telephone Number	1-407-869-1919	Contact Per	son's Fax Number	1-407-869-6961	Zip Code.	3271				
Contact Person's F-Mail Address	petiyan@uwater.com			1-407-809-0901						
Water Treatment Plant Information										
Plant Name GOLDEN HILLS	GOLF AND TURF		Plant Telephone Number	f						
Plant Address 8021 NW 49TH S		City:	OCALA	State: FLORIDA	7: C. I	2.4				
Type of Water Treated by Plant	✓ Raw Ground Water [7] P	urchased Finished Wat		Blate. PLOKIDA	Zip Code:	3448;				
Permitted Maximum Day Operating Ca	pacity of Plant, gallons per day: 63	6,000								
Plant Category (per subsection 62-699		Plant Class (per subsection 62-699.31	IO(4) FACY	С					
Licensed Operators	Name	License Class	License Number							
Lead/Chief Operator:	Steve Pfouts	C	14204		hift(s) Worked s Mon-Fri					
Other Operators:	Domenic Gentilucci	C	12562							
	Daniel Anderson	A	7141	The state of the s	s Mon-Fri					
	Charles Schwades	С	7368		s Mon-Fri					
	Craig Raines	A	7960		s Mon-Fri					
	Raymond Parrish	С	12740		Days Mon-Fri.					
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			Days :	Sun-Thurs						
				47 March 1						

II. Certification by Lead/Chief Operator

1, 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

			a site for at least ten years and to
Signature and Date	01/04/09	Steve Pfouts Printed or Typed Name	C-14204 License Number

WS I	dentifica	tion Numb	r.	6424076		THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS N	Plant Name:	100	GOLDEN	manage of the second				FINISHED WATER
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Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (5) INSPECTION REPORTS

C R O W N O O



Florida Department of **Environmental Protection**

Southwest District 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

July 24, 2008

BIYANGV Charlie Crist Governor

Jeff Kottkanin Lt. Governor

Michael W. Sole Secretary

RECEIVED JUL 2 8 2003

Mr. Patrick Flynn, Regional Director Utilities, Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714

Compliance Evaluation Inspection

Crownwood WWTF

Facility ID No. FLA012680

Marion County

Dear Mr. Flynn:

The above-referenced wastewater treatment facility was inspected on July 8, 2008 to determine compliance with Department requirements. The type of inspection conducted was a Compliance Evaluation Inspection. Overall, the facility was in compliance. A copy of the inspection report is attached. Please note that a Compliance Evaluation Inspection is a non-sampling inspection designed to verify permittee compliance. This inspection is intended to review all the inspection evaluation areas of a facility.

The Department requests a written response within 20 days of receipt of this letter, addressing any outstanding items, indicated by asterisk. Please direct any questions to the undersigned at (813) 632-7600, extension 335 or via e-mail: michele.duggan@dep.state.fl.us.

Michele Duggan

Environmental Specialist

Domestic Wastewater Section

MD/mdd

Attachment

Pete Bughardt, FDEP via e-mail cc:

> "More Protection, Less Process" www.dep.state.fl.us

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

								@ = Optional		
Name	and Physical Location of Facility	WAFR ID:	WAFR ID:		County		Entry Date/Time			
Crow	nwood WWTF		FLA012680	FLA012680 Marion			-	07:08/08 1145 bours		
4497	NW 73rd Terrace		Phone			Exit Date/Tim	e			
Ocal	i, FL. 34482									
Name	s of Field Representatives		Title	Title Phone			Phone			
Dani	el Anderson		Certified Operat	or						
Name	and Address of Permittee or Desig	nated i	Ispresentative	Title		Phone	3	Operator Certification #		
Patri	ik Flynn			Regional	Director					
Unlit	ies, Inc. of Florida									
200 1	Weathersfield Avenue									
Altan	nonse Springs, FL 32714									
Impe	ction Type C E 1	Samp	les Taken(Y/N): N	*	Sample ID4	4	s	amplea Split (Y/N):		
\boxtimes	Domestic	ustri:	Were Photos Taken	Y/N): N		Dog book Valume	:	@ Page		
	F. IC: In Compliance; NC: On Significant Non-Compliance	it of C		out of C	ompliance,	NA: Not Applicable	, NE			
IC	I. • Parmit	NE	3. Laboratory	IC.	6. Facility	y Site Review	IC	9. • Effuent Quality		
NA	2. • Compliance Schedules	IC	4. Sampling	IC	7. Flow N	leasurement	NC	10. ◆ Effluent Disposal		
		IC.	5. • Records & Reports	IC 8. Operation & Maintenance		ion & Maintenance	(C	11. Residuals/Sludge		
	13. Other:						NA	12. Groundwater		
Facili	ty and/or Order Compliance Status	: 🛛	In-Compliance (Out Of Cor	nglarke	Signufacant-O	ut-Of-C	ompliante		
Recor	nmended Actions: letter									
	and Signature of Inspector	lu	le Duggar			(813) 632-7600,		the state of the s		
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0.00	guature of Reviewer mas Gucciardo	ull	+ Duccia.	do		(813) 632-7600,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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Inspe	Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, =:ANI 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:

Crownwood WWTF

Facility ID No.:

FLA012680

Inspection Type:

Compliance Evaluation Inspection

Inspection Date:

July 8, 2008, 1145 hours

PERMIT

*Domestic Wastewater Permit No. FLA012680 was issued March 23, 2004 and will expire March 22, 2009. To be considered timely, an application to renew the permit, along with the processing fee of \$1,000.00 should be submitted by September 23, 2008. Application forms are available for download at: http://www.dep.state.fl.us/water/wastewater/forms.htm. Please contact this office should you require paper copies of the application forms.

COMPLIANCE SCHEDULES

There are no compliance schedule requirements for this facility.

LABORATORY

A contract laboratory performs analyses. The laboratory was not evaluated.

SAMPLING

Calibration procedures and records were reviewed. No deficiencies were noted.

RECORDS AND REPORTS

No deficiencies were observed. Record keeping appeared current and complete.

FACILITY SITE REVIEW

No deficiencies were noted. Facility grounds appeared well maintained.

FLOW MEASUREMENT

*Elapsed time meters on the lift station pumps measure flow. The elapsed time meters and the lift station pumps must be calibrated at least annually. Please forward a copy of the 2008 flow calibration report.

OPERATION AND MAINTENANCE

No deficiencies were noted. The facility appeared well operated and maintained.

EFFLUENT QUALITY

- The effluent was clear, with no visible foam or solids. The total chlorine residual was greater than 2.2 mg/L. This reading was within permit limits.
- A review of DMRs submitted from August 2007 to May 2008 did not reveal any permit limit exceedances.

Crownwood WWTF Facility ID No. FLA012680 - Marion County Page 2 of 2

EFFLUENT DISPOSAL

*Effluent disposal is by dual percolation/evaporation ponds. The north pond was in use during the inspection. Both ponds should be mowed, especially the interior berms from the toes to the crowns.

RESIDUALS

Residuals are transported to a residuals management facility for treatment and disposal. No deficiencies were noted.

GROUND WATER

There is no ground water-monitoring requirement for this facility.



August 12, 2008

Ms. Michele Duggan FDEP – Southwest District Domestic Wastewater Section 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

RE:

Compliance Evaluation Inspection

Crownwood WWTF

Facility ID No. FLA012680

Dear Ms. Duggan:

Our office is in receipt of your letter dated July 24, 2008 in regards to the above referenced facility inspection conducted on July 8, 2008.

Outstanding items have been corrected as follows. The Department's comments are reiterated in bold with the utility's response following:

Domestic Wastewater Permit No. FLA012680 was issued March 23, 2004 and will expire March 22, 2009. To be considered timely, an application to renew the permit, along with the processing fee of \$1,000.00 should be submitted by September 23, 2008. Application forms are available for download at http://www.dep.state.fl.us/water/wastewater/forms.htm. Please contact this office should you require paper copies of the application forms.

The permit renewal package will be submitted through our consulting engineer before September 23, 2008.

Elapsed time meters on the lift station pumps measure flow. The elapsed time meters and the lift station pumps must be calibrated at least annually. Please forward a copy of the 2008 flow calibration report.

Please see attached the 2008 flow calibration report.

Effluent disposal is by dual percolation/evaporation ponds. The north pond was in use during the inspection. Both ponds should be mowed, especially the interior berms from the toes to the crowns.

Pond maintenance will be completed by August 19, 2008.

Ms. Michele Duggan Crownwood WWTF – ID# FLA012680 Inspection Report Page Two

If you should have any questions or require further information, please do not hesitate to contact me at (407) 869-8588, ext. 234 or via email at slhaws@uiwater.com.

Sincerely,

UTILITIES, INC. OF FLORIDA

Scotty L. Haws

Regional Compliance & Safety Manager

EC: Patrick C. Flynn, Regional Director Bryan K. Gongre, Regional Manager Domenic Gentilucci, Area Manager

FLOW CALIBRATION USING FURP-DOWN HUTTION

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2

Party

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Charlie Crist Geserner

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Pg. 5 Les olding. Il Governor

PHS= UN, BLYAN

Michael W. Sale Secretary

13051 North Telecom Parkway Temple Terrace, Florida 33637-0926

June 20, 2007

Mr. Patrick Flynn 200 Weathersfield Avenue Altamonte Springs, FL 32714

Re:

Sanitary Survey Report Golden Hills Golf & Turf PWS-ID No. 642-4076 Marion County

Dear Mr. Flynn:

Enclosed please find a copy of the Sanitary Survey Report for the above-referenced potable water system. No deficiencies were noted during the recent inspection.

If you have any questions, please contact me at (813) 632-7600, extension 461.

Sincerely.

Mark Wilson

Environmental Specialist II Drinking Water Section

MW/dsm

Enclosure

PWS	ID#	642-4076
Date		6/13/07

GROUND WATER SOURCE

	WATER SOURCE		371101107	
Well Numb		1 9AAC 1406)	2 (AAC 1407)	
Year Drille	d	1973	1978	
Depth Drill	led	260'	262'	
Drilling Me	ethod	Cable		
Type of G	rout			
Static Wat	er Level	135	132'	2
Pumping V	Vater Level		,	
Design W	ell Yield	475,000 gpd	633,000 gpd	
Test Yield	COMMUNICATION CONTINUES AND AND AND AND AND AND AND AND AND AND		**************************************	
Actual Yie	d (if different than rated capacity)	252	452	
Strainer		Cone	Cone	
Length (or	utside casing)	127	84*	
Diameter	(outside casing)	8.,	8.,	
Material (d	outside casing)	Steel	Steel	
Well Cont	amination History	Ok	Ok	
Is inundat	ion of well possible?	No	No	
6' X 6' X 4" Concrete Pad		Yes	Yes	
e consideration contracts and an experience of the contract of	Septic Tank			
SET	Reuse Water			
BACKS	WW Plumbing	-		
	Other Sanitary Hazard	Golf course*	Golf course*	
ki i muulgi suugamaa sababbi saasaa ka qaasaa ka ka ka ka ka ka ka ka ka ka ka ka k	Туре	Turbine	Turbine	
	Manufacturer Name	Floway	Peerless	
PUMP	Model Number	JKH-10	8HXB-14	
	Rated Capacity (gpm)	350 gpm	450 GPM	
Motor Horsepower		30 H.P.	40 H.P.	
Well casin	ng 12" above grade?	Yes	Yes	
Well Casi	ng Sanitary Seal	Ok	Ok	
Raw Wate	er Sampling Tap	Yes	Yes	
Above Gr	ound Check Valve	Yes	Yes	
Fence/Ho	using	Fence	Fence	
Well Vent	Protection	Yes	Yes	
		.1	- I was a second of the second	

COMMENTS	Please provide DEP with any missing information if possible.
*Sythetic Or	ganic Contaminants (SOC's) used on golf course.

Make Regal Capacity N/A Chlorine Feed Rate Avg. Amount of Cl. gas used Chlorine Residuals: Plant Remote L15 Remote tap location outside tap near plant office DPD Test Kit: On-site With operator Not Used Daily Injection Points Booster Pump Info Goulds 1.15 IIIP Booster Pump Info Goulds 1.15 IIIP Comments Chlorine Gas Use Requirements Comments Chlorine Gas Use Requirements Comments Chlorine Gas Use Requirements Comments Chlorine Gas Use Requirements Comments Charles Gas Use Requirements Comments Charles Gas Use Requirements Comments Charles Gas Use Requirements Comments Charles Gas Use Requirements Comments Charles Gas Use Requirements Comments Comments Charles Gas Use Requirements Comments	CHLORINATION (Dis Type: ☑ Gas ☐ Hy	ро			STORAGE FACILITIE (G) Ground (H) Hy	dropneuma	tic (E)	Elevated
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Requirements Dual System	Chlorine Gas Use	YES	NO	Comments				
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Room Lighting	Fresh Ammonia							
Warning Signs	Ventilation							
Repair Kits	Room Lighting							
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Visible Algae Growth Maintenance Protective Screen Condition Comments	Aerator Condition		***************************************		Date Installed			
Protective Screen Condition Comments	Bloodworm Presence				Maintenance			
Comments	Protective Screen Co	ndition	7					
	Comments							

PWS ID # 642-4076 Date 6/13/07 PWS ID # _____642-4076 Date _____6/13/07

15		C	COMPLI OMMUNITY I	ANCE MON		TEMS			
The fire Park	PWS	# Samples	Sampling	I	C > 3300	LIVIO		C < 3300	
CONTAMINANT	Screen	Required	Location	Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	024	1	Each well	monthly			monthly		Monthly
	one and the second seco	2	Distribution			100 mm mm mm mm mm mm mm mm mm mm mm mm m			emain-2004/m
Volatile Organics	028	(Note A)	(Note H)	(Notes A, 1)			(Notes A, 2)	of Patrick	12/31/2009
Pesticides & PCBs	029	(Notes B, E)	(Note H)	3 years (Note 1)			3 years (Note 2)		12/31/2009
Nitrate & Nitrite (as N)	030	1	POE	annually			annually		12/31/2007
Inorganics	030	1	POE	3 years (Note 1)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		3 years (Note 2)	:	12/31/2009
Asbestos	030	1 (Note F)	Distribution	9 years (Note 7)			9 years (Note 8)		12/31/2012
Secondaries	031	1	POE	3 years (Note 1)			3 years (Note 2)		12/31/2009
Radionuclides	033	(Note C)	POE	3 years (Note 1)			3 years (Note 2)	STEEN-OFSEN OF LIGHT SERVICE AND AND AND AND AND AND AND AND AND AND	12/31/2012
Group I UOCs	035	(Notes B, E, G)	POE	(Note 4)			(Note 5)		
Group II UOCs	034	(Notes E,G)	POE	3 years (Note 1)			3 years (Note 2)		
Group III UOCs	036, 037	1 (Note G)	POE	(Note 4)			(Note 5)	The Control of Control	
Lead and Copper	047	(Note D)	10 W W				***		09/30/2009
TTHM (≥ 10,000 persons)	027	4/plant	Distribution	Quarterly			N/A	N/A	N/A

POE = Point of Entry (Samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.)

See Page 5 for description of italicized notes.

PWS	ID#	642-4076
Date		6/13/07

NOTES:

SAMPLES REQUIRED/SAMPLING LOCATION:

Note A See Rule 62-550.515(1), F.A.C. Each system shall take four consecutive quarterly samples during its assigned year in the system's first compliance period. If no contaminant is detected, the system shall monitor annually during the next three-year compliance period. If still no contaminants are detected, systems shall take one sample during each subsequent three-year compliance period.

If the initial monitoring for contaminants listed in Rule 62-550.310(2)(b), F.A.C., was completed prior to December 31, 1992, then each system shall take one sample annually beginning January 1, 1993.

- Note B 4 consecutive quarterly samples. Credit will be given for samples taken before January 1, 1993.
- Note C See Rule 62-550,519, F.A.C. Compliance shall be based on the average of analyses of four consecutive quarterly samples. A maximum of two quarterly samples may be composited. Subsequent samples shall be collected once every three years.
- Note D Contact the Southwest District's Drinking Water Program at (813) 744-6100 or contact the Florida Rural Water Association.

- Note E Contact the Southwest District's Drinking Water Program at (813) 744-6100 to obtain an application for reduced monitoring.
- Note F See Rule 62-550.511(4), F.A.C. A system without asbestos-containing components shall certify to the Department in writing, using DEP Form No. 62-555.910(10), that it is asbestos free. Certification shall satisfy subsections (1), (2), and (3) of the referenced rule, and shall be submitted each nine-year compliance cycle during the specified year the system is required to monitor.
- Note G See Rule 62-550.521(4), F.A.C. Systems serving less than 150 service connections and serving fewer than 350 persons should notify the Department, by submitting DEP Form No. 62-555.910(11), that their system is available for testing. Normally, these small systems will not be required to monitor for UOCs. Do not send such samples to the Department unless required to do so by the Department.
- Note H First quarter samples shall be representative of each well. Subsequent samples shall be taken at each entry point to the distribution system that is representative of each source after treatment.

FREQUENCY:

- Note 1 First year of each three-year compliance period (calendar years 1993, 1996, 1999, etc.)
- Note 2 Second year of each three-year compliance period (calendar years 1994, 1997, 2000, etc.)
- Note 3 Third year of each three-year compliance period (calendar years 1995, 1998, 2001, etc.)
- Note 4 First year of the first three-year compliance period (i.e. calendar year 1993)
- Note 5 Second year of the first three-year compliance period (i.e. calendar year 1994)

- Note 6 Third year of the first three-year compliance period (i.e. calendar year 1995)
- Note 7 First year of each nine-year compliance cycle (calendar years 1993, 2002, etc.)
- Note 8 Second year of each nine-year compliance cycle (calendar years 1994, 2003, etc.)
- Note 9 Third year of each nine-year compliance cycle (calendar years 1995, 2004, etc.)

PWS	ID	Ħ	642-4076
Date			06/13/07

MONITORING VIOLATIONS	MCL VIO	LATIONS
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DEFICIENCIES:		
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		6-15-05
Inspector The Inspector	Title Env. Specialist II	and the second s
Approved by Guall 5 - San	Title Env. Manager	Date 6-(9-77



Florida Department of Environmental Protection

Southwest District Office 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926

June 17, 2008

Charlie Crest Canternay

Jeff Kudikarap At Carvernar

Michael IV Solo Secretary

RECEIVED

Mr. Patrick Flynn 200 Weathersfield Avenue Altamonte Springs, FL 32714

Ris

Compliance Inspection Golden Hills Golf & Turf PWS-ID No. 642-4076 Marion County

Dear Mr. Flynn:

The attached compliance inspection was conducted on the referenced public water system. You are requested to correct all listed deficiencies and to notify this office within 30 days, in writing, of your action.

If you have any questions, please contact me at (813) 632-7600, extension 460.

Sincerely,

James Berghorn Environmental Specialist

Drinking Water Section

JB/dsm

Attachment

ec: Dan Anderson, Operator (Utilities Inc.)

	Compliance Inspecti	on F	orn	1		C 4 11 T T T T T T T T T T T T T T T T T	energy M A St. St. A. S. S.	is to be the second of	****************	Page 1
SYSTEM	Water system: GOLDEN HILI Inspector: JIM BERGHORN	expedientally, esti-	OLF	AND TURF Person(s) contacted:	System PWS #:	6424076 Sys	lns tem Ty	pection	Date:	06/16/2008
60	System address: 8021 NW 4	9 th 5	St. R	4.	City CONIA		State	FI.	Ζp	34482
	Owner name: Utilities, Inc).					Owner	title:		
CANER	Owner address: 200 Weathe	ersfi	eld.	Ave.	City: Altamonte	Springs	State	FL	Zip	32714
5	Owner phone: 800-272-19	119	MET TALKET COLORS			Cell:				
	Operator required? ⊠Yes ☐ Operator name: DAN ANDERSO		f "No",	Operator sections not applicable)	Operator class &	cert. number: Phone:	roma bittomitto			
	5 = SKT				NOT APPLICABLE .					
	SOURCE - W	ELL	INFO	IRMATION		<u> </u>	ORAG			
	ell Number/Well ID #AAC 1406 IC 1407	1	2	8*<12* 8*>12*	Tank(s)/Type(s) 10,0	00 Gal	1	Hydro		
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W	ell casing 12' above grade?	S	S		Pressure Gauge Com	pliant	s	n/off:		/
Ca	ising vent compliant? (2003)	S	S		Pressure relief valve pro	vided? (hydro)	s	-		
Ch	eck valve compliant?	S	S		Security measures co	mpliant?	3			
Flo	owmeter/Timeclock	s	S	Model: 2-andgers		DISTRI	BUTTO	4		
W	ell Pad Compliant?	U	S	# 1 well pad cracked	Water system map co	mpliant?			Ye	15
Se	curity measures compliant?	S	S		Flushing of dead ends	compliant?	AT PROCESS ASSESSED BY	and the second second	Ye	*23
	TRE	ATM	MEN	T	Valve maintenance co	mpliant?			Ye	***}
0	& M manual compliant?	S	S		Chlorine residual > 0.				Ye	5
	uxiliary Power	S	S			MANAG	EMEN	Ī		
-	ss of chlorine alarm compliant?	S	S		Number of high service	CONTRACTOR OF THE PROPERTY OF	***************************************	no and other marks and the first state of the	23	A
Tr	eated sample tap provided?	S	S		Flow meter accuracy	W//*/		social colonia publica a managamente de	27	A
	CI solution NSF approved?	S	S		ERP & CCC Plans Or				Ye	:1
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Ī	Chlerinator	S	S	Model: 2-Sterrers 17 gri	Operator visits compl	CALLED VICTOR DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.			Y	153
	Chlorine test kit compliant?	S	S		Plant checked 5 time:	s per week?	- president and the second	A MANAGEMENT CONTRACTOR	N	λ
	CI room compliant?	-	-		Last inspection fully c	CONTRACTOR OF THE PARTY OF THE	es 🗌	No (see	below)	net ne de la companya de la companya de la companya de la companya de la companya de la companya de la companya
GAS	Scales compliant?	-	~		Have deficiencies bee	100M/0.000.77M#710174444444444444444444444444444444444		NEX THE END OF PERSONS	N	A
9	Auto switchover provided?	~	-		Were any of the defici	CONTRACTOR OF THE PARTY OF THE	Name and Address of the Owner, where the Owner, which is the Owner, whi		24	A
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0	Orthophosphate				Distribution Cl mg/L)	1.07	Loca	tion:		ECE
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REMARKS AND RECOMMENDATIONS:
NEED TO PROVIDE CERTIFICATION OF TANK CLEANING AND INSPECTION BY AUGUST 2008

INSPECTOR'S SIGNATURE A BETALOGIC	TITLE ENVIRONMENTAL SPECIALIST DATE: 6-16-08
REVIEWED BY DISTRICT	TITLE EM DATE: 6/17-08



DEFICIENCIES

1) Well # 1 pad cracked

62-532.500 Repair cracked pad

TECHNICAL ASSISTANCE PROVIDERS

FLORIDA RURAL WATER ASSOCIATION 2970 Wellington Circle W, Suite 101 Tallahassee FL 32309-6885

E-Mail: FRWA@frwa.net Home Page: http://www.frwa.net

850.668.2746

PICTURES



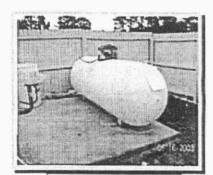
Well # 1



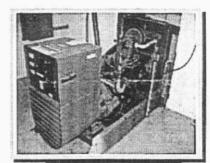
Well # 2



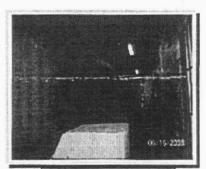
Chlorination System



Propane for Generator



Onan Generator



10,000 Gal Storage Tank



June 23, 2008

Mr. James Berghorn, Environmental Specialist Florida Department of Environmental Protection Southwest District 13051 North Telecom Parkway Temple Terrace, FL 33637-0926

RE: Compliance Inspection Golden Hills Golf & Turf PWS ID No. 6424076

Dear Mr. Berghorn:

This office has received your correspondence dated June 17, 2008 regarding the above referenced compliance inspection. In response to the deficiencies noted within the report the Utility offers the following information.

The cracked concrete pad at well #1 is scheduled to be removed, formed and concrete poured by end of business on Wednesday, June 25, 2008.

We hope you find this response adequate in addressing the Department's comments. If you should require additional information, please fell free to contact me directly at 407.869.8588, extension 226.

Sincerely,

UTILITIES, INC. OF FLORIDA

Bryan K. Gongre Regional Manager

Ec: Patrick Flynn, Regional Director, UIF Scotty Haws, Regional Compliance & Safety Manager, UIF Domenic Gentilucci, Area Manager, UIF Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (6) PERMITS

R O W N O O D



Florida Department of Environmental Protection

Southwest District Office 13051 North Telecom Parkway Temple Terrace, Florida 33637-0926 Charlie Crist Gevernor

Jeff Kottkamp Lt. Governor

Michael W. Sole Secretary

RECEIVED AND DES

In the Matter of an Application for Permit by:

Mr. Patrick Flynn, Regional Director Utilities, Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714 January 28, 2009

PA File No. FLA012680-003-DW3P/NR Crownwood WWTF Marion County Permit No. FLA012680

NOTICE OF PERMIT ISSUANCE

Enclosed is Permit Number FLA012680 to operate a domestic wastewater treatment facility, issued pursuant to Chapter 403, F.S., Chapters 62-4, 62-600, 62-601, 62-602, 62-610, 62-620, 62-640, and 62-699, F.A.C.

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) in accordance with 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 (14) days of date 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 (14) days of publication of the notice or within fourteen (14) 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 (14) 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:

Utilities, Inc. of Florida Crownwood WWTF PA File No. FLA012680-003-DW3P/NR

(a) The name, address, and telephone number of each petitioner, the applicant's name and address, 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 the material facts disputed by petitioner, if any;

- (e) A statement of facts which petitioner contends warrant reversal or modification of the Department action:
- (f) A statement of which rules or statutes the petitioner contends require reversal or modification of the Department action; and
- (g) A statement of the relief sought by petitioner, stating precisely the action 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 thirty (30) days from the date when the final order is filed with the Clerk of the Department.

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Jeffry S. Greenwell, P.E. Water Facilities Administrator

Southwest District Office

Utilities, Inc. of Florida Crownwood WWTF PA File No. FLA012680-003-DW3P/NR

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on January 28, 2009 to the listed persons.

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to Section 120.52(7), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

Sinda Butler 1/28/09 (Clerk) (Date)

Copies Furnished To:

Julian R. Coto, P.E., Excel Engineering Consultants, LLC (via e-mail)
Daniel S. Anderson , Lead Operator
Pete Burghardt, FDEP-SWD, DW Environmental Specialist (via e-mail)
Marion County Department of Health
Elaine Gracik, FDEP-SWD, DEO (via e-mail)
Vicki Wheeler, FDEP SWD Residuals Coordinator (via e-mail)

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Utilities, Inc. of Florida

PERMIT NUMBER:

FLA012680

PA FILE NUMBER:

FLA012680-003-DW3P/NR

ISSUANCE DATE: EXPIRATION DATE: January 28, 2009 January 27, 2014

RESPONSIBLE AUTHORITY:

Mr. Patrick Flynn Regional Director 200 Weathersfield Avenue Altamonte Springs, FL 32714 (407) 869-1919

FACILITY:

Crownwood WWTF 4497 NW 73rd Terrace Ocala, FL 32675 Marion County

Latitude: 29° 14° 02" N

Longitude: 82° 14' 26" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, 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:

Operation of an existing 0.040 MGD Three-Month Average Daily Flow (3MADF). Type III, extended aeration domestic wastewater treatment plant consisting of: four aeration basins of 37,200 gallons total volume, one clarifier of 6,500 gallons volume and 86 ft² surface area, one chlorine contact chamber of 1,400 gallons volume and one digester of 3,500 gallons volume. This plant is operated to provide secondary treatment with basic disinfection.

REUSE:

Land Application: An existing 0.040 MGD Annual Average Daily Flow (AADF) permitted capacity Part IV rapidrate land application system (R-001). R-001 consists of a two-cell Rapid Infiltration Basin (RIB) of 23,350 square feet of bottom surface area. R-001 is located approximately at latitude 29° 14° 02" N, longitude 82° 14° 26" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 16 of this permit.

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1. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

 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 LB.8:

				Reclaimed War	er 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, to R4XH	MGD	Maximum	0 040	Report	•		5 DayyWeek	Elapsed Time Meter	FLW-01	See Cond.1.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	9	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	g	60.0	Monthly	Grab	EFA-01	
pH	SU	Range	*	*	-	60w85	5 Days/Week	Grab	EFA-01	
Coliform, Fex al	#/100ML	Maximum	200	-	-	800	Monthly	Grab	EFA-01	See Cond LA.4
Total Chlorine Residual (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond LA.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	*	-	-	12.0	Monthly	Grab	EFA-01	

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Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1, and as described below:

Monitoring Location	Description of Monitoring Location
EFA-01	Effluent sampling point after treatment and prior to Reuse system R-001.
FLW-01	Flow measured at the master lift station.

- A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually. [62-601.200(17)]
- 4. 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. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. [62-610.510 and 62-600.440(4)(c)]
- 5. A minimum of 0.5 mg/L total chlorine residual 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)]

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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.8:

			Limitations							
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, Total Plant	MGD	Maximum	0,040 3MADF	Report		-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.LB.3, 5
Percent Capacity, (3MADE/Permitted Capacity) x 100	4 .	Maximum	-	Report	*	-	Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	*	Report			Annually ¹	Grab	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum	*	Report	-	-	Annually ¹	Grab	INF-01	See Cond I.B.4

^{1 -} The annual sample shall be taken in the month of February.

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Samples shall be taken at the monitoring site locations listed in Permit Condition I, B, 1 and as described below:

Monitoring Location	Description of Monitoring Location				
FLW-01	Flow measured at the master lift station.				
INF-01	Influent sampling point prior to treatment and ahead of the return activated sludge line.				

- 3. The three-month average daily flow to the treatment plant shall not exceed 0.040 MGD.
- 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)]
- A designated elapsed time meter for each pump and a known pumping rate for each pump shall be utilized to measure flow. The meters and the rate for each pump shall be calibrated at least annually, [62-601.200(17)]
- 6. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. All monitoring shall be representative of the monitored activity. [62-620,610(18)]
- 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)]
- 8. 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 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, unless specified elsewhere in the permit.

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	March 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR and shall submit the completed DMR to the Department postmarked by the 28th of the month following the month of operation at the addresses specified below:

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Originals to:

Florida Department of Environmental Protection Wastewater Compliance Evaluation Section, Mail Station 3551 Twin Towers Office Building 2600 Blair Stone Road Tallahassee, FL 32399-2400

Copies to:
Florida Department of Environmental Protection
Domestic Wastewater Program
Southwest District Office
13051 N. Telecom Parkway

[62-620.610(18)][62-601.300(1).(2), and (3)]

9. 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, the Department's Southwest District Office at the address specified below:

Southwest District Office 13051 N. Telecom Parkway Temple Terrace, FL 33637-0926

Temple Terrace, FL 33637-0926

Phone Number - 813-632-7600 FAX Number - 813-632-7662 Email - DWSWD@DEP.STATE.FL.US

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

- The method of residuals use or disposal by this facility is transport to a Residual Management Facility
 or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF
 does not require a permit modification, however, use of an alternative RMF requires a copy of the
 agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the
 Department at least 30 days before transport of the residuals.
- The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
- 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)]
- 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]

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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:

	Required of Source Facility		Required of RMF
1.	Date and Time Shipped	1,	Date and Time Received
2.	Amount of Residuals Shipped	2.	Amount of Residuals Received
3.	Degree of Treatment (if applicable)	3.	Name and ID Number of Source Facility
4.	Name and ID Number of Residuals Management Facility or Treatment Facility	4.	Signature of Hauler
5.	Signature of Responsible Party at Source Facility	5.	Signature of Responsible Party at Residuals Management Facility or Treatment Facility
6.	Signature of Hauler and Name of Hauling Firm		

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 RMF permittee shall report to the Department within 24 hours of discovery of 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)]

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid-Rate Land Application System (R-001)

- All ground water quality 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]
- Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
- The annual average hydraulic loading rate to the rapid infiltration basin(s) shall be limited to a
 maximum of 2.75 inches per day (as applied to the entire bottom area). [62-610.523(3)]
- Rapid infiltration basins normally shall be loaded for 1 to 7 days and shall be rested for 5 to 14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
- 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)]

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 Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]

 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 Southwest 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

During the period of operation authorized by this permit, the wastewater facilities shall be operated
under the supervision of an operator 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 for ½ hour/day for 5 days/week and a weekend visit. The lead operator must be a Class C operator, 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. Daily checks of the plant shall be performed by the permittee or his representative or agent 5 days per week. On those days when the facility is not staffed by a certified operator, the permittee shall ensure that Flow, pH. Total Chlorine Residual (For Disinfection) are monitored in accordance with Part I of this permit. [62-699.311(1)]
- 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)]
- 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)]
- The permittee shall maintain the following records and make them available for inspection on 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;
 - Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - 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 was 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;

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- 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

- 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. 162-620.335(1)-(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)]
- 3. 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. 162-600.410(8) and 62-640.400(6)]
- 4. 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)]
- Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]

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- 6. 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
 - Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - 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
 - Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(54)]

- 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)]
- 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)]
- 9. 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)]
- 10. The permittee shall provide adequate notice to the Department of the following:
 - 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)]

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IX. GENERAL CONDITIONS

- 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)]
- 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(6), 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. 162-620.610(3)1
- 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. 162-620.610(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;

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b. Have access to and copy any records that shall be kept under the conditions of this permit;

- Inspect the facilities, equipment, practices, or operations regulated or required under this permit;
 and
- 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)]
- 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

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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.
 - 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.
 - 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.
 - 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.

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- a. The following shall be included as information which must be reported within 24 hours under this condition:
 - Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 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;
 - 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;
 - b) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - Description of area affected by the discharge, including name of water body affected, if any; and
 - Other persons or agencies contacted.
 - 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)]

Crownwood WWTF PERMIT NUMBER:

FLA012680

FACILITY: Crownwood WWTF
PERMITTEE: Utilities, Inc. of Florida

The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 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.

- Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 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 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;
 - The permittee submitted notice of the upset as required in Permit Condition IX, 20, of this
 permit; and
 - The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

FACILITY: PERMITTEE: Crownwood WWTF Utilities, Inc. of Florida PERMIT NUMBER:

FLA012680

- b. In any enforcement proceeding, the permittee seeking to establish the occurrence of an upset has the burden of proof.
- 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 Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Jeffry S. Greenwell, P.E.

Water Facilities Administrator Southwest District Office

G O L D E N

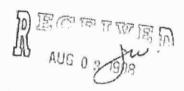
H I L S SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT 2379 BROAD STREET (U.S. 41 SOUTH) BROOKSVILLE, FLORIDA 34609-6899 (352)796-7211 OR 1-800-423-1476(FLORIDA ONLY) (SUNCOM 628-4150)

PLEASE ATTACH TO THE FACE OF YOUR PERMIT

07/28/98

UTILITIES INC OF FLORIDA

200 WEATHERSFIELD AVE ALTAMONTE SPRINGS,FL 32714-4099



SUBJECT: EXTENSION - WATER USE PERMIT NO. 5643.04

(golden Hills)

DEAR PERMITTEE:

WE ARE PLEASED TO INFORM YOU THAT THE EXPIRATION DATE OF YOUR ABOVE REFERENCED WATER USE PERMIT HAS BEEN EXTENDED TO 12/23/15. THROUGH A PROCESS OF RANDOM SELECTIONS BY COMPUTER, THE DISTRICT HAS EXTENDED THE EXPIRATION DATE OF CERTAIN PERMITS WITH ANNUAL AVERAGE DAILY WITHDRAWALS OF LESS THAN 500,000 GALLONS. THIS PROCESS WILL ENSURE THAT THE NUMBER OF RENEWAL APPLICATIONS RECEIVED IN ANY ONE YEAR DOES NOT EXCEED OUR CAPACITY TO EVALUATE AND PROCESS THE APPLICATIONS.

THIS EXTENSION OF PERMIT DURATION DOES NOT REQUIRE ANY ACTION ON YOUR PART AND IS AT NO COST TO YOU. HOWEVER, YOU WILL NEED TO UPDATE YOUR RECORDS SO THAT YOU WILL FILE AN APPLICATION FOR RENEWAL DURING THE YEAR PRIOR TO THE NEW EXPIRATION DATE.

ALTHOUGH THE EXPIRATION DATE OF YOUR PERMIT HAS BEEN EXTENDED, YOU ARE STILL REQUIRED TO COMPLY WITH ALL THE TERMS AND CONDITIONS OF YOUR PERMIT. FOR EXAMPLE, IF YOUR PERMIT WAS ISSUED WITH CONDITIONS REQUIRING DATA, REPORTS, ETC. TO BE SUBMITTED, YOU MUST CONTINUE TO SUBMIT ALL SUCH REQUIRED INFORMATION AT THE REGULAR INTERVALS SPECIFIED IN THE CONDITIONS OF YOUR PERMIT. FOR ANY PERMIT CONDITION THAT HAS THE EXPIRATION DATE AS THE DATE BY WHICH ACTION, REPORT SUBMISSION OR OTHER COMPLIANCE IS REQUIRED, THE PREVIOUS EXPIRATION DATE APPLIES, NOT THE NEWLY EXTENDED EXPIRATION DATE.

AS A FURTHER REMINDER, YOUR EXTENDED PERMIT IS STILL SUBJECT TO AND MUST COMPLY WITH ALL APPLICABLE DISTRICT RULES, INCLUDING THOSE RELATING TO:

THE CONDITIONS OF ISSUANCE FOR WATER USE PERMITS, AND RELEVANT ESTABLISHED MINIMUM FLOWS AND LEVELS AND ASSOCIATED PREVENTION AND RECOVERY STRATEGIES, AND CAN BE MODIFIED OR REVOKED FOR NONCOMPLIANCE WITH THE PERMIT, DISTRICT RULES, AND CHAPTER 373, FLORIDA STATUTES.

PAGE 2

IF THE WITHDRAWALS ON THE REFERENCED PERMIT ARE NO LONGER IN USE OR IF YOU HAVE SOLD THE PROPERTY, PLEASE INFORM US BY RETURN LETTER. ALSO, PLEASE PROVIDE THE NAME AND MAILING ADDRESS OF THE NEW OWNER.

IF YOU HAVE ANY QUESTIONS ABOUT THIS ONE-TIME EXTENSION OF YOUR PERMIT DURATION, PLEASE CONTACT STEVE DESMITH IN OUR BROOKSVILLE REGULATION DEPARTMENT AT (352)796-7211 OR 1-800-423-1476 (FLORIDA ONLY).

PLEASE KEEP THIS LETTER ATTACHED TO THE FACE OF YOUR PERMIT AT ALL TIMES, INDICATING THAT YOUR PERMIT EXPIRATION DATE IS NOW 12/23/15. WE APPRECIATE YOUR ASSISTANCE IN THIS MATTER AND IT WILL HELP US TO SERVE YOU BETTER IN THE FUTURE WHEN YOU SUBMIT YOUR RENEWAL APPLICATION.

SINCERELY,

(SIGNED)
BJ JARVIS, DIRECTOR
RECURDS AND DATA DEPARTMENT

311/

CC: FILE OF RECORD - WATER USE PERMIT NO. 5643.04



Led most resulting backet

Southwest Florida Water Management District
2379 Broad Street • Brooksville, Florida 34609-6899 • 1-800-423-1476 (Florida Only) at

(904) 796-7211 • SUNCOM 628-4150 • T.D.D. Number Only (Florida Only): 1-800-231-5103

750 Highway 30 North Tampa Fasta 336074759 (613) 965 7481 SUNCOM 578 2010 120 Carrupy Bouleword 3000m, Porco 3330-7700

1 Carpention Way Versce, Rorde 34097-3331 3500 SW 1448 SINCOM 57 6000 310 4A 5000 SINCOM 549 5270

2203 Highway At west TWETON, FORCE 34453-3409 (904) 637-1360

December 10, 1993

Charles A. Black Chairman, Crystal River Ray G. Harrell, Jr. Vice Chairman, Sr. Petersburg Salty Thompson Secretary, Tomba Joe L. Davis, Jr. Traces, for Weinstralia Ramon F. Campa Brancon James L. Cax Lakelana Rebecca M. Eger Porosoto John T. Hamner Brokson'on Curtis L. Law Lang O Lakes James E. Madin St. Percespure Margaret W. Sistrunk Octosyn

Peter G. Hubbell Executive Director Mark D. Farrell Assistant Executive Director Edward B. Helvenslan General Counsel Mr. Donald Rasmussen, Vice President Utilities Inc., of Florida 200 Weathersfield Avenue Altamonte Springs, Florida 32714

Subject: PERMIT MODIFICATION BY LETTER

Permittee Name: Utilities Inc., of Florida

Water Use Permit No. 205643.04

County: Marion

Reference:

Chapter 40D-2, Florida Administrative Code (F.A.C.); Section 40D-2.331(2) (b), F.A.C.

Dear Mr. Rasmussen:

The request for letter modification of Water Use Permit No. 205643.03 has been evaluated, and we are pleased to notify you that the modification is authorized based on the criteria and conditions indicated on the attached "Permit Modification Please attach the Letter By Letter" number 205643.04. Modification document to your copy of Water Use Permit No. 205643.03. The modification to the Water Use Permit may require various activities to be performed by the Permittee, and compliance with all of the terms and conditions of Water Use Permit No. 205643.03 shall continue, except as changed by the Letter Modification.

The authorized changes to the permit are summarized and stated in detail in the Permit Modification By Letter document. Please read it carefully. If we may be of further assistance, please contact either Vivian J. Bielski, WUP Hydrologist, at 904-796-7211, extension 4328, or John W. Parker, P.E., WUP Supervisor, extension 4332.

Any person who is substantially affected by the District's Final Agency action concerning a permit may challenge this action by requesting an Administrative Hearing in accordance with Section 120.57, Florida Statutes (F.S.) and Part V of Chapter 40D-1 F.A.C. A request for hearing must be filed with (received by) the Agency Clerk of the District at the

Excellence Through Quality Service Mr. Donald Rasmussen, Vice President Page 2 December 10, 1993

address above within 14 days after the date of receipt of this notice of Final Agency Action. When actual receipt cannot be determined, receipt is deemed to be the fifth day after the date on which the notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of said right such person may have to request a hearing under Section 120.57, F.S.

Sincerely,

Director

Brooksville Permitting Department

Resource Regulation

VJB:m1-367

Enclosure: Permit Modification by Letter No. 205643.04

cc: File of Record WUP No. 205643.04

John Parker, P.G., SWFWMD Patricia Cooke, SWFWMD Deanna Naugler, SWFWMD Tony Gilboy, P.G., SWFWMD

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

PERMIT MODIFICATION BY LETTER NO. 205643.04
THIS DOCUMENT IS AN ATTACHMENT TO WATER USE PERMIT NO. 205643.03
Permittee: Utilities Inc., of Florida

LETTER MODIFICATION DATE: November 23, 1993

EXPIRATION DATE: December 23, 2001

This permit modification by letter is issued by the Brooksville Permitting Department under the provisions of Chapter 40D-2.331(2)(b). This document authorizes modifications to the Water Use Permit, and it may require various activities to be performed by the Permittee. Compliance with all of the terms and conditions of Water Use Permit No. 205643.03 shall continue, except as modified below. Please attach this document to your copy of Water Use Permit No. 205643.03.

SUMMARY:

The purpose of the permit modification is to replace District ID No. 3, an existing 8-inch standby production well, with District ID No. 4, a proposed 8-inch well for standby purposes. District ID No. 3 is proposed to be properly abandoned. The modifications include: installation of a meter on District ID No.4; required monthly pumpage reports from District ID No. 4; required water quality profile sampling during construction of District ID No. 4; removal of District ID No. 3 from metering and pumpage report requirements; and proper abandonment of District ID No. 3.

MODIFIED AND NEW TERMS AND CONDITIONS OF THE PERMIT ARE AS FOLLOWS: MODIFIED TERMS AND CONDITIONS:

TOTAL QUANTITIES AUTHORIZED UNDER THE PERMIT (in gpd):

AVERAGE: 277,000 PEAK MONTHLY: 442,000

TABLE OF	WITHDRAWAL POIN	TS _	GALLO	S PER DAY	
I.D. NO. <u>USER/DIST</u> 1 / 1 2 / 2 4 / 4	LOCATION LAT/LONG 291419/821513 291418/821513 291403/821435	USE PS PS PS	AVERAGE 152,000 125,000 125,000	PEAK MO 243,000 199,000 199,000	CROP PROTECTION N/A N/A N/A

PS-Public Supply

MODIFIED SPECIAL CONDITIONS:

- The Permittee shall continue to maintain and operate the existing flow meters or other flow measuring devices a approved by the Director, Brooksville Permitting Department, Resource Regulation, for District I.D. Nos. 1 and 2.
- 3A. Within 90 days of permit issuance, completion of construction of the withdrawal facility or prior to activation of a stand-by source, District ID No. 4, Permittee ID No. 4 shall be equipped with a non-resettable, totalizing flow meter, or other measuring device as approved in writing by the Permitting Department Director, Resource Regulation, unless an extension is granted by the Director. Such device shall have and maintain an accuracy within five percent of the actual flow as installed. Total withdrawal and meter readings from each metered withdrawal shall be recorded on a monthly basis and reported to the Permits Data Section (using District forms) on or before the tenth day of the following month. If a metered withdrawal is not utilized during a given month, a report shall be submitted to the Permits Data Section indicating zero gallons. Prior to meter installation, non-use shall be documented with monthly pumpage reports indicating zero gallons withdrawn.

PERMIT MODIFICATION BY LETTER NO. 205643.04 THIS DOCUMENT IS AN ATTACHMENT TO WATER USE PERMIT NO. 205643.03 Permittee: Utilities Inc., of Florida

- 9. By February 21, 1994, District ID No. 3, Permittee ID No. 3, shall be properly abandoned (plugged bottom to top) by a licensed water well contractor in accordance with Chapter 17-532.500(4), F.A.C., under a Well Abandonment Permit Issued by the District unless an extension of time is grated by the Permitting Department Director, Resource Regulation.
- 10. During drilling of District ID No. 4, Permittee ID No. 4, water quality samples shall be collected at intervals of 5 feet or less, from 175 feet to maximum depth of five feet above the bottom of the well. Samples shall be collected during reverse air drilling, or other appropriate method with prior approval by the Brooksville Permitting Department Director, Resource Regulation, which will allow representative samples for each depth to be collected.

Samples shall be analyzed by a certified laboratory for Chloride, Sulfate, and Total Dissolved Solids. The Permittee's sampling procedure shall follow the handling and chain of custody procedures designated by the certified laboratory which will undertake the analysis. Reports of the analyses shall be submitted to the Permits Data Section (using District forms) within thirty days of sampling, and shall include the signature of an authorized representative and the certification number of the Department of Health and Rehabilitative Services (DHRS) certified laboratory under Environmental Laboratory Certification General Category "1" which undertook the analysis.

Analyses shall be performed according to procedures outlined in the current edition of Standard Methods for the Examination of Water and Wastewater by the American Public Health Association-American Water Works Association-Water Pollution Control Federation (APHA-AWWA-WPCF) or by Methods for Chemical Analyses of Water and Wastes by the U.S. Environmental Protection Agency (EPA).





Southwest Florida Reporting Region = CALENDAR Water Management District

2379 Broad Street (U.S. 41 South) Brooksville, Florida 34609-6899 Phone (904) 796-7211 or 1-800-423-1476 SUNCOM 628-4150

Charles A. Black Chairmon Crystal River Ray G. Harrell, Jr. Vice Charmon St. Petosburg Saily Thompson Secretary tempo Rita J. Roehr Treasurer Sanasara Ramon F. Campo Branden James L. Cox tono expu Joe L Davis, Jr. Vieuchura John T. Hamner **Brodenton** Curtis L. Law

Peter G. Hubbell Executive Director Mark D. Farrell Assinant Executive Director Kent A. Zaiser General Countel

Land O'Lakes

St. Petersourg Margaret W. Sistrunk

Odesso

James E. Martin

December 23, 1991

Utilities, Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714 BARTOW 813-534-7080 BROOKSVILLE (Listed) TAMPA 813-985-7481 VENICE 813-488-4666

Subject:

Final Agency Action Transmittal Letter General Water Use Permit No. 205643.03

Your Water Use Permit(s) has been approved contingent on no objections being received within 14 days after receipt of this notice of Final Agency Action. Your Permit has been approved subject to all terms and conditions set forth in the approved Permit(s).

Any person who is substantially affected by the District's Final Agency Action concerning a Permit may challenge this Permit by requesting an Administrative Hearing in accordance with Section 120.57, Florida Statutes (F.S.), and Part V of Chapter 40D-1, Florida Administrative Code (F.A.C.). A request for hearing must be filed with (received by) the Agency Clerk of the District at the address above within 14 days of receipt of this notice of Final Agency Action. Receipt is deemed to be the fifth day after the date on which this notice is deposited in the United States mail. Failure to file a request for hearing within this time period shall constitute a waiver of any right such person may have to request a hearing under Section 120.57, F.S.

Please be advised that the Governing Board has formulated a water shortage plan as referenced in Condition 4 of the Permit, and will implement such a plan during periods of water shortage. You will be notified during a declared water shortage of any change in the conditions of your Permit(s) or any suspension of your Permit(s), or of any restriction on your use of water for the duration of any declared water shortage. Please further note that water conservation is a condition of your Permit(s) and should be practiced at all times.

One of the enclosed ID tags must be affixed in a prominent location on each permitted withdrawal facility. The necessary tag(s) and instructions are enclosed. If you have any questions or concerns about your Permit, please contact the Permitting Department or contact this office at Extension 4338.

Sincerely.

Cennie L. Taylor
ANNIE L. TAYLOR
Processing & Records Manager

ALT: ag

Enclosures:

1. Approved Permit

2. Surface Water and/or Well Tags w/Instructions (3)

3. Rule 40D-1.521, F.A.C.

FAAWUPGE.TL R.10-29-91

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT WATER USE GENERAL. PERMIT NO. 205643.03

EXPIRATION DATE: December 23, 2001

PERMIT ISSUE DATE: December 23, 1991

This permit, issued under the provisions of Chapter 373, Florida Statutes, and Florida Administrative Code 40D-2 authorizes the permittee to withdraw the quantities outlined herein, and may require various activities to be performed by the Permittee as outlined by the Special Conditions. This permit, subject to all terms and conditions, meets all District permitting criteria.

GRANTED TO:

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

TOTAL QUANTITIES AUTHORIZED UNDER THIS PERMIT (in gpd):

AVERAGE:

277,000

PEAK MONTHLY: 442,000

FROST/FREEZE: N/A

Peak Monthly Frost/Freeze Use Average Public Supply: 277,000 gpd 442,000 gpd N/A Recreation or 125,000 gpd 199,000 gpd N/A Aesthetic:

See Withdrawal Table for quantities permitted for each withdrawal point.

PROPERTY LOCATION:

Marion County, approximately 6 miles west of Ocala

ACRES:

3 Owned, 1036 Serviced

WATER USE CAUTION AREA: N/A

TYPE OF APPLICATION:

Renewal

DATE APPLICATION FILED: November 27, 1991

AMENDED DATE:

N/A

Permit No.: 205643.03

Permittee: Utilities, Inc. of Florida

WATER	USE:
-------	------

PUBLIC SUPPLY	SERVICE AREA NAME	POPULATION SERVED	PER CAPITARATE
	Golden Hills/Crownwood Subdivision	1,820	130
	Golden Hills/Crownwood Subsdivision	180	130

WATER USE:

RECREATION	OR	AESTHETIC	FACILITY NAME	ACRES	IRRIGATION RATE
		Golden H Subdivis	ills/Grownwood	8	28*/yr.

I.D. NO.	LOCATION	DIAM.	DEPTH		G/	LLONS PER DA	
USER/DIST		(INCHES)	TOTAL/CASED	USE	AVERAGE	PEAK MO	FREEZE
1 / 1	291419/821513	6	157/84	PS	152,000	243,000	N/A
2 / 2	291418/821513	8	268/83	PS	125,000	199,000	N/A
3 / 3	291403/821435	8	190/104	R/A	125,000 Stand/By	199,000	N/A

PS - Public Supply
R/A - Recreation or Aesthetic

SPECIAL CONDITIONS:

1. All reports of data required by the permit shall be submitted to the District on or before the tenth day of each month and shall be addressed to:

Permits Data Group Southwest Florida Water Management District 2379 Broad Street Brooksville, Florida 34609-6899

- Unless otherwise indicated, three copies of each report are required by the permit and shall be provided to the Director, Brooksville Permitting Department, Resource Regulation, by the Permittee.
- The Permittee shall continue to maintain and operate the existing flow meters or other flow measuring devices as approved by the Director, Brooksville Permitting Department, Resource Regulation, for District I.D. Nos. 1, 2 and 3.
- 4. Total withdrawal from each monitored source shall be recorded on a monthly basis and reported to the District (using District forms) on or before the tenth day of the following month.

Permit No.: 205643.03

Permittee: Utilities, Inc. of Florida

- Any wells not in use and in which pumping equipment is not installed shall be capped or valved in a water-tight manner in accordance with Chapter 17-532.500(3), F.A.C.
- 6. The Permittee shall limit daytime irrigation to the greatest extent practicable to reduce losses from evaporation. Daytime irrigation for purposes of system maintenance, control of heat stress, frost/freeze protection, plant establishment, or for other reasons which require daytime irrigation are permissible but should be limited to the minimum amount necessary as indicated by best management practices.
- 7. The Permittee shall implement a leak detection and repair program as an element of an ongoing system maintenance program. This program shall include a system-wide inspection at least once per year.
- 8. The Permittee shall evaluate the feasibility of improving the efficiency of the current irrigation system or converting to a more efficient system. This condition includes implementation of the improvement(s) or conversion when determined to be operationally and economically feasible.

STANDARD CONDITIONS:

 The Permittee shall comply with the Standard Conditions attached hereto, incorporated herein by reference as Exhibit "A" and made a part hereof.

AuthWrized Signature

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

INSTRUCTIONS FOR APPLYING WATER USE TAG

Enclosed are the necessary metal tags for the withdrawal points as indicated on your permit. Please display tags in a visible location.

The tags are to be permanently affixed by using the enclosed wire or by bolting or gluing to structure. Each withdrawal - well or surface - has been numbered in the same order as that shown on the permit column labeled District ID Number.

Proper care should be taken in the placing of these tags. We suggest the following:

- Apply tag to the electrical panel box if one is located adjacent to the facility, or to a permanent structure next to withdrawal (block wall, post, etc.)
- Apply tag to the base of the pump that portion of the pump installation that is not normally removed for servicing the pump.
- Apply tag to the well casing only when sufficient space is available between the ground surface and the base of the pump.
- 4. The tag must be placed on the pump of a portable facility.
- Apply tag where other licenses or permits are displayed on public supply systems.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT PROCESSING AND RECORDS (904) 796-7211

SUBPART B - FORMAL PROCEEDINGS

400-1.521 Initiation of Formal Proceedings

- (1) Formal proceedings shall be initiated by petition to the District. The term petition as used herein includes any application or other document which expresses a request for formal proceedings. Each petition should be printed, typewritten or otherwise duplicated in legible form on white paper of standard letter size and signed by the petitioner or his representative. Unless printed, the impression shall be on one side of the paper only and lines shall be double-spaced and indented.
- (2) All petitions filed under these rules shall contain:
- (a) The name and address of the District and the District's file or identification number, if known;
- (b) The name and address of the petitioner or petitioners;
- (c) An explanation of how each petitioner's substantial interests will be affected by the District's determination;
- (d) A statement of when and how petitioner received Notice of the District's Proposed or Final Agency Action;
- (e) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (f) A concise statement of the ultimate facts which petitioner believes entitle him to relief sought as well as the rules and statutes which support petitioner's claim for relief;
- (g) A statement of preference of presiding officer;
- (h) A demand for the relief to which the petitioner deems himself entitled; and
- (i) Other information which the petitioner contends is material.
- (3) Upon receipt of a petition for formal proceedings the District shall review the petition and shall provide a statement of compliance of the petition which the requirements of this rule to the Board and the petitioner. The Board shall accept those petitions in substantial compliance with this rule which have been timely filed and which state a dispute which is within the jurisdiction of the District to resolve. If the petition is accepted the Board shall designate the presiding office. The District shall promptly give written notice to all parties of the action taken on the petition, and shall state with particularity its reasons therefor.
- (4) If the Board designates a Hearing Officer assigned by the Division of Administrative Hearings as the presiding officer, the Agency Clerk shall forward the petition and all materials filed with the District to the Division of Administrative Hearings, and shall notify all parties of such action.
- (5) Petitioners entitled to a hearing pursuant to Subsection 120.57(1), Florida Statutes, may waive their right to a formal hearing and request an informal hearing before the Board pursuant to Subsection 120.57(2), Florida Statutes, which may be granted at the option of the District.

Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (7) NOTICES Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (8) FIELD EMPLOYEES

State of Florida

Department of Environmental Protection

ISSUED:

3/25/2009

LICENSE NO.: 8527

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

STEPHEN J HABERY

CHARLIE CRIST

GOVERNOR

DISPLAY IS REQUIRED BY LAW.

MICHAEL W. SOL

BECRETARY

State of Florida

Department of Environmental Protection

ISSUED:

3/25/2009

LICENSE NO.: 8012

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

STEPHEN J HABERY

CHARLIE CRIST

GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SO E

SECRETARY

A RESIDENCE DE LA LINE State of Florida

Department of Environmental Protection

ISSUED:

4/16/2009

LICENSE NO.: 009509

THE CLASS B WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

STEVEN L. PFOUTS

CHARLIE CRIST

GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

SECRETARY

State of Florida'

Department of Environmental Protection

ISSUED:

4/16/2009

LICENSE NO.: 014204

THE CLASS C DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

STEVEN L. PFOUTS

CHARLIE CRIST

MICHAEL W. SOLE

DISPLAY IS REQUIRED BY LAW

SECRETARY

GOVERNOR. PAGE 62/62

CHOVES

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State of Florina

Department of Enticompiliated Privottion

ISSUED:

4/22/2009

LECENSE NO. 008122

THE CLASS A MASTEWATER TREATMENT PLANT OFFRATION MASSED BELOW IS LICHNSED LINDER THE PROVISIONS OF CHAPTER 463; ELISRIDA STATUTES

VALID ENTIL: 4/30/2011

DANIEL SCOTT ANDERSON

CHARLIE CRIST

GOVERNOA

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

SECRETARY!

State of Florida

Department of Chaironmental Protection

ISSUED:

4/16/2009:

LICENSE NO: 007141

THE CLASS A DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

DANIEL SCOTT ANDERSON

CHARLIE CRIST

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

DEPOSTATIV

State of Florida

Department of Environmental Protection

ISSUED:

1/28/2009

LICENSE NO.: 0014846

THE CLASS B DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

ELISA MATARLO WILLIAMS

CHARLIE CRIST

MICHAEL W. SOLE

GOVERNOR

DISPLAY IS REQUIRED BY LAW

SECRETARY

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State of Florida

Department of Consideration PROGRAM
2600 BLAIR STONE ROAD, M S. 3506
TALLAHASSEE, FLORIDA 32399-2400
(850)245-7500

ELISA MATARLO WILLIAMS
2549 GRASSY POINT DR UNIT 103
LAKE MARY, FL 32746-6518

State of Florida Department of Environmental Protection

LICENSE NO.: 014187

HATE USUED:

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ELISA MATARLO WILLIAMS

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES

VALID UNTIL, 479,7011

State of Florida

Department of Environmental Protection

ISSUED:

4/16/2009

LICENSE NO.: 014187

THE CLASSIC WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2011

ELISA MATARLO WILLIAMS

CHARLIE CRIST

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

SECRETARY

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UIF RATE CASE - 2008 EMPLOYEE LICENSE INFORMATION

First Name/MI	Title	System(s)	Classification	Туре	Description	Туре	Description
Daniel S.	Lead Operator	Crownwood	Class A DWTPO Class A WWTPO	A	Class A Drinking Water Treatment Plant Operator - FDEP (0007141 4/30/11)	A	Class A WW Treatment Plant Operator - FDEP (0006490 4/30/11)
Stephen (Steve) J.	Lead Operator	Orangewood Buena Vista MHP Buena Vista Manor L/S Summertree Summertree L/S	Class C DWTPO Class C WWTPO	С	Class C Drinking Water Treatment Plant Operator - FDEP (0008012 4/30/11)	С	Class C WW Treatment Plant Operator - FDEP (0008527 4/30/11)
Steven L.	Lead Operator	Golden Hills	Class C DWTPO Class B WWTPO	С	Class C Drinking Water Treatment Plant Operator - FDEP (0014204 4/30/11)	В	Class B WW Treatment Plant Operator - FDEP (0009509 4/30/11)
		Weathersfield Oakland Shores Little Wekiva Park Ridge Phillips Crystal Lake Ravenna Park Jansen Crescent Heights	Class C DWTPO				
	Daniel S. Stephen (Steve) J.	Daniel S. Lead Operator Stephen (Steve) J. Lead Operator	Daniel S. Lead Operator Crownwood Orangewood Buena Vista MHP Buena Vista Manor L/S Summertree Summertree Summertree L/S Steven L. Lead Operator Golden Hills Weathersfield Oakland Shores Little Wekiva Park Ridge Phillips Crystal Lake Ravenna Park Jansen	Daniel S. Lead Operator Crownwood Class A DWTPO Class A WWTPO Orangewood Buena Vista MHP Buena Vista Manor L/S Summertree Summertree L/S Class C DWTPO Class C WWTPO Class C DWTPO Class C DWTPO Class C DWTPO Class C DWTPO Class B WWTPO Weathersfield Oakland Shores Little Wekiva Park Ridge Phillips Crystal Lake Ravenna Park Jansen	Daniel S. Lead Operator Crownwood Class A DWTPO Class A WWTPO A Orangewood Buena Vista MHP Buena Vista Manor L/S Summertree Summertree L/S Class C DWTPO Class C WWTPO Class C DWTPO Class C DWTPO Class C DWTPO Class C DWTPO Class C DWTPO Class C DWTPO Class C DWTPO Class B WWTPO C Weathersfield Oakland Shores Little Wekiva Park Ridge Phillips Crystal Lake Ravenna Park Jansen	Class A DWTPO Class A WWTPO A Class A DWTPO Class A WWTPO A Class A DWTPO Class A DWTPO Class A DWTPO Class A DWTPO Class A DWTPO Class A DWTPO Class A DWTPO Class A DWTPO Class A DWTPO Class C DWTP	Daniel S. Lead Operator Crownwood Class A DWTPO Class A WWTPO A Class A Dinking Water Treatment Plant Operator - FDEP (0007141 A Class A DWTPO Class A WWTPO A Class A DWTPO Class A DWTPO Class A WWTPO A Class A DWTPO Class A DWTPO Class A DWTPO A Class A DWTPO A Class A DWTPO Class C Dinking Water Treatment Plant Operator - FDEP (0008012 Class C DWTPO Cl



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JOB TITLE	Water/Wastewater Treatment Operator I
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Under direct supervision, performs routine tasks related to the operation of water and/or wastewater treatment facilities. Assists with maintaining plant compliance with EPA standards and state water Commission. Performs general cleaning of grounds and buildings. Ensures plant safety and sanitary requirements.
ESSENTIAL FUNCTIONS	 Operates and maintains water and/or wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when below-standard variances are detected. Samples water prior to exiting system. Detects and reports atypical conditions, such as: damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. Assists Lead Operator with emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol. Adds chemicals to water by predetermined formula. Advises Lead Operator when minimum inventory levels of these materials have been reached. Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts controls as needed. Retrieves computer reports on treatment process. Prepares reports and maintains logs on meter readings, tests, chemical and equipment usage, and all other recordkeeping requirements; maintains various Company records and other reports as required by the state. Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment. Cleans and maintains treatment plant, pumping stations and wells; prepares and paints equipment, walls and floors.
ADDITIONAL	 Completes facility and vehicle inspections, along with related follow-up.
RESPONSIBILITIES	Assists w repairs of water/wastewater treatment plant equipment.
	Forwards customer inquiries on to Operator II or Lead Operator.



	 Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. Ensures that facilities and grounds are kept clean and orderly and comply with Company standards. May install and read water meters. Performs other related duties as assigned.
Computer Skills	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
ADDITIONAL SKILLS	 Ability to read meters, charts and gauges and accurately maintain records of plant operations. Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. Ability to review, classify, categorize, prioritize and/or analyze data. Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies. Ability to follow verbal and written instructions. Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Required: Currently holds first-level operator license, may be in the process of obtaining second-level license; must maintain a valid driver's license.
Experience	Requires 2 – 4 years mechanical experience, including at least 1 year specializing in chemical treatment of water and/or wastewater and/or a minimum of 1 year in water and/or wastewater utility field with experience in the operation and maintenance of ground-water supplied water systems and associated distribution system.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water and/or wastewater facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment; may operate heavy equipment.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call, emergency call duty and paid
	overtime may be required.
ADDITIONAL COMMENTS	overtime may be required. This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.

Management maintains the right to assign or reassign duties and responsibilities at any time.

This description is a working draft, subject to recision.



JOB TITLE	Water/Wastewater Treatment Operator II
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Under general supervision, performs routine tasks related to the operation of water and/or wastewater treatment facilities. Maintains plant compliance with EPA standards and state water Commission. Performs general cleaning of grounds and buildings. Ensures plant safety and sanitary requirements.
ESSENTIAL FUNCTIONS	 Operates and maintains water and/or wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when below-standard variances are detected. Samples water prior to exiting system. Detects and reports atypical conditions, such as: damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. Assists Lead Operator with emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol. Adds chemicals to water by predetermined formula. Advises Lead Operator when minimum inventory levels of these materials have been reached. Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts controls as needed. Retrieves computer reports on treatment process. Prepares reports and maintains logs on meter readings, tests, chemical and equipment usage, and all other recordkeeping requirements; maintains various Company records and other reports as required by the state. Back-washes filters and basins; handles chlorine in a safe, effective manner, assures proper working order of chlorine-related equipment. Cleans and maintains treatment plant, pumping stations and wells; prepares and paints equipment, walls and floors.
ADDITIONAL RESPONSIBILITIES	 Manager. Completes facility and vehicle inspections, along with related follow-up. Installs and reads water meters. Acts as liaison between customers and customer service; provides on-site customer communication.



COMPUTER SKILLS	 Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. Ensures that facilities and grounds are kept clean and orderly and comply with Company standards. Performs other related duties as assigned. Required: MS Word, Excel; ability to learn internal software programs
	Preferred: Outlook
ADDITIONAL SKILLS	 Ability to read meters, charts and gauges and accurately maintain records of plant operations. Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. Ability to review, classify, categorize, prioritize and/or analyze data. Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies. Ability to follow verbal and written instructions. Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	
CERTIFICATIONS/LICENSES	Required: Currently holds second-level operator license, may be in the process of obtaining third-level license; must maintain a valid driver's license.
Experience	Requires 3 – 5 years mechanical experience, including at least 3 years specializing in chemical treatment of water and/or wastewater and/or a minimum of 3 years in water and/or wastewater utility field with experience in the operation and maintenance of ground-water supplied water systems and associated distribution system.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water and/or wastewater facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment; may operate heavy equipment.
Travel Required	Within service area.
Shift	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

This description is a working draft, subject to revision



JOB TITLE	Area Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Manager
JOB SUMMARY	Oversees the operation and maintenance of water and wastewater treatment plants. Provides leadership and guidance in water and wastewater plant management. Works with Regional Manager and Regional Director to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	 Develops strategic plans for water and wastewater facility needs; manages the design and construction of facilities and infrastructure. Hires, directs, evaluates, promotes and disciplines subordinate employees, including meter readers, operators, field technicians, etc, engaged in the operation of water/wastewater plants and distribution systems. Manages the operation of multiple water systems and wastewater treatment facilities. Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment. Ensures water and wastewater quality consistently meet Federal, state and local laws. Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations. Stays abreast of Federal, state and local regulations and environmental guidelines regarding water/wastewater treatment and distribution. Oversees the training of personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures; trains employees of safety policies and procedures. Drives revenue by effectively challenging and motivating employees.
ADDITIONAL	· Responds to all emergency situations, including coordination of
RESPONSIBILITIES	contractors, public notification and informing UI personnel and governmental agencies as needed. Meets Company goals and objectives in conformance with budgetary guidelines. Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel
Additional Skills	Preferred: PowerPoint, Outlook and Explorer Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. Ability to objectively coach employees through complex, difficult and emotional issues.



Ability to implement recommendations to effectively resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. Ability to delegate responsibility and authority to maximize use of employees' skills. Ability to follow verbal and written instructions. Ability to provide for safe working conditions for fellow workers. Ability to provide for safe working conditions for fellow workers. Ability to effectively communicate and interact with other employees and the public. Ability to understand and implement a variety of the field's concepts, practices and procedures. Proven ability to motivate others in the pursuit of Company goals. EDUCATION Required: FIS Diploma or GED Preferred: Bachelor's degree, this may be required in some circumstances; completion of multiple utility industry related courses, seminars, management and supervisory training is preferred. CERTIFICATIONS/LICENSES Required: Must hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment; must maintain a valid driver's license. EXPERIENCE Requires a minimum of 6 years progressive experience working in utility management or the utility industry, Requires knowledge and experience in the operations, maintenance and processes of water' wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry, thorough knowledge and experience in the materials and chemicals used in these treatment processes. PHYSICAL DEMANDS Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+miles daily), climbing and mechanical repair. EQUIPMENT USED Handheld and/or Blackberry, laptop; water facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment. Within service area. SHIFT Additional Comments Contact Information		
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intended to limit management from assigning other work as desired.	SHIFT	Requires 24 hour responsiveness to various situations.
CONTACT INFORMATION	ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not
	CONTACT INFORMATION	

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JOB TITLE	Construction Inspector
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Project Manager
JOB SUMMARY	Inspects initial construction projects and additional repairs to ensure adherence to contract specifications, building ordinances and zoning laws. Reviews, processes, supervises and inspects installation of water and sewer utility mains and new service connections, evaluates existing services, provides service information, investigates water and sewer service problems, and supports field maintenance activities.
ESSENTIAL FUNCTIONS	 Analyzes and manages a variety of situations relating to construction and installation of new water and sewer infrastructure, storage tanks, wastewater treatment plant construction and expansion. Evaluates specifications for plan procedures, start and completion dates, and staffing requirements for each phase of the construction project. Inspects construction of new service connections and water/sewer main breaks. Oversees construction and maintenance employees at a property location. Provides timely information regarding construction projects and work relating to construction projects. Prepares service work orders per plans for water and sewer main installations. Maintains frequent contact with external agencies and the general public in order to coordinate activities related to water and sewer service. Responds to customer issues related to construction projects. Reviews water and sewer main plans. Enforces Company policies and procedures, work methods and operational procedures.
ADDITIONAL	 Assists Project Manager with property inspections, completing
RESPONSIBILITIES	environmental and engineer reports and attaining all necessary permits.
	Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel Preferred: Outlook, Explorer, JD Edwards
ADDITIONAL SKILLS	Ability to follow verbal and written instructions.
ASSOCIATE SINELS	 Excellent organizational and problem solving skills. Ability to provide safe working conditions for fellow workers.



	 Ability to effectively communicate and interact with other employees. Ability to deal professionally with customers and maintain good public relations.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Required: Grade 2 State Distribution License, or ability to obtain within 18 months of hire; must maintain a valid driver's license
EXPERIENCE	A minimum of 3 years experience in the installation, maintenance, repair or inspection of water supply and/or distribution facilities and sewer force mains, or 2 years as a Lead Operator.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (50 lbs.), walking (2+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

This description is a working draft, subject to recision.



JOB TITLE	Field Technician I
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for the accurate and timely reading and recording of water meters to facilitate customer billing; to identify water meter equipment problems; and to perform minor water meter and/or system maintenance.
Essential Functions	 Walks 5 - 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. Determines consistency of meter readings; reports unusual cases to supervisor. Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. Indicates irregularities on forms for necessary action by servicing department. Documents customer interaction and field activities in CC&B. Turns off service for nonpayment of charges in vacant premises, or on for new occupants. Maintains accurate and up-to-date records. Acts as liaison between the customers and customer service personnel for problem/complaint resolution. Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL	Performs minor meter maintenance and repair duties.
RESPONSIBILITIES	 Assists with repairs of water/wastewater treatment plant equipment.
	 Assists with ordering parts and job costing. May assist with on-site customer communication. May assist with customer inquiries, requests and minor issues regarding meter reading schedule, billing, how meters are read and other customer service related matters. May prepare a variety of operational reports related to water meter reading activities. Assists with the installation and disconnect of water meters. Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word; ability to learn internal software programs
	Preferred: MS Excel, Outlook



ADDITIONAL SKILLS	 Ability to work independently in the absence of supervision. Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. Ability to learn to read a variety of water meters. Ability to learn and understand tariffs as they apply to assigned duties. Ability to learn the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters. Ability to read maps, electrical schematics, blueprints, etc.
	Ability to follow verbal and written instructions.
	Ability to read and transfer digits accurately.
EDUCATION	Required: HS diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. *May be in the process of obtaining Distribution and/or Collections Systems certification or first-level plant operating license.
Experience	Some water meter reading experience preferred, in addition to previous mechanical or maintenance experience. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions. General knowledge of water meters, care and operation of a variety of tools and equipment, and safe work practices is helpful.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
Shift	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

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JOB TITLE	Field Technician II
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for maintaining and cleaning water/wastewater system; identifying water meter equipment problems; and to perform minor water meter and/or system maintenance.
Essential Functions	 Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains Maintains and tests water meters; performs new meter installation. Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation. Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic pluming tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools. Inspects area for cross connection violations and other unsafe conditions. Maintains accurate and up-to-date records. Documents customer interaction and Field Activities in CC&B. Acts as liaison between the customers and customer service personnel for problem/complaint resolution. Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters. Provides on-site customer communication. Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	 May assist with repairs of water/wastewater treatment plant equipment. May walk 5 - 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. Determines consistency of meter readings; reports unusual cases of water usage to supervisor. Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. Indicates irregularities on forms for necessary action by servicing department. Turns off service for nonpayment of charges in vacant premises, or on for new occupants. Assists with ordering parts and job costing. Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems. Assists with the installation and/or disconnection of water and/or sewer services. May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment. May assist in maintaining plant compliance with Federal, state and local



	regulatory requirements.
	Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs
	Preferred: Outlook
ADDITIONAL SKILLS	 Ability to work independently in the absence of supervision.
	Demonstrates initiative and desire to learn new tasks.
	 Possesses strong electrical and mechanical maintenance skills in the area of
	water and wastewater maintenance and repair, including working
	knowledge of collection and distribution systems, pumps, motors, controls
	and piping.
	 Ability to establish and maintain effective working relationships with the
	general public, co-workers, vendors and regulatory agencies.
	Ability to read a variety of water meters.
	Ability to apply the methods, techniques, tools, equipment and materials
	used in the minor repair and installation of water meters.
	 Ability to understand tariffs as they apply to assigned duties.
	Ability to read maps, electrical schematics, blueprints, etc.
	Ability to follow verbal and written instructions.
	Ability to read and transfer digits accurately.
EDUCATION	Required: HS diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license.
	Preferred: Distribution and/or Collections certification as required by statue or
	regulation, or the ability to attain certification within 12 months of
	hire.
-	*May be in the process of obtaining first-level operating license.
EXPERIENCE	A minimum of one year water meter reading experience preferred, in addition
	to previous mechanical or maintenance experience. Knowledge of cross
	connection regulations and ability to report violations and other unsafe
	conditions. General knowledge of water meters, care and operation of a variety
	of tools and equipment, and safe work practices is helpful.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily),
	climbing and mechanical repair. You will be expected to work in all weather
	conditions: rain, snow, extreme heat and cold, etc; you may encounter various
	potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and
	hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
Shift	May include weekend scheduling; on-call duty, emergency response and paid
	overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended
	to limit management from assigning other work as desired.
CONTACT INFORMATION	V
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JOB TITLE	Field Technician III
DEPARTMENT	Operations
STATUS	
Supervisor's Title	Area Manager
JOB SUMMARY	Responsible for maintaining and cleaning water/wastewater systems; identifying water meter equipment problems; and performing water meter and/or system maintenance activities.
ESSENTIAL FUNCTIONS	 Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains Maintains and tests water meters; performs new meter installation. Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation. Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic pluming tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools. Inspects area for cross connection violations and other unsafe conditions. Maintains accurate and up-to-date records. Documents customer interaction and Field Activities in CC&B. Acts as liaison between the customers and customer service personnel for problem/complaint resolution. Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters. Provides on-site customer communication. Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	 May assist AM with overseeing the daily tasks of other field technicians. May assist with repairs of water/wastewater treatment plant equipment. May walk 5 – 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. Determines consistency of meter readings; reports unusual cases of water usage to supervisor. Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. Indicates irregularities on forms for necessary action by servicing department. Turns off service for nonpayment of charges in vacant premises, or on for new occupants. Assists with ordering parts and job costing. Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems. Assists with the installation and disconnection of water meters and sewer services. May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment. May assist in maintaining plant compliance with Federal, state and local regulatory requirements. Performs other related duties as assigned.



COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs
	Preferred: Outlook
ADDITIONAL SKILLS	 Ability to work independently in the absence of supervision. Ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. Ability to motivate others in pursuit of Company goals. Demonstrates initiative to take on new tasks. Possesses strong electrical and mechanical maintenance skills in the area of water and wastewater maintenance and repair, including working knowledge of collection and distribution systems, pumps, motors, controls and piping. Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. Ability to read a variety of water meters. Ability to apply the methods, techniques, tools, equipment and materials used in the repair, installation and testing of water and flow meters. Ability to understand tariffs as they apply to assigned duties. Ability to read maps, electrical schematics, blueprints, etc. Ability to read and transfer digits accurately.
EDUCATION	
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license.
CERTIFICATIONS/ LICENSES	Preferred: Distribution and/or Collections certification as required by State regulatory laws, or the ability to attain certification within 12 months of hire. *May be in the process of obtaining dual certifications or first-level operating license.
Experience	A minimum of three years water meter reading experience preferred, in addition to previous mechanical or maintenance experience; in-depth, working knowledge of water meters, care and operation of a variety of tools and equipment used in maintaining water/wastewater systems, and safe work practices. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.



This description is a working draft, subject to revision.



JOB TITLE	Lead Water/Wastewater Treatment Operator
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	water/wastewater treatment facility. Responsible for maintaining plant compliance with EPA standards and state water Commission. Assists with training of other personnel and leading work crews. Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes and works cooperatively to provide quality seamless utility service. Works with AM and RM to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	 Oversees the operation and maintenance of water/wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. Oversees the organization and delegation of team tasks. Develops and maintains operational records and prepares reports in compliance with regulatory standards. Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment. Installs and repairs pumps, motors, valves and piping; diagnoses, repairs and clarifies aeration equipment, ion exchange bins, filtration equipment and other major apparatuses. Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when non-standard variances are detected. Samples water prior to exiting system. Detects and reports atypical conditions, such as: identifying damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. Cleans and maintains treatment plant, pumping stations and wells. Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. Implements emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol and notifies local emergency responders. Adds chemicals to water by predetermined formula. Maintains minimum inventory levels of these materials. Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts



Additional Responsibilities	 Back-washes filters and basins; handles chlorine in a safe, effective manner, assures proper working order of chlorine-related equipment. Ensures regulatory compliance and adherence to Company policies and standards. Coordinates construction and excavation involved in system repairs; estimates required labor and materials; identifies equipment needed for all projects; orders necessary parts. Maintains a safe working environment and reports safety concerns to Area Manager. Trains personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures. Ensures all operators are equipped with necessary tools, parts and safety equipment to work effectively. Stays abreast of Federal, State and local regulations and environmental guidelines regarding water/wastewater treatment and distribution. May assist with training personnel on safety procedures. Assists with overseeing and inspections of local construction projects.
RESPONSIBILITIES	 Assists with the development of short and long term plans for operation of facilities, including contingency plans as well as plant and equipment removal/replacement. Assists with the design and construction of extension and improvement projects. Provides on-site customer communication. Acts as liaison between the customers and customer service. Responds to requests and inquiries from the general public. Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs
ADDITIONAL SKILLS	 Preferred: Outlook, Internet Explorer Ability to work independently and under limited supervision. Demonstrates initiative to take on new tasks. Ability to mentor and guide co-workers to increase skill level, morale and efficiency. Ability to motivate others in pursuit of Company goals. Ability to read meters, charts and gauges and accurately maintain records of plant operations. Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. Ability to review, classify, categorize, prioritize and/or analyze data. Ability to keep accurate records and prepare and submit accurate reports. Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies.



	 Ability to follow verbal and written instructions. Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	
CERTIFICATIONS/LICENSES	Required: Must hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment; must maintain a valid driver's license.
Experience	Requires a minimum of 5 years progressive experience working in utility management or the utility industry. Requires knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water/wastewater facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment; operates and oversees the use of heavy equipment, including agricultural sludge spreaders.
TRAVEL REQUIRED	Within service area.
Shift	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required. Requires 24 hour responsiveness to various situations.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Project Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for all water and wastewater utility construction projects from initial contract negotiations through warranty termination.
ESSENTIAL FUNCTIONS	 Oversees complex technical projects, adhering to strict goals and deadlines. Creates and maintains activity and progress reports for internal and external customers. Responsible for all project development. Hires, directs, evaluates and disciplines Construction Inspectors. Obtains engineering proposals, monitors project budgets, construction activity and coordinates timing with operations. Tracks all budget related information, such as hours worked and expenses, etc. Coordinates all daily activities and personnel for each project. Processes paperwork, including invoices, for each project in a timely manner and submits to Regional Director. Ensures the success of projects, while remaining in line with time and budget parameters. Notifies management staff of any current or pending escalations relating to projects, or items that could impact the success of projects. Coordinates and completes the work necessary to obtain approval on emergency projects.
ADDITIONAL	 Assists AM & RM with forecasting and planning capital projects
RESPONSIBILITIES	 up to 5 years in advance. Attends project team status meetings as required. Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel, Outlook; ability to learn internal
	software programs Preferred: PowerPoint and Explorer
ADDITIONAL SKILLS	 Ability to calculate basic mathematical equations. Ability to read and interpret soil and hydro-geological reports and maps. Ability to complete work that will ensure the approval of all capital projects in a timely manner. Ability to keep accurate records and prepare and submit accurate reports. Ability to follow verbal and written instructions. Excellent organizational and problem solving skills, including negotiating, decision-making research and analysis, and interpersonal skills.



EDUCATION	
	similar field. Preferred: MS or MBA
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license
Experience	Requires a minimum of 3 years engineering experience, preferably related to water and/or wastewater projects and design.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (50 lbs.), walking (2+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Within the region; up to 25% for training, meetings, project management, etc.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Regional Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	
Essential Functions	 Oversees plant operations and maintenance, customer contact and capital planning. Provides support and follow up to Area Managers. Maintains accurate and timely reports, records and permits associated with facility operations and customer relations, ensuring they meet compliance regulations. Assists Regional Director in the development and implementation of operational and regional strategies. Ensures water and wastewater quality consistently meet Federal, state and local laws. Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations. Provides expertise as required to maintain compliance with local, state, regional and Federal regulatory requirements regarding water/wastewater treatment and distribution. Offers opportunities to increase efficiency by identifying and implementing operational cost saving ideas. Serves as the contact for inquiries regarding operational issues; answers routine and ad hoc information requests that are regional or unit-specific in nature. Responsible for safety and maintaining a safe work environment. Oversees the training of personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures, in addition to safety policies and procedures. Drives revenue by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	 Provides leadership and guidance in energy management. Acts as point of contact with developers, engineers, consultants, regulators and customers. Assists Regional Director in executing any additional assigned duties. Meets Company goals and objectives in conformance with budgetary guidelines.
	Performs other related duties as assigned.



Preferred: PowerPoint, Outlook and Explorer ADDITIONAL SKILLS Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. Ability to keep accurate records and prepare and submit accurate reports. Ability to follow verbal and written instructions. Ability to provide for safe working conditions for fellow workers. Ability to provide for safe working conditions for fellow workers. Ability to understand and implement a variety of the field's concepts, practices and procedures. Ability to understand and implement a variety of the field's concepts, practices and procedures. Ability to notivate others in the pursuit of Company goals. EDUCATION Required: Bachelor's degree in Business, Engineering, Environmental Science or similar field, or a combination of education and experience. Preferred: Completion of multiple utility industry related courses, seminars, management and/or supervisory training. CERTIFICATIONS/LICENSES Required: Must maintain a valid driver's license. Preferred: Ability to hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment. EXPERIENCE Requires a minimum of 7 years progressive experience working in utility management or the utility industry. Requires extensive knowledge and experience in the operations, maintenance and processes of water' wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/ wastewater regulations; knowledge of local, state and Federal water/ wastewater regulations; knowledge of local, state and Federal water/ wastewater regulations; knowledge of lo	COMPLETED SETTED	D
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CONTACT INFORMATION	EQUIPMENT USED	water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes. Light to moderate physical activity; requires normal hearing and vision. PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
	Equipment Used Travel Required	water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes. Light to moderate physical activity; requires normal hearing and vision. PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment. Within region. This document describes typical duties and responsibilities and is not



JOB TITLE	Warehouse Clerk
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Manager
JOB SUMMARY	Responsible for maintaining the inventory and allocation of commonly used supplies and equipment from the warehouse to local operations staff and other special projects as needed.
Essential Functions	 Manages warehouse facility, including minor grounds upkeep. Orders all supplies and chemicals through assigned vendors. Receives, processes and unpacks supplies; verifies correctness of shipments against purchase orders; maintains records regarding discrepancies and/or damaged merchandise and works with vendor to correct issues. Ensures safe loading and unloading of supplies. Manages distribution record of items received by operations staff for Company facilities. Coordinates inspection of fire extinguishers returned by field staff. Follows established safety policies and procedures to ensure safe work environment. Maintains warehouse facility and equipment in a clean and orderly condition.
ADDITIONAL	Assists RM with performing price comparisons with competing
RESPONSIBILITIES	vendors to select most cost efficient option for the region.
COMPUTER SKILLS	Performs other duties as assigned. Required: MS Word, Excel Preferred: Outlook, Explorer, Filemaker Pro; familiarity with Mac computers would be helpful.
ADDITIONAL SKILLS	 Ability to work independently in the absence of supervision. Ability to effectively communicate and interact with other employees. Ability to receive, track and distribute materials, supplies and equipment. Ability to read, write, sort, check, count and verify numbers. Ability to prepare routine administrative paperwork. Ability to understand and follow safety procedures.
EDUCATION	Required: HS Diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. Preferred: Forklift certification
Experience	Previous warehouse work is preferred, including shipping and receiving.



PHYSICAL DEMANDS	Requires the ability to lift and move heavy and/or bulky items and
•	to push, pull, lift and/or carry up to 50 lbs; ability to climb ladders in
	order to stock supplies; ability to remain standing in an upright
	position for an extended period of time. Also requires
EQUIPMENT USED	Riding forklift, walk-behind electric and manual pallet jack, pivot
	davit (crane) with hoist; PC and/or laptop, copy/fax/scan machine,
	telephone and other general office equipment.
SHIFT	This is a part-time position; Monday - Friday, 8am - 12pm with
	minor variations.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not
	intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Administrative Assistant
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Director or Regional Manager
JOB SUMMARY	Under direct supervision of the Regional Director, provides administrative and secretarial support to the Regional Director and Regional Managers.
ESSENTIAL FUNCTIONS	 Coordinates and performs a wide range of staff and/or operational support activities for the region; assists visitors, resolves and/or refers administrative problems and inquiries. Schedules and organizes meetings, conferences, interviews and/or other events; distributes information or invitations; prepares agendas, notices, minutes and resolutions for meetings. Performs complex and confidential administrative functions, including written correspondence, reports, spreadsheets and other documents. Responds to routine external correspondence. Assists with arranging travel plans and itineraries for the RD, RM and others. Establishes, maintains and updates files, databases, reports, and/or other documents. Performs routine analyses and calculations in the processing of data for recurring internal reports. Prepares or assists with the preparation of scheduled and/or ad hoc statistical and narrative reports; performs basic information gathering and analysis and/or forecasting, as specifically directed. Sorts, reviews and distributes incoming and outgoing mail; composes, prepares and ensures timely responses to a variety of routine written inquiries. Serves as liaison with regional companies in the resolution of day-to-day administrative and operational problems. Uses the internet and historical documents to perform research. Maintains office supplies, maintenance of office equipment and other services.
ADDITIONAL RESPONSIBILITIES	 Assists RD and RM with calendar management; coordinates daily, weekly and monthly schedules; schedules daily meetings and appointments as requested. Assists management and staff in problem solving, project planning and development and execution of stated goals and objectives.
	 Assists with special projects as needed. May assist other operational staff depending on workload. Performs other related duties as assigned.



COMPUTER SKILLS	1 1
	software programs
	Preferred: Visio
ADDITIONAL SKILLS	 Must have high level of interpersonal skills to handle sensitive and confidential information and situations. Position continually requires demonstrated poise, tact and diplomacy. Adapts to changes in work environment, manages competing demands and is able to deal with frequent change, delays or unexpected events. Ability to multitask in a fast-paced environment. Ability to communicate and work professionally with senior level management and external contacts. Demonstrates accuracy and thoroughness and monitors own work to ensure quality. Work requires continual attention to detail in composing, typing and proofing materials, establishing priorities and meeting deadlines. Identifies and resolves problems in a timely manner and gathers and analyzes information skillfully. Ability to develop a working knowledge of regulations, policies and procedures involved in the administration of the utility systems.
EDUCATION	Required: HS Diploma or GED Preferred: Associates Degree in business related field
CERTIFICATIONS/LICENSES	
	Required: Valid driver's license
EXPERIENCE	A minimum of 1-2 years previous experience in an administrative role or similar position.
PHYSICAL DEMANDS	vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Accounts Payable/Receivable Clerk
DEPARTMENT	Operations - BioTech
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Maintains accounts payable and receivable records, including editing, checking and preparing accounts receivable entries and tabulating control statistics.
ESSENTIAL FUNCTIONS	 Processes AP and AR for BioTech. Performs data entry of AP and AR invoices and journal entries. Enters and posts daily cash receipts. Accepts vendor payments and supplies receipt of payment; maintains copies of all cash receipts for reconciling. Maintains sole responsibility of cash drawer, i.e. opening/closing, deposit/tender controls and balancing of each. Endorses checks daily with proper endorsing equipment. Prepares daily cash deposits and delivers to bank; obtains receipt of all bank transactions. Contacts vendors with payment discrepancies and/or to verify remittance information. Researches payment inquiries, provides copies of cancelled checks as proof of payment. Responds to vendor and staff inquiries and answers AP/AR related questions. Maintains AP/AR reports, spreadsheets and files.
ADDITIONAL	Prepares analysis of accounts as required.
RESPONSIBILITIES	 Assists with receiving checks, processing utility invoices, proofing AP/AR and filing journal entries. Assembles and processes overnight shipments, as needed. Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: JD Edwards, CC&B, Outlook, Internet Explorer
ADDITIONAL SKILLS	 Friendly, customer service focus. Ability to effectively prioritize and manage day-to-day tasks in an efficient manner. Reliable, self-motivated and well organized. Strong written and verbal communication skills. Maintains confidentiality.
EDUCATION	Required: HS Diploma or GED Preferred: Associate's Degree or equivalent



CERTIFICATIONS/LICENSES	Required: Valid Driver's License, safe driving record and proof of valid insurance.
EXPERIENCE	2 - 3 years related experience and/or training. Requires general knowledge of accounts receivable and bookkeeping skills.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision and ability to lift and transport daily mail.
_	PC and/or laptop, endorsing machine, copy/fax/scan machine, telephone and other general office equipment.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Accounts Receivable Clerk
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Office Manager
JOB SUMMARY	Maintains accounts receivable records, including editing, checking and preparing accounts receivable entries and tabulating control statistics.
Essential Functions	 Processes AR for multiple states. Performs data entry of AR invoices, journal entries, cash book entries and customer address/contact information changes. Enters and posts daily cash receipts. Accepts customer payments and supplies receipt of payment; maintains copies of all cash receipts for reconciling. Maintains sole responsibility of cash drawer, i.e. opening/closing, deposit/tender controls and balancing of each. Endorses checks daily with proper endorsing equipment. Prepares daily cash deposits and delivers to bank; obtains receipt of all bank transactions. Contacts customers with payment discrepancies and/or to verify remittance information. Reviews customer accounts with customers and Regional Office Manager. Researches payment inquiries, provides copies of cancelled checks as proof of payment. Researches and processes payment related items. Responds to customer and regional staff inquiries and answers AR questions related to processed payments. Prepares written notification to customers when payment cannot be processed for various reasons. Forwards all customer correspondence to branch offices daily. Maintains AR reports, spreadsheets and files.
ADDITIONAL	 Prepares analysis of accounts as required.
RESPONSIBILITIES	 Assists with receiving checks, processing utility invoices, proofing AR and filing journal entries. Assembles and processes overnight shipments, as needed. Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs
	Preferred: JD Edwards, CC&B, Outlook, Internet Explorer
ADDITIONAL SKILLS	 Friendly, customer service focus. Ability to effectively prioritize and manage day-to-day tasks in an efficient manner.



	 Reliable, self-motivated and well organized. Strong written and verbal communication skills. Maintains confidentiality.
EDUCATION	Preferred: Associate's Degree or equivalent
CERTIFICATIONS/LICENSES	Required: Valid Driver's License, safe driving record and proof of valid insurance.
Experience	2 - 3 years related experience and/or training. Requires general knowledge of accounts receivable and bookkeeping skills.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision and ability to lift and transport daily mail.
EQUIPMENT USED	telephone and other general office equipment.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Regional Executive Assistant
DEPARTMENT	Operations
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STATUS	Non-Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Under direct supervision of the RVP, provides administrative and secretarial support to the RVP. Organizes and expedites flow of work through the office; coordinates special projects with regional staff.
ESSENTIAL FUNCTIONS	 Manages the RVP's calendar; coordinates daily, weekly and monthly schedules; schedules daily meetings and appointments. Arranges detailed travel plans and itineraries for the RVP. Organizes meetings, conferences and/or events by arranging facilities and caterers and issuing information or invitations; prepares agendas, notices, minutes and resolutions for meetings. Performs complex and confidential administrative functions, including written correspondence, reports and other documents. Responds to routine external correspondence. Types memos, purchase requisitions, payment requests and other department forms and documents. Prepares the RVP's expense reports. Reviews and summarizes miscellaneous reports, presentation materials and other documents; prepares background documents as necessary. Completes inquiry forms; analyzes resolves and distributes forms for resolution. Provides follow up on information requests, projects and pending matters with limited direction. Maintains regional headcount and organizational chart. Maintains regional filing system for records, reports and other documents. Acts as liaison between executive staff and others, including PUC, county and other government officials, as well as community and political leaders.
ADDITIONAL	 Acts as receptionist to the RVP's office; screens calls for executive
Responsibilities	staff; relays messages or directs callers to appropriate personnel; responds to emergency calls. Attends internal and external meetings and takes minutes as requested; transcribes and disseminates minutes to executive staff; prepares agenda for staff meetings. Assists office staff with JDE and other computer issues.
	Prepares various documents and forms upon request.
	Researches and analyzes projects as assigned.
	 Makes photocopies, faxes documents and performs other clerical functions.
	Performs other related duties as assigned.



COMPUTER SKILLS	Required: MS Office; ability to lean internal software programs Preferred: Visio, JD Edwards, CC&B
ADDITIONAL SKILLS	 Must have high level of interpersonal skills to handle sensitive and confidential information and situations. Position continually requires demonstrated poise, tact and diplomacy. Adapts to changes in work environment, manages competing demands and is able to deal with frequent change, delays or unexpected events. Highly organized and ability to multitask in a fast-paced environment. Ability to communicate and work professionally with senior level management and external contacts while under pressure. Excellent written and verbal communication skills. Demonstrates accuracy and thoroughness and monitors own work to ensure quality. Work requires continual attention to detail in composing, typing and proofing materials, establishing priorities and meeting deadlines. Strong decision-making ability. Identifies and resolves problems in a timely manner and gathers and analyzes information skillfully. Ability to develop a working knowledge of regulations, policies and procedures involved in the administration of the utility systems.
EDUCATION	Required: HS Diploma or GED Preferred: Associates Degree in business related field
CERTIFICATIONS/LICENSES	Required: Valid driver's license Preferred: Executive Assistant certification, or similar certification
EXPERIENCE	A minimum of 3 – 5 years previous experience as an Executive Assistant, or similar position, providing support at the executive level. Requires knowledge of regulatory and corporate policies and practices.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Regional Office Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for overall regional office activities, including customer service, accounts receivable, phone reception, mail, purchasing requests and assisting local facilities.
ESSENTIAL FUNCTIONS	 Manages customer service team and regional office staff; hires, directs, evaluates, promotes and disciplines subordinate employees. Responds to and resolves employee relations issues expressed by team members; creates and maintains a high quality work environment so team members are motivated to perform at their best level. Addresses disciplinary and/or performance problems according to Company policy. Oversees and coordinates overall administrative activities for the regional offices. Oversees the organization and delegation of team tasks. Assumes, assigns or re-assigns responsibilities temporarily as necessary. Maintains effective customer service and resolves escalated customer calls. Provides training to regional office staff and CSR's in the areas of billing, tariff compliance, rate case preparation, reporting and customer service. Maintains tap records, tracks Rule 9 apportionments and sewer deposits, and requests reapportionment refunds from Corporate. Manages the reception area to ensure effective telephone and mail communications both internally and externally to maintain a professional image. Supervises the maintenance of office areas and premises. Informs management by reviewing and analyzing special reports, summarizing information and identifying trends. Negotiates the purchase of office supplies and equipment for the regional office staff in accordance with company purchasing policies and budgetary restrictions. Supervises the maintenance of office equipment, including copy/fax machines, etc. Provides continual evaluation of processes and procedures; evaluates existing systems and tools and provides feedback for future improvements. Establishes work procedures and processes that support Company and departmental standards, procedures and strategic directives. Responsible for suggesting methods to improve area operations, efficiency and service to customers<
ADDITIONAL	 May serve as liaison between Public Utilities Commission and regional
RESPONSIBILITIES	office regarding customer service issues; maintains files for commercial



	and developer agreements.
	Follows pre-established guidelines in emergency situations.
	Participates in special projects as needed.
	Performs other duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel, Outlook
	Preferred: Internet Explorer, JD Edwards, CC&B, AccuTerm
ADDITIONAL SKILLS	Maintains high level of confidentiality.
	Communicates clearly and effectively, both verbally and in writing.
	Ability to coach employees through complex, difficult and emotional
	issues.
	Ability to implement recommendations to effectively resolve problems
	or issues by using judgment that is consistent with standards, practices,
	policies, procedures, regulation or government law.
	Excellent organizational and interpersonal skills.
	 Ability to delegate responsibility and authority to maximize use of
	employees' skills.
	 Demonstrates accuracy and thoroughness and monitors own work to
	ensure quality; detail oriented.
	Friendly, customer service focus.
	Ability to work equally well in a leadership role, within a team
	environment and independently.
	Ability to motivate others in pursuit of Company goals.
	Ability to promote positive morale and teamwork among staff while
	maintain a professional work environment.
	Ability to specify goals and effectively achieve them.
	Ability to provide vision and leadership.
EDUCATION	Associates Degree in Accounting, Business Administration or other
	business related field is preferred.
EXPERIENCE	Requires a minimum of 5 years experience in customer service or
	administrative services related area. Familiar with standard concepts,
	practices and procedures related to customer service. 3 years of previous
	supervisory experience is preferred. Experience in a public utility customer
Dinorgas Davidas	service work is highly desirable.
PHYSICAL DEMANDS	Light to moderate physical activity, ability to lift approximately 15-20 lbs.;
For any Francis	requires normal hearing and vision
EQUIPMENT USED	
	telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not
	intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Regional Vice President
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Chief Operating Officer
JOB SUMMARY	Responsible for directing the safe, efficient and profitable operation of assigned region's assets. Works with Regional Managers, Regional Director, Regional Business Manager, Regional Compliance & Safety Manager and Regional Office Manager to ensure continuity of processes, goals and vision of UI.
Essential Functions	 Oversees all operations of the regional offices. Drives profitability by effectively challenging and motivating employees. Develops capital plan to meet customer growth and maintenance requirements and adherence to that plan. Monitors and executes approved capital plan and operating budget. Leads operations team to be in compliance with all applicable local, state and federal regulations. Ensures and promotes a safe work environment for all employees. Analyzes margins to ensure efficient operations. Manages and provides leadership to regional staff. Serves as the regional ambassador and local company contact for customers, community organizations, state commissions and representatives; manages UI's relationship with communities by attending local and regional community events. Maintains profit and loss responsibility for assigned region(s). Oversees new business development. Supports the CEO, COO, CFO and CRO (Executive Team) to achieve the Company's goals and objectives.
ADDITIONAL RESPONSIBILITIES	 Performs strategic planning for operations and provides input and assists the Executive Team on policy issues. Serves as main contact for local media and manages relationship. Stays abreast of local environment and upcoming regulation changes. Meets Company goals and objectives in conformance with budgetary guidelines. Ensures assets are maintained in good operating condition. Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office, Outlook, Explorer Preferred: PowerPoint, JD Edwards
Additional Skills	 Able to maintain confidential information. Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. Experience in strategic planning and execution. Knowledge of contracting, negotiating and change management. Knowledge of finance, accounting, budgeting and cost control principles including Generally Accepted Accounting Principles.



	 Exceptional organizational and analytical skills and experience interpreting a strategic vision into an operational model. Ability to provide vision and leadership. Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. Ability to objectively coach employees and managers through complex, difficult and emotional issues. Ability to define specific problems and offer variable solutions. Ability to implement recommendations to effective resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. Ability to specify goals and effectively achieve them. Exceptional verbal and written communication skills. Ability to motivate others in pursuit of Company goals; strong leadership skills. Ability to understand and implement a variety of the field's concepts, practices and procedures. Ability to keep accurate records and prepare and submit accurate reports. Detail oriented with ability to see the big picture.
EDUCATION	
CERTIFICATIONS/LICENSES	Required: Valid driver's license Preferred: Evidence of having obtained certification in plant or system operations in one or more states.
Experience	Minimum 10 years experience with water and/or wastewater utility management, or equivalent, with increasing levels of responsibility. Requires extensive knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of all local, state and Federal water/wastewater tariffs, regulations and laws pertaining to the assigned region.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/BlackBerry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
Travel Required	Frequent travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Regional Business Operations Manager
DEPARTMENT	Operations
STATUS	
	Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Provides analytical and business support to the Regional Vice President, including cash maintenance and planning, etc. Works with Regional Director and Regional staff to assure continuity of processes, goals and vision of Utilities, Inc.
Essential Functions	 Directs the annual regional financial budgeting process, including an array of excel based statistical and financial reports, which are used internally and/or distributed to the Corporate office. Coordinates the annual regional capital project planning effort. Manages monthly regional capital spending and financial reforecasting efforts, including preparing all corporate schedules. Evaluates and reports on monthly and YTD regional financial performance results vs. budget and prior year's results. Reviews progress of monthly capital spending to ensure regional conformity to projected budgetary goals. Responsible for the accuracy of regional financial reporting. Drives revenue and cost savings by effectively challenging and motivating employees. Coordinates miscellaneous initiatives assigned to region.
ADDITIONAL	- Assists in the determination of monthly regional Operations &
RESPONSIBILITIES	Maintenance posting validity and suggests corrective measures where necessary. Assists with the completion of special projects for the Corporate Operations Support Team. Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office, Outlook, Explorer
	Preferred: PowerPoint, JD Edwards
Additional Skills	 Able to maintain confidential information. Experience in strategic planning and execution. Knowledge of contracting, negotiating and change management. Knowledge of finance, accounting, budgeting and cost control principles including Generally Accepted Accounting Principles. Knowledge of automated financial and accounting reporting systems. Knowledge of Federal and State financial regulations. Ability to analyze financial data and prepare financial reports, statements and projections. Exceptional analytical skills and experience interpreting a strategic vision into an operational model.



	1 20 20 20 20 20 20 20 20 20 20 20 20 20
	 Excellent analytical, communication and organizational skills. Proven ability to motivate others in pursuit of Company goals. Ability to understand and implement a variety of the field's concepts, practices and procedures. Ability to keep accurate records and prepare and submit accurate reports. Detail oriented. Ability to develop and maintain effective working relationships with a wide variety of individuals.
EDUCATION	
Experience	Minimum 3 years business and finance or accounting experience, preferably in water / wastewater utility management, with increasing levels of responsibility.
PHYSICAL DEMANDS	vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
Travel Required	Occasional travel will be required as necessary.
Additional Comments	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



The Terms	Regional Compliance & Safety Advisor
JOB TITLE	BANKE ON THE STATE OF THE STATE
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Responsible for developing and administering safety programs, as outlined in the UI Safety Manual, and to ensure compliance with all Company, local, state and federal regulations for all employees and facilities located within assigned region(s).
ESSENTIAL FUNCTIONS	SAFETY: Coordinates all safety and compliance initiatives with RVP, RD, Corporate Compliance & Safety Coordinator and managers. Ensures every location conducts monthly safety meetings involving all employees; collects and files attendance forms. Works with all regional facilities to ensure safe working conditions and interact with team members and management to continually reinforce safe work practices, pointing out both the issues and encouraging positive behavior. Promotes good safety culture. Ensures all safety plans and programs are implemented, reviewed and updated according to changes in regulations or process/policy/equipment. Performs local safety inspections and training. Investigates accidents and injuries and recommends ways to avoid reoccurrence. Assists with all regional accident and injury claims. Oversees and assists managers with annual facility inspections and follow-ups. Performs facility safety inspections on newly acquired facilities and/or properties, within assigned region. Provides inspection reports to RD and CCSC. Ensures that correct PPE for all job tasks are provided with associated training. Ensures that drivers comply with all safety regulations and that monthly vehicle inspection forms are completed by all employees that drive a Company vehicle. Actively participates in safety committee meetings. COMPLIANCE: Ensures compliance with applicable OSHA, EPA, NIOSH, state departments of health and public service commissions' standards. Communicates regularly with employees and management to ensure assigned region operates in compliance with all local, state and federal regulations. Monitors monthly DMR's and all water results for issues.
	 Tracks implementation of capital projects to ensure compliance (e.g., radium, arsenic, etc.).



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	Performs follow-up on all non-compliance advisories to address the
5	specific issue and any underlying issues.
	 Negotiates and tracks consent orders/compliance schedules to assure
	timely completion and closure.
	Provides reports to senior management to demonstrate compliance
	assurance.
	Maintains files on Notice of Violations, inspection reports, etc. for all
	facilities and Company response.
	 Compiles annual Consumer Confidence Report and any customer
	notifications regarding water quality.
	Acts as liaison to Corporate Compliance & Safety Coordinator to
	implement standardized practices, policies and procedures.
	Stays abreast of upcoming regulations and works with Operations
	Support team to evaluate their impact on UI operations and capital
	planning.
ADDITIONAL	Performs employee job safety observations as needed.
RESPONSIBILITIES	Conducts or assists managers with New Employee Safety Orientation
THE ST CHAIDED THE	for all new hires prior to entering the workplace.
	Assists managers with general and specific security concerns.
	Ensures that all documents regarding the safety program are completed
a a	and filed appropriately.
	Performs other related duties as assigned.
COMPUTER SKILLS	
COMPUTER SMILLS	Preferred: PowerPoint, Outlook and Explorer
ADDITIONAL SKILLS	Strong written and verbal communication skills; previous public
ADDITIONAL SAILES	speaking experience required.
	Excellent analytical, communication and organizational skills.
	Proven ability to motivate others in pursuit of Company goals.
	Ability to understand and implement a variety of the field's concepts,
	practices and procedures.
	Relies on previous experience and judgment to plan and accomplish
	goals.
EDUCATION	
EDOCATION	related field, or the equivalent in related work experience demonstrating
	the ability to manage compliance and safety programs, as well as incident
	investigations.
CERTIFICATIONS/LICENSES	Required: Valid driver's license
CERTIFICATIONS/ EICENSES	Preferred: Certified Safety Professional, OSHA 30-hour course, Operator
	certification(s) in water and/or wastewater
EXPERIENCE	Requires a minimum of 5 year regulatory compliance and/or safety
LM LIGHTON	experience and an in-depth and up-to-date knowledge of relevant codes
	and standards associated with regulatory agencies such as OSHA, EPA,
	etc. One or more years of experience in environmental health and safety,
	or the equivalent in related work experience, demonstrating experience in
	aggressive worker's compensation claims management is preferred.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EU ISICAL DEMANDS	right to moderate physical activity, requires normal hearing and vision.



EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax machine, telephone and other general office equipment.
Travel Required	Frequent travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Regional Director
DEPARTMENT	Operations
STATUS	
Supervisor's Title	Regional Vice President
JOB SUMMARY	Responsible for directing the safe and efficient operation of all Utilities, Inc. subsidiaries in assigned region. Oversees all areas of operations: water, wastewater, customer service, development, etc.
Essential Functions	 Monitors financial performance on a regional and business unit basis. Leads operations team to be in compliance with all applicable local, state and federal regulations. Manages the preparation and execution of all rate case, pass-through and indexing activity, changes to service territory, and any other PSC related activities in coordination with the company's regulatory department. Oversees the development and execution of developer agreements, including payment of fees. Oversees the maintenance of facilities, company vehicles, tools and equipment to guarantee they are in good operating condition. Develops, monitors and executes approved capital plan and operating budget. Provides stewardship of legal issues. Coordinates with the VP of Corporate Development regarding potential acquisitions and divestitures. Provides information to corporate headquarters and to staff in a timely and comprehensive manner. Recruits, retains, manages and provides leadership for regional operations staff. Provides direction and directives to the operations staff in the performance of their duties, establishing work priorities and in achieving management initiatives. Drives revenue by effectively challenging and motivating employees.
ADDITIONAL	Develops and maintains positive relationships with community.
RESPONSIBILITIES	 Remains up to date on new and revised regulations that may impact the company. Maintains assets in good operating condition. Develops familiarity with other regulated industries.
COMPUTER SKILLS	Required: MS Word, Excel, PowerPoint, Outlook and Explorer
ADDITIONAL SKILLS	 Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. Ability to provide vision and leadership. Ability to objectively coach employees and managers through complex, difficult and emotional issues. Ability to define specific problems and offer variable solutions.



	 Ability to implement recommendations to effective resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. Ability to specify goals and effectively achieve them. Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. Ability to keep accurate records and prepare and submit accurate reports. Ability to follow verbal and written instructions. Ability to provide for safe working conditions for fellow workers. Must have ability to effectively communicate with other employees and the public. Ability to understand and implement a variety of the field's concepts, practices and procedures. Ability to motivate others in the pursuit of Company goals. Excellent analytical, communication and organizational skills. Ability to read and comprehend maps, plans and surveys.
EDUCATION	Required: Bachelors Degree or a combination or related experience and
CERTIFICATIONS/LICENSES	education. Preferred: MBA Required: Valid driver's license Preferred: Evidence of having obtained certification in plant or system operations in one or more states.
Experience	Minimum 9 years experience with water and/or wastewater utility management with increasing levels of responsibility. Knowledge of all local, state and federal tariffs, regulations and laws pertaining to the assigned region. Experience in strategic planning and execution is strongly preferred.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



JOB TITLE	Lead Customer Service Representative
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Customer Service Supervisor
Job Summary	Responsible for assisting the Customer Service Supervisor with daily responsibilities, including leading a team of CSR's, OJT training, new-hire training and performance feedback. Responds to inquiries received through phone, mail and/or face-to-face contact with customers by following standard scripts and procedures. Uses a computer system to track questions and answers as well as enter orders. Responds to inquiries requiring written response with the use of standard form letters. Works under limited supervision.
Essential Functions	 Answers all incoming calls from customers and resolves billing and service issues. Responds to customers in person, via telephone or written correspondence in a quick and accurate manner, in regards to routine customer requests, inquiries and complaints. Acts as primary point of contact for department in the absence of Customer Service Supervisor. Approves CSR adjustments on a daily basis, prior to posting. Oversees the maintenance of files for customer correspondence, legal notices, reports and other records. Tracks all reporting and filing for the department. Acts as liaison between customers and service operators to resolve service issues to ensure customer satisfaction.
ADDITIONAL RESPONSIBILITIES	 Assists supervisor in resolving escalated customer calls and complex issues. Oversees bank deposits. Opens and closes customer accounts. Generates field activities to document and take ownership of customer complaints in order to obtain a resolution to issues. Requests shut off door tags and monitors system-generated shut off field activities for non-payment; makes payment arrangements when possible. Processes customer payments and maintains the requisite financial tracking systems. Initiates and terminates service as required. Reviews various billing reports to resolve issues prior to billing. Reviews receivable shut-off reports and takes appropriate action. Files liens where appropriate. Applies tariffs for the areas assigned. May scan customer payments Performs other duties as assigned.



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COMPUTER SKILLS	
	Preferred: Outlook, Explorer, JD Edwards, CC&B, AccuTerm
ADDITIONAL SKILLS	 Preferred: Outlook, Explorer, JD Edwards, CC&B, Accu Term Ability to work independently and under limited supervision. Ability to successfully research and resolve customer issues with minimal assistance. Demonstrates initiative to take on new tasks. Ability to mentor and guide co-workers to increase skill level, morale and efficiency. Friendly, customer service focus. Ability to effectively prioritize and manage day-to-day tasks in an efficient manner. Reliable, self-motivated and well organized. Strong written and verbal communication skills. Ability to motivate others in pursuit of Company goals. Ability to multitask in a fast-paced environment. Excellent organizational and interpersonal skills. Demonstrates accuracy and thoroughness and monitors own work to ensure quality. Detail oriented.
	 Ability to work within a team environment, as well as independently. Maintains high level of confidentiality.
EDUCATION	Required: HS Diploma or GED
	Preferred: Associates Degree in accounting, business administration or other business related field
EXPERIENCE	3 - 5 years experience in customer service or related area. Familiar with standard concepts, practices and procedures related to customer service. Relies on experience and judgment to plan and accomplish goals.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	PC and/or laptop, copy/scan/fax machine, telephone and other general office equipment.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	



18 43	
JOB TITLE	Customer Service Representative I
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Customer Service Supervisor
JOB SUMMARY	Responds to inquiries received through phone, mail and/or face-to- face contact with customers by following standard scripts and procedures. Uses a computer system to track questions and answers as well as enter orders. Responds to inquiries requiring written response with the use of standard form letters. Works under direct supervision.
ESSENTIAL FUNCTIONS	 Answers all incoming calls from customers and resolves billing and service issues. Responds to customers in person, via telephone or written correspondence in a quick and accurate manner, in regards to routine customer requests, inquiries and complaints; forwards complex issues on to CSR II, Lead CSR or supervisor. Opens and closes customer accounts. Reviews customer correspondence. Generates field activities to document and take ownership of customer complaints in order to obtain a resolution to issues. Acts as liaison between customers and service operators to resolve service issues to ensure customer satisfaction. Requests shut off door tags and monitors system-generated shut off field activities for non-payment; makes payment arrangements when possible. Processes customer payments and maintains the requisite financial tracking systems. Initiates and terminates service as requested.
ADDITIONAL	Assists with account adjustments as necessary.
Responsibilities	Scans customer payments. Performs other duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel Preferred: Outlook and Explorer
ADDITIONAL SKILLS	 Friendly, customer service focus. Ability to effectively prioritize and manage day-to-day tasks in an efficient manner. Reliable, self-motivated and well organized. Strong written and verbal communication skills. Ability to multitask in a fast-paced environment. Excellent organizational and interpersonal skills. Demonstrates accuracy and thoroughness and monitors own work to ensure quality. Detail oriented.



	 Ability to work within a team environment, as well as independently. Maintains high level of confidentiality.
EDUCATION	
EXPERIENCE	0-1 year of related experience is preferred. Knowledge of commonly used concepts, practices and procedures relating to customer service is helpful. Relies on instructions and pre-established guidelines to perform job functions.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	PC and/or laptop, copy/scan/fax machine, telephone and other general office equipment.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

This description is a working draft, subject to revision.



JOB TITLE	Customer Service Representative II
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Customer Service Supervisor
JOB SUMMARY	Responds to inquiries received through phone, mail and/or face-to- face contact with customers by following standard scripts and procedures. Uses a computer system to track questions and answers as well as enter orders. Responds to inquiries requiring written response with the use of standard form letters. Works under general supervision.
ESSENTIAL FUNCTIONS	 Answers all incoming calls from customers and resolves billing and service issues. Responds to customers in person, via telephone or written correspondence in a quick and accurate manner, in regards to routine customer requests, inquiries and complaints; responds to escalated calls from CSR; forwards complex issues on to Lead CSR or supervisor. Opens and closes customer accounts. Reviews customer correspondence. Generates field activities to document and take ownership of customer complaints in order to obtain a resolution to issues. Acts as liaison between customers and service operators to resolve service issues to ensure customer satisfaction. Requests shut off door tags and issues shut off Service Orders for non-payment; makes payment arrangements when possible. Processes customer payments and maintains the requisite financial tracking systems. Initiates and terminates service as required. Reviews various billing reports to resolve issues prior to billing. Reviews receivable shut-off reports and takes appropriate action. Files liens where appropriate. Applies tariffs for the areas assigned.
ADDITIONAL	May be required to make bank deposits.
RESPONSIBILITIES	 Assists with account adjustments as necessary.
	 Scans customer payments.
	Performs other duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel,
ADDITIONAL SKILLS	Preferred: Outlook, Explorer, JD Edwards, CC&B, AccuTerm Ability to work independently and under limited supervision.
ADDITIONAL SKILLS	 Ability to work independently and under limited supervision. Ability to successfully research and resolve customer issues with some assistance. Demonstrates initiative to take on new tasks.



 Friendly, customer service focus. Ability to effectively prioritize and manage day-to-day tasks in an efficient manner. Reliable, self-motivated and well organized. Strong written and verbal communication skills. Ability to multitask in a fast-paced environment. Excellent organizational and interpersonal skills. Demonstrates accuracy and thoroughness and monitors own work to ensure quality. Detail oriented. Ability to work within a team environment, as well as independently. Maintains high level of confidentiality.
Required: HS Diploma or GED
2 - 5 years experience in customer service or related area. Familiar with standard concepts, practices and procedures related to customer service. Relies on limited experience and judgment to plan and accomplish goals.
Light to moderate physical activity, requires normal hearing and vision
PC and/or laptop, copy/scan/fax machine, telephone and other general office equipment.
This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.

Management maintains the right to assign or reassign duties and responsibilities at any time.

This description is a working draft, subject to retision.



Ton Their	Customer Service Supervisor
JOB TITLE	Customer Service Supervisor
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Customer Care Manager
JOB SUMMARY	Responsible for providing quality and efficient customer service to customers through the daily management of a team of employees, including hiring, motivating, recognition and rewarding, coaching, counseling, training and problem solving. This position will serve as the primary contact for problem resolution and information gathering regarding customer inquiries.
ESSENTIAL FUNCTIONS	 Oversees the organization and delegation of team tasks. Assumes, assigns or re-assigns responsibilities temporarily as necessary. Provides daily direction and communication to employees so that customer service calls are answered in a timely, efficient and knowledgeable manner. Responsible for scheduling customer service representative work schedules. Monitors appropriate usage of overtime by the customer service staff and follows policy regarding overtime. Ensures employees receive appropriate training and other resources to perform their jobs. Analyzes monthly Customer Service reports from Corporate; creates reports as requested. Identifies and informs management of trends by reviewing, analyzing and summarizing special reports. Evaluates the Customer Service Department's effectiveness by reviewing daily, weekly and monthly reports. Maintains commercial and developer agreements, tap records, Rule 9 apportionments and sewer deposits; requests Rule 9 reapportionment refund from Corporate. Conducts monthly audits of monetary transactions. Responds to and resolves employee relations issues expressed by team members; creates and maintains a high quality work environment so team members are motivated to perform at their best level. Addresses disciplinary and/or performance problems according to Company policy. Establishes work procedures and processes that support Company and departmental standards, procedures and strategic directives. Provides continual evaluation of processes and procedures. Responsible for suggesting methods to improve area operations, efficiency and service
	to customers. Resolves escalated customer calls and complex service issues.
ADDITIONAL	May assist with maintaining contact with State public utilities
RESPONSIBILITIES	commissions for the region. Periodically monitors the interaction between CSR's and customers to ensure quality control. Give direction and makes recommendations as necessary.



	 Works to maintain high level of cooperation and proper attitude within the department.
	Executes special projects assigned by ROM.
	Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel, Outlook
	Preferred: Internet Explorer, JD Edwards, CC&B, AccuTerm
ADDITIONAL SKILLS	 Ability to perform all duties of a Customer Service Representative. Communicates clearly and effectively, both verbally and in writing. Ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. Ability to delegate responsibility and authority to maximize use of employees' skills. Ability to implement recommendations to effectively resolve problems or issues by using judgment that is consistent with standards, practices, policies, procedures, regulation or government law. Ability to motivate others in pursuit of Company goals. Excellent organizational and interpersonal skills. Demonstrates accuracy and thoroughness and monitors own work to ensure quality. Detail oriented. Ability to work within a team environment, as well as independently. Maintains high level of confidentiality.
EDUCATION	 Friendly, customer service focus. Associates Degree in business administration or other business related field is
EDOCATION	preferred.
Experience	Requires a minimum of 5 years experience in customer service or related area. Familiar with standard concepts, practices and procedures related to customer service. 2 years of previous supervisory experience is preferred. Experience in a public utility customer service work is highly desirable.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision
EQUIPMENT USED	PC and/or laptop, copy/scan/fax machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

Management maintains the right to assign or reassign duties and responsibilities at any time.

This description is a working draft, subject to revision.

Utilities, Inc. of Florida

Employee

Job Title

Job Descriptions

*Please see attached job

descriptions for duties performed

ERC Methodology

Anderson, Daniel Bailey, Alan Blasco, Christopher Bonagura, John Brown, Donna Callahan, Robert Cardinal, Anthony Carver, Nathaniel

Chard, Ronald Coffee Jr, John Cooper, Robert Durham, Rick Ebert, Shawn Eubanks, Brian

Finch, Allan Finehirsh, Jeffrey Flynn, Patrick Galarza, Richard Gentilucci, Domenic Gongre, Bryan Habery, Stephen Haws, Scotty Hogue, Raymond Hollister, Jimmie Keys, Thomas Leard, Mark Lorenzo, Alexander Marinelli, John McPhee, Allson Morrell, Matthew Neal, William Overton, Michael Parrish, Raymond Pennington, Jonathan Phillips, Christopher Pinder, Jeffrey Remigio, Roberto Richardson, James Schneider, Keith Schwades, Charles Shue, Mickey Sillitoe, Terry Smith, Donald Stewart, Malcolm Swegheimer, James Tzareff, Paul Vanmeter Jr, Nathan White, Ronald Wierzbicki, Anthony Wilson, Michael Worrell, David Wright, Thomas Abbott, Loretta Bennett, Kimberly Ceballos, Isabel Chandler, Matthew Christian, Elise

Dipasquale, Susan Hanks, Peggy Mayeski, Lorie Loeffel, Leanne Noell, Sandra Patricio, Rheginald Raponi Ann Sasic, Karen Sillitoe, Jacqueline Trovinger, Ferrellyn Operator Operator Meter Reader Business Manager Meter Reader Operator Operator Project Manager Cross Connection Specialist Operator Operator Regional Vice President Field Technician Operator Operator Lead Operator Regional Director Field Technician Area Manager Regional Manager Lead Operator Safety Manager Operator Field Technician Lead Operator Field Technician Operator Field Supervisor

Lead Operator Field Technician Area Manager Field Technician Operator Field Technician Operator Field Supervisor Meter Reader Operator Operator Area Manager Field Technician Operator (PT) Field Technician Area Manager Operator Field Technician Lead Operator Field Supervisor Project Manager Regional Manager Operator Field Technician Office Clerk (1)
Customer Service Representative (1)
Customer Service Representative (1) Accounts Receivable Clerk (1)

Customer Service Representative (1)
Staff Assistant (1)
Office Clerk (1) Customer Service Representative (1)
Customer Service Representative (1)
Office Clerk (1)
Accounts Receivable Clerk (1)

Office Clerk (1)
Office Manager (1)
Customer Service Representative (1)

Accounts Payable Clerk (1)

* Allocation method for all employees is based on ERCs. Employee salary allocations by employee are attached. Please note Patrick Flynn's salary allocation is based off the FL ERC count, and John Bonagura's, Scotty Haws's, Rick Durham's, and all customer service salary's (1) alocations are based off the FL and South ERC Count.

State	Company	Business Unit	ERC	% to Total Florida/South		
Florida	00241	241100	2,093.2	2.23%	2.23%	Tierra Verde
	00242 00242	242100 242101		0.14% 0.14%	0.28%	Lake Placid
	00245 00245	245100 245101		8.04% 1.14%	9.18%	Alafaya
	00246	246100	1,745.0	1.86%	1.86%	Longwood
	00248	248100	1,247.0	1.33%		
	00248	248101		1.22%	2.55%	Cypress Lakes
	.00249	249100		1.71%	0.000	
	00249	249101	908.0	0.97%	2.68%	Eagle Ridge
	00250	250100	3,355.0	3.58%	3.58%	Mid-County
	00251	251100	66.0	0.07%		
	00251	251101	43.0	0.05%		
	00251	251102	3,065.1	3.27%		
	00251	251103	2,966.8	3.16%		
	00251	251106	5,684.5		12.60%	LUSI
	00252	252106	1,788.3			
	00252	252107		0.17%		
	00252	252125	1,225.0		4 4007	TIPE D
	00252	252126	1,023.0		4.48%	UIF - Pasco
	00252	252110	1,174.0			
	00252	252111	1,160.5	0.24%		
	00252	252113		0.07%		
	00252	252114		0.11%		
	00252	252115		0.08%		
	00252	252116		0.18%		
	00252	252117		0.37%		
	00252	252118		0.26%		
	00252	252119				
	00252	252121 252122		0.24% 0.27%	4 2007	TITE C
	00252				4.30%	UIF - Seminole
	00252	252123		0.28%	0.300/	TITE O
	00252	252124		0.05%	0.32%	UIF - Orange
	00252 00252	252128 252129		0.46%	0.46%	UIF - Pinellas
	00252	252130		0.08%	0.65%	UIF - Marion
	00252	253101	1,104.7		0.0574	CH - Marion
	00253	253102	1,030.2		2.28%	Miles Grant
				0.21%	2.2070	Miles Grant
	00254 00254	254100 254101		0.79%	1.00%	ACME
	00255	255100	11,797.7	12 58%		
	00255	255101	9,158.0			
	00255	255102		0.00%	22.34%	Sanlando
	00256	256100	1,083.9	1.16%	1.16%	Sandalhaven
	00000		9. Adalasis a	Aprilability (c.		
	00257	257100		0.26%		
	00257	257101	241.0	0.26%	0.51%	Bayside
	00259	259100	781 1	0.83%		
	00259	259101		0.81%	1.64%	Labrador
	00239	2,39101	700.7		1.0470	Lauraudi
	00260	260100	1,465.0	1.56%		
	00260	260101	1,247.0		2.89%	Pennbrooke
	00261	261100	195.2	0.21%		
	00261	261101		0.18%	0.39%	Hutchinson Island

	_	93,816.5	100.00%		00.00%	
		311.0			1.4000	OIL
00357	357104		0.87%	1	1.29%	UIL
00357	357102 357104	4,265.4	1.00%			
00357						
00357	357101	4,575.8	4 9902			
00356	356127	105.0		0.11%	10.93%	LWS
00356	356125	158.0	0.17%			
00356	356124		0.17%			
00356	356122		0.04%			
00356	356121	47.8				
00356	356120		0.05%			
00356	356118	534.6	0.57%			
00356	356117	556.4	0.59%			
00356	356115	363.0	0.39%			
00356	356114	386.5	0.41%			
00356	356112	668.5	0.71%			
00356	356111	672.5		0.72%		
00356	356109	661.8	0.71%			
00356	356108	672.7	0.72%			
00356	356106	2,069.9	2.21%			
00356	356105	2,101.7	2.24%			
00356	356103	493.0	0.53%			
00356	356102	511.0	0.54%			
00262	262101	171.0	0.18%		0.40%	Sandy C
00262	262100		0.22%			

Louisiana

State	Company	Business Unit	ERC	% to Total Florida	
Florida	00241	241100	2,093.2	2.87%	2.87% Tierra Verde
	00242	242100	130.7	0.18%	
	00242	242101	130.7	0.18%	0.36% Lake Placid
	00245	245100		10.34%	. 30 cmm to 10 m to
	00245	245101	1,065.0	1.46%	11.80% Alafaya
	00246	246100	1,745.0	2.39%	2.39% Longwood
	00248	248100	1,247.0		
	00248	248101	1,145.5	1.57%	3.28% Cypress Lakes
	00249	249100	1,602.6	2.20%	
	00249	249101	908.0	1.24%	3.44% Eagle Ridge
	00250	250100	3,355.0	4.60%	4.60% Mid-County
	00251	251100	66.0	0.09%	
	00251	251101	43.0	0.06%	
	00251	251102	3,065.1	4.20%	
	00251	251103	2,966.8		
	00251	251106	5,684.5	7.79%	16.21% LUSI
	00252	252106	1,788.3	2.45%	
	00252	252107	162.0	0.22%	
	00252	252125	1,225.0		
	00252	252126	1,023.0	1.40%	5.75% UIF - Pasco
	00252	252110	1,174.0	1.61%	
	00252	252111	1,160.5		
	00252	252113		0.31%	
	00252	252114		0.08%	
	00252	252115		0.14%	
	00252	252116	77.0	0.11%	
	00252	252117	171.0	0.23%	
	00252	252118	345.0	0.47%	
	00252	252119		0.34%	
	00252	252121		0.31%	
	00252	252122	250.5	0.34%	5.53% UIF - Seminole
	00252	252123	260.5	0.36%	
	00252	252124	43.0	0.06%	0.42% UIF - Orange
	00252	252128	433.3	0.59%	0.59% UIF - Pinellas
	00252	252129	532.1	0.73%	
	00252	252130	78.8	0.11%	0.84% UIF - Marion
	00253	253101	1,104.7	1 51%	
	00253	253102	1,030.2		2.93% Miles Grant
					2.7370 Miles Grant
	00254	254100		0.27%	
	00254	254101	742.5	1.02%	1.29% ACME
	00255	255100	11,797.7	16.17%	
	00255	255101	9,158.0	12.55%	
	00255	255102	4.0	0.01%	28.72% Sanlando
	00256	256100	1,083.9	1.49%	1.49% Sandalhaven
	00257	257100	242.0	0.33%	
	00257	257101	241.0		0.66% Bayside

		72,968.0	100.00%	100.00%
00262	262101	171.0	0.23%	0.51% Sandy Creek
00262	262100	203.8	0.28%	
00261	261101	167.2	0.23%	0.50% Hutchinson Island
00261	261100		0.27%	
00260	260101	1,247.0	1.71%	3.72% Pennbrooke
00260	260100	1,465.0		
00259	259101	760.7	1.04%	2.11% Labrador
00259	259100	781.1	1.07%	

Neal, William	<u>System</u> 241100 Tierra Verde		S	ERC Count (1) 2,093.2	Percentage to Total 14.07%	14.07%
	248100 Cypress Lakes 248101 Cypress Lakes	W	S	1,247.0 1,145.5	8.38% 7.70%	16.09%
	250100 Mid-County		S	3,355.0	22.56%	22.56%
	Utilities, Inc. of Florida 252106 Orangewood 252107 Orangewood 252125 Summertree 252126 Summertree 252128 Lake Tarpon	w w	s s	1,788.3 162.0 1,225.0 1,023.0 433.3	12.02% 1.09% 8.24% 6.88% 2.91%	31.14%
	257100 Bayside 257101 Bayside	W	S	242.0 241.0	1.63% 1.62%	3.25%
	259100 Labrador 259101 Labrador	W	S	781.1 760.7	5.25% 5.12%	10.37%
	262100 Sandy Creek 262101 Sandy Creek	W	S	203.8 171.0	1.37% 1.15%	2.52%
			1	14,871.9	100.00%	100.00%
Finchirsh, Jeffrey	System 241100 Tierra Verde		S	ERC Count (1) 2,093.2	Percentage to Total 31.13%	31.13%
	Utilities, Inc. of Florida 252106 Orangewood 252107 Orangewood 252125 Summertree 252126 Summertree 252128 Lake Tarpon	w w w	s s	1,788.3 162.0 1,225.0 1,023.0 433.3	26.59% 2.41% 18.22% 15.21% 6.44%	68.87%
Stewart, Malcolm	<u>System</u> 242100 Lake Placid 242101 Lake Placid	w	S		Percentage to Total 3.39% 3.39%	6.78%
	249100 Eagle Ridge 249101 Eagle Ridge		S S	1,602.6 908.0	41.56% 23.55%	65.11%
	256100 Sandalhaven		S -	1,083.9	28.11%	28.11%
			=	3,855.9	100.00%	100.00%
Chard, Ronald	System 242100 Lake Placid 242101 Lake Placid	W	S	ERC Count (1) 130.7 130.7	Per centage to Total 0.71% 0.71%	1.42%
	248100 Cypress Lakes 248101 Cypress Lakes	W	S	1,247.0 1,145.5	6.78% 6.23%	13.01%
	249100 Eagle Ridge 249101 Eagle Ridge		S S	1,602.6 908.0	8.71% 4.94%	13.65%
	250100 Mid-County		S	3,355.0	18.24%	18.24%
	Utilities, Inc. of Florida 252106 Orangewood 252107 Orangewood 252125 Summertree 252126 Summertree	w w	s s	1,788.3 162.0 1,225.0 1,023.0	9.72% 0.88% 6.66% 5.56%	

	252128 Lake Tarpon	W		433.3	2.36%	25.18%
	253101 Miles Grant 253102 Miles Grant	W	S	1,104.7 1,030.2		11.61%
	256100 Sandalhaven		S	1,083.9	5.89%	5.89%
	257100 Bayside 257101 Bayside	W	S	242.0 241.0	1.32% 1.31%	2.63%
	259100 Labrador 259101 Labrador	W	S	781.1 760.7	4.25% 4.14%	8.38%
				18,394.7	100.00%	100.00%
Wilson, Michael	System 242100 Lake Placid	W		130.7	Percentage to Total 0.68%	
	242101 Lake Placid		S	130.7	0.68%	1.37%
	248100 Cypress Lakes 248101 Cypress Lakes	W	S	1,247.0 1,145.5	6.52% 5.99%	12.51%
	249100 Eagle Ridge 249101 Eagle Ridge		S S	1,602.6 908.0	8.38% 4.75%	13.12%
	250100 Mid-County		S	3,355.0	17.54%	17.54%
	Utilities, Inc. of Florida					
	252106 Orangewood	W		1,788.3	9.35%	
	252107 Orangewood 252125 Summertree	W	S	162.0	0.85%	
	252126 Summertree	W	S	1,225.0 1,023.0	6.40% 5.35%	
	252128 Lake Tarpon	W	J	433.3	2.26%	24.21%
					12.2223	
	253101 Miles Grant 253102 Miles Grant	W	S	1,104.7 1,030.2	5.77% 5.38%	11.16%
	256100 Sandalhaven		S	1,083.9	5.67%	5.67%
	257100 Bayside 257101 Bayside	W	S	242.0 241.0	1.26% 1.26%	2.52%
	259100 Labrador 259101 Labrador	W	S	781.1 760.7	4.08% 3.98%	8.06%
	261100 Hutchinson Island 261101 Hutchinson Island	W	S	195.2 167.2	1.02% 0.87%	1.89%
	262100 Sandy Creek 262101 Sandy Creek	w	S	203.8 171.0	1.07% 0.89%	1.96%
				19,131.9	100.00%	100.00%
Worrell, David	System 241100 Tierra Verde		s	ERC Count (1) 2,093.2	Percentage to Total 20.77%	20.77%
	250100 Mid-County		S	3,355.0	33.28%	33.28%
	Utilities, Inc. of Florida 252106 Orangewood 252107 Orangewood 252125 Summertree 252126 Summertree 252128 Lake Tarpon	w w	s s	1,788.3 162.0 1,225.0 1,023.0 433.3	17.74% 1.61% 12.15% 10.15% 4.30%	45.95%
				10,079.8	100.00%	100.00%
Anderson, Daniel	<u>System</u> Utilities, Inc. of Florida		-	ERC Count (1)	Percentage to Total	
	252129 Golden Hills 252130 Golden Hills	W	S	532.1 78.8	16.01% 2.37%	18,38%

	260100 Pennbrooke 260101 Pennbrooke	W	S	1,465.0 1,247.0	44.09% 37.53%	81.62%
				3,322.9	100.00%	100.00%
Bailey, Alan Brown, Donna Finch, Allan Keys, Eugene Lorenzo, Alexander Swegheimer, James Tzareff, Paul	<u>Svstem</u>			ERC Count (1)	Percentage to Total	
12ai cii, Faui	255100 Sanlando	W		11,797.7	56.29%	
	255101 Sanlando		S	9,158.0	43.69%	
	255102 Sanlando		R	4.0	0.02%	100.00%
			-	20,959.7	100.00%	100.00%
Blasco, Christopher Richardson, James Schwades, Charles Smith, Donald	<u>System</u>		51	ERC Count (1)	Percentage to Total	
White, Donald	1 1 101					
	LUSI 251100 Four Lakes	W		66.0	0.42%	
	251101 Lake Saunders	W		43.0	0.27%	
	251102 South	W		3,065.1	19.29%	
	251103 South	777	S	2,966.8	18.67%	7.1.100.
	251106 North	W		5,684.5	35.77%	74.42%
	Utilities, Inc. of Florida 252129 Golden Hills 252130 Golden Hills	W	S	532.1 78.8	3.35% 0.50%	3.84%
	254101 ACME	N	R	742.5	4.67%	4.67%
			ıc			4.0778
	260100 Pennbrooke 260101 Pennbrooke	W	S	1,465.0 1,247.0	9.22% 7.85%	17.07%
				15,890.8	100.00%	100.00%
Callahan, Robert Cooper, Robert Ebert, Shawn Galarza, Richard Hollister, Jimmie Leard, Mark Learned, Scott Marinelli, John Morrell, Matthew Pennington, Jonathan Pinder, Jeffrey Shue, Mickey	System			ERC Count (1)	Per centage to Total	
Wright, Thomas						
	245100 Alafaya		S	7,545.9	21.16%	
	245101 Alafaya		R	1,065.0	2.99%	24.15%
	246100 Longwood		S	1,745.0	4.89%	4.89%
	Utilities, Inc. of Florida 252110 Weathersfield 252111 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park	W W W W W	S	1,174.0 1,160.5 225.5 61.0 102.0 77.0 171.0	3.29% 3.25% 0.63% 0.17% 0.29% 0.22% 0.48%	
	252119 Ravenna Park		S	345.0 245.0	0.97% 0.69%	
	252121 Bear Lake Manor	W	-	224.5	0.63%	

	was well to					
	252122 Jansen	W		250.5	0.70%	
	252123 Crescent Heights	W		260.5	0.73%	
	252124 Davis Shores	W		43.0	0.12%	12.17%
	255100 Sanlando	***	,	11 707 7		
	255100 Saniando 255101 Saniando	W	S	11,797.7 9,158.0	33.09%	
	255101 Sanlando		R		25.68%	50 700/
	255102 Samando		K	4.0	0.01%	58.78%
				35,655.1	100.00%	100.00%
Cardinal, Anthony	System			ERC Count (1)	Percentage to Total	
Habery, Stephen						
Schneider, Keith						
	Utilities, Inc. of Florida	***		1 700 0		
	252106 Orangewood	W		1,788.3	38.61%	
	252107 Orangewood 252125 Summertree	W	S	162.0	3.50%	
	252126 Summertree	VV	S	1,225.0	26.45%	
	252128 Lake Tarpon	W		1,023.0 433.3	22.09% 9.36%	100 000/
	232126 Lake Tarpon	**		433.3	9.30%	100.00%
				4,631.6	100.00%	100.00%
Carver, Nathaniel	System				Percentage to Total	
	245100 Alafaya		S	7,545.9	14.85%	
	245101 Alafaya		R	1,065.0	2.10%	16.95%
	246100 Longwood		S	1 745 0	2 420/	2.420/
	240100 Longwood		S	1,745.0	3.43%	3.43%
	LUSI					
	251100 Four Lakes	W		66.0	0.13%	
	251101 Lake Saunders	W		43.0	0.08%	
	251102 South	W		3,065.1	6.03%	
	251103 South		S	2,966.8	5.84%	
	251106 North	W		5,684.5	11.19%	23.28%
	Utilities, Inc. of Florida	***		1 174 0	2 2 1 2 1	
	252110 Weathersfield 252111 Weathersfield	W	c	1,174.0	2.31%	
	252111 Weathersheld 252113 Oakland Shores	W	S	1,160.5 225.5	2.28%	
	252113 Oakland Shores 252114 Little Wekiva	W		61.0	0.44% 0.12%	
	252114 Eittle Wektva 252115 Park Ridge	w		102.0	0.20%	
	252116 Phillips	w		77.0	0.15%	
	252117 Crystal Lake	W		171.0	0.34%	
	252118 Ravenna Park	W		345.0	0.68%	
	252119 Ravenna Park		S	245.0	0.48%	
	252121 Bear Lake Manor	W		224.5	0.44%	
	252122 Jansen	W		250.5	0.49%	
	252123 Crescent Heights	W		260.5	0.51%	
	252124 Davis Shores	W		43.0	0.08%	
	252129 Golden Hills	W		532.1	1.05%	
	252130 Golden Hills		S	78.8	0.16%	9.74%
	255100 Sanlando	W		11,797.7	23.22%	
	255100 Sahlando	. **	S	9,158.0	18.03%	
	255102 Sanlando		R	4.0	0.01%	41.26%
	260100 Pennbrooke	W	-	1,465.0	2.88%	
	260101 Pennbrooke		S	1,247.0	2.45%	5.34%
			-	50,803.4	100.00%	100.00%
					100,0070	100,0070
Coffee Jr. John	System			ERC Count (1)	Percentage to Total	
	Utilities, Inc. of Florida 252110 Weathersfield	117		1 154 0	1.6161	
	252110 Weathersfield 252111 Weathersfield	W	S	1,174.0	4.64%	
	252111 Weathersheld 252113 Oakland Shores	W	3	1,160.5 225.5	4.59%	
	252114 Little Wekiva	w		61.0	0.89% 0.24%	
	252114 Little Wekiya 252115 Park Ridge	W		102.0	0.40%	
	252116 Phillips	w		77.0	0.30%	
	252117 Crystal Lake	w		171.0	0.68%	
	252118 Ravenna Park	W		345.0	1.36%	
				T. 4745.		

	25212 25212 25212 25212 25212 25510 25510	9 Ravenna Park 1 Bear Lake Manor 2 Jansen 3 Crescent Heights 4 Davis Shores 0 Sanlando 1 Sanlando 2 Sanlando	W W W	7	224.5 250.5 260.5 43.0 11,797.7 9,158.0	0.89% 0.99% 1.03% 0.17% 46.63% 36.20%	17.15% 82.85%
					25,299.2	100.00%	100.00%
Eubanks, Brian		<u>System</u> LUSI				Percentage to Total	100.0078
		Four Lakes	W		66.0	0.44%	
		Lake Saunders	W		43.0	0.28%	
		2 South 3 South	W	s	3,065.1 2,966.8	20.23%	
		6 North	W		5,684.5	19.59% 37.53%	78.06%
	20110				3,004.3	37.3376	78.0078
		Utilities, Inc. of Florida Golden Hills Golden Hills	W	S	532.1 78.8	3.51% 0.52%	4.03%
	260100		***			2.22	
		Pennbrooke Pennbrooke	W	S	1,465.0 1,247.0	9.67%	17 000/
	200101	remorooke		3	1,247.0	8.23%	17.90%
					15,148.3	100.00%	100.00%
Gentilucci, Domenic		System		_		Percentage to Total	
		Alafaya Alafaya		S	7,545.9	16.60%	10.040/
	243101	Alataya		K	1,065.0	2.34%	18.94%
		LUSI					
	251100	Four Lakes	W		66.0	0.15%	
		Lake Saunders	W		43.0	0.09%	
	251102		W		3,065.1	6.74%	
	251103			S	2,966.8	6.53%	
	251106	North	W		5,684.5	12.50%	26.01%
		Utilities, Inc. of Florida Golden Hills	w		532.1	1.17%	
	252130	Golden Hills		S	78.8	0.17%	1.34%
	255100	Sanlando	W		11,797.7	25.95%	
		Sanlando	**	S	9,158.0	20.14%	
		Sanlando		R	4.0	0.01%	46.10%
		ACME Pennbrooke	N W	R	742.5 1,465.0	1.63% 3.22%	1.63%
		Pennbrooke	• • • • • • • • • • • • • • • • • • • •	S	1,247.0	2.74%	5.97%
					45,461.4	100.00%	100.00%
C		4					
Gongre, Brian	245100	System		c		Per centage to Total	
		Alafaya Alafaya		SR	7,545.9 1,065.0	14.64% 2.07%	16.71%
	245101	ruataya		10	1,005.0	2.0776	10.7170
	246100	Longwood		S	1,745.0	3.39%	3.39%
	251100	LUSI Four Lakes	W		66.0	0.1207	
		Lake Saunders	W		66.0 43.0	0.13% 0.08%	
	251101		W		3,065.1	5.95%	
	251103		3.50	S	2,966.8	5.76%	
	251106		W		5,684.5	11.03%	22.94%
		Utilities, Inc. of Florida					
		Weathersfield Weathersfield	W	S	1,174.0 1,160.5	2.28% 2.25%	
	434111	AA CHILICISTICIO		0	1.100.5	2.23%	

	252113 Oakland Shores	V	r	225.5	0.44%	
	252114 Little Wekiva	W		61.0	0.12%	
	252115 Park Ridge	W	7	102.0	0.20%	
	252116 Phillips	W		77.0	0.15%	
	252117 Crystal Lake	W		171.0	0.33%	
	252118 Ravenna Park	W		345.0	0.67%	
	252119 Ravenna Park		S	245.0	0.48%	
	252121 Bear Lake Manor	W		224.5	0.44%	
	252122 Jansen	W		250.5		
	252122 Sansen 252123 Crescent Heights	W		260.5	0.49%	
	252123 Crescent Heights 252124 Davis Shores	W			0.51%	
	252124 Davis Shores 252129 Golden Hills			43.0	0.08%	
		W		532.1	1.03%	1202
	252130 Golden Hills		S	78.8	0.15%	9.60%
	254101 ACME	N	R	742.5	1.44%	1.44%
	255100 Sanlando	W		11,797.7	22.89%	
	255101 Sanlando	199	S	9,158.0	17.77%	
	255102 Sanlando		R	4.0	0.01%	40.66%
				4.0	0.0170	40.0070
	260100 Pennbrooke	W		1,465.0	2.84%	
	260101 Pennbrooke		S	1,247.0	2.42%	5.26%
				51 545 0	100 009/	100.009/
				51,545.9	100.00%	100.00%
Hogue, Raymond	System			ERC Count (1)	Percentage to Total	
	245100 Alafaya		S	7,545.9	25.52%	
	245101 Alafaya		R	1,065.0	3.60%	29.12%
	255100 Sanlando	W		11,797.7	39.90%	
	255101 Sanlando		S	9,158.0	30.97%	
	255102 Sanlando		R	4.0	0.01%	70.88%
				29,570.6	100.00%	100.00%
				29,370.0	100,00%	100.00%
McPhee, Allson	System			ERC Count (1)	Percentage to Total	
	260100 Pennbrooke	W		1,465.0	54.02%	
	260101 Pennbrooke		S	1,247.0	45.98%	100.00%
				- sertimes		
			1	2,712.0	100.00%	100.00%
Overton, Michael	System			ERC Count (1)	Percentage to Total	
O TON COM, IVII CHILD	245101 Alafaya		R	1,065.0		4.51%
	245101 Alalaya		K	1,003.0	4.51%	4.51%
	LUSI					
		337		(()	0.200/	
	251100 Four Lakes	W		66.0	0.28%	
	251101 Lake Saunders	W		43.0	0.18%	1217. 2020
	251106 North	W		5,684.5	24.10%	24.56%
	Utilities, Inc. of Florida					
	252110 Weathersfield	W		1,174.0	4.98%	
	252113 Oakland Shores	W		225.5	0.96%	
	252114 Little Wekiva	W		61.0	0.26%	
	252115 Park Ridge	w		102.0		
	252116 Phillips	W		77.0	0.43%	
	252117 Crystal Lake	W			0.33%	
	252117 Crystal Lake 252118 Ravenna Park	W		171.0	0.72%	
				345.0	1.46%	
	252121 Bear Lake Manor	W		224.5	0.95%	
	252122 Jansen	W		250.5	1.06%	
	252123 Crescent Heights	W		260.5	1.10%	
	252124 Davis Shores	W		43.0	0.18%	14 (00)
	252129 Golden Hills	W		532.1	2.26%	14.69%
	255100 Sanlando	W		11,797.7	50.01%	
	255102 Sanlando	12.5	R	4.0	0.02%	50.03%
	260100 Pennbrooke	***				
	COLLUC PERROPOOKE	W		1,465.0	6.21%	6.21%
	200100 I cimorooko			1005 2004200000		
	200100 Telliotock		-	23,591.3	100.00%	100.00%

	LUSI				
	251100 Four Lakes	W	66.0		
	251101 Lake Saunders	W	43.0		
	251102 South 251103 South	W	3,065.1 S 2,966.8		
	251105 South 251106 North	W	S 2,966.8 5,684.5		81.34%
			3,004.5	37.1070	01.5470
	260100 Pennbrooke	W	1,465.0	10.08%	
	260101 Pennbrooke		S 1,247.0	8.58%	18.66%
			14,537.4	100.00%	100.00%
Phillips, Christopher	Countries		EDC C (1)	D	
r minos, Christopher	System 245100 Alafaya		S 7,545.9	Percentage to Total 56.78%	
	245101 Alafaya		R 1,065.0		64.79%
	246100 Longwood		S 1.745.0		
	240100 Longwood	1	5 1,745.0	13.13%	13.13%
	Utilities, Inc. of Florida				
	252110 Weathersfield	W	1,174.0		
	252113 Oakland Shores 252114 Little Wekiva	W	225.5 61.0		
	252114 Little Wekiva 252115 Park Ridge	W	102.0		
	252116 Phillips	W	77.0		
	252117 Crystal Lake	W	171.0		
	252118 Ravenna Park	W	345.0		
	252121 Bear Lake Manor	W	224.5		
	252122 Jansen	W	250.5	1.88%	
	252123 Crescent Heights	W	260.5	1.96%	
	252124 Davis Shores	W	43.0	0.32%	22.08%
			13,289.9	100.00%	100.00%
Remigio, Robert	G		EDG G (1)		
Keinigio, Robert	System 255100 Sanlando	W	11,797.7	Per centage to Total 99.97%	
	255100 Sanlando	· · ·		0.03%	100.00%
				0.0576	100.0070
		,	11,801.7	100.00%	100.00%
Sillitoe, Terry		,	11,801.7	100.00%	
Sillitoe, Terry	<u>System</u>		11,801.7		
Sillitoe, Terry		w	11,801.7	100.00%	
Sillitoe, Terry	<u>System</u> Utilities, Inc. of Florida		11,801.7 ERC Count (1)	100.00% Per centage to Total	
Sillitoe, Terry	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva	w w w	11,801.7 ERC Count (1) 1,174.0 225.5 61.0	100.00% Percentage to Total 8.14% 1.56% 0.42%	
Sillitoe, Terry	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge	w w w	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71%	
Sillitoe, Terry	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips	W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53%	
Sillitoe, Terry	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake	W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19%	
Sillitoe, Terry	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park	W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39%	
Sillitoe, Terry	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake	W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19%	
Sillitoe, Terry	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor	W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56%	100.00%
Sillitoe, Terry	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen	W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5	100.00% Per centage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74%	18.23% 81.77%
Sillitoe, Terry	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen	W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74%	18.23%
Sillitoe, Terry Vanmeter Jr. Nathan	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen	W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 1711.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1)	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77%	18.23% 81.77%
	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando	W W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1)	100.00% Per centage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Per centage to Total	18.23% 81.77%
Vanmeter Jr. Nathan	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando System 246100 Longwood	W W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1) 1,745.0	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Percentage to Total 100.00%	18.23% 81.77% 100.00%
	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando	W W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1) 1,745.0	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Percentage to Total 100.00%	18.23% 81.77% 100.00%
Vanmeter Jr. Nathan	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando System 246100 Longwood	W W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1) 1,745.0 ERC Count (1)	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Percentage to Total 100.00% Percentage to Total	18.23% 81.77% 100.00%
Vanmeter Jr. Nathan	Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando System 246100 Longwood System 242101 Lake Placid	W W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1) 1,745.0 ERC Count (1) 130.7	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Percentage to Total 100.00% Percentage to Total 0.77% 0.77%	18.23% 81.77% 100.00% 100.00%
Vanmeter Jr. Nathan	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando System 246100 Longwood System 242100 Lake Placid 242101 Lake Placid 248100 Cypress Lakes	W W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1) 1,745.0 ERC Count (1) 130.7 130.7	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Percentage to Total 100.00% Percentage to Total 0.77% 0.77% 7.34%	18.23% 81.77% 100.00% 100.00%
Vanmeter Jr. Nathan	Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando System 246100 Longwood System 242101 Lake Placid	W W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1) 1,745.0 ERC Count (1) 130.7	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Percentage to Total 100.00% Percentage to Total 0.77% 0.77%	18.23% 81.77% 100.00% 100.00%
Vanmeter Jr. Nathan	Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando System 246100 Longwood System 242100 Lake Placid 242101 Lake Placid 248100 Cypress Lakes 248101 Cypress Lakes	W W W W W W W W W W W W W W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1) 1,745.0 ERC Count (1) 130.7 130.7 130.7	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Percentage to Total 100.00% Percentage to Total 0.77% 0.77% 0.77% 7.34% 6.74%	18.23% 81.77% 100.00% 100.00%
Vanmeter Jr. Nathan	System Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando System 246100 Longwood System 242100 Lake Placid 242101 Lake Placid 248100 Cypress Lakes	W W W W W W W	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1) 1,745.0 ERC Count (1) 130.7 130.7	100.00% Percentage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Percentage to Total 100.00% Percentage to Total 0.77% 0.77% 7.34%	18.23% 81.77% 100.00% 100.00% 1.54% 14.08%
Vanmeter Jr. Nathan	Utilities, Inc. of Florida 252110 Weathersfield 252113 Oakland Shores 252114 Little Wekiva 252115 Park Ridge 252116 Phillips 252117 Crystal Lake 252118 Ravenna Park 252121 Bear Lake Manor 252122 Jansen 255100 Sanlando System 246100 Longwood System 242101 Lake Placid 242101 Lake Placid 248100 Cypress Lakes 248101 Cypress Lakes 249100 Eagle Ridge	W W W W W W W W W W W S S	11,801.7 ERC Count (1) 1,174.0 225.5 61.0 102.0 77.0 171.0 345.0 224.5 250.5 11,797.7 14,428.2 ERC Count (1) 1,745.0 ERC Count (1) 130.7 130.7 1,247.0 1,145.5 1,602.6	100.00% Per centage to Total 8.14% 1.56% 0.42% 0.71% 0.53% 1.19% 2.39% 1.56% 1.74% 81.77% 100.00% Per centage to Total 100.00% Per centage to Total 0.77% 0.77% 0.77% 1.734% 6.74% 9.43%	18.23% 81.77% 100.00% 100.00%

Utilities, Inc. of Florida				
252106 Orangewood	W	1,788.3	10.52%	
252107 Orangewood	5	162.0	0.95%	
252125 Summertree	W	1,225.0	7.21%	
252126 Summertree	5	1,023.0	6.02%	
252128 Lake Tarpon	W	433.3	2.55%	27.25%
256100 Sandalhaven	S	1,083.9	6.38%	6.38%
257100 Bayside	W	242.0	1.42%	
257101 Bayside	S	241.0	1.42%	2.84%
259100 Labrador	W	781.1	4.60%	
259101 Labrador	S	760.7	4.48%	9.07%
261100 Hutchinson Island	W	195.2	1.15%	
261101 Hutchinson Island	S	167.2	0.98%	2.13%
262100 Sandy Creek	w	203.8	1.20%	
262101 Sandy Creek	S	171.0	1.01%	2.21%
		16,997.0	100.00%	100.00%

Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (9) VEHICLES

Vehicle Schedule

Company: Utilities, Inc of Florida; Marion County Docket No.: 090402-WS Test Year Ended: December 31, 2008

CHEV TAHOE 2WD			<u>Position</u>	Vehicle Price	Allocation Method
CITE INTIOL 211D	1GNEC13T85R119267	Flynn, Patrick	Regional Director	53,357.93	ERCS
CHEV SILVERADO LS 15	1GCEC14T55Z161146	Smith, Donald	Field Technician	22,344.23	ERCS
CHEV SILVERADO 1500	1GCEK19V65Z314355	Schwades, Charles	Area Manager	24,201.42	ERCS
CHEV TRAILBLAZER LS	1GNDT13SX62176280	Sudduth, Donald	Business Director	29,748.89	ERCS
CHEV TAHOE LS	1GNEK13TX6R148941	Durham, Rick	Regional Vice President	32,505.83	ERCS
CHEV WT 1500	3GCEC14V96G214224	Richardson, James	Operator	18,543.77	ERCS
CHEV TRAILBLAZER LS	1GNDT13S462302634	Carver, Nathaniel	Project Manager	26,206.16	ERCS
CHEV TRAILBLAZER	1GNDS13S572108957	Haws, Scotty	Saftey Manager	29,355.64	ERCS
CHEV SILVERADO REG CAB 2	1GCEC140XZ100983	White, Ronald	Field Supervisor	20,309.88	ERCS
TOTY HIGHLANDER	JTEDS41A482011962	Gongre, Bryan	Regional Manager	29,220.44	ERCS
CHEV COLORADO REG CAB	1GCCS14E188161375	Eubanks, Brian	Operator	17,577.16	ERCS
CHEV SILVERADO REG CAB 2W	1GCEC14C98Z177967	Blasco, Christopher	Meter Reader	20,820.46	ERCS
CHEV EXPRESS VAN	1GCFG15X581152329	Overton, Micheal	Field Technician	20,253.31	ERCS
CHEV SILVERADO EXT CAB	1GCEC190787217557	Gentilucci, Domenic	Area Manager	22,372.23	ERCS
	CHEV SILVERADO 1500 CHEV TRAILBLAZER LS CHEV TAHOE LS CHEV WT 1500 CHEV TRAILBLAZER LS CHEV TRAILBLAZER LS CHEV SILVERADO REG CAB 2 TOTY HIGHLANDER CHEV COLORADO REG CAB CHEV SILVERADO REG CAB CHEV SILVERADO REG CAB	CHEV SILVERADO LS 15 CHEV SILVERADO 1500 GCEK19V65Z314355 CHEV TRAILBLAZER LS GHEV TAHOE LS CHEV TAHOE LS CHEV TRAILBLAZER LS GHEV TRAILBLAZER LS GHEV TRAILBLAZER LS GHEV TRAILBLAZER LS GHEV TRAILBLAZER LS GHEV TRAILBLAZER GHEV TRAILBLAZER GHEV TRAILBLAZER GHEV SILVERADO REG CAB 2 TOTY HIGHLANDER GHEV COLORADO REG CAB GHEV SILVERADO REG CAB GHEV COLORADO REG CAB GHEV SILVERADO REG CAB GHEV COLORADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV SILVERADO REG CAB GHEV GHEV EXPRESS VAN GHEV SILVERADO REG CAB GHEV GHEV EXPRESS VAN	CHEV SILVERADO LS 15 CHEV SILVERADO 1500 1GCEK19V65Z314355 Schwades, Charles CHEV TRAILBLAZER LS 1GNDT13SX62176280 Sudduth, Donald CHEV TAHOE LS 1GNEK13TX6R148941 Durham, Rick CHEV WT 1500 3GCEC14V96G214224 Richardson, James CHEV TRAILBLAZER LS 1GNDT13S462302634 Carver, Nathaniel CHEV TRAILBLAZER 1GNDS13S572108957 Haws, Scotty CHEV SILVERADO REG CAB 2 1GCEC140XZ100983 White, Ronald TOTY HIGHLANDER JTEDS41A482011962 Gongre, Bryan CHEV COLORADO REG CAB 1GCCS14E188161375 Eubanks, Brian CHEV SILVERADO REG CAB 2W 1GCEC14C98Z177967 Blasco, Christopher CHEV EXPRESS VAN 1GCFG15X581152329 Overton, Micheal	CHEV SILVERADO LS 15 GCEC14T55Z161146 Smith, Donald Field Technician CHEV SILVERADO 1500 1GCEK19V65Z314355 Schwades, Charles Area Manager CHEV TRAILBLAZER LS 1GNDT13SX62176280 Sudduth, Donald Business Director CHEV TAHOE LS 1GNEK13TX6R148941 Durham, Rick Regional Vice President CHEV WT 1500 3GCEC14V96G214224 Richardson, James Operator CHEV TRAILBLAZER LS 1GNDT13S462302634 Carver, Nathaniel Project Manager CHEV TRAILBLAZER 1GNDS13S572108957 Haws, Scotty Saftey Manager CHEV SILVERADO REG CAB 2 1GCEC140XZ100983 White, Ronald Field Supervisor TOTY HIGHLANDER JTEDS41A482011962 Gongre, Bryan Regional Manager CHEV COLORADO REG CAB 1GCCS14E188161375 Eubanks, Brian Operator CHEV SILVERADO REG CAB 2W 1GCEC14C98Z177967 Blasco, Christopher Meter Reader CHEV EXPRESS VAN 1GCFG15X581152329 Overton, Micheal Field Technician	CHEV SILVERADO LS 15 GCEC14T55Z161146 Smith, Donald Field Technician 22,344.23 CHEV SILVERADO 1500 1GCEK19V65Z314355 Schwades, Charles Area Manager 24,201.42 CHEV TRAILBLAZER LS 1GNDT13SX62176280 Sudduth, Donald Business Director 29,748.89 CHEV TAHOE LS 1GNEK13TX6R148941 Durham, Rick Regional Vice President 32,505.83 CHEV WT 1500 3GCEC14V96G214224 Richardson, James Operator 18,543.77 CHEV TRAILBLAZER LS 1GNDT13S462302634 Carver, Nathaniel Project Manager 26,206.16 CHEV TRAILBLAZER 1GNDS13S572108957 Haws, Scotty Saftey Manager 29,355.64 CHEV SILVERADO REG CAB 2 1GCEC140XZ100983 White, Ronald Field Supervisor 20,309.88 TOTY HIGHLANDER JTEDS41A482011962 Gongre, Bryan Regional Manager 29,220.44 CHEV COLORADO REG CAB 2W 1GCEC14C98Z177967 Blasco, Christopher Meter Reader 20,820.46 CHEV EXPRESS VAN 1GCFG15X581152329 Overton, Micheal Field Technician 22,344.23 Area Manager 24,201.42 Area Manager 29,748.89 CHEV GILVERADO REG CAB 2W 1GCEC14C98Z177967 Blasco, Christopher Meter Reader 20,253.31

Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (10) CUSTOMER COMPLAINTS

C R O W N W O O

Marion County - Crownwood Service Orders and Resolutions 01/01/08 to 05/31/08

SUBDIVISION :. 00635
ROUTE :. 635
SERVICE ORDER# :. 260059

ACCOUNT# :. 006350001354
CUSTOMER NAME :. CRUPI, EDITH
SERVICE ADDRESS:. 7309 NW 44TH LN

EDATE :. 01/18/08

TYPE : 43 FOPER : GH

COMMENT :. Customer called - she has no water. Paged to Daniel A.
RESOLUTION :. READING 936160. Found curb stop valve off, but no lock on

valve. Slowly opened and equalized pressure inside the

residence to same. Took 20 gallons, then meter stopped. All

excellent. Customer now has water.

RDATE :. 01/18/08

Marion County - Crownwood Service Orders and Resolutions 06/01/2008 to 12/31/2008

Sub Division: 090

MR Route:

FA ID: 2030910268

Account #

: 2030910000

Customer Name: 090 Crownwood of Ocala Phone #:

Address

090 Crownwood of Ocala

CSR: Matthew Chandler

Operator: Daniel Anderson

Entry Date

8/18/2008 4:02:03PM

SO Type: M-SIO

Request Type: Water Service Line Break

Instructions: Customer called in a water line break near the retention pond. It is off in the woods near the back area in the

Crownwood Condominiums.

Due Date

: 8/18/2008 12:00:00AM Resolution Date : 8/18/2008 8:00:00AM

FA Status: Completed

Resolution

: Ongoing water main repair. 6' depth, tree roots many.

Sub Division: 090

MR Route: F25

FA ID: 2965110160

Account #

: 2965110000

Customer Name: HYDE, TERESA

Phone #: (352) 854-5912

Address

: 7280 NW 44TH LN

CSR: Isabel Ceballos

Operator: Daniel Anderson

Entry Date : 9/9/2008 3:49:07PM

SO Type: M-SIO

Request Type: General Investigation

Instructions: Customer called answering service and requested water be turned off. (broken pipe outside) Please resolve.

Due Date

: 9/10/2008 12:00:00AM Resolution Date : 8/23/2008 8:00:00AM

Completed

Resolution

: Contacted customer via phone on Friday 8/22. Customer requested that I wait until Saturday

morning to check on leak due to rain from TS Faye. Saturday morning, customer broken pipe on roof at hot

water heater solar unit.

Sub Division: 090

MR Route: F25

FA ID: 3785110615

Account #

: 3785110000

Entry Date : 6/26/2008 3:14:24PM

Customer Name: EASTMAN, DONNA

Phone #: (352) 732-7987 Operator: Daniel Anderson

Address

: 4417 NW 74TH CT

CSR: Lyn Paulk

Request Type: General Investigation

Instructions: Customer called to report a leak at the home east of his home. He said our Rep. will see it when he comes out.

Paged to Daniel A.

Due Date

: 6/26/2008 12:00:00AM Resolution Date : 6/26/2008 7:30:00PM

FA Status: Completed

: Leak at 7356 NW 44th Lane, Mtr # 39719128. Dug palm tree roots, repaired service line and replaced curbstop. Resolution

Sub Division: 090

MR Route: F25

FA ID: 4846110319

Account # : 4846110000

Customer Name: FARMER, EILEEN

Phone #: (352) 804-9450

Address

: 7456 NW 45TH LN

CSR: Matthew Chandler

Operator: Daniel Anderson

Entry Date : 9/12/2008 10:56:55AM

SO Type: M-SIO

SO Type: M-SIO

Request Type: Water Service Line Break

condos are having low water pressure. Please check out. Tried to page out Daniel A., but radio is down.

Instructions: Customer was told to call back if the leak at this address gets worse. He says it is leaking all over and that the

Due Date

: 9/12/2008 12:00:00AM Resolution Date : 9/15/2008 12:01:00PM

FA Status: Completed

: On Monday, home losing pressure, flow. Ellzey Plumbing repairing 1 day early. 1.25 hours

Sub Division: 090

shutdown. Boil order and water samples taken. Rescinded 9/17.

FA ID: 4846110804

Account #

: 4846110000

Customer Name: FARMER, EILEEN

Phone #: (352) 804-9450

Address

: 7456 NW 45TH LN

CSR: Jacqueline Sillitoe

Operator: Daniel Anderson

MR Route: F25

CMRP0008

Marion County - Crownwood Service Orders and Resolutions 06/01/2008 to 12/31/2008

Entry Date : 9/11/2008 9:23:39AM

SO Type: M-SIO

Request Type: Water Service Line Break

Instructions: Customer reporting that there is water pouring out of meter area and flooding the lawn. Dispatched to Daniel A.

Due Date

: 9/11/2008 12:00:00AM Resolution Date : 9/11/2008 10:30:00AM

FA Status: Completed

Resolution

Leak on 2" service line before isolation valve. 1 GPM approximately. Will need repiping and a 2" square head

valve. Called Elizev Plumbing for locates and repair Monday or Tuesday. Can't see meters; flooded and muddy.

Sub Division: 090

MR Route: F25

FA ID: 5055210127

Account # 368-9082

: 5055210000

Customer Name: GOLDEN HILLS QDVLS HOA

Phone #: (352)

Address

: 7259 NW 44TH LN

CSR: Matthew Chandler

Operator: Daniel Anderson

Entry Date :

6/2/2008 1:01:04PM

SO Type: M-SIO

Request Type: Repair/Replace Meter Box

Instructions: Customer called in about a broken gate valve. It is located near the bulletin board when you first drive into the

Quadravillas. Please check out and replace if needed.

Due Date

: 6/3/2008 12:00:00AM Resolution Date : 6/5/2008 4:00:00PM

FA Status: Completed

Resolution

: Replaced broken handle on curb stop gate valve. Needs new meter box cover.

Sub Division: 090

MR Route: F25

FA ID: 8596110794

Account #

: 8596110000

Customer Name: CRUPI, EDITH

Address

: 7309 NW 44TH LN

Phone #: (352) 427-1598 Operator: Daniel Anderson

Entry Date: 7/8/2008 7:25:58AM

SO Type: M-SIO

Request Type: General Investigation

Joanne (property manager) called to report a leak near this location at pool. Meter box is full of water and has

en leaking for a few days/weeks. Dispatched field activity to Chuck S. 07/08/08

Due Date

: 7/8/2008 12:00:00AM

Resolution Date: 7/8/2008 11:15:00AM

CSR: Jacqueline Sillitoe

FA Status: Completed

Resolution

Sub Division: 090

MR Route: F25

FA ID: 8836110720

Account #

: 1983154600

Customer Name: JAGERS, MARIA

Phone #: (352) 854-8092

Address

: 4440 NW 74TH TER

CSR: Jacqueline Sillitoe

Operator: Daniel Anderson

Entry Date : 7/23/2008 8:26:01AM

SO Type: M-SIO Request Type: Water Service Line Break

Instructions: The Association's resident manager called to report a lead at the meter. Dispatched to Daniel A.

Due Date

: 7/23/2008 12:00:00AM Resolution Date : 7/23/2008 10:15:00AM

FA Status: Completed

Resolution : Leak on meter spud washer (company side), removed meter, replaced washer and reinstalled meter. No leaks.

CSR: Isabel Ceballos

Sub Division: 090

MR Route: F25

FA ID: 9496110297

Account # : 9496110000

Customer Name: KEOGH, TERRI A

Phone #: (516) 656-3100 Operator: Daniel Anderson

Address

: 7311 NW 44TH LN

Entry Date : 9/16/2008 8:41:50AM

SO Type: M-SIO

Request Type: General Investigation

Instructions:

Customer called answering service on 9-14-08 and reported a leak in house and needed to know where meter was to turn water off.

Due Date

: 9/17/2008 12:00:00AM Resolution Date: 9/14/2008 11:45:00AM

FA Status:

Completed

Resolution

: Customer has leak in house, needs to find shutoff valve for Quadravilla unit. Clearly explained location of meters

and curbstops, addresses on meter face, customer turn off.

Marion County - Crownwood Service Orders and Resolutions 06/01/2008 to 12/31/2008

Sub Division: 090

MR Route: F25

FA ID: 9636110730

Account # : 9636110000

Customer Name: ENGLISH, BARBARA

Phone #: (352) 351-8476

Address

: 4452 NW 74TH TER

CSR: Lorie Mayeski

Operator: Daniel Anderson

Entry Date : 10/13/2008 2:50:00PM

SO Type: M-SIO

Request Type: No Water

Due Date

Instructions: Customer called stated there is no water. Please investigate. Dispatched to Daniel A.

: 10/13/2008 3:45:00PM Resolution Date : 10/13/2008 4:00:00PM

FA Status: Completed

Resolution :Allson McPhee took call, still on duty. Turned off valve at wrong address.

G O L D E N

H I L S

Marion County – Golden Hills Service Orders and Resolutions 01/01/08 to 05/31/08

SUBDIVISION :. 00630 ROUTE :. 2

SERVICE ORDER# :. 282733

ACCOUNT# :. 006300301721
CUSTOMER NAME :. DUEITT, GEORGE M
SERVICE ADDRESS:. 4606 NW 80TH AVE

EDATE :. 04/02/08

TYPE :. 26

COMMENT :. CUSTOMER CALLED ANSWERING SERVICE ON 4-1-08 AND REPORTED A

WATER MAIN BREAK. PLEASE RESOLVE

RESOLUTION :. WATER LEAK AT 4640 80TH CT. AWAITING LOCATES. ELLZEY

PLUMBLING SCHEDULED TO REPAIR.

RDATE :. 04/03/08

SUBDIVISION :. 00630
ROUTE :. 1
SERVICE ORDER# :. 256134

ACCOUNT# :. 006300301952 CUSTOMER NAME :. LAMAY, DOUGLAS

SERVICE ADDRESS:. 5888 NW 80TH AVENUE RD

EDATE :. 01/07/08

TYPE :. 29

COMMENT :. CUSTOMER CALLED DUE TO DIRT IN HIS WATER. PLEASE CHECK IT OUT.

. PAGED TO DANIEL

RESOLUTION :. READING 281660 SPOKE W/CUSTOMER. LOOKED AT SAMPLE OF WATER.

SMALL BLACK PARTICLES IN GLASS. FLUSHED HYDRANT DIRECTLY ACROSS STREET FROM METER. ALSO FLUSHED FIRST HOSE BIB FROM

METER AFTER HYDRANT DONE. CUSTOMER SATISFIED.

RDATE :. 01/07/08

SUBDIVISION :. 00630 ROUTE :. 1 SERVICE ORDER# :. 276349

ACCOUNT# :. 006300303351

CUSTOMER NAME :. MCMILLAN, WILLIAM E SERVICE ADDRESS:. 5200 NW 82ND CT

EDATE :. 03/11/08

TYPE :. 32

COMMENT :. CUSTOMER CALLED ANSWERING SERVICE ON 3-10-08 AND REPORTED

WATER SMELLING LIKE DIRT. PLEASE RESOLVE.

RESOLUTION :. READING 199500. CHECKED RESIDUAL AT HYDRANT ON PROPERTY, 0.5

MG FLUSHED HYDRANT FOR 10 MIN., 2000 GALS. FLUSHED 2" BLOW OFF

20 MIN., 2000 GALS.

RDATE :. 03/11/08

Marion County – Golden Hills Service Orders and Resolutions 01/01/08 to 05/31/08

SUBDIVISION :. 00630 ROUTE :. 1

SERVICE ORDER# :. 273271

ACCOUNT# :. 006300102074
CUSTOMER NAME :. TAYLOR, JERRY L
SERVICE ADDRESS:. 4568 NW 76TH CT

EDATE :. 03/03/08

TYPE :. 43

FOPER :.

COMMENT :. CUSTOMER CALLED DUE TO NO WATER. CALLED TO THE ANSWERING

SERVICE PER CUSTOMER NUMBEROUS TIMES.

. PLEASE CALL CUSTOMER @ 352-895-0384

RESOLUTION :. READING 584970. ACCOUNT WAS INDEED OFF. TURNED ON. APOLOGIZED

TO CUSTOMER FOR INCOVEN. DID NOT HAVE SERVICE ORDER IN OCALA OFFICE. CUSTOMER CALLED ANSWERING SERVICE 2-29-08 NUMEROUS

TIMES.

RDATE :. 03/03/08

Customer Complaints and Resolutions 06/01/2008 to 12/31/2008

Sub Division: 136 MR Route: F25 FA ID: 0989810016

Account # : 0989810000 Customer Name: CASHMAN, LYN Phone #: (352) 732-7250

Address : 5150 NW 80TH AVENUE RD CSR: Jacqueline Sillitoe Operator: Daniel Anderson

SO Type: M-SIO Request Type: High or Low Pressure in the Water Entry Date : 6/11/2008 7:30:54AM

Instructions : Customer says pressure is low in the morning. Please check water pressure at home in the morning hours per

customer request. Tag door or speak to customer to advise of findings. JMS 06/11/08

Due Date : 6/12/2008 12:00:00AM Resolution Date : 6/12/2008 9:55:00AM FA Status: Completed

Resolution : Outside bibb - irrigation well. Softener likely reducing PSI for 2 minute window. Customer will open bypass

valve next occurrence. Customer satisfied.

Sub Division: 136 MR Route: F25 FA ID: 2854200037

Account # : 2854200000 Customer Name: CARDONE.RALPH Phone #: (352) 629-5221

Address 5320 NW 82ND CT CSR: Lyn Paulk Operator: Daniel Anderson

Entry Date: 6/25/2008 9:27:33AM SO Type: M-SIO Request Type: General Investigation

Instructions : Called asking us to check for a leak at the phone box. Customer stated that it had been leaking for

Entry Date : 11/3/2008 10:58:39AM

3442200000

Account #

Due Date : 6/26/2008 12:00:00AM Resolution Date : 6/27/2008 10:00:00AM FA Status: Completed

Resolution : Leak on service line, 4' underground. Called Ellzey Plumbing for locates and repair. Spoke with customer.

Sub Division: 136 MR Route: F25 FAID: 2902200066

Account # : 2902200000 Customer Name: VALLIERE, JILL Phone #: (561) 719-8624

Address : 4519 NW 79TH TERRACE RD CSR: Lorie Mayeski Operator: Daniel Anderson M-SIO

SO Type: Request Type: Water Service Line Break Instructions: Customer called and stated there is water bubbling out of his meter. Please investigate.

Due Date

: 11/3/2008 6:00:00PM Resolution Date :11/19/2008 11:10:00AM FA Status: Completed

Resolution : N leaks currently. Looks like recent work. Replaced a washed on company side of meter. Chris on 11-03-08.

Sub Division: 136 MR Route: F25 FAID: 3442200177

Customer Name: EVANS.BERTIE M Phone #: (904) 867-8586

Address : 4411 NW 78TH AVE CSR: Isabel Ceballos Operator: Daniel Anderson

Entry Date: 6/4/2008 2:22:31PM SO Type: M-SIO Request Type: No Water

Instructions: Customer called answering service on 5-31-08 and reported no water. She had water earlier.

Due Date : 6/5/2008 12:00:00AM Resolution Date: 5/31/2008 6:30:00PM FA Status: Completed

Resolution : Customer line broken. Temporary turnoff. Customer revalved. Service restored.

Sub Division: 136 MR Route: F25 FAID: 4331000943

Account # : 4331000000 Customer Name: PACANINS, JUAN A Phone #: (352) 304-8090

Address : 4795 NW 78TH AVE CSR: Leanne Loeffel Operator: Daniel Anderson

Entry Date: 10/2/2008 8:36:59AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer is trying to have a water softener installed and the Culligan service rep cannot get the water valve

Customer Complaints and Resolutions 06/01/2008 to 12/31/2008

Due Date : 10/3/2008 12:00:00AM Resolution Date : 10/4/2008 4:10:00PM FA Status: Completed

Resolution : Lubed valve on 10/1, and again today. Dug out valve box. Culligan representative can now turn

with pipe wrench instead of small key.

 Sub Division:
 136

 MR Route:
 F25

 FA ID:
 4993200693

Address : 5355 NW 78TH CT CSR: Lorie Mayeski Operator : Daniel Anderson

Entry Date : 11/6/2008 7:37:08AM SO Type: M-SIO Request Type: Water Service Line Break

Instructions: Customer reporting that water is bubbling out of her meter box. Please investigate.

Due Date : 11/6/2008 6:00:00PM Resolution Date : 11/6/2008 9:00:00AM FA Status: Completed

Resolution : Found leak on customers side of meter. Female PVC adaptor. Turned off meter. Customer contacting plumber

for repair.

 Sub Division:
 136
 MR Route:
 F25
 FA ID:
 6218010783

Address : 8180 NW 43RD LN CSR: Lorie Mayeski Operator : Daniel Anderson

Entry Date : 9/3/2008 9:22:47AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called. Extremely low water pressure and foul odor from water. Dispatched out to Daniel Anderson

9/3/08 a.m.

Due Date : 9/3/2008 12:00:00AM Resolution Date : 9/3/2008 8:45:00AM FA Status: Completed

Resolution : Found softener started releasing resin, sand to home, outside hose. Pointed out to customer. Customer will

have it repaired.

 Sub Division : 136
 MR Route : F25
 FA ID : 6250000626

Address : 7621 NW 56TH PL CSR: Leanne Loeffel Operator : Daniel Anderson

Entry Date: 9/30/2008 11:52:55AM SO Type: M-SIO Request Type: General Investigation

Instructions: Exercise and lubricate meter valve for customer, it's frozen. Customer had irrigation person out to turn off water

for repair and could not turn valve. Please tag door with activity done.

Due Date : 10/1/2008 12:00:00AM Resolution Date : 10/4/2008 4:30:00PM FA Status: Completed

Resolution : Dug out valve. Lube spray, exercised valve. Informed customer.

Sub Division: 136 MR Route: F25 FA ID: 6279810755

Address : 5362 NW 78TH CT CSR: Isabel Ceballos Operator : Daniel Anderson

Entry Date : 7/23/2008 1:56:20PM SO Type: M-SIO Request Type: No Water

Instructions: Customer called answering service on 7-23-08 and reported having no water. Please resolve.

Due Date : 7/24/2008 12:00:00AM Resolution Date : 7/23/2008 8:30:00AM FA Status: Completed

Resolution : Customer's pipe broke in yard. Temporary turn off for customer to get emergency repairs done. Plumber will

restart service.

Customer Complaints and Resolutions 06/01/2008 to 12/31/2008

Sub Division: 136 MR Route: F25 FAID: 6612200302

Account # : 6612200000 Customer Name: RICKOLT, SALLY Phone #: (352) 629-0986

Address 4495 NW 84TH TER CSR: Elise Christian Operator: Daniel Anderson

Entry Date : 6/11/2008 5:00:45PM SO Type: M-SIO Request Type: No Water

Instructions: 9/11/08 customer called to say that he does not have any water and neither does his neighbor across the street.

Call came in at 5:45 pm. He said that it has been since around 4pm. Paged to Daniel by FT.

Due Date : 6/12/2008 12:00:00AM Resolution Date : 6/12/2008 11:00:00AM FA Status: Completed

Called customer and explained outage upon receipt of paging, 6-12 stopped by meter read. Home, excellent Resolution

PSI.

Sub Division: 136 MR Route: F25 FA ID: 6957010567

: 6957010000 Account # Customer Name: CASSONE.JACK Phone #: (352) 629-7452 Address : 4640 NW 80TH CT CSR: Jacqueline Sillitoe

Operator: Daniel Anderson

Entry Date : 11/21/2008 10:25:44AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer says that there is a leak at premises on our side. Dispatched to Dan A.

Due Date : 11/21/2008 12:00:00AM Resolution Date : 11/21/2008 11:00:00AM FA Status: Completed

Resolution Small 1 gpm leak on galvanized FE service line. Call for locates. Schedule hand dig, big excavate equipment

unnecessary. No property damage. Only water on driveway...

Sub Division: 136 MR Route: F25 FA ID: 7591200098

Account # : 7591200000 Customer Name: BISHOP, DOROTHY Phone #: (352) 629-9899

Address : 8279 NW 46TH ST CSR: Matthew Chandler Operator: Daniel Anderson

Entry Date : 6/12/2008 8:42:13AM SO Type: M-SIO Request Type: Discolored Water

Instructions : Customer has a very high sediment content in her water. She says it is very muddy. She would like to talk to

some one about this and the damage it may cause her hot water heaters. Please speak with customer.

Due Date : 6/12/2008 12:00:00AM Resolution Date : 6/13/2008 11:00:00AM FA Status: Completed

: Left phone message 06/12/08. Arrival 06/13 to check water quality. Left cell phone number for questions. 1.3

free CL2, clear. Tagged door. Flushed 50 gallons from post meter hose bibb.

Sub Division: 136 MR Route: F25 FAID: 8924200378

Account # : 8924200000 Customer Name: CEROSIMO.LOUIS Phone #: (352) 291-2072

Address 7606 NW 56TH PL CSR: Kimberly Bennett Operator: Daniel Anderson

Entry Date : 8/6/2008 12:13:15PM SO Type: M-SIO Request Type: Discolored Water

Instructions: Customer called due to discolored water and sludge return in water in bathroom and kitchen areas. Paged to

Daniel A.

Due Date Resolution Date: 7/6/2008 5:30:00PM : 8/6/2008 12:00:00AM FA Status: Completed

Resolution : Discolored water due to conditioner removing all CL2 and algae/bio film forming in commode reservoirs.

Sub Division: 136 MR Route: F25 FAID: 9044200389

Account # : 9044200000 Customer Name: HENDERSON, FRED Phone #: (352) 528-6711

Address 5894 NW 80TH AVENUE RD CSR: Lorie Mayeski Operator: Daniel Anderson:

Entry Date: 9/11/2008 9:28:13AM SO Type: M-SIO Request Type: General Investigation

Customer Complaints and Resolutions 06/01/2008 to 12/31/2008

Instructions: Customer called concerned about hole in front yard. Claims it was done by one of our field techs on 9/2/08. I

dispatched this to Chuck S. for further investigation. 9/11/08

Due Date : 9/11/2008 10:20:00AM Resolution Date : 9/11/2008 10:30:00AM FA Status: Completed

Resolution Customer needed standpipe installed over curbstop valve for possible emergency situations. Installed special

pipe today. Reburied lawn.

Sub Division: 136 MR Route: F25 FAID: 9281200520

Account # : 9281200000 Customer Name: DIEHL, CARL Phone #: (352) 401-7502

Address 8317 NW 43RD LN CSR: Leanne Loeffel Operator: Daniel Anderson

Entry Date : 10/31/2008 10:15:20AM SO Type: M-SIO Request Type: General Investigation

Customer called and stated he has water leaking and standing near his driveway and he doesn't believe it is his.

Paged to Daniel A to check out.

Due Date : 10/31/2008 6:00:00PM Resolution Date : 10/31/2008 5:00:00PM FA Status: Completed

Resolution : Small leak by driveway above main. Not near meter. Investigating for repair.

Sub Division: 136 MR Route: F25 FAID: 9990000065

Account # : 9990000000 Customer Name: O'FARRELL, JOSEPH M Phone #: (352) 873-9355

Address : 5147 NW 76TH CT CSR: Lyn Paulk Operator: Daniel Anderson

Entry Date : 7/24/2008 7:09:00AM SO Type: M-SIO Request Type: General Investigation

Instructions: Customer called to report a bad leak at the meter. He said he could feel the ground rumbling by the meter.

Paged to Daniel A.

Due Date : 7/24/2008 12:00:00AM Resolution Date : 7/24/2008 8:30:00AM FA Status: Completed

: Pipe after curb stop but before meter broke. Repiping today after drainage. Customer absent (left information

with neighbor).

Sub Division: 136 MR Route: F25 FAID: 9990000244

Account # : 9990000000 Customer Name: O'FARRELL, JOSEPH M Phone #: (352) 873-9355

Address 5147 NW 76TH CT CSR: Florida Temp 2 Operator: Daniel Anderson

Entry Date: 8/6/2008 2:06:21PM SO Type: M-SIO Request Type: Lawn Repair for Sewer Breaks

Customer states no clean up done after meter repair last week. Please update with comments. Customer is

irate and states that this must be done on Monday. Customer says that this is 3rd request.

Due Date : 8/7/2008 12:00:00AM Resolution Date: 8/28/2008 2:00:00PM FA Status: Completed

Resolution : Excavate repair delayed due to ground water saturated area. Lower end of long street receiving rainwater runoff

drainage. Huge honeybee hive to be removed form meter box. Home owners lawn guy ran over pipe causing

service lien break reset.