

CLASS A  
WATER AND/OR WASTEWATER UTILITIES

090462-WS

FINANCIAL, RATE  
AND ENGINEERING  
MINIMUM FILING  
REQUIREMENTS

OF

UTILITIES, INC. OF FLORIDA

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

MARION COUNTY  
VOLUME III



FOR THE

Test Year Ended: December 31, 2008

DOCUMENT NUMBER-DATE

00695 FEB-12

FPSC-COMMISSION CLERK

Utilities, Inc. of Florida

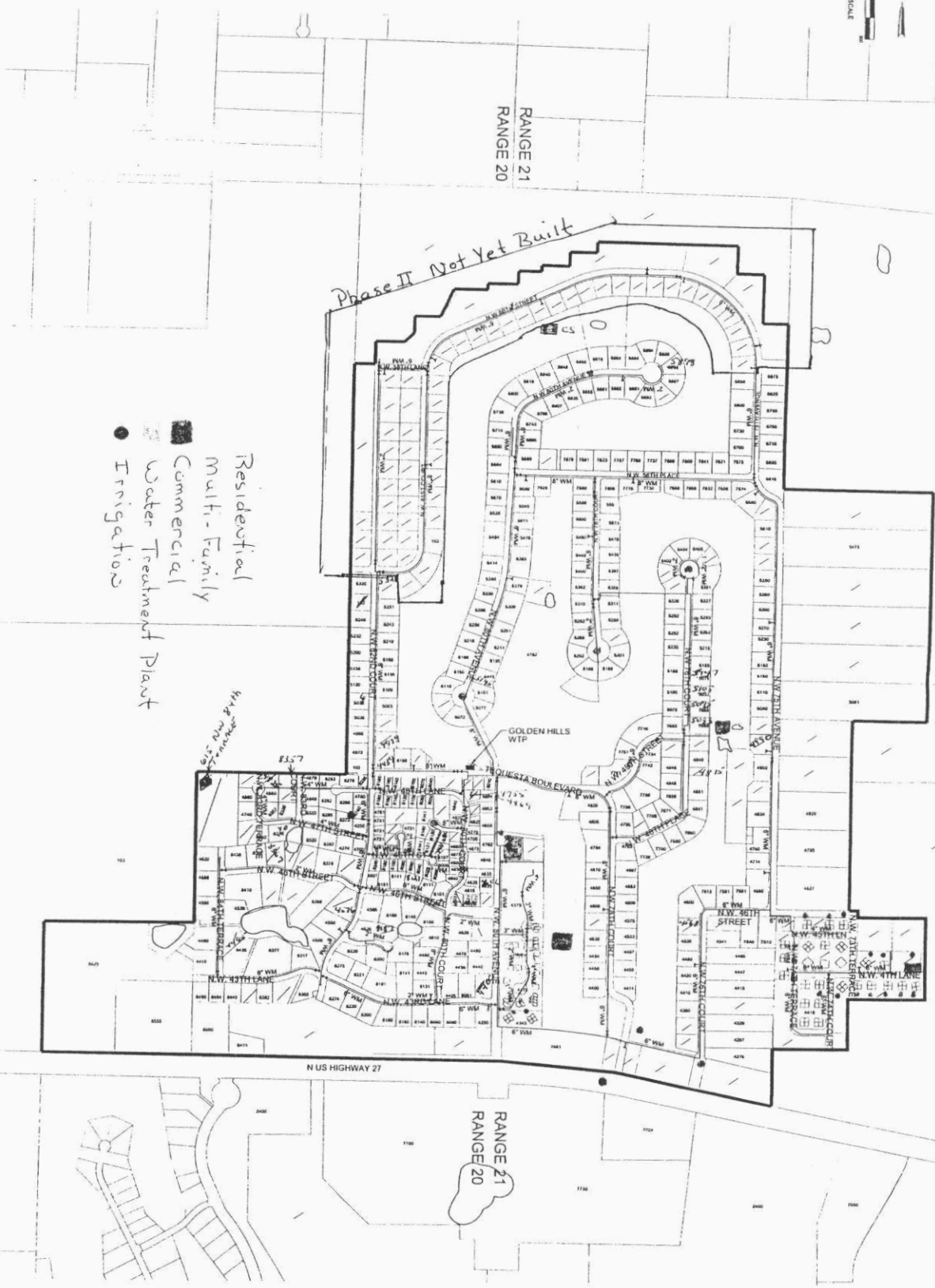
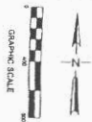
Docket No.: 090462-WS

Marion County

25-30.440 (1)  
DETAILED MAP

Test Year Ended December 31, 2008





Sheet No.  
**1**


**WATER DISTRIBUTION SYSTEM**  
**UTILITIES INC. OF FLORIDA**  
**Golden Hills Service Area**  
**Marion County, Florida**

Activity	Name	Date	Δ
Designed by:	SNR	11/07	Δ
Drawn by:	TJB	11/02	Δ
Checked by:	DEM	11/02	Δ
Approved by:	SNR	11/02	Δ
Certificate of Authorization No. 2002	No.	Date	Revision


Scale: 1" = 400'  
Date: NOV. 2002  
Job No. U0722  
File: GOLDEN HILLS  
Approved: SYSTEM

**cph** Engineers  
Planners  
Landscape Architects  
Surveyors  
Construction Management  
1111 East Williams Street, Suite C, Orlando, FL 32801  
Phone: 407.422.9432 Fax: 407.422.1016



Sheet No. <b>1</b>	<b>SEWER SERVICE BOUNDARY</b> <b>UTILITIES INC. OF FLORIDA</b> Golden Hills Service Area Marion County, Florida	Activity Designed by: SNR 11/02 Drawn by: TJB 11/02 Checked by: DEM 11/02 Approved by: SNR 11/02 <small>Compliance with Section No. 301</small>	Name Date 4/2007 No.	REVISD SERVICE AREA BOUNDARY Revision	Scale: 1" = 800' Date: APRIL 2007 Job No. L03722 File: Golden Hills System Approved: 2002	 Engineers Planners Landscape Architects Surveyors Construction Management <small>100 North Woodland Boulevard, Suite 200, Orlando, FL 32817          Phone: 407.761.1111 Fax: 407.761.1111</small>
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Multi Family      WWTP

 Commercial

Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (2)  
CHEMICALS USED

Test Year Ended December 31, 2008



	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Utilities, Inc. of Florida; Marion County													
2	Docket No. 090462-WS													
3	Schedule of Chemicals													
4	Test Year Ended December 31, 2008													
5														
6														
7		Sodium Hypochlorite		Sodium Hypochlorite		Trichloroisocyanuric Acid		Calcium Hypochlorite		Freight	Sales Tax	TOTAL		
8		12.5% solution		12.5% solution		Chlorine tabs		Chlorine powder				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
16	4/8/2008	65	1.25									81.25		53340
17	4/8/2008			110	1.25							137.50		53341
18	5/6/2008			130	1.25							162.50		61914
19	5/6/2008	135	1.25									168.75		61918
20	5/20/2008					1	135					135.00		64296
21	6/3/2008			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		84194
24	7/1/2008	80	1.25									100.00		76638
25	7/1/2008			150	1.25							187.50		76641
26	7/29/2008	75	1.25									93.75		83619
27	7/29/2008			185	1.25							231.25		86129
28	8/25/2008	70	1.25									87.50		91921
29	8/25/2008			100	1.25							125.00		91964
30	9/23/2008			135	1.25							168.75		102745
31	9/23/2008	125	1.25									156.25		102747
32	10/21/2008			150	1.25							187.50		110720
33	10/21/2008	90	1.25									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							137.50		123016
38														
39		1,210		1,640		1		100			-	3,845.50		
40														
41														
42	Quantity Purchased	1,210		1,640		50		100						
43	Unit of Measure	Gallons		Gallons		Pounds		Pounds						
44	Average Cost/ Unit		1.25		1.25									
45	Where Used (Water/ Sewer)	Water		Sewer		Sewer		Sewer						
46														
47														
48	Specify Dosage Rate	Disinfecting agent		Disinfecting agent										
49														
50	Water, total item used, gallons	1,210												
51	Water, chemical feed rate, ppm	2				N/A		N/A						

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
1	Utilities, Inc. of Florida; Marion County													
2	Docket No. 090462-WS													
3	Schedule of Chemicals													
4	Test Year Ended December 31, 2008													
5														
6														
7		Sodium Hypochlorite		Sodium Hypochlorite		Trichloroisocyanuric Acid		Calcium Hypochlorite		Freight	Sales Tax	TOTAL		
8		12.5% solution		12.5% solution		Chlorine tabs		Chlorine powder				AMOUNTS		
9	Date of Invoice	1 Gal	Unit Price	1 Gal	Unit Price	50# Pail	Unit Price	Pounds	Unit Price	Freight			Company	Invoice Number
52	Volume treated, million gal.		67.829											
53														
54	Sewer, total item used, gallons			1,640										
55	Sewer, chemical feed rate, ppm			29										
56	Volume treated, million gal.			6.799										
57														
58	7/22/2008	110	1.25	Jansen										
59	6/24/2008	200	1.25	Bear Lake										
60	6/24/2008	150	1.25	Oakland Shores										
														82569
														72827
														72828

Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (3)  
CHEMICAL ANALYSIS

Test Year Ended December 31, 2008





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

**Public Water System Information** (to be completed by sampler)

System Name: \_\_\_\_\_

PWS ID #

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Sample Information** (to be completed by sampler)

Sample Number: 89290DW1

Location Code (if known): Golden Hills WTP

Sample Date: \_\_\_\_\_ Sample Time: \_\_\_\_\_ AM PM (circle one)

Sample Location (be specific): \_\_\_\_\_

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

**Sample Type (check only one)**

- ☐ 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

**Sample Reason(s) (check all that apply)**

- ☐ Routine Compliance (with 62-550)
- ☐ Confirmation of MCL Exceedance \*
- ☐ Composite of Multiple Sites \*\*
- ☐ Clearance (permitting)
- ☐ Other: \_\_\_\_\_
- ☐ Quarterly (which quarter?) \_\_\_\_\_
- ☐ Special (not for compliance with 62-550)
- ☐ Violation Resolution
- ☐ Replacement (of invalidated sample)

Sampling Procedure Used or Other Comments: \_\_\_\_\_

\* See 62-550.500(6) for requirements and restrictions.

NOTE: See 62-550.512(3) for additional requirements  
for nitrate or nitrate MCL exceedances.

\*\* See 62-550.550(2) for requirements and

attach a results page for each site.

Sampler's Name: \_\_\_\_\_

Sampler's Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-Mail Address: \_\_\_\_\_

**Certification** (to be completed by sampler)

I, \_\_\_\_\_, \_\_\_\_\_

(Print Name)

(Print Title)

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Laboratory Certification Information** (to be completed by lab)

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

Florida Certification #: E83018  
Certification Expiration Date: 6/30/2009  
Phone #: 407-339-5984

**Analysis Information** (to be completed by lab)  
Sample Number: 89290DW1

Report Number: 89290  
Date Sample Received: 02/25/09

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

Inorganics

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

Volatile Organics

- ☐ All 21 ☐ Partial

Synthetic Organics

- ☐ All 30 ☐ Partial

Radionuclides

- ☐ Single Sample  
☐ Qtrly Composite\*\*

Secondaries

- ☐ All 14 ☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes  
☐ Haloacetic Acids  
☐ Bromate  
☐ Chlorite

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

**Certification**

I, Jefferson S. Flowers, Technical Director, do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature:



Date: 03/20/09

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

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

**Compliance Determination** (to be completed by DEP or DOH)

Sample Collection Info Satisfactory ☐ Yes ☐ No      Sample Analysis Info Satisfactory ☐ Yes ☐ No  
☐ Resample Requested (circle or highlight groups above)      ☐ Revised Report Requested (circle or highlight groups above)  
Reason(s): ☐ Incomplete Report      ☐ Location Unsatisfactory      ☐ Analysis Unsatisfactory  
☐ Missing Analyte Sheet(s)      ☐ Other \_\_\_\_\_

Person Notified: \_\_\_\_\_ Date Notified: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ DEP/DOH Reviewing Official: \_\_\_\_\_



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

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab 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	U	EPA200.8	0.00100	03/03/09		E83018

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

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	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	pH	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

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

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab 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



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

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

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lat Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	03/03/09	03/04/09		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	03/03/09	03/04/09		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	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	0.100	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	U	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

Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (4)  
OPERATIONS REPORTS

Test Year Ended December 31, 2008

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## 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: 100 Weatherfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: IIC  
 NO DISCHARGE FROM SITE: I I  
 MONITORING PERIOD: From: Jan. 1<sup>st</sup>, 2007

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTP  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

To: Jan 31<sup>st</sup>, 2007

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to PE pond	Sample Measurement	0.020		mgd				0	Calculation	Calc. Rolling 12 Mon. Avg.
PARM Code 50050 Y	Permit Measurement	0.040		mgd					Calculation	Calculated Roll 12 Mo. Avg.
Mon. Site No. FLW-01		(12MAVG) <sup>1</sup>								
Flow, total plant	Sample Measurement	0.020	0.021	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1	Permit Measurement	0.040	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Mon. Site No. FLW-01		(3MALV) <sup>2</sup>								
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement				50%		%	0	Monthly	Calculated
PARM Code 00180 1	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
Mon. Site No. FLW-01										
CHOD5	Sample Measurement				2.3		mg/L	0	Calculation	Calculated Rolling 12 Mon. Avg.
PARM Code 80082 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Mon. Site No. EFA-01					(12 Mo. Avg.)					
CHOD5	Sample Measurement				3.1	3.1	mg/L	0	Monthly	Grab
PARM Code 80082 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon. Site No. EFA-01					(Mo. Avg.)	(Max.)				
TSS	Sample Measurement				2.3		mg/L	0	Calculation	Calc. Rolling 12 Mon. Avg.
PARM Code 00530 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Mon. Site No. EFA-01					(12 Mo. Avg.)					
TSS	Sample Measurement				4	4	mg/L	0	Monthly	Grab
PARM Code 00530 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon. Site No. EFA-01					(Mo. Avg.)	(Max.)				

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 / Lead Operator	Daniel S. Anderson	800-272-1919	07/02/12

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: R001

WAFR SITE No. R001

Month/Year: January 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.3		8.0	SU	0	5 Days/Week	Grab
PARM Code 00406 I	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Focal Coliform Bacteria	Sample Measurement			1.8			#/100mL	0	Calculation	Calc. Rolling 12 Mon. Avg.
PARM Code 74055 Y	Permit Measurement			200 (12 Mo Avg.)			#/100mL		Calculation	Calculated Roll. 12 Mo Avg. <sup>1</sup>
Focal Coliform Bacteria	Sample Measurement			3		3	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Measurement			Report (Mo Geo Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement			1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50560 A	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					1.82	mg/L	0	Monthly	Grab
PARM Code 00620 I	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CHOD5	Sample Measurement			MNR			mg/L	0	Annually	Grab
PARM Code 80082 G	Permit Measurement			Report Annual Sample			mg/L		Annually*	Grab
TSS	Sample Measurement			MNR			mg/L	0	Annually	Grab
PARM Code 00530 G	Permit Measurement			Report Annual Sample			mg/L	0	Annually*	Grab
	Sample Measurement									
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County: Marion

Month/Year: January 2007

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (#.1)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.019			7.9		5.0			
2	0.021			7.9		4.9			
3	0.021			7.7		3.5			
4	0.021			7.6		3.0			
5	0.025			7.7		3.8			
6	0.025								
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								
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		3.0			
18	0.025			7.7		3.7			
19	0.021			7.8		3.9			
20	0.021								
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	MNR	MNR
26	0.021			7.8		3.9			
27	0.021								
28	0.020			8.0		5.0			
29	0.021			8.0		5.0			
30	0.021			7.9		5.0			
31	0.023			7.9		5.0			
Total	0.661	3.1	4	206.7	3	88.6	1.82		
Mo. Ave	0.021	3.1	4	7.7	3	3.3	1.82		

## PLANT STAFFING:

Day Shift Operator

Class: Class A Certificate No: #A-0008122<sup>CO</sup> Name: Daniel S. Anderson

Evening Shift Operator

Class: Class B Certificate No: #B-0009507<sup>CO</sup> Name: Steve L. Pfouts

Night Shift Operator

Class: Class C Certificate No: #C-0007747<sup>CO</sup> Name: Charles G. Schwedes

Lead Operator

Class: Class A Certificate No: #A-0008122<sup>PO</sup> Name: Daniel S. Anderson

PA File # FLA012680-002-DW3P

Version 3/2004

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

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 Weatherfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IMC  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD: From: Feb. 15<sup>th</sup>, 2007

REPORT: Monthly  
GROUP: Domestic

FILE COPY

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

To: Feb. 28<sup>th</sup>, 2007

COUNTY: Marion

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		MGD				0	Calculation	Calc. Reading 12 Mo. Avg.
PARAM Code 50050 Y	Permit Measurement	0.040		mgd					Calculation	Calculated Roll 12 Mo. Avg.
Mon Site No. FLW-01	Measurement	(12MADF)								
Flow, total plant	Sample Measurement	0.021	0.024	MGD				0	5 Days/Week	Flow Time Meter
PARAM Code 50050 1	Permit Measurement	0.040	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Mon Site No. FLW-01	Measurement	(3MADF)								
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				53%		Percent	0	Monthly	Calculated
PARAM Code 00180 1	Permit Measurement				Report (Percent)		Percent		Monthly	Calculated
Mon Site No. FLW-01	Measurement									
CBOD5	Sample Measurement				2.2		mg/L	0	Calculation	Calc. Reading 12 Mo. Avg.
PARAM Code 80082 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
Mon Site No. EFA-01	Measurement				(12 Mo. Avg.)					
CBOD5	Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
PARAM Code 80082 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01	Measurement				(Mo. Avg.)	(Max.)				
TSS	Sample Measurement				2.7		mg/L	0	Calculation	Calc. Reading 12 Mo. Avg.
PARAM Code 00530 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
Mon Site No. EFA-01	Measurement				(12 Mo. Avg.)					
TSS	Sample Measurement				5	5	mg/L	0	Monthly	Grab
PARAM Code 00530 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01	Measurement				(Mo. Avg.)	(Max.)				

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 / Lead Operator	Daniel S. Anderson	300-272-1919	07/03/12

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: R001

WAFR SITE No.: R001

Month/Year: Feb. 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.5		8.1	su.	0	5 Days/Week	Grab
PARM Code 00406 I	Permit Measurement			6.0 (Min.)		8.5 (Max.)	su.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				1.8		#/100ml	0	Calculation	Calc. Roll 12 Mo. Avg.
PARM Code 74055 Y	Permit Measurement				200 (12 Mo. Avg.)		#/100ml		Calculation	Calculated Roll 12 Mo. Avg.
Fecal Coliform Bacteria	Sample Measurement			<1		<1	#/100ml	0	Monthly	Grab
PARM Code 74055 I	Permit Measurement			Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement			2.3			mg/L	0		
PARM Code 50060 A	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					1.44	mg/L	0	Monthly	Grab
PARM Code 00620 I	Permit Measurement					120 (Max.)	mg/L		Monthly	Grab
CHODS	Sample Measurement				306		mg/L	0	Annually	Grab
PARM Code 80082 G	Permit Measurement				Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement				568		mg/L	0	Annually	Grab
PARM Code 00530 O	Permit Measurement				Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

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

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.033			8.0		5.0			
2	0.030			7.9		4.5			
3	0.030								
4	0.025			7.8		3.7			
5	0.023			7.9		4.4			
6	0.025			8.0		5.0			
7	0.023			8.0		5.0			
8	0.023			8.1		5.0			
9	0.025			8.0		4.9			
10	0.025								
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			
15	0.021			7.8		3.4			
16	0.021			7.8		3.7			
17	0.021								
18	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	0.021			7.6		2.7			
23	0.023			7.5		2.4			
24	0.023								
25	0.023			7.5		2.5			
26	0.022			7.9		4.1			
27	0.017			7.8		3.3			
28	0.018			7.8		3.7			
29									
30									
31									
Total	0.659	<2.0	5	186.7	<1	87.2	1.44	306	568
Mo. Ave	0.024	<2.0	5	7.8	<1	3.6	1.44	306	568

## PLANT STAFFING:

Day Shift Operator

Class: Class A

Certificate No:

HA-000812200

Name:

Daniel S. Anderson

Evening Shift Operator

Class: Class B

Certificate No:

HA-000950900

Name:

Steve L. Pfouts

Night Shift Operator

Class: Class C

Certificate No:

HC-000794007

Name:

Charles G. Schmalzer

Lead Operator

Class: Class A

Certificate No:

HA-000812200

Name:

Daniel S. Anderson

PA File # FLA012680-002-DW3P

Version 1/2004



# STATEMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

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 Woodcherryfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLAD12680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IMC  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD: From: March 1st, 2007

REPORT GROUP: Monthly  
Domestic

**FILE COPY**

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73rd Terrace  
Ocala, FL

To: March 31st, 2007

COUNTY: Marion

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		mgd				0	Calculation	Calc. Rolling 12 month Avg.
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.022	0.020	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				55%		Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. FLW-01	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBOD5	Sample Measurement				2.2		mg/L	0	Calculation	Calc. Rolling 12 month Avg.
PARM Code 80082 Y Mon Site No. EPA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
CBOD5	Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 1 Mon Site No. EPA-01	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				2.7		mg/L	0	Calculation	Calc. Rolling 12 month Avg.
PARM Code 00530 Y Mon Site No. EPA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
TSS	Sample Measurement				1	1	mg/L	0	Monthly	Grab
PARM Code 00530 1 Mon Site No. EPA-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/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO.	DATE: YYMMDD
Daniel S. Anderson/Lead Operator	Daniel S. Anderson	800-272-1919	07/04/17

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: R001

WAFR SITE No.: R001

Month/Year: March/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH	Sample Measurement			7.3		7.9	S.U.	0	5 Days/Week	Grab
PARM Code 00406 1 Mon Site No. EPA-01	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				1.8		#/100ml	0	Calculation	Calculated Rolling 12 month Avg.
PARM Code 74055 Y Mon Site No. EPA-01	Permit Measurement				300 (12 Mo Avg.)		#/100ml		Calculation	Calculated Roll 12 Mo. Avg.
Fecal Coliform Bacteria	Sample Measurement			<1		<1	#/100ml	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. EPA-01	Permit Measurement			Report (Mo Geo Mean)		800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement			1.1			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EPA-01	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					2.48	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EPA-01	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				MNR		mg/L	0	Annually	Grab
PARM Code 80082 0 Mon Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement				MNR		mg/L	0	Annually	Grab
PARM Code 00530 0 Mon Site No. INF-01	Permit Measurement				Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

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

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.023			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			
8	0.010			7.7		3.6			
9	0.013			7.6		3.0			
10	0.013								
11	0.014			7.7		3.9			
12	0.011			7.8		4.1			
13	0.023			7.9		4.3			
14	0.030			7.8		4.2			
15	0.010			7.7		3.8			
16	0.028			7.8		4.0			
17	0.021			7.7		1.5			
18	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								
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	<2.0	1	200.3	<1	81.6	2.48		
Mo. Ave	0.020	<2.0	1	7.7	<1	3.1	2.48		

## PLANT STAFFING:

Day Shift Operator

Class: Class A

Certificate No: #A-0008122<sup>00</sup>

Name:

Daniel S. Anderson

Evening Shift Operator

Class: Class B

Certificate No: #B-0009509<sup>00</sup>

Name:

Steve L. Pfouts

Night Shift Operator

Class: Class C

Certificate No: #C-0007747<sup>00</sup>

Name:

Charles G. Schwades

Lead Operator

Class: Class A

Certificate No: #A-0008122<sup>00</sup>

Name:

Daniel S. Anderson

PA File # FLA012680-002-DW3P

Version 1/2004

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 3600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Wendersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: IMC  
 NO DISCHARGE FROM SITE: 11  
 MONITORING PERIOD: From: April 1<sup>st</sup>, 2007

FILE COPY

Monthly  
 Domestic

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

COUNTY: Marion

To: April 3<sup>rd</sup>, 2007

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		MGD				0	Calculation	Calc. Rolling 12 Mo. Avg.
PARM Code 50050 Y	Permit Measurement	0.040		mgd					Calculation	Calculated
Mon Site No. FLW-01	Measurement	(12MADF) <sup>1</sup>								Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.021	0.018	MGD				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1	Permit Measurement	0.040	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Mon Site No. FLW-01	Measurement	(3MADF) <sup>2</sup>								
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				52.5 %		Percent	0	Monthly	Calculated
PARM Code 00180 1	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>1</sup>
Mon Site No. FLW-01	Measurement									
CHOD5	Sample Measurement				2.1		mg/L	0	Calculation	Calc. Rolling 12 Mo. Avg.
PARM Code 80082 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated
Mon Site No. EPA-01	Measurement				(12 Mo. Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
CHOD5	Sample Measurement				2.5	2.5	mg/L	0	Monthly	Grab
PARM Code 80082 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EPA-01	Measurement				(Mo. Avg.)	(Max.)				
TSS	Sample Measurement				2.8		mg/L	0	Calculation	Calc. Rolling 12 Month Avg.
PARM Code 00530 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated
Mon Site No. EPA-01	Measurement				(12 Mo. Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
TSS	Sample Measurement				4	4	mg/L	0	Monthly	Grab
PARM Code 00530 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EPA-01	Measurement				(Mo. Avg.)	(Max.)				

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 / Lead Operator	Daniel S. Anderson	351-272-1919	07/05/11

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: R001

WAFR SITE No.: R001

Month/Year: April/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type		
pH	Sample Measurement			7.5		3.0	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			1.8			#/100ml	0	Calculation	Calc. Rolling 12 Mon. Avg.
PARM Code 74055 Y Mon Site No. EFA-01	Permit Measurement			300 (12 Mo. Avg.)			#/100ml		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Fecal 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 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement			2.2			mg/L	0	5 Days/Week	Grab
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					4.30	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement			MNR			mg/L	1	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement			Report Annual Sample			mg/L		Annually <sup>4</sup>	Grab
TSS	Sample Measurement			MNR			mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement			Report Annual Sample			mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement									
	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) months' averages. For Fecal 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.



# DAILY SAMPLE RESULTS - PART B

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

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00330	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	EPA-01	EPA-01	EPA-01	EPA-01	EPA-01	EPA-01	INF-01	INF-01
1	0.016			7.9		4.8			
2	0.021			7.8		4.1			
3	0.016			8.0		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			8.0		5.0			
12	0.023			7.9		4.8			
13	0.019			7.8		4.3			
14	0.019								
15	0.021			7.7		3.9			
16	0.016			7.6		2.2			
17	0.016			7.8		4.1			
18	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			
24	0.016			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	0.014			7.7		3.5			
30	0.013			7.8		4.2			
31									
Total	0.530	2.5	4	201.9	<1	100.1	4.30		
Mo. Ave	0.018	2.5	4	7.8	<1	3.9	4.30		

## PLANT STAFFING:

Day Shift Operator Class: Class A Certificate No: #A-000812200 Name: Daniel S. Anderson

Evening Shift Operator Class: Class B Certificate No: #B-000950100 Name: Steve L. Pfouts

Night Shift Operator Class: Class C Certificate No: #C-000771700 Name: Charles G. Schwab

Lead Operator Class: Class A Certificate No: #A-000812200 Name: Daniel S. Anderson

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3351, 2500 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
MAILING ADDRESS: 200 Westfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IMC  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD: From: May 1st, 2007 To: May 31st, 2007

FILE COPY  
REPORT GROUP: Monthly Domestic

FACILITY: Crosspond WWTF  
LOCATION: 4497 NW 73rd Terrace  
Oak, FL

COUNTY: Marion

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to W2 pond	Sample Measurement	0.020	mgd			0	Calculate	Calc. Rolling 12 Mon. Avg.
PARM Code 50050 Y	Permit Measurement	0.080	mgd				Calculation	Calculated
Mon Site No. FLW-01	Measurement	(12MA1DF)						Roll 12 Mo. Avg.
Flow, total plant	Sample Measurement	0.018	mgd			0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I	Permit Measurement	0.040	mgd				5 Days/Week	Elapsed Time Meter
Mon Site No. FLW-01	Measurement	(12MA1DF)	Report (12 Mo. Avg.)					
Percent Capacity, (TMA1DF/Permitted Capacity) x 100	Sample Measurement			45%	Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Measurement			Report (Percent)	Percent		Monthly	Calculated
Mon Site No. FLW-01	Measurement							
CBOD5	Sample Measurement			2.7	mg/L	0	Calculate	Calc. Rolling 12 Mon. Avg.
PARM Code 80082 Y	Permit Measurement			20.0	mg/L		Calculation	Calculated
Mon Site No. EPA-01	Measurement			(12 Mo. Avg.)				Roll 12 Mo. Avg.
CBOD5	Sample Measurement			8.2	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Measurement			30.0	mg/L		Monthly	Grab
Mon Site No. EPA-01	Measurement			(Mo. Avg.)	(Max.)			
TSS	Sample Measurement			2.8	mg/L	0	Calculate	Calc. Rolling 12 Mon. Avg.
PARM Code 00530 Y	Permit Measurement			20.0	mg/L		Calculation	Calculated
Mon Site No. EPA-01	Measurement			(12 Mo. Avg.)				Roll 12 Mo. Avg.
TSS	Sample Measurement			1	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Measurement			30.0	mg/L		Monthly	Grab
Mon Site No. EPA-01	Measurement			(Mo. Avg.)	(Max.)			

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 / Lead Operator	Daniel S. Anderson	800-272-1919	07/06/13

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

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTP  
COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: May/2007

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement			7.3		8.0	S.U.	0	5 Days/Week	Grab
PARM Code 00406 1 Mon. Site No. EPA-01	Parent Measurement			5.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				1.8		#/100mL	0	Calculation	Calc. Rolling 12 Mon. Avg.
PARM Code 74033 Y Mon. Site No. EPA-01	Parent Measurement				200 (12 Mo. Avg.)		#/100mL		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria	Sample Measurement			<1		<1	#/100mL	0	Monthly	Grab
PARM Code 74033 1 Mon. Site No. EPA-01	Parent Measurement			Report (Min. (Max.))		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement			1.5			mg/L	0	5 Days/Week	Grab
PARM Code 30060 A Mon. Site No. EPA-01	Parent Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement					15.9	mg/L	1	Monthly	Grab
PARM Code 00520 1 Mon. Site No. EPA-01	Parent Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				MNR		mg/L	0	Annually	Grab
PARM Code 80062 G Mon. Site No. DNF-01	Parent Measurement				Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement				MNR		mg/L	0	Annually	Grab
PARM Code 00530 G Mon. Site No. DNF-01	Parent Measurement				Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement									
	Parent Measurement									
	Sample Measurement									
	Parent Measurement									

- 1 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.
- 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.

PA File # FLA012680-002-DWTP  
Version: 3/21/04

## DAILY SAMPLE RESULTS - PART B

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

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (a.s.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CHOD5 (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			7.6		3.0			
2	0.020			7.6		3.1			
3	0.013			7.6		3.5			
4	0.016			7.7		4.2			
5	0.016								
6	0.016			7.7		4.1			
7	0.016			7.7		4.0			
8	0.023			7.8		4.5			
9	0.016			8.0		5.0			
10	0.015			7.9		5.0			
11	0.016			7.9		4.7			
12	0.015								
13	0.015			7.8		4.1			
14	0.018			7.7		3.5			
15	0.018			7.8		4.2			
16	0.016			7.6		3.1			
17	0.019			7.3		1.5			
18	0.016			7.7		3.7			
19	0.019								
20	0.019			7.8		4.3			
21	0.017			7.9		5.0			
22	0.020			8.0		5.0			
23	0.023	8.2	1	8.0	<1	5.0	15.9	MNR	MNR
24	0.016			8.0		5.0	6.48		
25	0.013			7.9		4.2			
26	0.018								
27	0.018			7.8		3.9			
28	0.018			7.8		3.7			
29	0.016			7.8		4.2			
30	0.016			7.9		4.7			
31	0.015			8.0		5.0			
Total	0.527	8.2	1	210.3	<1	111.2	22.88		
Mo. Ave	0.017	8.2	1	7.8	<1	4.1	11.44		

## PLANT STAFFING:

Day Shift Operator

Class: Class A

Certificate No:

#A-0008122<sup>00</sup>

Name:

Daniel S. Anderson

Evening Shift Operator

Class: Class B

Certificate No:

#B-0009509<sup>00</sup>

Name:

Steve L. Pfouts

Night Shift Operator

Class: Class C

Certificate No:

#C-0007747<sup>00</sup>

Name:

Charles G. Schwades

Load Operator

Class: Class A

Certificate No:

#A-0008122<sup>00</sup>

Name:

Daniel S. Anderson

PA File # FLA012680-002-DW3P

Version 3/2004

## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635✓

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 3600 Blair Stone Road, Tallahassee, FL 32359-2400

PERMITTEE NAME: Utilities, Inc. of Florida  
 MAILING ADDRESS: 200 Weatherfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: IWC  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD

FLA012680

Final

Minor

R-001

IWC

[ ]

From: June 1<sup>st</sup>, 2007

REPORT:  
 GROUP:

FILE COPY

Monthly  
 Domestic

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

COUNTY: Marion

To: June 30<sup>th</sup>, 2007

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		mgd				0	Calculation	Calc. Rolling 12 Mo. Avg.
PARM Code 50050 Y	Permit Measurement	0.040		mgd					Calculation	Calculated Roll 12 Mo. Avg.
Mon. Site No. FLW-01		(12MADE) <sup>1</sup>								
Flow, total plant	Sample Measurement	0.017	0.016	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I	Permit Measurement	0.040	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Mon. Site No. FLW-01		(3MADE) <sup>2</sup>								
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement				43%		%	0	Monthly	Calculated
PARM Code 00180 I	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>1</sup>
Mon. Site No. FLW-01										
CBOD5	Sample Measurement				2.7		mg/L	0	Calculation	Calculated Rolling 12 Mo. Avg.
PARM Code 80082 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Mon. Site No. EFA-01					(12 Mo. Avg.)					
CBOD5	Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon. Site No. EFA-01					(Mo. Avg.)	(Max.)				
TSS	Sample Measurement				2.4		mg/L	0	Calculation	Calc. Rolling 12 Mo. Avg.
PARM Code 00530 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Mon. Site No. EFA-01					(12 Mo. Avg.)					
TSS	Sample Measurement				<1	<1	mg/L	0	Monthly	Grab
PARM Code 00530 I	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon. Site No. EFA-01					(Mo. Avg.)	(Max.)				

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 YYMM/DD
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272-1919	07/07/02

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



## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crowwood WWTF  
COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: June/2007

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6 -		8.0 -	SU	0	5 Days/Week	Grab
PARM Code 00406 1 Mon Site No. EPA-01	Permit Measurement				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					1.7 -		#/100ml	0	Calculation	Calc. Rolling
PARM Code 74055 Y Mon Site No. EPA-01	Permit Measurement					200 (12 Mo Avg.)		#/100ml		Calculation	Calculated Roll. 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria	Sample Measurement				<1 -		<1 -	#/100ml	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. EPA-01	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				2.9 -			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EPA-01	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement						2.64 -	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EPA-01	Permit Measurement						120 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 80052 0 Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 00530 0 Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>2</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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.

# FILE COPY

## DAILY SAMPLE RESULTS - PART B

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

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.020 ✓			7.8		4.3			
2	0.020 ✓								
3	0.020 ✓			7.8		4.1			
4	0.016 ✓			7.9		4.7			
5	0.016 ✓			7.9		4.8			
6	0.015 ✓			7.9		5.0			
7	0.015 ✓			8.0		5.0			
8	0.015 ✓			7.9		4.5			
9	0.013 ✓								
10	0.013 ✓			7.9		4.7			
11	0.008 ✓			8.0		5.0+			
12	0.010 ✓			7.9		4.6			
13	0.019 ✓			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			
18	0.016 ✓			7.8		4.4			
19	0.015 ✓	< 2.0	< 1	7.6	< 1	3.2	2.64		
20	0.016 ✓			7.7		3.6			
21	0.015 ✓			7.8		4.0			
22	0.016 ✓			7.6		2.9			
23	0.016 ✓								
24	0.016 ✓			7.7		3.3			
25	0.018 ✓			7.7		3.5			
26	0.016 ✓			7.8		4.2			
27	0.016 ✓			7.8		4.1			
28	0.015 ✓			7.9		5.0			
29	0.016 ✓			8.0		5.0			
30	0.020 ✓								
31									
Total	0.475	< 2.0	< 1	195.3	< 1	105.6	2.64		
Mo. Ave	0.016	< 2.0	< 1	7.8	< 1	4.2	2.64		

### PLANT STAFFING:

Day Shift Operator

Class: Class A

Certificate No: #A-0008122<sup>DO</sup>

Name:

Daniel S. Anderson

Evening Shift Operator

Class: Class B

Certificate No: #B-0009509<sup>DO</sup>

Name:

Steve L. Pfeuts

Night Shift Operator

Class: Class C

Certificate No: #C-0007747<sup>DO</sup>

Name:

Charles G. Schwabes

Lead Operator

Class: Class A

Certificate No: #A-0008122<sup>DO</sup>

Name:

Daniel S. Anderson

PA File # FLA012680-002-DW3P

Version 12004

# 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: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: ILC  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD: From: July 1st, 2007

REPORT: Monthly  
GROUP: Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73rd Terrace  
Deals, FL

COUNTY: Marion

To: 7/31/2007

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		mgd				0	Calculation	Calc. Roll 12 Mo. Avg.
PARAM Code 50050 Y	Permit Measurement	0.040		mgd					Calculation	Calculated Roll 12 Mo. Avg.
Mon Site No. FLW-01		(12MADP)								
Flow, total plant	Sample Measurement	0.018	0.020	mgd				0	5 Days/Week	Calc. Roll 12 Mo. Avg.
PARAM Code 50050 1	Permit Measurement	0.040	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Mon Site No. FLW-01		(12MADP)								
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				45%		Percent	0	Monthly	Calculated
PARAM Code 00180 1	Permit Measurement				Report (Percent)		Percent		Monthly	Calculated
Mon Site No. FLW-01										
CBOD5	Sample Measurement				2.7		mg/L	0	Calculation	Calc. Roll 12 Mo. Avg.
PARAM Code 80082 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
Mon Site No. EFA-01					(12 Mo. Avg.)					
CBOD5	Sample Measurement				< 2.0	< 2.0	mg/L	0	Monthly	Grab
PARAM Code 80082 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01					(Mo. Avg.)	(Max.)				
TSS	Sample Measurement				2.0		mg/L	0	Calculation	Calc. Roll 12 Mo. Avg.
PARAM Code 00530 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
Mon Site No. EFA-01					(12 Mo. Avg.)					
TSS	Sample Measurement				< 1	< 1	mg/L	0	Monthly	Grab
PARAM Code 00530 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01					(Mo. Avg.)	(Max.)				

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 / Lead Operator	Daniel S. Anderson	900-272-1911	(Aug) 07/05/07

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

\*A File # FLA012680-002-DW3P  
Version 3/2004

FILE COPY

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## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF  
COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: July/2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement				7.5		7.9	S.U.	0	5 Days/Week	Grab
PARM Code 00406 I Mon. Site No. EPA-01	Permit Measurement				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					1.5		#/100mL	0	Calculation	Calc. Roll 12 Mo. Avg.
PARM Code 74055 Y Mon. Site No. EPA-01	Permit Measurement					200 (12 Mo. Avg.)		#/100mL		Calculation	Calculated Roll 12 Mo. Avg.
Fecal Coliform Bacteria	Sample Measurement				<1		<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon. Site No. EPA-01	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EPA-01	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement						0.65	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon. Site No. EPA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 80082 G Mon. Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually	Grab
	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 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.

# DAILY SAMPLE RESULTS - PART B

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

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.028			7.5		1.5			
2	0.011			7.7		3.2			
3	0.016			7.9		4.7			
4	0.017			7.9		3.6			
5	0.027			7.9		1.0			
6	0.021			7.9		3.5			
7	0.013			7.9		3.5			
8	0.024								
9	0.024			7.8		2.0			
10	0.016			7.8		2.1			
11	0.016			7.8		2.2			
12	0.011			7.8		1.1			
13	0.009			7.8		1.1			
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	< 1	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			7.9		4.5			
28	0.025								
29	0.025			7.9		4.4			
30	0.020			7.8		3.8			
31	0.022			7.7		3.2			
Total	0.608	< 2.0	< 1	210.3	< 1	76.6	0.65		
Mo. Ave	0.020	< 2.0	< 1	7.8	< 1	2.8	0.65		

## PLANT STAFFING:

Day Shift Operator

Class: Class A

Certificate No:

#A-00812<sup>00</sup>

Name:

Daniel S. Anderson

Evening Shift Operator

Class: Class B

Certificate No:

#B-0009509<sup>00</sup>

Name:

Steve L. Pfeuts

Night Shift Operator

Class: Class C

Certificate No:

#C-0007747<sup>00</sup>

Name:

Charles G. Schwedes

Lead Operator

Class: Class A

Certificate No:

#A-00812<sup>00</sup>

Name:

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

MITTEE NAME: Utilities, Inc. of Florida  
MAILING ADDRESS: 200 Weathersfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA017680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: M/C  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD: From: Aug. 1, 2007

REPORT: Monthly  
GROUP: Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

To: Aug. 3, 2007

COUNTY: Marion

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		mgd				0	Calculation	Calculation
PARM Code 50050 Y	Permit Measurement	0.040		mgd					Calculation	Calculation
Mon Site No. FLW-01		(12MADP) <sup>1</sup>								Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.018	0.019	mgd				0	5 Pond/Week	Elapsed Time
PARM Code 50050 I	Permit Measurement	0.040	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time
Mon Site No. FLW-01		(3MADP) <sup>2</sup>								Meier
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				45%		Percent	0	Monthly	Calculation
PARM Code 00180 I	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculation
Mon Site No. FLW-01										
CBOD5	Sample Measurement				2.7		mg/L	0	Calculation	Calculation
PARM Code 80082 Y	Permit Measurement				30.0		mg/L		Calculation	Calculation
Mon Site No. EFA-01					(12 Mo. Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
CBOD5	Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01					(Mo. Avg.)	(Max.)				
TSS	Sample Measurement				2.0		mg/L	0	Calculation	Calculation
PARM Code 00510 Y	Permit Measurement				20.0		mg/L		Calculation	Calculation
Mon Site No. EFA-01					(12 Mo. Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
TSS	Sample Measurement				<1	<1	mg/L	0	Monthly	Grab
PARM Code 00510 I	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01					(Mo. Avg.)	(Max.)				

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/Lead Operator	Daniel S. Anderson	800-272-1719	07/07/13

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

PA File # FLA017680-002-DWJP

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## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF  
COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: August/2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.7		0	5 Days/Week	Grab
PARM Code 00406 I	Permit Measurement			6.0 (Min.)	8.5 (Max.)			Grab
Fecal Coliform Bacteria	Sample Measurement			1.5		0	Calculation	Rolling 12 Mo. Avg. <sup>1</sup>
PARM Code 74055 Y	Permit Measurement			200 (12 Mo. Avg.)			Calculation	Rolling 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria	Sample Measurement			<1	<1	0	Monthly	Grab
PARM Code 74055 I	Permit Measurement			Report (Mo. Gen. Mean)	800 (Max.)		Monthly	Grab
TRC for disinfection	Sample Measurement			2.0		0	5 Days/Week	Grab
PARM Code 50060 A	Permit Measurement			0.5 (Min.)			5 Days/Week	Grab
Nitrate (as N)	Sample Measurement				3.16	0	Monthly	Grab
PARM Code 00620 I	Permit Measurement				12.0 (Max.)		Monthly	Grab
CBOD5	Sample Measurement			MNR		0	Annually	Grab
PARM Code 80082 G	Permit Measurement			Report Annual Sample			Annually <sup>4</sup>	Grab
TSS	Sample Measurement			MNR		0	Annually	Grab
PARM Code 00530 G	Permit Measurement			Report Annual Sample			Annually <sup>4</sup>	Grab
	Sample Measurement							
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

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

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50350	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	0.016			7.7		3.0			
2	0.021			7.7		2.8			
3	0.021			7.9		4.7			
4	0.026								
5	0.026			7.8		3.9			
6	0.023			7.9		4.5			
7	0.015			8.0		5.0			
8	0.018			7.9		4.0			
9	0.022			7.9		4.1			
10	0.016			8.0		5.0			
11	0.023								
12	0.023			7.9		4.1			
13	0.013			8.0		4.5			
14	0.016			8.0		5.0			
15	0.018			8.0		5.0			
16	0.023			8.0		5.0			
17	0.014			8.0		4.9			
18	0.025								
19	0.025			7.9		4.7			
20	0.016			7.9		4.9			
21	0.016			7.8		3.5			
22	0.013	<2.0	<1	7.7	<1	3.1	3.16	MNR	MNR
23	0.016			7.8		72.2			
24	0.016			7.9		72.2			
25	0.022								
26	0.022			7.9		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	<2.0	<1	212.5	<1	98.9	3.16		
Mo. Ave	0.019	<2.0	<1	7.9	<1	3.7	3.16		

## PLANT STAFFING:

Day Shift Operator	Class: <u>Class A</u>	Certificate No: <u>#A-0008122</u> <sup>DO</sup>	Name: <u>Daniel S. Anderson</u>
Evening Shift Operator	Class: <u>Class B</u>	Certificate No: <u>#B-0009509</u> <sup>DO</sup>	Name: <u>Steve L. Pfouts</u>
Night Shift Operator	Class: <u>Class C</u>	Certificate No: <u>#C-0007747</u> <sup>DO</sup>	Name: <u>Charles G. Schwedes</u>
Lead Operator	Class: <u>Class A</u>	Certificate No: <u>#A-0008122</u> <sup>DO</sup>	Name: <u>Daniel S. Anderson</u>

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 Weathersfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: MLC  
NO DISCHARGE FROM SITE: [ ]  
MONITORING PERIOD: From: 09/01/07

REPORT: Monthly  
GROUP: Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

To: 09/30/07

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond		Sample Measurement	0.019	mgd						
PARM Code 50050 Y		Permit Measurement	0.040 (12MADF)	mgd				0	Calculation	Calc. Roll 12 Mo. Avg.
Flow, total plant		Sample Measurement	0.019	mgd	0.018					
PARM Code 50050 I		Permit Measurement	0.040 (3MADF)	mgd	Report (Mo. Avg.)			0	5 Days/Week	Elapsed Time Dist.
Percent Capacity, (TMADF/Permitted Capacity) x 100		Sample Measurement			48%		Percent	0	Monthly	Calculated
PARM Code 00180 I		Permit Measurement			Report (Percent)		Percent	0	Monthly	Calculated
CBOD5		Sample Measurement								
PARM Code 80082 Y		Permit Measurement			2.7		mg/L	0	Calculation	Calc. Roll 12 Mo. Avg.
CBOD5		Sample Measurement			20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
PARM Code 80082 I		Permit Measurement			< 2.0	< 2.0	mg/L	0	Monthly	Grab
TSS		Sample Measurement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
PARM Code 00530 Y		Permit Measurement			2.0		mg/L	0	Calculation	Calc. Roll 12 Mo. Avg.
TSS		Sample Measurement			20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
PARM Code 00530 I		Permit Measurement			1	1	mg/L	0	Monthly	Grab
		Sample 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 / Lead Operator	Daniel S. Anderson	800-272-1919	07/10/11

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: R001

WAFR SITE No. R001

Month/Year: September 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
pH		Sample Measurement			7.7		8.1	S.U.	0	5 Days/Week	Grab
PARM Code 00406 Mon. Site No. EFA-01	I	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria		Sample Measurement				1.5		#/100 <sup>mL</sup>	0	Calculation	Calc. Rolling 12 Mo. Avg.
PARM Code 74055 Mon. Site No. EFA-01	Y	Permit Measurement				200 (12 Mo. Avg.)		#/100mL		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria		Sample Measurement			< 1		< 1	#/100.mL	0	Monthly	Grab
PARM Code 74055 Mon. Site No. EFA-01	I	Permit Measurement			Report (Mo. Geo. Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection		Sample Measurement			1.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 Mon. Site No. EFA-01	A	Permit Measurement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)		Sample Measurement					3.47	mg/L	0	Monthly	Grab
PARM Code 00620 Mon. Site No. EFA-01	I	Permit Measurement					12.0 (Max.)	mg/L		Monthly	Grab
CBOD5		Sample Measurement				MNR		mg/L	0	Annually	Grab
PARM Code 80082 Mon. Site No. INF-01	G	Permit Measurement				Report Annual Sample		mg/L		Annually <sup>2</sup>	Grab
TSS		Sample Measurement				MNR		mg/L	0	Annually	Grab
PARM Code 00530 Mon. Site No. INF-01	G	Permit Measurement				Report Annual Sample		mg/L		Annually <sup>2</sup>	Grab
		Sample Measurement									
		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) months.

2

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

- 1 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.
- 2 Rolling Three Month Average is the average of the current month's average and the preceding two (2) months' averages.
- 3 The JMADF % Capacity is the JMADF 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: Crownwood WWTF  
 County: Madison  
 Month/Year: September 2007

Permit Number: FLA012650

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (N/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80032	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.016			7.9		72.2			
2	0.020								
3	0.021			7.9		72.2			
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			7.8		72.2			
14	0.023			7.7		1.8			
15	0.017			7.7		2.0			
16	0.018								
17	0.018			7.8		72.2			
18	0.017			8.0		72.2			
19	0.017	<2.0	1	8.0	<1	72.2	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		72.2			
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			7.8		2.0			
31									
Total	0.554	<2.0	1	197.6	<1	54.0	3.47	MNR	MNR
Mo. Ave	0.018	<2.0	1	7.9	<1	2.2	3.47	MNR	MNR

## PLANT STAFFING:

Day Shift Operator

Class: Class A Certificate No: #A-0008122<sup>00</sup> Name: Daniel S. Anderson

Evening Shift Operator

Class: Class B Certificate No: #B-0007509<sup>00</sup> Name: Steve L. Pfents

Night Shift Operator

Class: Class C Certificate No: #C-0007747<sup>00</sup> Name: Charles G. Schwablos

Lead Operator

Class: Class A Certificate No: #A-0008122<sup>00</sup> Name: Daniel S. Anderson

PA File # FLA012650-002-DW3P

Version 3/2004

# DAILY SAMPLE RESULTS - PART B

Facility Name: Crownswood WWTF  
 County: Marion  
 Month/Year: September 2007

Permit Number: FLA012650

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	50082	00530	00406	74055	50060	00620	50082	00530
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.016			7.9		72.2			
2	0.020								
3	0.021			7.9		72.2			
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			7.8		72.2			
14	0.023			7.7		1.8			
15	0.017			7.7		2.0			
16	0.018								
17	0.018			7.8		72.2			
18	0.017			8.0		72.2			
19	0.017	<2.0	1	8.0	<1	72.2	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		72.2			
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			7.8		2.0			
31									
Total	0.554	<2.0	1	197.6	<1	54.0	3.47	MNR	MNR
No. Ave	0.018	<2.0	1	7.9	<1	2.2	3.47	MNR	MNR

PLANT STAFFING:  
 Day Shift Operator

Class: Class A Certificate No: #A-0008122<sup>00</sup> Name: Daniel S. Anderson

Evening Shift Operator

Class: Class B Certificate No: #B-0009509<sup>00</sup> Name: Steve L. Pfontes

Night Shift Operator

Class: Class C Certificate No: #C-0007747<sup>00</sup> Name: Charles G. Schwades

Lead Operator

Class: Class A Certificate No: #A-0008122<sup>00</sup> Name: Daniel S. Anderson

PA File # FLA012650-002-DW3P  
 Version 3/2004

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

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: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IBC  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD: From: 10/01/07

REPORT GROUP: Domestic

FILE COPY

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

COUNTY: Marion

To: 11/21/07

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		mgd				0	Calculation	Calculated
PARM Code 50050 Y	Permit Measurement	0.040		mgd					Calculation	Calculated
Mon Site No. FLW-01	Measurement	(12MADE) <sup>1</sup>								Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.021	0.026	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1	Permit Measurement	0.040	Report (Mo Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Mon Site No. FLW-01	Measurement	(3MADE) <sup>2</sup>								
Percent Capacity, (FMAD/Permitted Capacity) x 100	Sample Measurement				53%		Percent	0	Monthly	Calculated
PARM Code 00180 1	Permit Measurement				Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated
Mon Site No. FLW-01	Measurement									
CBOD5	Sample Measurement				2.5		mg/L	0	Calculation	Calculated
PARM Code 80082 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated
Mon Site No. FFA-01	Measurement				(12 Mo Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
CBOD5	Sample Measurement				42.0	42.0	mg/L	0	Monthly	Grab
PARM Code 80082 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. FFA-01	Measurement				(Mo Avg.)	(Max.)				
TSS	Sample Measurement				2.0		mg/L	0	Calculation	Calculated
PARM Code 00530 Y	Permit Measurement				20.0		mg/L		Calculation	Calculated
Mon Site No. FFA-01	Measurement				(12 Mo Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
TSS	Sample Measurement				< 1	< 1	mg/L	0	Monthly	Grab
PARM Code 00530 1	Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. FFA-01	Measurement				(Mo Avg.)	(Max.)				

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 YYMMDD
Daniel S. Anderson / Lead Operator	Daniel S. Anderson	800-272-1919	07/11/15

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: R001

WAFR SITE No. R001

Month/Year: October / 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
pH	Sample Measurement				7.6		8.0	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	Sample Measurement				1.3			#/100mL	0	Calculation	Calculated 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.
Fecal Coliform Bacteria	Sample Measurement				1		1	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-01	Permit Measurement				Report (Mo Geo. Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0			mg/L	0	5 Days/Week	Grab
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						2.72	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				MNR			mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement				Report Annual Sample			mg/L		Annually	Grab
TSS	Sample Measurement				MNR			mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement				Report Annual Sample			mg/L		Annually	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

County: Marion

Month/Year: October/2007

	Flow (MGD) To R001	CHOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.024			7.7		1.8			
2	0.025			7.7		1.7			
3	0.026			8.0		>2.2			
4	0.026			8.0		>2.2			
5	0.030			7.6		1.0			
6	0.033 (0.033)								
7	0.033			7.6		1.2			
8	0.033			7.7		1.8			
9	0.025			7.7		1.9			
10	0.021			7.9		>2.2			
11	0.021			8.0		>2.2			
12	0.024			7.9		>2.2			
13	0.020								
14	0.020			7.9		>2.2			
15	0.024			7.9		>2.2			
16	0.018			7.9		>2.2			
17	0.020	<2.0	<1	7.9	1	>2.2	2.72	4.48	4.48
18	0.020			7.8		>2.2			
19	0.017			7.9		>2.2			
20	0.025								
21	0.025			8.0		>2.2			
22	0.027			7.8		1.9			
23	0.030			7.6		1.3			
24	0.028			7.8		2.0			
25	0.030			7.9		>2.2			
26	0.025			7.9		>2.2			
27	0.030								
28	0.030			7.6		1.0			
29	0.029			7.6		1.2			
30	0.030			7.9		>2.2			
31	0.029			7.9		>2.2			
Total	0.798	<2.0	<1		1		2.72		
Mo. Ave	0.026	<2.0	<1		1		2.72		

## PLANT STAFFING

Day Shift Operator

Class Class A

Certificate No.

#A-8122<sup>00</sup>

Name

Daniel S. Anderson

Evening Shift Operator

Class Class B

Certificate No.

#B-9509<sup>00</sup>

Name

Steve L. Phelan

Night Shift Operator

Class Class C

Certificate No.

#C-7747<sup>00</sup>

Name

Charles G. Selman

Lead Operator

Class Class A

Certificate No.

#A-8122<sup>00</sup>

Name

Timothy S. Anderson

PA File # FLA012680-002-PW3P

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

**FILE COPY**

PERMITTEE NAME: Utilities, Inc. of Florida  
MAILING ADDRESS: 200 Weatherfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IIVC  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD: From: Nov. 1st, 2007

REPORT GROUP: Monthly  
Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73rd Terrace  
Orlando, FL

COUNTY: Marion

To: Nov. 30th, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to Eff. pond		Sample Measurement	0.020		mgd				0	Calculation	Calc. Rolling 12 Mon. Avg.
PARM Code 50050 Y		Permit Measurement	0.040		mgd					Calculation	Calculated
Mon Site No. FLW-01			(12MADE) <sup>1</sup>								Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant		Sample Measurement	0.022	0.022	mgd				0	5 Days/week	Elapsed Time Meter
PARM Code 50050 1		Permit Measurement	0.040	Report (Mo Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Mon Site No. FLW-01			(3MADE) <sup>1</sup>								
Percent Capacity, (1MADE/Permitted Capacity) x 100		Sample Measurement			55%			Percent	0	Monthly	Calculated
PARM Code 00180 1		Permit Measurement			Report (Percent) <sup>1</sup>			Percent		Monthly	Calculated
Mon Site No. FLW-01											
CBOD5		Sample Measurement				2.7		mg/L	0	Calculation	Calc. Rolling 12 Mon. Avg.
PARM Code 80082 Y		Permit Measurement				20.0		mg/L		Calculation	Calculated
Mon Site No. EFA-01						(12 Mo Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
CBOD5		Sample Measurement				<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 1		Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01						(Mo Avg.)	(Max.)				
TSS		Sample Measurement				2.0		mg/L	0	Calculation	Calc. Rolling 12 Mon. Avg.
PARM Code 00530 Y		Permit Measurement				20.0		mg/L		Calculation	Calculated
Mon Site No. EFA-01						(12 Mo Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
TSS		Sample Measurement				<2	<2	mg/L	0	Monthly	Grab
PARM Code 00530 1		Permit Measurement				30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01						(Mo Avg.)	(Max.)				

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/Lead Operator	Daniel S. Anderson	800-272-1919	07/12/13

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownswood WWTF  
COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: November/2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.5		8.0	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	Sample Measurement					1.3		#/100mL		Calculation	Calc. Rolling 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. <sup>1</sup>
Fecal Coliform Bacteria	Sample Measurement				< 1		< 1	#/100L	0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-01	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100mL		Monthly	Grab
THC for disinfection	Sample Measurement				1.6			mg/L	0	5 Days/Week	Grab
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						1.00	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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 3MADP % Capacity is the 3MADP 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: Crownwood WWTF  
County: Marion  
Month/Year: November/2007

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50056	50082	00530	00406	74055	50060	00620	80082	00536
Mon. Site	FIW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.025			7.8		72.2			
2	0.030			7.9		72.2			
3	0.028								
4	0.028			7.5		1.6			
5	0.028			7.8		72.2			
6	0.026			7.9		72.2			
7	0.028			7.9		72.2			
8	0.025			7.9		72.2			
9	0.016			7.7		1.9			
10	0.023								
11	0.023			7.8		72.2			
12	0.022			7.9		72.2			
13	0.021			7.8		2.0			
14	0.021			7.9		72.2			
15	0.016			7.9		72.2			
16	0.020			7.9		72.2			
17	0.018								
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		72.2			
24	0.017								
25	0.017			7.9		2.0			
26	0.016			7.9		2.1			
27	0.020	< 2.0	< 2	8.0	< 1	72.2	1.00	MNR	MNR
28	0.025			7.9		72.2			
29	0.021			7.9		2.0			
30	0.019			7.8		1.9			
31									
Total	0.646	< 2.0	< 2	203.8	< 1	54.1	1.00	MNR	MNR
Mo. Ave	0.022	< 2.0	< 2	7.8	< 1	2.1	1.00	MNR	MNR

## PLANT STAFFING:

Day Shift Operator

Class: Class A Certificate No: #A-0008122 DO Name: Daniel S. Anderson

Evening Shift Operator

Class: Class B Certificate No: #B-0007509 DO Name: Steve L. Pfouts

Night Shift Operator

Class: Class C Certificate No: #C-0007747 DO Name: Charles G. Schwedes

Lead Operator

Class: Class A Certificate No: #A-0008122 DO Name: Daniel S. Anderson

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

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

633

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

MITTEE NAME: Utilities, Inc. of Florida  
 ILING ADDRESS: 260 Weathersfield Avenue  
 Altamonte Springs, FL 32714

PERMIT NUMBER:  
 LIMIT:  
 CLASS SIZE:  
 DISCHARGE POINT NUMBER:  
 PLANT SIZE/TREATMENT TYPE:  
 NO DISCHARGE FROM SITE:  
 MONITORING PERIOD

FLA012689  
 Final  
 Minor  
 R-001  
 III/C

FILE COPY

Monthly  
 Domestic

CILITY: Crownwood WWTF  
 CATION: 4497 NW 73<sup>rd</sup> Terrace  
 Ocala, FL

UNTY: Marion

From: Dec. 1<sup>st</sup>, 2007

To: Dec. 31<sup>st</sup>, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
low, to P/E pond		Sample Measurement	0.020	MGD				0	Calculation	Calc. Roll, 12 Mo. Avg.
ARM Code 50050 Y		Permit Measurement	0.040 (12MADE) <sup>1</sup>	mgd					Calculation	Calculated Roll, 12 Mo. Avg. <sup>1</sup>
low, total plant		Sample Measurement	0.022	MGD	0.019			0	5 Days/Week	Elapsed Time Meter
ARM Code 50050 I		Permit Measurement	0.040 (3MADE) <sup>2</sup>	mgd	Report (Mo Avg.)				5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100		Sample Measurement			55%		Percent	0	Monthly	Calculated
ARM Code 00180 I		Permit Measurement			Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated
Mon Site No. FLW-01		Sample Measurement			2.7		mg/L	0	Calculation	Calc. Roll, 12 Mo. Avg.
ARM Code 80082 Y		Permit Measurement			20.0 (12 Mo Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Avg. <sup>1</sup>
Mon Site No. EFA-01		Sample Measurement			2.3	2.3	mg/L	0	Monthly	Grab
ARM Code 80082 I		Permit Measurement			30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
Mon Site No. EFA-01		Sample Measurement			2.0		mg/L	0	Calculation	Calc. Roll, 12 Mo. Avg.
ARM Code 00530 Y		Permit Measurement			20.0 (12 Mo Avg.)		mg/L		Calculation	Calculated Roll, 12 Mo. Avg. <sup>1</sup>
Mon Site No. EFA-01		Sample Measurement			2	2	mg/L	0	Monthly	Grab
ARM Code 00530 I		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/Lead Operator	Daniel S. Anderson	800-272-1919	03/01/15

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

 CITY NAME: Crownwood WWT  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WATER SITE No.: R001

Month/Year: Dec./2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
II	Sample Measurement				7.7		8.0	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	Sample Measurement					1.3		#/100mL	0	Calculation	Calc - Rolling 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.
Fecal Coliform Bacteria	Sample Measurement				<2		<2	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-01	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100mL		Monthly	Grab
FRC for disinfection	Sample Measurement				1.5			mg/L	0	5 Days/Week	Grab
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						4.45	mg/L	0	Monthly	Grab
PARM Code 00670 I Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CRODS	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually	Grab
TSS	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually	Grab
	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 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: Crownwood WWTF  
 County: Marion  
 Month/Year: December 2007

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	FRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.018								
2	0.018			8.0		>2.2			
3	0.021			7.9		1.9			
4	0.023			7.8		1.8			
5	0.018			8.0		>2.2			
6	0.020			7.9		1.9			
7	0.021			8.0		2.0			
8	0.018								
9	0.018			7.8		1.8			
10	0.018			7.7		1.6			
11	0.017			7.7		1.8			
12	0.018			7.9		2.0			
13	0.020			7.8		1.8			
14	0.020			7.7		1.6			
15	0.016								
16	0.016			7.7		1.6			
17	0.017			7.8		1.7			
18	0.018			7.7		1.5			
19	0.020	2.3	2	8.0	< 2	>2.2	4.45	MNR	MNR
20	0.016			7.9		>2.2			
21	0.016			8.0		>2.2			
22	0.016			8.0		>2.2			
23	0.018								
24	0.018			7.9		2.0			
25	0.023			7.9		1.9			
26	0.019			7.9		2.0			
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			
Total	0.580	2.3	2	204.7	< 2	49.6	4.45		
Mo. Ave	0.019	2.3	2	7.9	< 2	1.9	4.45		

PLANT STAFFING:

Day Shift Operator

Class: Class A

Certificate No

PA-0008122<sup>SC</sup>

Name:

Daniel S. Anderson

Evening Shift Operator

Class: Class B

Certificate No

PA-0009509<sup>SC</sup>

Name:

Steve L. Pfouts

Night Shift Operator

Class: Class C

Certificate No

PA-0007747<sup>SC</sup>

Name:

Charles G. Schwab

Lead Operator

Class: Class A

Certificate No

PA-0008122<sup>SC</sup>

Name:

Daniel S. Anderson

PA File # FLA012680-002-DW3P

Version 3/2004

2008

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

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: 260 Weathersfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: B/C  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD

From:  
01/01/08

REPORT GROUP: Monthly Domestic  
FILE COPY

Monthly Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace

From:

01/01/08

To:

01/31/08

Ocala, FL

COUNTY: Marion

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		Mgd				0	Calculate	Calc Rolling 12 Mon Avg
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		Mgd					Calculation	Calculated Roll 12 Mo Avg <sup>1</sup>
Flow, total plant	Sample Measurement	0.020	0.020	Mgd				0	5 Dys/Wk	Flap Time Mtr
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo Avg)	Mgd					5 Days/Week	Flapped Time Meter
Percent Capacity, (1MADF/Permitted Capacity) x 100	Sample Measurement				50%		%	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. FLW-01	Permit Measurement				Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated
CBOD5	Sample Measurement				2.6		mg/l	0	Calculate	Calc Rolling 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 <sup>1</sup>
CBOD5	Sample Measurement				<2.0	<2.0	mg/L	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				1.8		mg/L	0	Calculate	Calc Rolling 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 <sup>1</sup>
TSS	Sample Measurement				<1.0	<1.0	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/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	<i>Daniel S. Anderson</i>	800-272-1919	08/02/12

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: R001

WATER SITE No.: R001

Month/Year: JAN / 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6		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		#/100ml	0	Calculate	Calc Rolling 12 Mon Avg
PARM Code 74055 Y Mon Site No. EFA-01	Permit Measurement					200 (12 Mo Avg)		#/100ml		Calculation	Calculated Roll 12 Mo Avg <sup>1</sup>
Fecal 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 (Max.)	#/100ml		Monthly	Grab
IRC for disinfection	Sample Measurement				1.2			mg/L	0	5 Days/Week	Grab
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						4.69	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CHOD5	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>1</sup>	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>1</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal Coliforms, 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.

# **DAILY SAMPLE RESULTS - PART B**

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: JAN/2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CHOD5 (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	0.018			7.9		2.1			
2	0.026			7.9		2.2			
3	0.016			8.0		2.0			
4	0.018			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			8.0		>2.2			
11	0.020			7.8		1.6			
12	0.019								
13	0.019			7.7		1.5			
14	0.021			7.6		1.4			
15	0.021			7.8		1.7			
16	0.020			7.9		2.0			
17	0.021			8.0		>2.2			
18	0.021			8.0		2.0			
19	0.019								
20	0.019			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			
30	0.020			8.0		>2.2			
31	0.020			7.9		>2.2			
Total	0.635	<2.0	<1.0	212.5	<1	50.5	4.69		
Mb Ave	0.020	<2.0	<1.0	7.9	<1	1.9	4.69		

**PLANT STAFFING:**

Day Shift Operator	Class: Class A	Certificate 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-0007747	Name: Charles G Schwades
Lead Operator	Class: Class A	Certificate No: #A-0008122	Name: Daniel S Anderson



## DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635

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: FLA012680  
 LIMIT: Final  
 CLASS SIZE: Minor  
 DISCHARGE POINT NUMBER: R-001  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 MONITORING PERIOD: From:

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Crownwood WWTF  
 LOCATION: 4497 NW 73<sup>rd</sup> Terrace

FILE COPY

02/01/2008

To: 02/29/2008

Ocala, FL

COUNTY: Marion

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		mgd				0	Calculation	Calc. Roll. 12 Mo. Avg.
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll. 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.021	0.023	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				53%		Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. FLW-01	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>3</sup>
CBOD5	Sample Measurement				2.6		Mg/l	0	Calculation	Calc. Roll. 12 Mo. 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. <sup>1</sup>
CBOD5	Sample Measurement				<2.0	<2.0	Mg/l	0	Monthly	Grab
PARM Code 80082 I 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	0	Calculation	Calc. 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. Avg. <sup>1</sup>
TSS	Sample Measurement				1	1	Mg/L	0	Monthly	Grab
PARM Code 00530 I 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/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	<i>Daniel S. Anderson</i>	800-272-1919	08/03/10

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWTF  
COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: February/2008

Parameter		Quantity or Loading		Units	Quality or Concentration			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 I 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		#/100ml	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. <sup>1</sup>
Fecal Coliform Bacteria	Sample Measurement				<1		<1	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-01	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100ml.		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0			Mg/l	0	5 Days/Week	Grab
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						0.25	Mg/l	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/l.		Monthly	Grab
CBOD5	Sample Measurement					191		Mg/l	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
TSS	Sample Measurement					160		Mg/l	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWT  
 County: Marion  
 Month/Year: February 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGID) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.d.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.021			7.9		>2.2			
2	0.023								
3	0.023			7.9		>2.2			
4	0.020			8.0		>2.2			
5	0.021			8.0		>2.2			
6	0.025			7.9		>2.2			
7	0.016			7.9		>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	<1	>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								
24	0.026			7.9		2.0			
25	0.021			7.7		1.2			
26	0.022			7.9		2.1			
27	0.022			7.9		2.0			
28	0.013			8.0		>2.2			
29	0.021			8.0		>2.2			
30									
31									
Total	0.665	<2.0	1	197.6	<1	49.7	0.25	191	160
Mo. Ave	0.023	<2.0	1	7.9	<1	2.0	0.25	191	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: #B-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-DW3P  
 Version 3/2004

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

635②

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: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: III/C  
NO DISCHARGE FROM SITE: [ ]  
MONITORING PERIOD From: 3/1/08

REPORT GROUP: Monthly Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

COUNTY: Marion

FILE COPY of 3/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to B/E pond	Sample Measurement	0.020		Mgd				0	Calculation	Calculated Roll 12 Mo Avg
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		Mgd					Calculation	Calculated Roll 12 Mo Avg <sup>1</sup>
Flow, total plant	Sample Measurement	0.022	0.024	Mgd				0	5Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo. Avg.)	Mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				55%		Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. FLW-01	Permit Measurement				Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated <sup>1</sup>
CBOD5	Sample Measurement				2.6		Mg/L	0	Calculation	Calculated Roll 12 Mo 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 <sup>1</sup>
CHOD5	Sample Measurement				2.7	2.7	Mg/L	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				1.6		Mg/L	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. Avg <sup>1</sup>
TSS	Sample Measurement				3	3	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/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>Daniel S. Anderson</i>	800-272-1919	08/04/14

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: R001

WAFR SITE No: R001

Month/Year: March 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	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	Sample Measurement					1.1		#/100ml	0	Calculation	Calculated 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 <sup>1</sup>
Fecal Coliform Bacteria	Sample Measurement				<1		<1	#/100ml	0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-01	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0			Mg/l	0	5 Days/Week	Grab
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						3.44	Mg/l	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement					MNR		Mg/l	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>1</sup>	Grab
TSS	Sample Measurement					MNR		Mg/l	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>1</sup>	Grab
	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 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.



# DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
County: Marion  
Month/Year: March 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	COD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CHOD5 (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	0.023								
2	0.023			7.9		2.0			
3	0.027			8.0		>2.2			
4	0.026			8.0		>2.2			
5	0.025			8.1		>2.2			
6	0.021			8.0		>2.2			
7	0.030			8.0		>2.2			
8	0.028								
9	0.028			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			
18	0.021			7.9		>2.2			
19	0.023			7.9		2.0			
20	0.023	2.7	3	8.0	<1	>2.2	3.44	MNR	MNR
21	0.022			8.0		>2.2			
22	0.023			8.0		>2.2			
23	0.024								
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								
30	0.023			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	<1	1.9	3.44	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:

#B-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 # FLA012680-002-0W3P

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: 2001 Weathersfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: III/C  
NO DISCHARGE FROM SITE: [ ]  
MONITORING PERIOD: From:04-01-2008

REPORT: Monthly  
GROUP: Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

COUNTY: Marion

To:04-30-2008

**FILE COPY**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond		0.021		mgd				0	Calculation	Calc Rolling 12 Month Avg
PARM Code 50050 Y		0.040		mgd					Calculation	Calculated
Mon Site No. FLW-01		(12MADE) <sup>1</sup>								Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant		0.023	0.022	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I		0.040	Report (Mo Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Mon Site No. FLW-01		(12MADE) <sup>2</sup>								Calculated
Percent Capacity, (12MADE/Permitted Capacity) x 100					58%		Percent	0	Monthly	Calculated
PARM Code 00180 I					Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated <sup>1</sup>
Mon Site No. FLW-01										
CBOD5					2.6		Mg/L	0	Calculation	Calc Rolling 12 Month Avg
PARM Code 80082 Y					20.0		mg/L		Calculation	Calculated
Mon Site No. LFA-01					(12 Mo Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
CBOD5					<2.0	<2.0	Mg/L	0	Monthly	Grab
PARM Code 80082 I					30.0	60.0	mg/L		Monthly	Grab
Mon Site No. LFA-01					(Mo Avg.)	(Max.)				
TSS					1.4		Mg/L	0	Calculation	Calc Rolling 12 Month Avg
PARM Code 00530 Y					20.0		mg/L		Calculation	Calculated
Mon Site No. LFA-01					(12 Mo Avg.)					Roll 12 Mo. Avg. <sup>1</sup>
TSS					2	2	Mg/L	0	Monthly	Grab
PARM Code 00530 I					30.0	60.0	mg/L		Monthly	Grab
Mon Site No. LFA-01					(Mo Avg.)	(Max.)				

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>Daniel S. Anderson</i>	800-272-1919	08/05/14

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: R001

WAFR SITE No.: R001

Month/Year: April / 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	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. EFA-01	Permit Measurement					200 (12 Mo Avg.)		#/100mL		Calculation	Calculated Roll. 12 Mo. Avg
Fecal Coliform Bacteria	Sample Measurement				22		22	#/100ml	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. EFA-01	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100mL		Monthly	Grab
IRC for disinfection	Sample Measurement				1.5			Mg/L	0	5 Days/Week	Grab
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						4.27	Mg/L	0	Monthly	Grab
PARM Code 00020 1 Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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.

# **DAILY SAMPLE RESULTS - PART B**

Facility Name: Crownwood WWTP  
 County: Marion  
 Month/Year: April / 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CHOD5 (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	0.021			7.8		1.7			
2	0.018			7.9		1.9			
3	0.020			8.0		>2.2			
4	0.021			8.0		>2.2			
5	0.028								
6	0.028			8.0		>2.2			
7	0.024			8.1		>2.2			
8	0.026			8.0		>2.2			
9	0.029			8.0		>2.2			
10	0.021			8.1		>2.2			
11	0.025			7.9		1.8			
12	0.025								
13	0.025			7.9		1.9			
14	0.025			7.9		2.0			
15	0.025			8.0		>2.2			
16	0.026			8.0		>2.2			
17	0.025			8.0		>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			
24	0.018	<2.0	2	8.1	22	>2.2	4.27	MNR	MNR
25	0.020			8.0		>2.2			
26	0.019			8.0		>2.2			
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									
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:	<u>Class A</u>	Certificate No:	<u>#A-0008122</u>	Name:	<u>Daniel S Anderson</u>
Evening Shift Operator	Class:	<u>Class B</u>	Certificate No:	<u>#B-0009509</u>	Name:	<u>Steve L. Pfouts</u>
Night Shift Operator	Class:	<u>Class C</u>	Certificate No:	<u>#C-0007747</u>	Name:	<u>Charles G Schwades</u>
Lead Operator	Class:	<u>Class A</u>	Certificate No:	<u>#A-0008122</u>	Name:	<u>Daniel S Anderson</u>

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

630

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: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IHC  
NO DISCHARGE FROM SITE: I I  
MONITORING PERIOD: From: 05/01/08

REPORT: Monthly  
GROUP: Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

**FILE COPY**

To: 05/31/08

COUNTY: Marion

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		mgd				0	Calculation	Calc Rolling 12 Month Avg
PARM Code 50050 Y Mon Site No. F1W-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.020	0.015	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon Site No. F1W-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADI/Permitted Capacity) x 100	Sample Measurement				50%		Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. F1W-01	Permit Measurement				Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated <sup>1</sup>
CBOD5	Sample Measurement				2.1		Mg/L	0	Calculation	Calc Rolling 12 Month Avg
PARM Code 80082 Y Mon Site No. FFA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
CBOD5	Sample Measurement				<2.0	<2.0	Mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. FFA-01	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				1.4		Mg/L	0	Calculation	Calc Rolling 12 Month Avg
PARM Code 00530 Y Mon Site No. FFA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
TSS	Sample Measurement				<1	<1	Mg/L	0	Monthly	Grab
PARM Code 00530 I Mon Site No. FFA-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/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	<i>Daniel S. Anderson</i>	800-272-1919	05/06/12

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: R001

WAFR SITE No.: R001

Month/Year: May 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.8		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. EFA-01	Permit Measurement				200 (12 Mo Avg.)			#/100mL		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Fecal 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 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.9			Mg/L	0	5 Days/Week	Grab
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						5.58	Mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement				MNR			Mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement				Report Annual Sample			mg/L		Annually <sup>4</sup>	Grab
TSS	Sample Measurement				MNR			Mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement				Report Annual Sample			mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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 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: Crownwood WWTP  
County: Marion  
Month/Year: May 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (Fer Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (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			7.8		2.1			
2	0.016			7.9		>2.2			
3	0.017			7.9		2.0			
4	0.016								
5	0.016			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			7.9		>2.2			
10	0.018			7.9		>2.2			
11	0.016								
12	0.016			8.0		>2.2			
13	0.015			8.0		>2.2			
14	0.016			7.9		>2.2			
15	0.016			8.0		>2.2			
16	0.015			8.0		>2.2			
17	0.015			8.1		>2.2			
18	0.016								
19	0.016			8.0		>2.2			
20	0.014			8.1		>2.2			
21	0.022			8.0		>2.2			
22	0.011			7.9		2.0			
23	0.015			8.0		>2.2			
24	0.016			7.9		1.9			
25	0.015								
26	0.015			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			
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	Certificate 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-0007747	Name:	Charles G. Schwades
Lead 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 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: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: III/C  
NO DISCHARGE FROM SITE: I I  
MONITORING PERIOD: From: 6/1/2008

**FILE COPY**  
REPORT: GROUP: Monthly Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

COUNTY: Marion

To: 6/30/2008

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		mgd				0	Calculation	Calc. Roll 12 Mon. Avg.
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.017	0.015	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo Avg.)	mgd					5 Days/Week	Elapsed 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) <sup>1</sup>		Percent		Monthly	Calculated
CBOD5	Sample Measurement				2.1		Mg/l	0	Calculation	Calc. 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. <sup>1</sup>
CBOD5	Sample Measurement				<2.0	<2.0	Mg/l	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-01	Permit Measurement				30.0 (Mo Avg.)	60.0 (Max.)	mg/l		Monthly	Grab
TSS	Sample Measurement				1.1		Mg/l	0	Calculation	Calc. Roll 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. <sup>1</sup>
TSS	Sample Measurement				<1	<1	Mg/l	0	Monthly	Grab
PARM Code 00530 I 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/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	<i>Daniel S. Anderson</i>	1-800-272-1919	08/07/15

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

**DISCHARGE MONITORING REPORT (DWMR) (Continued)**

FACILITY NAME: Crownwood WWTF  
 COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WATER SITE No.: R001

Month/Year: JUNE 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.8		8.1	S.U.	0	5 Days/Week	Grab
PARM Code 06106 1 Mon Site No. FFA-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. Roll 12 Mon. Avg.
PARM Code 74055 Y Mon Site No. FFA-01	Permit Measurement					200 (12 Mo. Avg.)		#/100mL		Calculation	Calculated Roll 12 Mo. Avg.
Fecal Coliform Bacteria	Sample Measurement				<1		<1	#/100ml	0	Monthly	Grab
PARM Code 74055 1 Mon Site No. FFA-01	Permit Measurement				Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				1.5			Mp/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. FFA-01	Permit Measurement				0.5 (Min.)			mp/L		5 Days/Week	Grab
Sulfate (as S)	Sample Measurement						4.12	Mp/L	0	Monthly	Grab
PARM Code 00670 1 Mon Site No. FFA-01	Permit Measurement						12.0 (Max.)	mp/L		Monthly	Grab
CHLOROS	Sample Measurement					MNR		Mp/L	0	Annually	Grab
PARM Code X0082 G Mon Site No. INI-01	Permit Measurement					Report Annual Sample		mp/L		Annually <sup>1</sup>	Grab
TSS	Sample Measurement					MNR		Mp/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INI-01	Permit Measurement					Report Annual Sample		mp/L		Annually <sup>1</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
County: Marion  
Month/Year: JUNE 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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			8.0		>2.2			
3	0.015			7.9		1.9			
4	0.015			7.9		2.0			
5	0.016			8.0		>2.2			
6	0.015			8.1		>2.2			
7	0.015								
8	0.015			8.0		>2.2			
9	0.014			8.0		2.0			
10	0.014			7.9		1.9			
11	0.016			7.9		1.9			
12	0.015			7.9		1.8			
13	0.016			7.9		1.9			
14	0.016								
15	0.016			8.0		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			
23	0.015			8.0		2.2			
24	0.020			8.0		2.1			
25	0.012			8.1		>2.2			
26	0.015			8.0		2.0			
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	199.7	<1	51.2	4.12	MNR	MNR
Mo. Ave	0.015	<2.0	<1	8.0	<1	2.0	4.12	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:	#B-0009509	Name:	Steve L. Potts
Night Shift Operator	Class:	Class C	Certificate No:	#C-0006490	Name:	Allison 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 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: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IUC  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD: From: 07-01-2008

REPORT GROUP: Monthly Domestic  
**FILE COPY**

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

To: 07-31-2008

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.020		mgd				0	Calculation	Calculated Roll 12 Mo. Avg.
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADE) <sup>1</sup>		mgd					Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.016	0.017	mgd				0	5 Days/Week	Flap Time Meter
PARM Code 50050 I Mon Site No. FLW-01	Permit Measurement	0.040 (3MADE) <sup>2</sup>	Report (Mo. Avg.)	mgd					5 Days/Week	Flapped Time Meter
Percent Capacity, (TMADE/Permitted Capacity) x 100	Sample Measurement				40%		Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. FLW-01	Permit Measurement				Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated <sup>1</sup>
CBOD5	Sample Measurement				2.2		mg/L	0	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. <sup>1</sup>
CBOD5	Sample Measurement				2.9	2.9	mg/L	0	Monthly	Grab
PARM Code 80082 I 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	0	Calculation	Calculated Roll 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. <sup>1</sup>
TSS	Sample Measurement				<1	<1	mg/L	0	Monthly	Grab
PARM Code 00530 I 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/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	<i>Daniel S. Anderson</i>	800-272-1919	08/08/12

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: R001

WAFR SITE No.: R001

Month/Year: July 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.9		8.2	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	Sample Measurement					2.8		#/100ml.	0	Calculation	Calculated Roll 12 Mon. Avg.
PARM Code 74055 Y Mon Site No. EFA-01	Permit Measurement					200 (12 Mo. Avg.)		#/100ml.		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria	Sample Measurement				<1		<1	#/100ml.	0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-01	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100ml.		Monthly	Grab
TRC for disinfection	Sample Measurement				>2.2			mg/L	0	5 Days/Week	Grab
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						0.58	mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
TSS	Sample Measurement					MNR		mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
County: Marion  
Month/Year: July 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	COD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	COD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FLW-01	LEA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.016			8.0		>2.2			
2	0.015	2.9	<1	8.0	<1	>2.2	0.58	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			8.0		>2.2			
8	0.018			8.0		>2.2			
9	0.016			8.0		>2.2			
10	0.015			8.0		>2.2			
11	0.014			8.0		>2.2			
12	0.017								
13	0.018			8.0		>2.2			
14	0.016			8.0		>2.2			
15	0.015			8.1		>2.2			
16	0.018			8.2		>2.2			
17	0.013			8.1		>2.2			
18	0.016			8.0		>2.2			
19	0.019								
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			
25	0.017			7.9		>2.2			
26	0.016								
27	0.016			8.0		>2.2			
28	0.016			8.0		>2.2			
29	0.018			8.0		>2.2			
30	0.018			7.9		>2.2			
31	0.018			8.0		>2.2			
Total	0.518	2.9	<1	216.2	<1	59.4	0.58	MNR	MNR
Mo. Ave	0.017	2.9	<1	8.0	<1	>2.2	0.58	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	#B-0009509	Name	Steve L. Plotts
Night Shift Operator	Class	Class C	Certificate No	#C-0006690	Name	Alvin S. McPherson
Lead Operator	Class	Class A	Certificate No	#A-0008122	Name	Daniel S. Anderson

D&W File # FLA012680-002 FLW3P  
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 Weatherfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: I/E/C  
NO DISCHARGE FROM SITE: 1  
MONITORING PERIOD: From: 08-01-2008

REPORT GROUP: Monthly Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

COUNTY: Marion

To: 08-31-2008

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to PFI pond	Sample Measurement	0.022		Mgd				0	Calculation	Calculated Roll 12 Mon. Avg.
PARM Code 50050 Y Mon Site No. FFW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		Mgd					Calculation	Calculated Roll 12 Mo. Avg.
Flow, total plant	Sample Measurement	0.018	0.021	Mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon Site No. FFW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (1MADF/Permitted Capacity) x 100	Sample Measurement				45 %		Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. FFW-01	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>4</sup>
CBOD5	Sample Measurement				2.2		Mg/L	0	Calculation	Calculated Roll 12 Mon. Avg.
PARM Code 80082 Y Mon Site No. FFA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
CBOD5	Sample Measurement				<2.0	<2.0	Mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. FFA-01	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				1.4		Mg/L	0	Calculation	Calculated Roll 12 Mon. Avg.
PARM Code 00230 Y Mon Site No. FFA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg.
TSS	Sample Measurement				1	1	Mg/L	0	Monthly	Grab
PARM Code 00230 I Mon Site No. FFA-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/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	<i>Daniel S. Anderson</i>	1-800-292-1919	08/09/12

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: R001

WAFR SITE No.: R001

Month/Year: August - 2008

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.9		8.1	S.U.	0	5 Days/Week	Grab
PARM Code 00406 I	Permit Measurement			6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Mon Site No. EFA-01	Sample Measurement				2.8		#/100mL	0	Calculation	Calculated Roll 12 Mon. Avg.
Fecal Coliform Bacteria	Permit Measurement				200 (12 Mo. Avg.)		#/100mL		Calculation	Calculated Roll 12 Mo. Avg.
PARM Code 74035 Y	Sample Measurement			<1		<1	#/100mL	0	Monthly	Grab
Mon Site No. EFA-01	Permit Measurement						#/100mL		Monthly	Grab
Fecal Coliform Bacteria	Sample Measurement			Report (Mo. Geo. Mean)		800 (Max.)	#/100mL		Monthly	Grab
PARM Code 74055 I	Permit Measurement			1.5			Mg/L	0	5 Days/Week	Grab
Mon Site No. EFA-01	Sample Measurement						Mg/L		5 Days/Week	Grab
TRC for disinfection	Permit Measurement			0.5 (Min.)			Mg/L	0	Monthly	Grab
PARM Code 80060 A	Sample Measurement					0.15	Mg/L		Monthly	Grab
Mon Site No. EFA-01	Permit Measurement					12.0 (Max.)	Mg/L		Monthly	Grab
Nitrate (as N)	Sample Measurement									
PARM Code 00620 I	Permit Measurement									
Mon Site No. EFA-01	Sample Measurement									
	Permit Measurement									
CHODS	Sample Measurement				MNR		Mg/L	0	Annually	Grab
PARM Code 80082 G	Permit Measurement				Report Annual Sample		Mg/L		Annually <sup>1</sup>	Grab
Mon Site No. INF-01	Sample Measurement				MNR		Mg/L	0	Annually	Grab
TSS	Permit Measurement				Report Annual Sample		Mg/L		Annually <sup>1</sup>	Grab
PARM Code 00530 G	Sample Measurement									
Mon Site No. INF-01	Permit Measurement									
	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 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 3MADH % Capacity is the 3MADH 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

Permit Number FLA012680

DISCHARGE POINT NUMBER: R001

Facility Name: Crownwood WWTF  
 County: Marion  
 Month/Year: August 2008

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.d.)	Fecal Coliform Bacteria (#/100ml)	TRC (1 or Disinfect) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50050	80082	00530	00406	74055	50060	00620	80082	00530
Mon. Site	FW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	INF-01	INF-01
1	0.016			8.1		>2.2			
2	0.018					>2.2			
3	0.018			8.0		>2.2			
4	0.016			8.0		>2.2			
5	0.016			8.0		>2.2			
6	0.016	<2.0	1	8.1	<1	>2.2	0.15	MNR	MNR
7	0.015			8.1		>2.2			
8	0.015			8.0		>2.2			
9	0.016					>2.2			
10	0.016			8.0		>2.2			
11	0.013			8.0		>2.2			
12	0.015			7.9		>2.2			
13	0.015			8.0		>2.2			
14	0.015			7.9		>2.2			
15	0.015			7.9		>2.2			
16	0.018					>2.2			
17	0.018			8.0		>2.2			
18	0.018			8.0		>2.2			
19	0.015			8.0		>2.2			
20	0.016			8.1		1.5			
21	0.018			7.9		1.9			
22	0.038			7.9		2.0			
23	0.039			7.9					
24	0.039					>2.2			
25	0.039			8.0		>2.2			
26	0.038			8.1		>2.2			
27	0.033			8.1		>2.2			
28	0.026			8.1		>2.2			
29	0.025			8.1		>2.2			
30	0.024			8.1					
31	0.025								
Total	0.664	<2.0	1	208.3	<1	56.0	0.15	MNR	MNR
Mo Ave	0.021	<2.0	1	8.0	<1	2.2	0.15	MNR	MNR

PLANT STAFFING  
 Day Shift Operator  
 Evening Shift Operator  
 Night Shift Operator  
 Lead Operator

Class: Class A Certificate No. #A-0008122 Name  
 Class: Class B Certificate No. #B-0009509 Name  
 Class: Class C Certificate No. #C-0006490 Name  
 Class: Class A Certificate No. #A-0008122 Name

Daniel S. Anderson  
 Steve L. Pfouts  
 Allison S. McPhee  
 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: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: ILLC  
NO DISCHARGE FROM SITE: [ ]  
MONITORING PERIOD: From: 09/01/08

REPORT: Monthly  
GROUP: Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

To: 09/30/08

COUNTY: Marion

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		mgd				0	Calculation	Calc. Rolling 12 Mo. Avg.
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.018	0.016	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>2</sup>	Report (Mo Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				45%		Percent	0	Monthly	Calculated
PARM Code 60180 I Mon Site No. FLW-01	Permit Measurement				Report (Percent) <sup>3</sup>		Percent		Monthly	Calculated <sup>1</sup>
CBOD5	Sample Measurement				2.2		Mg/L	0	Calculation	Calc. Rolling 12 Mo. 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. <sup>1</sup>
CBOD5	Sample Measurement				<2.0	<2.0	Mg/L	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-01	Permit Measurement				30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				1.6		Mg/L	0	Calculation	Calc. Rolling 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. Avg. <sup>1</sup>
TSS	Sample Measurement				3	3	Mg/L	0	Monthly	Grab
PARM Code 00530 I 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/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>Daniel S. Anderson</i>	800-272-1919	08/10/15

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Crownwood WWT  
COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: SEPT 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.8		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	Sample Measurement					2.9		#/100mL	0	Calculation	Calc. Rolling 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. <sup>1</sup>
Fecal Coliform Bacteria	Sample Measurement				2		2	#/100mL	0	Monthly	Grab
PARM Code 74055 I Mon Site No. EFA-01	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.2			Mg/L	0	5 Days/Week	Grab
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						0.89	Mg/L	0	Monthly	Grab
PARM Code 00620 I Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement					MNR		Mg/L	0	Annually	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
TSS	Sample Measurement					MNR		Mg/L	0	Annually	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
County: Marion  
Month/Year: SEPI 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (6.0-9.0)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	ITA-01	EFA-01	INF-01	INF-01
1	0.025			8.1		>2.2			
2	0.022			8.0		>2.2			
3	0.020			8.0		>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	0.016			7.9		2.0			
10	0.016			8.0		2.1			
11	0.016			8.0		>2.2			
12	0.016			8.0		>2.2			
13	0.016			8.1		>2.2			
14	0.018								
15	0.018			8.1		>2.2			
16	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			8.0		>2.2			
20	0.015			8.0		>2.2			
21	0.015								
22	0.015			7.8		1.7			
23	0.018			8.0		>2.2			
24	0.016			7.9		2.0			
25	0.016			7.9		1.9			
26	0.007			7.9		1.9			
27	0.007								
28	0.007			7.9		2.0			
29	0.007			7.8		1.8			
30	0.007			7.9		2.1			
31									
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:

Dry Shift Operator	Class:	Class A	Certificate 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:	Allison S. McPhee
Lead Operator	Class:	Class A	Certificate No:	#A-0008122	Name:	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: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: III/C  
NO DISCHARGE FROM SITE: [ ]  
MONITORING PERIOD: From: 10/01/08

REPORT: Monthly  
GROUP: Domestic

FACILITY: Crownwood WWT  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

COUNTY: Marion

**FILE COPY** To: 10/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.019		Mgd				0	Calculation	Calc. Rolling 12 Month Avg
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		Mgd					Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.018	0.016	Mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 1 Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo Avg.)	mgd					5 Days/Week	Elapsed Time Meter
Percent Capacity, (1MADF/Permitted Capacity) x 100	Sample Measurement				45%		Percent	0	Monthly	Calculated <sup>3</sup>
PARM Code 00180 1 Mon Site No. FLW-01	Permit Measurement				Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated <sup>1</sup>
CBOD5	Sample Measurement				2.2		mg/L	0	Calculation	Calculated Roll 12 Mo. 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. <sup>1</sup>
CBOD5	Sample Measurement				<2.0	<2.0	mg/L	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				1.6		mg/L	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. Avg. <sup>1</sup>
TSS	Sample Measurement				<1	<1	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/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	<i>Daniel S. Anderson</i>	407-948-9829	08/11/14

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: R001

WAPR SITE No.: R001

Month/Year: October 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.7		8.1	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					2.9		#/100mL	0	Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
PARM Code 74055 Y Mon Site No. EFA-01	Permit Measurement					200 (12 Mo. Avg.)		#/100mL		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Fecal 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 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.4			mg/L	0	5 Days/Week	Grab
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						3.32	mg/L	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CHOD5	Sample Measurement					MNR		mg/L	0	Annually <sup>4</sup>	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
TSS	Sample Measurement					MNR		mg/L	0	Annually <sup>4</sup>	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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 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: Crownwood WWTF  
 County: Marion  
 Month/Year: October 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.010			7.8		2.0			
2	0.016			7.7		1.5			
3	0.015			8.1		>2.2			
4	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			
9	0.015			7.9		1.8			
10	0.019			7.9		1.4			
11	0.015			8.0		2.0			
12	0.019								
13	0.019			7.9		1.6			
14	0.018			7.9		1.8			
15	0.015			7.9		2.0			
16	0.015			8.0		>2.2			
17	0.016			8.0		>2.2			
18	0.016			7.9		1.9			
19	0.018								
20	0.018			7.8		1.8			
21	0.015			7.9		1.9			
22	0.015			8.1		>2.2			
23	0.015	<2.0	<1	8.0	<1	2.0	3.32	MNR	MNR
24	0.015			7.9		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			
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	3.32	MNR	MNR

## **PLANT STAFFING:**

Day Shift Operator	Class: <u>Class A</u>	Certificate No: <u>#A-0008122</u>	Name: <u>Daniel S. Anderson</u>
Evening Shift Operator	Class: <u>Class B</u>	Certificate No: <u>#B-0009509</u>	Name: <u>Steve L. Pfouts</u>
Night Shift Operator	Class: <u>Class C</u>	Certificate No: <u>#C-0006490</u>	Name: <u>Allison S. McPhee</u>
Lead Operator	Class: <u>Class A</u>	Certificate No: <u>#A-0008122</u>	Name: <u>Daniel S. Anderson</u>

DEPARTMENT OF ENVIRONMENTAL PROTECTION FROM HAZARDOUS WASTE DIVISION

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, 2600 Blair Stone Road, Tallahassee, FL 32300-2100

PERMITTEE NAME: Utilities, Inc. of Florida  
MAILING ADDRESS: 200 Weathersfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA012680  
LIMIT: Final  
CLASS SIZE: Minor  
DISCHARGE POINT NUMBER: R-001  
PLANT SIZE/TREATMENT TYPE: IWC  
NO DISCHARGE FROM SITE: 11  
MONITORING PERIOD: From: 11/01/08

REPORT GROUP: Monthly  
Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

To: 11/30/08

COUNTY: Marion

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond	Sample Measurement	0.019		mgd				0	Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
PARM Code 50050 Y Mon Site No. FLW-01	Permit Measurement	0.040 (12MADF) <sup>1</sup>		mgd					Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Flow, total plant	Sample Measurement	0.016	0.016	mgd				0	5 Days/Week	Elapsed Time Meters
PARM Code 50050 I Mon Site No. FLW-01	Permit Measurement	0.040 (3MADF) <sup>2</sup>	Report (Mo. Avg.)	mgd					5 Days/Week	Elapsed Time Meters
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				40%		Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. FLW-01	Permit Measurement				Report (Percent) <sup>1</sup>		Percent		Monthly	Calculated
CBOD5	Sample Measurement				2.2		mg/l	0	Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
PARM Code 80082 Y Mon Site No. EFA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
CBOD5	Sample Measurement				<2.0	<2.0	mg/l	0	Monthly	Grab
PARM Code 80082 I Mon Site No. EFA-01	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max.)	mg/L		Monthly	Grab
TSS	Sample Measurement				1.5		mg/l	0	Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
PARM Code 00530 Y Mon Site No. EFA-01	Permit Measurement				20.0 (12 Mo. Avg.)		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
TSS	Sample Measurement				<1	<1	mg/L	0	Monthly	Grab
PARM Code 00530 I 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/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	<i>Daniel S. Anderson</i>	407-948-9829	08/12/11

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

## DISCHARGE MONITORING REPORT - PART 3 (Continued)

FACILITY NAME: Crownwood WWTF  
COUNTY: Marion

PERMIT NUMBER: FLA012680

DISCHARGE POINT NUMBER: R001

WATER SITE NO: R001

Month/Year: November/2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6		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					2.9		#/100ml	0	Calculation	Calculated 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. <sup>1</sup>
Fecal 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 (Max.)	#/100ml		Monthly	Grab
TRC for disinfection	Sample Measurement				1.5			mg/l	0	5 Days/Week	Grab
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	0	Monthly	Grab
PARM Code 00620 1 Mon Site No. EFA-01	Permit Measurement						12.0 (Max.)	mg/l		Monthly	Grab
CHOD5	Sample Measurement					MNR		mg/l	0	Annually <sup>4</sup>	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/l		Annually <sup>4</sup>	Grab
TSS	Sample Measurement					MNR		mg/L	0	Annually <sup>4</sup>	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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.

# **DAILY SAMPLE RESULTS - PART B**

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

Permit Number: FLA012680

DISCHARGE POINT NUMBER: 3007

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (u)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (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	0.025			7.7		1.7			
2	0.019								
3	0.019			7.7		1.6			
4	0.018			7.7		1.7			
5	0.012			7.8		2.0			
6	0.016			7.6		1.5			
7	0.012			7.8		2.0			
8	0.015			7.7		1.8			
9	0.019								
10	0.018			7.7		1.9			
11	0.015			7.7		2.0			
12	0.011			7.7		1.9			
13	0.016			7.8		2.1			
14	0.016			7.6		1.5			
15	0.013			7.7		1.9			
16	0.015								
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		>2.2			
21	0.018			7.7		1.9			
22	0.018			7.7		1.8			
23	0.015								
24	0.015			7.9		>2.2			
25	0.016			7.9		>2.2			
26	0.015			8.0		>2.2			
27	0.017			7.8		2.0			
28	0.016			7.6		1.5			
29	0.016			7.7		1.9			
30	0.015								
31									
Total	0.482	<2.0	<1	193.7	<1	47.7	3.05	MNR	MNR
Mo. Ave	0.016	<2.0	<1	7.7	<1	1.9	3.05	MNR	MNR

## **PLANT STAFFING**

Day Shift Operator	Class:	Class C	Certificate No:	#C-0006490	Name:	Alfon S. McPhee
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
Lead Operator	Class:	Class A	Certificate No:	#A-0008122	Name:	Daniel S. Anderson

PA File # FLA012680-002-DW3P

Revision 2/2008



# 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 Weatherfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

MONITORING PERIOD

FLA012680

Final

Minor

R-001

IL/C

[ ]

From: 12/01/08

FILE COPY

REPORT:

GROUP:

Monthly

Domestic

FACILITY: Crownwood WWTF  
LOCATION: 4497 NW 73<sup>rd</sup> Terrace  
Ocala, FL

COUNTY: Marion

To: 12/31/08

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, to P/E pond		0.019		mgd				0	Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
PARM Code 50050 Y		0.040		mgd					Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Mon Site No. FLW-01		(12MADF) <sup>1</sup>								
Flow, total plant		0.016	0.017	mgd				0	5 Days/Week	Elapsed Time Meter
PARM Code 50050 I		0.040	Report	mgd					5 Days/Week	Elapsed Time Meter
Mon Site No. FLW-01		(3MADF) <sup>2</sup>	(Mo. Avg.)							
Percent Capacity, (TMADF/Permitted Capacity) x 100					40 %		Percent	0	Monthly	Calculated <sup>1</sup>
PARM Code 00180 I					Report		Percent		Monthly	Calculated <sup>1</sup>
Mon Site No. FLW-01					(Percent) <sup>3</sup>					
CBOD5					2.1		mg/L	0	Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
PARM Code 80082 Y					20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Mon Site No. EFA-01					(12 Mo. Avg.)					
CBOD5					<2.0	<2.0	mg/L	0	Monthly	Grab
PARM Code 80082 I					30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01					(Mo. Avg.)	(Max.)				
TSS					1.5		mg/L	0	Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
PARM Code 00530 Y					20.0		mg/L		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Mon Site No. EFA-01					(12 Mo. Avg.)					
TSS					2	2	mg/L	0	Monthly	Grab
PARM Code 00530 I					30.0	60.0	mg/L		Monthly	Grab
Mon Site No. EFA-01					(Mo. Avg.)	(Max.)				

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 / Lead Operator	<i>Daniel S. Anderson</i>	407-918-9829	09/01/14

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Chestnutwood WWTF  
CITY: Marion

PERMIT NUMBER: ILA012680

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: R001

Month/Year: December / 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.4		7.9	S.U.	0	5 Days/Week	Grab
PARM Code 00406 I	Permit Measurement				6.0 (Min.)		8.5 (Max.)	S.U.		5 Days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					2.8		#/100mL	0	Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
PARM Code 74055 Y	Permit Measurement					200 (12 Mo. Avg.)		#/100mL		Calculation	Calculated Roll 12 Mo. Avg. <sup>1</sup>
Fecal Coliform Bacteria	Sample Measurement				<1		<1	#/100mL	0	Monthly	Grab
PARM Code 74055 I	Permit Measurement				Report (Mo Geo Mean)		800 (Max.)	#/100mL		Monthly	Grab
TRC for disinfection	Sample Measurement				1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Measurement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrate (as N)	Sample Measurement						4.46	mg/L	0	Monthly	Grab
PARM Code 00620 I	Permit Measurement						12.0 (Max.)	mg/L		Monthly	Grab
CBOD5	Sample Measurement					MNR		mg/L	0	Annually <sup>4</sup>	Grab
PARM Code 80082 G	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
TSS	Sample Measurement					MNR		mg/L	0	Annually <sup>4</sup>	Grab
PARM Code 00530 G	Permit Measurement					Report Annual Sample		mg/L		Annually <sup>4</sup>	Grab
	Sample Measurement										
	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) months' averages. For Fecal 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.

# DAILY SAMPLE RESULTS - PART B

Facility Name: Crownwood WWTF  
County: Marion  
Month/Year: December / 2008

Permit Number: FLA012680

DISCHARGE POINT NUMBER: R001

	Flow (MGD) To R001	CBOD5 (mg/L)	TSS (mg/L)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/L)	Nitrate (mg/L)	CBOD5 (mg/L)	TSS (mg/L)
Code	50059	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			7.5		1.3			
2	0.016			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			
6	0.020			7.7		1.9			
7	0.015								
8	0.015			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			
14	0.016								
15	0.016			7.9		2.1			
16	0.016			7.5		1.1			
17	0.015			7.6		1.7			
18	0.021			7.5		1.4			
19	0.016			7.4		1.0			
20	0.016			7.5		1.1			
21	0.018								
22	0.019			7.8		>2.2			
23	0.019			7.7		2.0			
24	0.011			7.8		>2.2			
25	0.020			7.8		>2.2			
26	0.018			7.7		>2.2			
27	0.021			7.7		>2.2			
28	0.016								
29	0.016			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	51.1	4.46	MNR	MNR
Mo. Ave	0.017	<2.0	2	7.7	<1	1.9	4.46	MNR	MNR

## PLANT STAFFING:

Day Shift Operator	Class:	Class C	Certificate No:	#C-0008659	Name:	Domenic 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. Pfeuts
Lead Operator	Class:	Class A	Certificate No:	#A-0008122	Name:	Daniel S. Anderson

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

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PWS Identification Number:	6424076	Plant Name:	GOLDEN HILLS
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Plant Name: GOLDEN HILLS

January, 2007

☒ Free Chlorine☐ Chlorine Dioxide☐ Ozone☐ Combine Chlorine (Choramines)☐ Ultraviolet Radiation☐ Other (Describe): \_\_\_\_\_☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide

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

[illegible]

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

FILE COPY

See page 4 for instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT		PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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:	p.c.flynn@utilitiesinc-usa.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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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		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 Gentiluoci	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

*Steve Pfouts*  
Signature and Date

3/05/07

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

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

PWS Identification Number: 6424076

Plant Name:	GOLDEN HILLS
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III. Daily Data for the Month/Year of: February, 2007

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

☒ Free Chlorine

Chlorine Dioxide

☐ Ozone☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combine Chlorine (Chloramines)

Chlorine Dioxide

[illegible]





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

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FILE COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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:	p.c.flynn@utilitiesinc-usa.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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			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	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

Steve Pfouts  
Signature and Date

4/3/07

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number



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

PWS Identification Number:

6424076

Plant Name:

## GOLDEN HILLS

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

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

☒ Free Chlorine☐ Chlorine Dioxide

	Ozone
--	-------

☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide

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

[illegible]



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

630

FILE COPY

See page 4 for instructions.

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

## A. Public Water System (PWS) Information

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT	PWS Identification Number:	6424076
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	1-407-869-1919	State:	Florida
Contact Person's E-Mail Address:	pcflyn@uiwater.com	Zip Code:	32714
		Contact Person's Fax Number:	1-407-869-6961

## 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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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	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	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

5/2/07

Steve Pfouts  
Printed or Typed NameC-14204  
License Number



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

FILE COPY

See page 4 for instructions.

## I. General Information for the Month/Year of:

May, 2007

### A. Public Water System (PWS) Information

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	1-407-869-1919			State:	Florida
Contact Person's E-Mail Address:	pcflyn@uiwater.com			Zip Code:	32714
Contact Person's Fax Number:	1-407-869-6961				

### B. Water Treatment Plant Information

Plant Name:	GOLDEN HILLS GOLF AND TURF			Plant Telephone Number:	
Plant Address:	8021 NW 49TH ST.			City:	OCALA
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			State:	FLORIDA
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	636,000			Zip Code:	34482
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 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

Domenic Gentilucci 6-5-07

Signature and Date

Domenic Gentilucci

Printed or Typed Name

C-12562

License Number



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

PWS Identification Number: 6424076

Plant Name:	GOLDEN HILLS
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III. Daily Data for the Month/Year of: May, 2007

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

☒ Free Chlorine

Chlorine Dioxide

**Ozone**

☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide

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

### UT Calculations

UV Dose

[illegible]





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

## FILE COPY

See page 4 for instructions.

### I. General Information for the Month/Year of:

June, 2007

#### A. Public Water System (PWS) Information

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT		PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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:	pcflyn@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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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		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	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

Steve Pfouts  
Signature and Date

7/3/07

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

PWS Identification Number:	6424076	Plant Name:	GOLDEN HILLS
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6424076

## GOLDEN HILLS

June, 2007

☒ Free Chlorine☐ Chlorine Dioxide☐ Ozone☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide

Total	5,992,000
Average	199,733
Maximum	328,000



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

See page 4 for instructions.

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

**A. Public Water System (PWS) Information**

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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:	pcflyn@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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			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	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

Steve Pfouts  
Signature and Date

8/3/07

Steve Pfouts  
Printed or Typed Name

**FILE COPY**

C-14204  
License Number

PWS Identification Number:	6424076	Plant Name:	GOLDEN HILLS
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Plant Name:	GOLDEN HILLS
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July, 2007

☒ Free Chlorine☐ Chlorine Dioxide☐ **Ozornik**☐ Combine Chlorine (Chloramines)☐ Other (Describe): \_\_\_\_\_☒ Free Chlorine

<input type="checkbox"/>	Combine Chlorine (Chloramines)
--------------------------	--------------------------------

Chlorine Dioxide

ET Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

[illegible]





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

See page 4 for instructions.

## I. General Information for the Month/Year of:

August, 2007

### A. Public Water System (PWS) Information

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT		PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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:	pcflyn@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:	<input checked="" type="checkbox"/> Raw Ground Water		<input type="checkbox"/> 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		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	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

Steve Pfouts  
Signature and Date

08/04/07

Steve Pfouts

Printed or Typed Name

C-14204

License Number

FILE COPY

630



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

PWS Identification Number:

6424076

Plant Name:

## GOLDEN HILLS

### III. Daily Data for the Month/Year of:

August 2007

#### Means of Achieving Four-Log Virus Inactivation/Removal. \*

☒ Free Chlorine☐ Chlorine Dioxide☐ Ozone☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide[illegible]



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

## FILE COPY

See page 4 for instructions.

### I. General Information for the Month/Year of:

September, 2007

#### A. Public Water System (PWS) Information

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT	PWS Identification Number:	6424076
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	1-407-869-1919	State:	Florida
Contact Person's E-Mail Address:	pcflynn@uiwater.com	Zip Code:	32714
		Contact Person's Fax Number:	1-407-869-6961

#### 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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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	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	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

Steve Pfouts  
Signature and Date

10/05/07

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

630

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

PWS Identification Number: 6424076 Plant Name: GOLDEN HILLS

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

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days plant started or Vented by (operator initials)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	181,000										1.0		
2		24	201,000												
3	X	24	202,000										1.0		
4	X	24	202,000										1.5		
5	X	24	248,000										1.3		
6	X	24	223,000										1.6		
7	X	24	206,000										1.6		
8	X	24	240,000										1.4		
9		24	294,000												
10	X	24	296,000										0.4		
11	X	24	277,000										0.5		
12	X	24	294,000										0.6		
13	X	24	260,000										0.5		
14	X	24	302,000										0.5		
15	X	24	187,000										0.8		
16		24	220,000												
17	X	24	220,000										0.9		
18	X	24	190,000										0.7		
19	X	24	201,000										0.7		
20	X	24	140,000										1.0		
21	X	24	175,000										0.7		
22		24	173,000												
23	X	24	173,000										0.5		
24	X	24	68,000										0.7		
25	X	24	210,000										0.9		
26	X	24	173,000										1.4		
27	X	24	142,000										1.2		
28	X	24	162,000										0.8		
29		24	152,000												
30	X	24	152,000										0.5		

Total	6,164,000
Average	205,467
Maximum	302,000



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

# FILE

See page 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:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month:	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 Weatherfield Ave.			City:	Altamonte Springs	State:	Florida
Contact Person's Telephone Number:	1-407-869-1919			Contact Person's Fax Number:	1-407-869-6961		
Contact Person's E-Mail Address:	pcflyn@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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water						
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	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

Signature and Date

11/02/07

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number



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

PWS Identification Number: 6424076 Plant Name: GOLDEN HILLS

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

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Type of Disinfection Residual Maintained in Distribution System				CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l.	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the Month	Days plant started or Vented by operator (place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l.	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l.	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/l.	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	172,000										1.2		
2	X	24	203,000										1.0		
3	X	24	142,000										0.7		
4	X	24	130,000										0.7		
5	X	24	167,000										0.6		
6		24	108,000												
7	X	24	109,000										1.7		
8	X	24	138,000										2.0		
9	X	24	199,000										1.3		
10	X	24	151,000										1.5		
11	X	24	158,000										1.0		
12	X	24	170,000										1.0		
13		24	175,000												
14	X	24	175,000										1.0		
15	X	24	200,000										0.8		
16	X	24	197,000										0.9		
17	X	24	206,000										1.2		
18	X	24	206,000										1.3		
19	X	24	178,000										0.8		
20		24	180,000												
21	X	24	180,000										0.8		
22	X	24	194,000										0.7		
23	X	24	153,000										0.6		
24	X	24	191,000										1.2		
25	X	24	122,000										1.3		
26	X	24	158,000										1.1		
27		24	151,000												
28	X	24	151,000										1.0		
29	X	24	162,000										1.0		
30	X	24	172,000										1.0		
31	X	24	168,000										1.0		
Total			5,187,000												
Average			167,323												
Maximum			208,000	11/22/07 Paul Allen entered											

11-27-07 Only New Entered





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

630

**FILE**

See page 4 for instructions.

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

November, 2007

**A. Public Water System (PWS) Information**

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	1-407-869-1919	Contact Person's Fax Number:	1-407-869-6961		
Contact Person's E-Mail Address:	pcflyn@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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	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.):	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

*Steve Pfouts*  
Signature and Date

12/06/07

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

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

PWS Identification Number: 6424076 Plant Name: GOLDEN HILLS

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

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days plant started or resumed by operator (place x)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions Report or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	141,000										1.0		
2	X	24	193,000										0.8		
3		24	184,000												
4	X	24	184,000										0.9		
5	X	24	160,000										1.2		
6	x	24	184,000										1.0		
7	X	24	196,000										1.0		
8	X	24	333,000										1.1		
9	X	24	175,000										1.0		
10		24	227,000												
11	X	24	227,000										0.9		
12	X	24	225,000										0.9		
13	x	24	214,000										0.7		
14	x	24	231,000										0.8		
15	X	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	x	24	222,000										2.0		
21	X	24	245,000										1.9		
22	X	24	207,000										1.5		
23	X	24	178,000										1.3		
24		24	163,000												
25	X	24	163,000										1.2		
26	X	24	197,000										1.0		
27	x	24	174,000										1.3		
28	X	24	234,000										1.3		
29	X	24	198,000										1.3		
30	X	24	199,000										1.2		

Total 6,189,000  
Average 206,300  
Maximum 333,000

12-11-07 MORGAN



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

630

FILE COPY

See page 4 for instructions.

## I. General Information for the Month/Year of:

December, 2007

### A. Public Water System (PWS) Information

PWS Name	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076	
PWS Type	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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:	pfflynn@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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			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	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

Steve Pfouts  
Signature and Date

01/07/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

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

PWS Identification Number: 6424076

Plant Name: GOLDEN HILLS

## III. Daily Data for the Month/Year of:

December, 2007

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

☒ Free Chlorine☐ Chlorine Dioxide☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide[illegible]

2008





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

PWS Identification Number: 6424076 Plant Name: GOLDEN HILLS

III. Daily Data for the Month/Year of: January, 2008

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

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

Day of the Month	Days plant started or resumed by Operator (place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	206,000										1.0		
2	X	24	272,000										1.0		
3	X	24	211,000										0.8		
4	X	24	211,000										0.9		
5		24	193,000												
6	X	24	193,000										0.5		
7	X	24	134,000										0.7		
8	X	24	184,000										0.9		
9	X	24	210,000										0.9		
10	X	24	190,000										0.9		
11	X	24	171,000										0.9		
12		24	165,000												
13	X	24	165,000										0.8		
14	X	24	159,000										0.8		
15	X	24	176,000										1.1		
16	X	24	174,000										1.3		
17	X	24	119,000										1.4		
18	X	24	140,000										1.4		
19		24	117,000												
20	X	24	117,000										1.4		
21	X	24	140,000										1.2		
22	X	24	173,000										0.6		
23	X	24	112,000										1.1		
24	X	24	107,000										1.4		
25	X	24	134,000										1.6		
26		24	141,000												
27	X	24	141,000										1.4		
28	X	24	150,000										1.2		
29	X	24	174,000										1.2		
30	X	24	162,000										1.1		
31	X	24	168,000										1.2		

Total	5,109,000
Average	164,806
Maximum	272,000



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

630

FILE COPY

See page 4 for instructions.

I. General Information for the Month/Year of: February, 2008

## A. Public Water System (PWS) Information

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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: 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:	pcflyn@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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			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	C	12740	Days Tue-Sat		
	Craig Raines	A	7960	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

Steve Pfouts  
Signature and Date

03/05/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

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

PWS Identification Number: 6424076 Plant Name: GOLDEN HILLS

III. Daily Data for the Month/Year of: February, 2008

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combine Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

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

Day of the Month	Days plant started or visited by operator (Place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	145,000										1.1		
2		24	236,000												
3	X	24	238,000										1.2		
4	X	24	203,000										1.3		
5	X	24	195,000										1.1		
6	X	24	200,000										1.1		
7	X	24	159,000										1.0		
8	X	24	163,000										0.9		
9		24	163,000												
10	X	24	163,000										0.9		
11	X	24	168,000										0.5		
12	X	24	168,000										0.6		
13	X	24	119,000										0.9		
14	X	24	156,000										1.1		
15	X	24	166,000										0.8		
16		24	142,000												
17	X	24	142,000										1.0		
18	X	24	194,000										0.6		
19	X	24	178,000										0.7		
20	X	24	150,000										0.9		
21	X	24	149,000										1.0		
22	X	24	121,000										1.3		
23		24	122,000												
24	X	24	122,000										1.2		
25	X	24	145,000										0.7		
26	X	24	142,000										1.0		
27	X	24	158,000										1.1		
28	X	24	118,000										1.1		
29	X	24	149,000										1.2		

Total	4,692,000
Average	161,793
Maximum	236,000





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

630

FILE COPY

See page 4 for instructions.

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

March, 2008

**A. Public Water System (PWS) Information**

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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: 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:	pcflyn@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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			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	C	12740	Days Tue-Sat		
	Craig Raines	A	7960	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

Steve Pfouts  
Signature and Date

04/02/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number



PWS Identification Number:	6424076	Plant Name:	GOLDEN HILLS
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6424076

Plant Name:

## GOLDEN HILLS

March , 2008

☒ Free Chlorine☐ Chlorine Dioxide☐ Ozoné☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide[illegible]



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

630

See page 4 for instructions.

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

April, 2008

FILE COPY

**A. Public Water System (PWS) Information**

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number:	1-407-869-1919			Zip Code:	32714	
Contact Person's E-Mail Address:	pcflyn@uiwater.com			Contact Person's Fax Number:	1-407-869-6961	

**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
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	Zip Code:	34482		
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.):	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		
	Craig Raines	A	7960	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

DEP Form 62-555.500(3)

Effective August 28, 2003

05/05/08

Steve Pfouts

Printed or Typed Name

C-14204

License Number

PWS Identification Number:	6424076	Plant Name:	GOLDEN HILLS
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Plant Name:	GOLDEN HILLS
-------------	--------------

April, 2008

☒ Free Chlorine☐ Chlorine Dioxide
**Ozone**☐ Combine Chlorine (Chloramines)☐ Other (Describe):

**Free Chlorine**

☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide

CF Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

[illegible]

630



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

## FILE COPY

See page 1 for instructions.

### I. General Information for the Month/Year of:

May, 2008

#### A. Public Water System (PWS) Information

PWS Name	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number	6424076	
PWS Type	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month	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 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	pcflyn@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	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> 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			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	C	12740	Days Tue-Sat		
	Craig Raines	A	7960	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

*Steve Pfouts*  
Signature and Date

06/05/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number



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

PWS Identification Number: 6424076

Plant Name	GOLDEN HILLS
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III. Daily Data for the Month/Year of: May, 2008

### Means of Achieving Four-Log Virus Inactivation/Removal \*

☒ Free Chilling

Chlorine Dioxide

**QZORNE**

☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System

☒ Free Chlorine☐ Combine Chlorine (Chloramines)

Chlorine Dioxide

CF Calculations on DV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable.\*

[illegible]





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

FILE COPY

See page 4 for instructions

I. General Information for the Month/Year of: June, 2008

## A. Public Water System (PWS) Information

PWS Name	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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 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:	pcflyn@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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			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	C	12740	Days Tue-Sat		
	Craig Raines	A	7960	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

07/02/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

PWS Identification Number	6424076	Plant Name	GOLDEN HILLS
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Plant Name: GOLDEN HILLS

June, 2008

☒ Free Chlorine

Chlorine Dioxide

☐ Ozone☐ Combine Chlorine (Chloramines)☐ Other (Describe):☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide

Total	6,102,000
Average	203,400
Maximum	332,000



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

FILE COPY

See page 4 for instructions.

**I. General Information for the Month/Year of:** JULY, 2008

**A. Public Water System (PWS) Information**

PWS Name	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number	6-121076	
PWS Type	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month	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 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	pcflyn@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	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			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	C	12740	Days Tue-Sat		
	Craig Raines	A	7960	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

*Steve Pfouts*  
Signature and Date

08/04/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

PWS Identification Number	6424076	Plant Name	GOLDEN HILLS
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6424076

Plant Name

## GOLDEN HILLS

## JULY 2008

☒ Free Chlorine☐ Chlorine Dioxide☐ **Grone**☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System

☒ **Free Chlorine**☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide[illegible]





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

See page 4 for instructions.

FILE COPY

## I. General Information for the Month/Year of:

August, 2008

### A. Public Water System (PWS) Information

PWS Name	GOLDEN HILLS WATER TREATMENT PLANT	PWS Identification Number	6424076
PWS Type	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month	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
Contact Person's Telephone Number	1-407-869-1919	State	Florida
Contact Person's E-Mail Address	pcflyn@uiwater.com	Zip Code	32714
		Contact Person's Fax Number	1-407-869-6961

### B. Water Treatment Plant Information

Plant Name	GOLDEN HILLS GOLF AND TURF	Plant Telephone Number		
Plant Address	8021 NW 49TH ST.	City	OCALA	
Type of Water Treated by Plant	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water	State	FLORIDA	
Permitted Maximum Day Operating Capacity of Plant, gallons per day	636,000	Zip Code	34482	
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 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 Tue-Sat
	Brian Eubanks	B	14073	Days Sun-Thurs
	Allson McPhee	C	15255	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

*Steve Pfouts*  
Signature and Date

9/3/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number



PWS Identification Number:	6424076	Plant Name:	GOLDEN HILLS
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6424076

Plant Name:

## GOLDEN HILLS

August, 2008

☒ Free Chlorine☐ Chlorine Dioxide☐ Ozone☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combine Chlorine (Chloramines)

Chlorine Dioxide

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

[illegible]



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

**FILE COPY**

See page 4 for instructions

## I. General Information for the Month/Year of:

September, 2008

### A. Public Water System (PWS) Information

PWS Name	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number	6424076	
PWS Type	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month:	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: 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:	pflynn@juwater.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	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			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-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.		
	Allison McPhee	C	15255	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

Signature and Date: Steve Pfouts

10/02/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

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

PWS Identification Number

6424076

Plant Name:

## GOLDEN HILLS

## III. Daily Data for the Month/Year of: September, 2008

September 2008

#### Means of Achieving Four-Log Virus Inactivation/Removal \*

☒ Free Chlorine☐ Chlorine Dioxide

☐ **Oxford**

☐ Combine Chlorine (Chloramines)☐ Ultrasonic Evaluation☐ Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combine Chlorine (Chloramines)

Chlorine Dioxide

[illegible]



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

See page 4 for instructions.

**I. General Information for the Month/Year of:** October, 2008

**A. Public Water System (PWS) Information**

PWS Name:	GOLDEN HILLS WATER TREATMENT PLANT		PWS Identification Number:	6424076	
PWS Type:	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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 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:	pcflyn@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:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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		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-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	
	Allson McPhee	C	15255	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

Steve Pfouts  
Signature and Date

11/02/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number



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

PWS Identification Number: 6424076 Plant Name: GOLDEN HILLS

III. Daily Data for the Month/Year of: October, 2008

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

☒ Free Chlorine

☐ Chlorine Dioxide

☐ Ozone

☐ Combine Chlorine (Chloramines)

☐ Ultraviolet Radiation

☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

☐ Combine Chlorine (Chloramines)

☐ Chlorine Dioxide

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

Day of the Month	Days plant started or visited by Operator (place X)	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergencies or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	181,000										0.8	
2	X	24	188,000										0.8	
3	X	24	222,000										0.8	
4	X	24	228,000										0.7	
5		24	203,000											
6	X	24	204,000										0.7	
7	X	24	219,000										0.8	
8	X	24	196,000										0.6	
9	X	24	179,000										0.9	
10	X	24	194,000										1.1	
11	X	24	165,000										1.2	
12		24	166,000											
13	X	24	187,000										1.0	
14	X	24	215,000										0.8	
15	X	24	194,000										0.9	
16	X	24	205,000										0.8	
17	X	24	197,000										0.8	
18	X	24	204,000										0.7	
19		24	217,000											
20	X	24	218,000										0.8	
21	X	24	192,000										0.7	
22	X	24	253,000										1.0	
23	X	24	234,000										1.3	
24	X	24	194,000										0.8	
25	X	24	152,000										0.8	
26		24	185,000											
27	X	24	186,000										1.0	
28	X	24	211,000										1.2	
29	X	24	226,000										1.2	
30	X	24	218,000										1.1	
31	X	24	235,000										0.7	

Total	6,308,000
Average	203,484
Maximum	253,000





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

**FILE COPY**

See page 4 for instructions

**I. General Information for the Month/Year of:** November, 2008

PWS Name	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076
PWS Type	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month	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
Contact Person's Telephone Number	1-407-869-1919			State:	Florida
Contact Person's E-Mail Address	pflynn@duwater.com			Zip Code:	32714
Contact Person's Fax Number:	1-407-869-6961				

**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	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> 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			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-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.		
	Allson McPhee	C	15255	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

*Steve Pfouts*  
Signature and Date

12/03/08

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

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

[PWS Identification Number]

6424076

Plant Name:

**GOLDEN HILLS**

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

November 2008

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

☒ Free Charge☐ **Ordering Details**☐ Ozone☐ Combine Chlorine (Chloramines)

100

☐ Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System

☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide[illegible]



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

See page 4 for instructions

## I. General Information for the Month/Year of:

December, 2008

### A. Public Water System (PWS) Information

PWS Name	GOLDEN HILLS WATER TREATMENT PLANT			PWS Identification Number:	6424076
PWS Type	<input checked="" type="checkbox"/> Community	<input type="checkbox"/> Non-Transient Non-Community	<input type="checkbox"/> Transient Non-Community	<input type="checkbox"/> Consecutive	
Number of Service Connections at End of Month:	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
Contact Person's Telephone Number	1-407-869-1919	Zip Code:	32714	Contact Person's Fax Number:	1-407-869-6961
Contact Person's E-Mail Address	pflynn@quwater.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
Type of Water Treated by Plant	<input checked="" type="checkbox"/> Raw Ground Water	<input type="checkbox"/> Purchased Finished Water	Zip Code:	34482	
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.):	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-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	
	Allson McPhee	C	15255	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

Signature and Date

*Steve Pfouts*

01/06/09

Steve Pfouts  
Printed or Typed Name

C-14204  
License Number

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

PWS Identification Number

6424076

Plant Name:

## GOLDEN HILLS

### III. Daily Data for the Month/Year of:

December 2008

#### Means of Achieving Four-Log Virus Inactivation/Removal.\*

☒ Free Chlorine

Chlorine Dioxide

☐ Oxone☐ Combine Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe): \_\_\_\_\_

Type of Disinfectant Residual Maintained in Distribution System

☒ Free Chlorine☐ Combine Chlorine (Chloramines)☐ Chlorine Dioxide[illegible]



Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (5)  
INSPECTION REPORTS

Test Year Ended December 31, 2008



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# Florida Department of Environmental Protection

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

RECEIVED BY 8/15/08

SECRET  
BY 400 G  
Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

July 24, 2008

RECEIVED  
JUL 28 2008

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

Re: 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](mailto:michele.duggan@dep.state.fl.us).

Sincerely,

Michele Duggan  
Environmental Specialist  
Domestic Wastewater Section

MD/mdd

Attachment

cc: Pete Bughardt, FDEP via e-mail

"More Protection, Less Process"  
[www.dep.state.fl.us](http://www.dep.state.fl.us)

(635) 19.2 July 8 2008

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

## WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

(@ = Optional)

Name and Physical Location of Facility Crownwood WWTF 4497 NW 73 <sup>rd</sup> Terrace Ocala, FL 34482	WAFR ID: FLA012680  Phone	County Marion  (@) Exit Date/Time	Entry Date/Time 07/08/08 11:45 hours
Names of Field Representatives Daniel Anderson		Title Certified Operator	Phone
Name and Address of Permittee or Designated Representative Patrick Flynn Utilities, Inc. of Florida 200 Weathersfield Avenue Altamonte Springs, FL 32714		Title Regional Director	Phone  (@) Operator Certification #

Inspection Type	<input checked="" type="checkbox"/> C	<input type="checkbox"/> E	<input type="checkbox"/> I	Samples Taken(Y/N): N	(@) Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial			Were Photos Taken(Y/N): N	(@) Log book Volume:	(@) Page

### FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; NC: Out of Compliance; SC: Significant out of Compliance; NA: Not Applicable; NE or Blank: Not Evaluated  
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	IC	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	IC	4. Sampling	IC	7. Flow Measurement	NC	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
	13. Other:					NA	12. Groundwater

Facility and/or Order Compliance Status:	<input checked="" type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: letter			

Name and Signature of Inspector Michele Duggan <i>Michele Duggan</i>	District Office/Phone Number (813) 632-7600, ext. 335	Date 07-23-08
(@) Signature of Reviewer Thomas Gucciardo <i>Thomas Gucciardo</i>	District Office/Phone Number (813) 632-7600, ext. 392	Date 07-23-08

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N	5		1	2	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1): A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, V: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

Revised: August 11, 2006

## 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

1. 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.
2. A review of DMRs submitted from August 2007 to May 2008 did not reveal any permit limit exceedances.

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.**

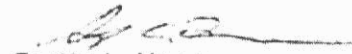
Pond maintenance will be completed by August 19, 2008.

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](mailto: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 SURF-BOW METHOD

### Not Well Capacity for Rectangular Tanks:

Net wall capacity for Rectangular Tanks:  
 ft) Length \_\_\_\_\_ x Width \_\_\_\_\_ x 7.48 = \_\_\_\_\_ gal/ft + 12 = \_\_\_\_\_ gal/in

Wet Well Capacity for Cylindrical Tanks:

$$\text{log squared } 4' \times 3.14 \times 7.48 = \underline{93.95} \text{ gal/ft} \times 12 = \underline{781} \text{ gal/in}$$

PUMP 1

Рубр 2

Pump 1						Pump 2					
Ea	Start	Stop	# In. Pumped	MII Rate	GPH	Date	Start	Stop	# In. Pumped	MII Rate	GPH
8-10-08	120"	137.5"	17.5"	1 gpm	8,282	8-10-08	122"	139.5"	17.5	3 g/m	8,402
8-11-08	130"	147.5"	17.0"	3 gpm	8107	8-11-08	130"	146.5"	16.5	7 g/gm	8,172
8-11-08	140"	156.0"	16.0"	12 gpm	8237	8-11-08	135H	151"	16.0	10 gpm	8117

Average GPM: 8,229

(Constant)

Average GPH: 5232

Rounded = 8.200

(13798-1)

Copy factor = 0.0082  
 down per a fit

82 (137 gpm)

Roundwell = (\$1,200) (137 gpm) Conv. factor = 0.0082

course distance to water & record (start). Pump down for a time interval & record (stop). Subtract & record difference (# inches pumped). Use same procedure to measure fill rate. Add fill rate to # inches pumped, then multiply gpi/inch and 60 and record (GPH). At least 3 draw-downs are required: Additional lines are provided for additional tests & to calculate fill rate, which may be different for each test. A greater draw-down will give more accurate calculations. Ideally all incoming flow should be eliminated, so fill rate will not be needed; pumps should be alternated to equalize head pressure ranges.

Unit Name: Communications WUPT

Plant ID # FLA 012080

Station Location: On the left of Route 6, approx 1/2

Description: 4' diam. (dist. 10 ft) mystery Cliff Station - Brown Mineral Plate Lin

Pump 1

Page 2

Previous Pump Calibration (GPH)	3.231	3.230 GPH
Event Pump Calibration (GPH)	3.224	3.230 GPH
Event Difference	0	0

cc Done by: Daniel S. Anderson  
copy Latitudes Inc.

Date Aug. 11th, 2008  
Address 4497 Mt. Zion Terrace

Date \_\_\_\_\_

# HOWE METER CALIBRATION

HOWE METERS ARE BROKEN DOWN INTO TENTHS OF AN HOUR, OR 6 MINUTE INTERVALS.

MARK THE METER YOU ARE TESTING, INDUCE ELECTRICAL CURRENT FOR AT LEAST 6 MINUTES. RECORD THIS START AND TIME STOP TO DETERMINE ELAPSED METER TIME. COMPARE THIS TO ACTUAL ELAPSED TIME FROM A STOP WATCH. METERS SHOULD BE REPLACED IF NOT ACCURATE.

H

2

DATE	TIME START	TIME STOP	METER ELAPSED TIME	ACTUAL ELAPSED TIME
8-11-08	1400 hrs	1406 hrs	0.1	6 mins
8-11-08	1408 hrs	1414 hrs	0.1	6 mins
8-11-08	1415 hrs	1421 hrs	0.1	6 mins

DATE	TIME START	TIME STOP	METER ELAPSED TIME	ACTUAL ELAPSED TIME
8-11-08	1420 hrs	1426 hrs	0.1	6 mins
8-11-08	1430 hrs	1436 hrs	0.1	6 mins
8-11-08	1440 hrs	1446 hrs	0.1	6 mins

TESTED BY

David A. Anderson

DATE 8-11-08

ALARM TEST

AUDIBLE ALARM works OK.

VISUAL ALARM Red Strobe Light

Working Well!

COMMENTS/CORRECTIONS

G  
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# Florida Department of Environmental Protection

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

*File on, BUIAN*  
RECEIVED  
JUN 22 2007  
Charlie Crist  
Governor  
Jeff Kottkamp  
Lt. Governor  
*Pg. 3 has old info.*  
Michael W. Sule  
Secretary

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

*More Protection, Less Process*  
*www.dep.state.fl.us*

File: 19.1 (Golden Hills - 630) 2007

**GROUND WATER SOURCE**

Well Number	1 9AAC 1406)	2 (AAC 1407)		
Year Drilled	1973	1978		
Depth Drilled	260'	262'		
Drilling Method	Cable			
Type of Grout				
Static Water Level	135'	132'		
Pumping Water Level				
Design Well Yield	475,000 gpd	633,000 gpd		
Test Yield				
Actual Yield (if different than rated capacity)	252	452		
Strainer	Cone	Cone		
Length (outside casing)	127'	84'		
Diameter (outside casing)	8"	8"		
Material (outside casing)	Steel	Steel		
Well Contamination History	Ok	Ok		
Is inundation of well possible?	No	No		
6' X 6' X 4" Concrete Pad	Yes	Yes		
SET BACKS	Septic Tank			
	Reuse Water			
	WW Plumbing			
	Other Sanitary Hazard	Golf course*	Golf course*	
PUMP	Type	Turbine	Turbine	
	Manufacturer Name	Floway	Peerless	
	Model Number	JKH-10	8HXB-14	
	Rated Capacity (gpm)	350 gpm	450 GPM	
	Motor Horsepower	30 H.P.	40 H.P.	
Well casing 12" above grade?	Yes	Yes		
Well Casing Sanitary Seal	Ok	Ok		
Raw Water Sampling Tap	Yes	Yes		
Above Ground Check Valve	Yes	Yes		
Fence/Housing	Fence	Fence		
Well Vent Protection	Yes	Yes		

**COMMENTS** Please provide DEP with any missing information if possible.

\*Synthetic Organic Contaminants (SOC's) used on golf course.

### CHLORINATION (Disinfection)

Type: ☒ Gas ☐ Hypo  
Make Regal Capacity N/A  
Chlorine Feed Rate \_\_\_\_\_  
Avg. Amount of Cl<sub>2</sub> gas used N/A  
Chlorine Residuals: Plant \_\_\_\_\_ Remote 1.15  
Remote tap location outside tap near plant office  
DPD Test Kit: ☒ On-site ☒ With operator  
☐ None ☐ Not Used Daily  
Injection Points 1  
Booster Pump Info Goulds 1 1/2 HP  
Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chlorine Gas Use Requirements	YES	NO	Comments
Dual System	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-switchover	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms:			
Loss of Cl <sub>2</sub> capability	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of Cl <sub>2</sub> residual	<input type="checkbox"/>	<input type="checkbox"/>	
Cl <sub>2</sub> leak detection	<input type="checkbox"/>	<input type="checkbox"/>	
Scale	<input type="checkbox"/>	<input type="checkbox"/>	
Chained Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	
Reserve Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate Air-pak	<input type="checkbox"/>	<input type="checkbox"/>	
Sign of Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Fresh Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	
Room Lighting	<input type="checkbox"/>	<input type="checkbox"/>	
Warning Signs	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Kits	<input type="checkbox"/>	<input type="checkbox"/>	
Fitted Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
Housing/Protection	<input type="checkbox"/>	<input type="checkbox"/>	

### AERATION (Gases, Fe, & Mn Removal)

Type \_\_\_\_\_ Capacity \_\_\_\_\_  
Aerator Condition \_\_\_\_\_  
Bloodworm Presence \_\_\_\_\_  
Visible Algae Growth \_\_\_\_\_  
Protective Screen Condition \_\_\_\_\_  
Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### STORAGE FACILITIES

(G) Ground (H) Hydropneumatic (E) Elevated  
(B) Bladder (C) Clearwell

Tank Type/Number	H/I		
Capacity (gal)	10,000		
Material	Steel		
Gravity Drain	Yes		
By-pass Piping	Yes		
Pressure Gauge	Yes		
Sight Glass or Level Indicator	Yes		
Fittings for Sight Glass	Yes		
Protected Openings	Yes		
PRV/ARV	Both		
On/Off Pressure			
Access Padlocked	Yes		
Height to Bottom of Elevated Tank	na		
Height to Max. Water Level	na		

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### HIGH SERVICE PUMPS

Pump Number			
Type			
Make			
Model			
Capacity (gpm)			
Motor HP			
Date Installed			
Maintenance			

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

COMPLIANCE MONITORING COMMUNITY PUBLIC WATER SYSTEMS									
CONTAMINANT	PWS Screen	# Samples Required	Sampling Location	C > 3300			C ≤ 3300		
				Frequency	Sample Date	Due Date	Frequency	Sample Date	Due Date
Microbiological (Bacte)	024	1	Each well	monthly			monthly		Monthly
		2	Distribution						
Volatile Organics	028	(Note A)	(Note H)	(Notes A, 1)			(Notes A, 2)		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)			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)		12/31/2012
Group I UOCs	035	(Notes B, E, G)	POE	(Note 4)			(Note 5)		
Group II UOCs	034	1 (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)		
Lead and Copper	047	(Note D)	---	---			---		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.

**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 # 642-4076  
Date 06/13/07

[illegible]

**DEFICIENCIES:**

No deficiencies.

Inspector [Signature]

Title Env. Specialist II

Date 6-15-07

Approved by [Signature]

Title Env. Manager

Date 6-19-77



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Labrecque  
Lt. Governor

Michael W. Sole  
Secretary

June 17, 2008

RECEIVED  
JUN 19 2008

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

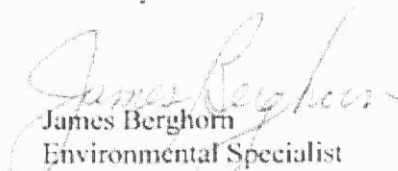
Re: Compliance Inspection  
Golden Hills Golf & Turf  
PWS-ID No. 642-4076  
Marion County

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

cc: Dan Anderson, Operator (Utilities Inc.)

## Compliance Inspection Form

Page 1

SYSTEM	Water system: <b>GOLDEN HILLS GOLF AND TURF</b>	System PWS #: <b>6424076</b>	Inspection Date: <b>06/16/2008</b>
	Inspector: <b>JIM BERGHORN</b>	Person(s) contacted: _____	System Type: <b>C</b>
OWNER	System address: <b>8021 NW 49<sup>th</sup> St. Rd.</b>	City: <b>OCALA</b>	State: <b>FL</b> Zip: <b>34482</b>
	Owner name: <b>Utilities, Inc.</b>	Owner title: _____	
	Owner address: <b>200 Weathersfield Ave.</b>	City: <b>Altamonte Springs</b>	State: <b>FL</b> Zip: <b>32714</b>
	Owner phone: <b>800-272-1919</b>	Cell: _____	
Operator required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If "No", Operator sections not applicable)		Operator class & cert. number: <b>A-7141</b>	
Operator name: <b>DAN ANDERSON</b>		Phone: <b>407-948-9829</b>	

S = SATISFACTORY U = UNSATISFACTORY - = NOT APPLICABLE \* = SEE COMMENT BELOW

SOURCE - WELL INFORMATION				STORAGE	
Well Number/Well ID #AAC 1406 AAC 1407	1	2	8" x 12" 8" x 12"	Tank(s)/Type(s) 10,000 Gal	1 Hydro
Well head sealed? (Padlock and openings)	S	S		Inspections compliant? (annual/yr)	S
Well casing 12" above grade?	S	S		Pressure Gauge Compliant	S On/Off: /
Casing vent compliant? (2003)	S	S		Pressure relief valve provided? (hydro)	S
Check valve compliant?	S	S		Security measures compliant?	S
Flowmeter/Timeclock	S	S	Model: 2-Buckers	DISTRIBUTION	
Well Pad Compliant?	U	S	# 1 well pad cracked	Water system map compliant?	Yes
Security measures compliant?	S	S		Flushing of dead ends compliant?	Yes
TREATMENT				Valve maintenance compliant?	Yes
O & M manual compliant?	S	S		Chlorine residual > 0.2 mg/L	Yes
Auxiliary Power	S	S		MANAGEMENT	
Loss of chlorine alarm compliant?	S	S		Number of high service pumps?	NA
Treated sample tap provided?	S	S		Flow meter accuracy checked?	NA
HYPO	Cl solution NSF approved?	S	S	ERP & CCC Plans Onsite?	Yes
	Cl storage compliant	S	S	OPERATOR	
	Chlorinator	S	S	Operator visits compliant?	Yes
	Chlorine test kit compliant?	S	S	Plant checked 5 times per week?	NA
GAS	Cl room compliant?	-	-	Last inspection fully compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No (see below)	
	Scales compliant?	-	-	Have deficiencies been addressed?	NA
	Auto switchover provided?	-	-	Were any of the deficiencies "repeat"?	NA
	Safety (SCBA, Gloves, Ammonia, PPE, etc)	-	-	FIELD SAMPLING RESULTS	
OTHER	Aeration	-	-	Plant Cl (mg/L)	
	pH adjustment	-	-	Distribution Cl mg/L	1.07
	Orthophosphate	-	-	Location:	PCE
	Other:	-	-		

## REMARKS AND RECOMMENDATIONS:

NEED TO PROVIDE CERTIFICATION OF TANK CLEANING AND INSPECTION BY AUGUST 2008

INSPECTOR'S SIGNATURE *J. Berghorn* TITLE ENVIRONMENTAL SPECIALIST DATE: 6-16-08

REVIEWED BY *Chris Smith* TITLE EM DATE: 6/17-08



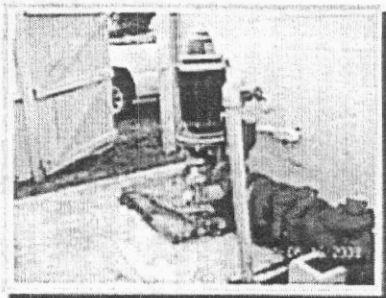
DEFICIENCIES

- 1) Well # 1 pad cracked 62-532.500 Repair cracked pad

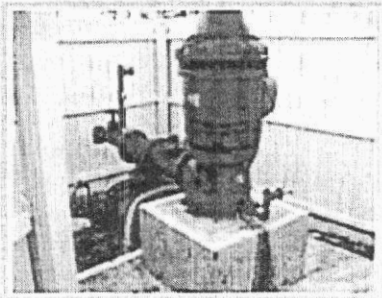
TECHNICAL ASSISTANCE PROVIDERS

FLORIDA RURAL WATER ASSOCIATION  
2970 Wellington Circle W, Suite 101  
Tallahassee FL 32309-6885  
E-Mail: [FRWA@frwa.net](mailto:FRWA@frwa.net)  
Home Page: <http://www.frwa.net>  
850.668.2746

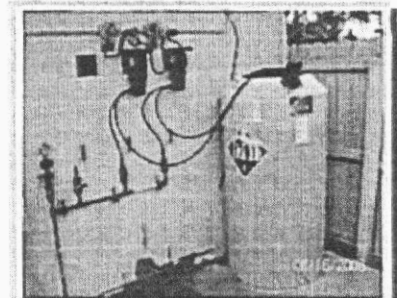
PICTURES



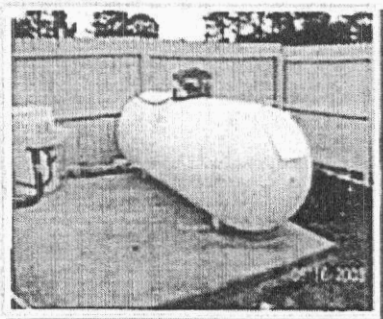
Well # 1



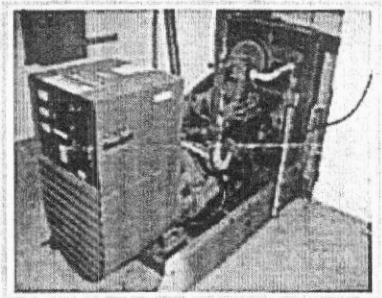
Well # 2



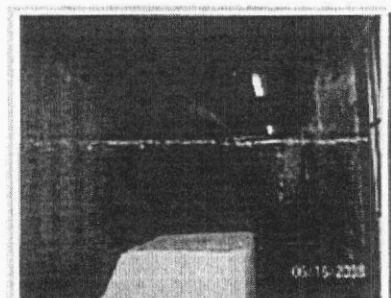
Chlorination System



Propane for  
Generator



Oxan 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 feel 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

a Utilities, Inc. company Utilities, Inc. of Florida

200 Weathersfield Ave. • Altamonte Springs, FL 32714-4027 • P:407-869-1919 • F:407-869-6961 • [www.uiwater.com](http://www.uiwater.com)



Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (6)  
PERMITS

Test Year Ended December 31, 2008

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D



# Florida Department of Environmental Protection

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

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

RECEIVED  
JAN 28 2009

In the Matter of an  
Application for Permit by:

January 28, 2009

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

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:

"More Protection, Less Process"  
[www.dep.state.fl.us](http://www.dep.state.fl.us)

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



Jeffrey 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.

 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

**RESPONSIBLE AUTHORITY:**

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

**PERMIT NUMBER:** FLA012680  
**PA FILE NUMBER:** FLA012680-003-DW3P/NR  
**ISSUANCE DATE:** January 28, 2009  
**EXPIRATION DATE:** January 27, 2014

**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 ft<sup>2</sup> 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 rapid-rate 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.

*"More Protection, Less Process"*  
[www.dep.state.fl.us](http://www.dep.state.fl.us)

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

PERMIT NUMBER: FLA012680

# **I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

## **A. Reuse and Land Application Systems**

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, to R-001	MGD	Maximum	0.040	Report	-	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond. I.A.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100ML	Maximum	200	-	-	800	Monthly	Grab	EFA-01	See Cond. I.A.4
Total Chlorine Residual (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond. I.A.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-01	

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

PERMIT NUMBER: FLA012680

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

Monitoring Location	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.

3. 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)]

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

PERMIT NUMBER: FLA012680

**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				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, Total Plant	MGD	Maximum	0.040 3MADF	Report	-	-	5 Days/Week	Elapsed Time Meter	FLW-01	See Cond.I.B.3, 5
Percent Capacity, (3MADF/Permitted Capacity) x 100	%	Maximum	-	Report	-	-	Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Annually <sup>1</sup>	Grab	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Annually <sup>1</sup>	Grab	INF-01	See Cond.I.B.4

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

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

PERMIT NUMBER: FLA012680

2. 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.
4. 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)]
5. 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)]
7. 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	28 <sup>th</sup> day of following month
Quarterly	January 1 – March 31	April 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	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 28<sup>th</sup> of the month following the month of operation at the addresses specified below:



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

PERMIT NUMBER: FLA012680

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  
Temple Terrace, FL 33637-0926

[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

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

1. 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.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3&4]

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

PERMIT NUMBER: FLA012680

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)

1. 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]
2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
3. 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)]
4. 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)]
5. 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)]

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

PERMIT NUMBER: FLA012680

6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
7. 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

1. 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 1/2 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)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection 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;
  - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
  - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application 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;

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

PERMIT NUMBER: FLA012680

- f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

#### VI. SCHEDULES

Section VI is not applicable to this facility.

#### VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

#### VIII. OTHER SPECIFIC CONDITIONS

- 1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
- 2. 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. [62-600.410(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)]
- 5. 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
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
  - e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

*[62-604.130(54)]*
7. 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)]*
8. 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:
  - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
  - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

*[62-620.625(2)]*



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#### IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
3. As provided in Subsection 403.087(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. [62-620.610(3)]
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;

FACILITY: Crownwood WWTF  
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- b. Have access to and copy any records that shall be kept under the conditions of this permit;
- c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
- d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

*[62-620.610(9)]*

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. *[62-620.610(10)]*
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. *[62-620.610(11)]*
- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to

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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.

- a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
- b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
- c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
- d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
- e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
- f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

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- a. The following shall be included as information which must be reported within 24 hours under this condition:
  1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge.
  2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit.
  3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
  4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
  1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the **STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519**, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
    - a) Name, address, and telephone number of person reporting;
    - b) Name, address, and telephone number of permittee or responsible person for the discharge;
    - c) Date and time of the discharge and status of discharge (ongoing or ceased);
    - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
    - e) Estimated amount of the discharge;
    - f) Location or address of the discharge;
    - g) Source and cause of the discharge;
    - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
    - i) Description of area affected by the discharge, including name of water body affected, if any; and
    - j) Other persons or agencies contacted.
  2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620,610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18, and 19, of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
  1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
  2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
  3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20, of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
  1. An upset occurred and that the permittee can identify the cause(s) of the upset;
  2. The permitted facility was at the time being properly operated;
  3. The permittee submitted notice of the upset as required in Permit Condition IX. 20, of this permit; and
  4. The permittee complied with any remedial measures required under Permit Condition IX. 5, of this permit.



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- 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

A handwritten signature in dark ink, appearing to read 'Jeffrey S. Greenwell', is written over a horizontal line. To the right of the signature, the letters 'JSG' are handwritten.

Jeffrey S. Greenwell, P.E.  
Water Facilities Administrator  
Southwest District Office

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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

RECEIVED  
AUG 03 1998

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  
RECORDS AND DATA DEPARTMENT

BJJ/

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



As Elected by the Board

# Southwest Florida Water Management District

2379 Broad Street • Brooksville, Florida 34609-6899 • 1-800-423-1476 (Florida Only) or  
(904) 796-7211 • SUNCOM 628-4130 • T.D.D. Number Only (Florida Only): 1-800-231-6105

750 Highway 301 North  
Tampa, Florida 33604-1559  
(813) 985-7881 SUNCOM 578-2010

170 Century Boulevard  
Bartow, Florida 33510-7700  
(813) 534-1448 SUNCOM 542-6200

111 Corporation Way  
Venice, Florida 34292-0324  
(813) 443-5270 SUNCOM 549-5270

2305 Highway 44 West  
Trenton, Florida 34428-0809  
(904) 637-1560

*Golden Hills*  
**REGISTRATION**  
DEC 15 1993

December 10, 1993

Charles A. Black  
Chairman, Crystal River  
Ray G. Harrell, Jr.  
Vice Chairman, St. Petersburg  
Sally Thompson  
Secretary, Tampa  
Joe L. Davis, Jr.  
Treasurer, Wauchula  
Ramon E. Campo  
Bradford  
James L. Cox  
Lake and  
Rebecca M. Eger  
Gadsden  
John T. Hamner  
Bradenton  
Curtis L. Law  
Largo/Lakes  
James E. Martin  
St. Petersburg  
Margaret W. Sistrunk  
Odessa

Peter G. Hubbell  
Executive Director  
Mark D. Farrell

Assistant Executive Director  
Edward B. Helvenston  
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 By Letter" number 205643.04. Please attach the Letter 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

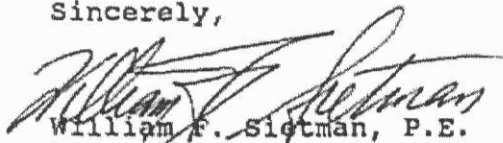
*Excellence  
Through  
Quality  
Service*



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,



William F. Sietman, P.E.  
Director  
Brooksville Permitting Department  
Resource Regulation

VJB:ml-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 POINTS

GALLONS PER DAY

I.D. NO. USER/DIST	LOCATION LAT/LONG	USE	AVERAGE	PEAK MO	CROP PROTECTION
1 / 1	291419/821513	PS	152,000	243,000	N/A
2 / 2	291418/821513	PS	125,000	199,000	N/A
4 / 4	291403/821435	PS	125,000	199,000	N/A

PS=Public Supply

MODIFIED SPECIAL CONDITIONS:

3. The Permittee shall continue to maintain and operate the existing flow meters or other flow measuring devices 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 granted 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 Water Management District

*GOLDEN HILLS*  
REPORTING PERIOD = CALENDAR  
YEAR.

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

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,

*Annie 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

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

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:

<u>PUBLIC SUPPLY</u>	<u>SERVICE AREA NAME</u>	<u>POPULATION SERVED</u>	<u>PER CAPITA RATE</u>
	Golden Hills/Crownwood Subdivision	1,820	130
	Golden Hills/Crownwood Subdivision	180	130

WATER USE:

<u>RECREATION OR AESTHETIC</u>	<u>FACILITY NAME</u>	<u>ACRES</u>	<u>IRRIGATION RATE</u>
	Golden Hills/Crownwood Subdivision	8	28"/yr.

<u>I.D. NO.</u>	<u>LOCATION</u>	<u>DIAM.</u>	<u>DEPTH</u>		<u>GALLONS PER DAY</u>		
<u>USER/DIST</u>	<u>LAT/LONG</u>	<u>(INCHES)</u>	<u>TOTAL/CASED</u>	<u>USE</u>	<u>AVERAGE</u>	<u>PEAK MO</u>	<u>FROST/ FREEZE</u>
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

2. 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.
3. 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

5. 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:

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



Authorized 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:

1. 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.)
2. Apply tag to the base of the pump - that portion of the pump installation that is not normally removed for servicing the pump.
3. 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.
5. 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

### 40D-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 with 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 officer. 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

Test Year Ended December 31, 2008



Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (8)  
FIELD EMPLOYEES

Test Year Ended December 31, 2008



**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**

**SECRETARY**

**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. SOL E**

**SECRETARY**

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

GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

SECRETARY

State of Florida

Department of Environmental Protection

ISSUED: 4/22/2009

LICENSE NO.: 008122

THE CLASS A WASTEWATER 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

GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

SECRETARY

State of Florida

Department of Environmental 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

GOVERNOR

DISPLAY IS REQUIRED BY LAW

MICHAEL W. SOLE

SECRETARY

**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**



**State of Florida**

Department of Environmental Protection

OPERATOR CERTIFICATION PROGRAM

2600 BLAIR STONE ROAD, M.S. 3506

TALLAHASSEE, FLORIDA 32399-2400

(850)245-7500



\*\*\*\*\*AL10\*\*MEXED AADC 123 75 FL 100

ELISA MATARLO WILLIAMS

2549 GRASSY POINT DR UNIT 103

LAKE MARY, FL 32746-6518

**State of Florida**

Department of Environmental Protection

LICENSE NO.: 014187

DATE ISSUED: 4/16/2009

CLASS C WASTEWATER TREATMENT PLANT OPERATOR

ELISA MATARLO WILLIAMS

IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA  
STATUTES

VALID UNTIL: 4/30/2011

**State of Florida**

Department of Environmental Protection

ISSUED: 4/16/2009

LICENSE NO.: 014187

THE CLASS C 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**

GOVERNOR

**DISPLAY IS REQUIRED BY LAW**

**MICHAEL W. SOLE**

SECRETARY

PAGE 01

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**UIF RATE CASE - 2008 EMPLOYEE LICENSE INFORMATION**

Last Name	First Name/MI	Title	System(s)	Classification	Type	Description	Type	Description
Anderson	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)
Habery	Stephen (Steve) J.	Lead Operator	Orangewood Buena Vista MHP Buena Vista Manor L/S Summertree Summertree L/S	Class C DWTPO Class C WWTPO	C	Class C Drinking Water Treatment Plant Operator - FDEP (0008012 4/30/11)	C	Class C WW Treatment Plant Operator - FDEP (0008527 4/30/11)
Pfouts	Steven L.	Lead Operator	Golden Hills	Class C DWTPO Class B WWTPO	C	Class C Drinking Water Treatment Plant Operator - FDEP (0014204 4/30/11)	B	Class B WW Treatment Plant Operator - FDEP (0009509 4/30/11)
Williams	Elsa M.	Lead Operator	Weathersfield Oakland Shores Little Wekiva Park Ridge Phillips Crystal Lake Ravenna Park Jansen Crescent Heights Davis Shores	Class C DWTPO Class C WWTPO	C	Class B Drinking water Treatment Plant Operator - FDEP 0014846 4/30/11	C	Class C WW Treatment Plant Operator - FDEP 0014187 4/30/11





<b>JOB TITLE</b>	<b>Water/Wastewater Treatment Operator I</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-Exempt
<b>SUPERVISOR'S TITLE</b>	Area Manager
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Operates and maintains water and/or wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Assists Lead Operator with emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol.</li> <li>▪ Adds chemicals to water by predetermined formula. Advises Lead Operator when minimum inventory levels of these materials have been reached.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment.</li> <li>▪ Cleans and maintains treatment plant, pumping stations and wells; prepares and paints equipment, walls and floors.</li> <li>▪ Ensures regulatory compliance and adherence to Company policies and standards.</li> <li>▪ Maintains a safe working environment and reports safety concerns to Area Manager.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Completes facility and vehicle inspections, along with related follow-up.</li> <li>▪ Assists w repairs of water/wastewater treatment plant equipment.</li> <li>▪ Forwards customer inquiries on to Operator II or Lead Operator.</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service.</li> <li>▪ Ensures that facilities and grounds are kept clean and orderly and comply with Company standards.</li> <li>• May install and read water meters.</li> <li>• Performs other related duties as assigned.</li> </ul>
COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
ADDITIONAL SKILLS	<ul style="list-style-type: none"> <li>▪ Ability to read meters, charts and gauges and accurately maintain records of plant operations.</li> <li>▪ Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing.</li> <li>▪ Ability to review, classify, categorize, prioritize and/or analyze data.</li> <li>• Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment.</li> <li>▪ Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies.</li> <li>▪ Ability to follow verbal and written instructions.</li> <li>▪ Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.</li> </ul>
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	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.*



<b>JOB TITLE</b>	Water/Wastewater Treatment Operator II
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-Exempt
<b>SUPERVISOR'S TITLE</b>	Area Manager
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Operates and maintains water and/or wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Assists Lead Operator with emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol.</li> <li>▪ Adds chemicals to water by predetermined formula. Advises Lead Operator when minimum inventory levels of these materials have been reached.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment.</li> <li>▪ Cleans and maintains treatment plant, pumping stations and wells; prepares and paints equipment, walls and floors.</li> <li>▪ Ensures regulatory compliance and adherence to Company policies and standards.</li> <li>▪ Maintains a safe working environment and reports safety concerns to Area Manager.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Completes facility and vehicle inspections, along with related follow-up.</li> <li>▪ Installs and reads water meters.</li> <li>▪ Acts as liaison between customers and customer service; provides on-site customer communication.</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service.</li> <li>▪ Ensures that facilities and grounds are kept clean and orderly and comply with Company standards.</li> <li>• Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to read meters, charts and gauges and accurately maintain records of plant operations.</li> <li>• Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing.</li> <li>• Ability to review, classify, categorize, prioritize and/or analyze data.</li> <li>• Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment.</li> <li>• Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies.</li> <li>• Ability to follow verbal and written instructions.</li> <li>▪ Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.</li> </ul>
<b>EDUCATION</b>	Required: HS Diploma or GED
<b>CERTIFICATIONS/LICENSES</b>	Required: Currently holds second-level operator license, may be in the process of obtaining third-level license; must maintain a valid driver's license.
<b>EXPERIENCE</b>	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.
<b>PHYSICAL DEMANDS</b>	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
<b>EQUIPMENT USED</b>	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.
<b>TRAVEL REQUIRED</b>	Within service area.
<b>SHIFT</b>	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
<b>CONTACT INFORMATION</b>	

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<b>JOB TITLE</b>	<b>Area Manager</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Manager
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Develops strategic plans for water and wastewater facility needs; manages the design and construction of facilities and infrastructure.</li> <li>▪ 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.</li> <li>▪ Manages the operation of multiple water systems and wastewater treatment facilities.</li> <li>▪ Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment.</li> <li>▪ Ensures water and wastewater quality consistently meet Federal, state and local laws.</li> <li>▪ Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations.</li> <li>• Stays abreast of Federal, state and local regulations and environmental guidelines regarding water/wastewater treatment and distribution.</li> <li>• 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.</li> <li>• Drives revenue by effectively challenging and motivating employees.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>• Responds to all emergency situations, including coordination of contractors, public notification and informing UI personnel and governmental agencies as needed.</li> <li>▪ Meets Company goals and objectives in conformance with budgetary guidelines.</li> <li>• Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word, Excel Preferred: PowerPoint, Outlook and Explorer
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency.</li> <li>▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel.</li> <li>• Ability to objectively coach employees through complex, difficult and emotional issues.</li> </ul>





	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Ability to delegate responsibility and authority to maximize use of employees' skills.</li> <li>▪ Ability to keep accurate records and prepare and submit accurate reports.</li> <li>▪ Ability to follow verbal and written instructions.</li> <li>▪ Ability to provide for safe working conditions for fellow workers.</li> <li>▪ Ability to effectively communicate and interact with other employees and the public.</li> <li>▪ Ability to understand and implement a variety of the field's concepts, practices and procedures.</li> <li>▪ Proven ability to motivate others in the pursuit of Company goals.</li> </ul>
<b>EDUCATION</b>	Required: HS 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.
<b>CERTIFICATIONS/LICENSES</b>	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.
<b>EXPERIENCE</b>	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; 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.
<b>PHYSICAL DEMANDS</b>	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
<b>EQUIPMENT USED</b>	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.
<b>TRAVEL REQUIRED</b>	Within service area.
<b>SHIFT</b>	Requires 24 hour responsiveness to various situations.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
<b>CONTACT INFORMATION</b>	

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<b>JOB TITLE</b>	<b>Construction Inspector</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-Exempt
<b>SUPERVISOR'S TITLE</b>	Project Manager
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Evaluates specifications for plan procedures, start and completion dates, and staffing requirements for each phase of the construction project.</li> <li>▪ Inspects construction of new service connections and water/sewer main breaks.</li> <li>▪ Oversees construction and maintenance employees at a property location.</li> <li>• Provides timely information regarding construction projects and work relating to construction projects.</li> <li>▪ Prepares service work orders per plans for water and sewer main installations.</li> <li>▪ Maintains frequent contact with external agencies and the general public in order to coordinate activities related to water and sewer service.</li> <li>▪ Responds to customer issues related to construction projects.</li> <li>▪ Reviews water and sewer main plans.</li> <li>▪ Enforces Company policies and procedures, work methods and operational procedures.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Assists Project Manager with property inspections, completing environmental and engineer reports and attaining all necessary permits.</li> <li>• Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word, Excel Preferred: Outlook, Explorer, JD Edwards
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Ability to follow verbal and written instructions.</li> <li>▪ Excellent organizational and problem solving skills.</li> <li>▪ Ability to provide safe working conditions for fellow workers.</li> </ul>



	<ul style="list-style-type: none"><li>▪ Ability to effectively communicate and interact with other employees.</li><li>▪ Ability to deal professionally with customers and maintain good public relations.</li></ul>
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	

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<b>JOB TITLE</b>	<b>Field Technician I</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-exempt
<b>SUPERVISOR'S TITLE</b>	Area Manager
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Determines consistency of meter readings; reports unusual cases to supervisor.</li> <li>▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly.</li> <li>▪ Indicates irregularities on forms for necessary action by servicing department.</li> <li>▪ Documents customer interaction and field activities in CC&amp;B.</li> <li>▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants.</li> <li>• Maintains accurate and up-to-date records.</li> <li>▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution.</li> <li>▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Performs minor meter maintenance and repair duties.</li> <li>▪ Assists with repairs of water/wastewater treatment plant equipment.</li> <li>▪ Assists with ordering parts and job costing.</li> <li>▪ May assist with on-site customer communication.</li> <li>▪ May assist with customer inquiries, requests and minor issues regarding meter reading schedule, billing, how meters are read and other customer service related matters.</li> <li>▪ May prepare a variety of operational reports related to water meter reading activities.</li> <li>▪ Assists with the installation and disconnect of water meters.</li> <li>▪ Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word; ability to learn internal software programs Preferred: MS Excel, Outlook



<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Ability to work independently in the absence of supervision.</li> <li>▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies.</li> <li>▪ Ability to learn to read a variety of water meters.</li> <li>▪ Ability to learn and understand tariffs as they apply to assigned duties.</li> <li>▪ Ability to learn the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters.</li> <li>▪ Ability to read maps, electrical schematics, blueprints, etc.</li> <li>▪ Ability to follow verbal and written instructions.</li> <li>▪ Ability to read and transfer digits accurately.</li> </ul>
<b>EDUCATION</b>	Required: HS diploma or GED
<b>CERTIFICATIONS/LICENSES</b>	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.
<b>EXPERIENCE</b>	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.
<b>PHYSICAL DEMANDS</b>	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.
<b>EQUIPMENT USED</b>	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
<b>TRAVEL REQUIRED</b>	Within service area.
<b>SHIFT</b>	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
<b>CONTACT INFORMATION</b>	

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<b>JOB TITLE</b>	Field Technician II
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-exempt
<b>SUPERVISOR'S TITLE</b>	Area Manager
<b>JOB SUMMARY</b>	Responsible for maintaining and cleaning water/wastewater system; identifying water meter equipment problems; and to perform minor water meter and/or system maintenance.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains</li> <li>▪ Maintains and tests water meters; performs new meter installation.</li> <li>▪ Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation.</li> <li>▪ Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic plumbing tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools.</li> <li>▪ Inspects area for cross connection violations and other unsafe conditions.</li> <li>▪ Maintains accurate and up-to-date records.</li> <li>▪ Documents customer interaction and Field Activities in CC&amp;B.</li> <li>▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution.</li> <li>▪ Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters.</li> <li>▪ Provides on-site customer communication.</li> <li>▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ May assist with repairs of water/wastewater treatment plant equipment.</li> <li>▪ 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.</li> <li>▪ Determines consistency of meter readings; reports unusual cases of water usage to supervisor.</li> <li>▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly.</li> <li>▪ Indicates irregularities on forms for necessary action by servicing department.</li> <li>▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants.</li> <li>▪ Assists with ordering parts and job costing.</li> <li>▪ Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems.</li> <li>▪ Assists with the installation and/or disconnection of water and/or sewer services.</li> <li>▪ May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment.</li> <li>▪ May assist in maintaining plant compliance with Federal, state and local</li> </ul>



	<p>regulatory requirements.</p> <ul style="list-style-type: none"> <li>▪ Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	<p>Required: MS Word, Excel; ability to learn internal software programs</p> <p>Preferred: Outlook</p>
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to work independently in the absence of supervision.</li> <li>▪ Demonstrates initiative and desire to learn new tasks.</li> <li>▪ 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.</li> <li>▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies.</li> <li>• Ability to read a variety of water meters.</li> <li>• Ability to apply the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters.</li> <li>▪ Ability to understand tariffs as they apply to assigned duties.</li> <li>▪ Ability to read maps, electrical schematics, blueprints, etc.</li> <li>▪ Ability to follow verbal and written instructions.</li> <li>▪ Ability to read and transfer digits accurately.</li> </ul>
<b>EDUCATION</b>	<p>Required: HS diploma or GED</p>
<b>CERTIFICATIONS/LICENSES</b>	<p>Required: Must maintain a valid driver's license.</p> <p>Preferred: Distribution and/or Collections certification as required by statute or regulation, or the ability to attain certification within 12 months of hire.</p> <p>*May be in the process of obtaining first-level operating license.</p>
<b>EXPERIENCE</b>	<p>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.</p>
<b>PHYSICAL DEMANDS</b>	<p>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.</p>
<b>EQUIPMENT USED</b>	<p>Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.</p>
<b>TRAVEL REQUIRED</b>	<p>Within service area.</p>
<b>SHIFT</b>	<p>May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.</p>
<b>ADDITIONAL COMMENTS</b>	<p>This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.</p>
<b>CONTACT INFORMATION</b>	

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<b>JOB TITLE</b>	<b>Field Technician III</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-exempt
<b>SUPERVISOR'S TITLE</b>	Area Manager
<b>JOB SUMMARY</b>	Responsible for maintaining and cleaning water/wastewater systems; identifying water meter equipment problems; and performing water meter and/or system maintenance activities.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains</li> <li>▪ Maintains and tests water meters; performs new meter installation.</li> <li>▪ Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation.</li> <li>▪ Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic plumbing tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools.</li> <li>▪ Inspects area for cross connection violations and other unsafe conditions.</li> <li>▪ Maintains accurate and up-to-date records.</li> <li>▪ Documents customer interaction and Field Activities in OC&amp;B.</li> <li>▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution.</li> <li>▪ Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters.</li> <li>▪ Provides on-site customer communication.</li> <li>▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ May assist AM with overseeing the daily tasks of other field technicians.</li> <li>▪ May assist with repairs of water/wastewater treatment plant equipment.</li> <li>▪ 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.</li> <li>▪ Determines consistency of meter readings; reports unusual cases of water usage to supervisor.</li> <li>▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly.</li> <li>▪ Indicates irregularities on forms for necessary action by servicing department.</li> <li>▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants.</li> <li>▪ Assists with ordering parts and job costing.</li> <li>▪ Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems.</li> <li>▪ Assists with the installation and disconnection of water meters and sewer services.</li> <li>▪ May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment.</li> <li>▪ May assist in maintaining plant compliance with Federal, state and local regulatory requirements.</li> <li>▪ Performs other related duties as assigned.</li> </ul>



<b>COMPUTER SKILLS</b>	Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to work independently in the absence of supervision.</li> <li>▪ Ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency.</li> <li>▪ Ability to motivate others in pursuit of Company goals.</li> <li>▪ Demonstrates initiative to take on new tasks.</li> <li>▪ 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.</li> <li>▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies.</li> <li>▪ Ability to read a variety of water meters.</li> <li>▪ Ability to apply the methods, techniques, tools, equipment and materials used in the repair, installation and testing of water and flow meters.</li> <li>▪ Ability to understand tariffs as they apply to assigned duties.</li> <li>▪ Ability to read maps, electrical schematics, blueprints, etc.</li> <li>▪ Ability to follow verbal and written instructions.</li> <li>▪ Ability to read and transfer digits accurately.</li> </ul>
<b>EDUCATION</b>	Required: HS diploma or GED
<b>CERTIFICATIONS/LICENSES</b>	<p>Required: Must maintain a valid driver's license.</p> <p>Preferred: Distribution and/or Collections certification as required by State regulatory laws, or the ability to attain certification within 12 months of hire.</p> <p>*May be in the process of obtaining dual certifications or first-level operating license.</p>
<b>EXPERIENCE</b>	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.
<b>PHYSICAL DEMANDS</b>	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.
<b>EQUIPMENT USED</b>	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
<b>TRAVEL REQUIRED</b>	Within service area.
<b>SHIFT</b>	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
<b>CONTACT INFORMATION</b>	

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<b>JOB TITLE</b>	<b>Lead Water/Wastewater Treatment Operator</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-Exempt
<b>SUPERVISOR'S TITLE</b>	Area Manager
<b>JOB SUMMARY</b>	Under limited supervision, performs routine tasks related to the operation of a 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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Oversees the operation and maintenance of water/wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits.</li> <li>▪ Oversees the organization and delegation of team tasks.</li> <li>▪ Develops and maintains operational records and prepares reports in compliance with regulatory standards.</li> <li>▪ Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment.</li> <li>▪ Installs and repairs pumps, motors, valves and piping; diagnoses, repairs and clarifies aeration equipment, ion exchange bins, filtration equipment and other major apparatuses.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ 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.</li> <li>▪ Implements emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol and notifies local emergency responders.</li> <li>▪ Adds chemicals to water by predetermined formula. Maintains minimum inventory levels of these materials.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment.</li> <li>▪ Ensures regulatory compliance and adherence to Company policies and standards.</li> <li>▪ Coordinates construction and excavation involved in system repairs; estimates required labor and materials; identifies equipment needed for all projects; orders necessary parts.</li> <li>▪ Maintains a safe working environment and reports safety concerns to Area Manager.</li> <li>▪ Trains personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures.</li> <li>▪ Ensures all operators are equipped with necessary tools, parts and safety equipment to work effectively.</li> <li>▪ Stays abreast of Federal, State and local regulations and environmental guidelines regarding water/wastewater treatment and distribution.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ May assist with training personnel on safety procedures.</li> <li>▪ Assists with overseeing and inspections of local construction projects.</li> <li>▪ 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.</li> <li>▪ Assists with the design and construction of extension and improvement projects.</li> <li>▪ Provides on-site customer communication.</li> <li>▪ Acts as liaison between the customers and customer service.</li> <li>▪ Responds to requests and inquiries from the general public.</li> <li>▪ Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service.</li> <li>▪ Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	<p>Required: MS Word, Excel; ability to learn internal software programs</p> <p>Preferred: Outlook, Internet Explorer</p>
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to work independently and under limited supervision.</li> <li>▪ Demonstrates initiative to take on new tasks.</li> <li>▪ Ability to mentor and guide co-workers to increase skill level, morale and efficiency.</li> <li>▪ Ability to motivate others in pursuit of Company goals.</li> <li>▪ Ability to read meters, charts and gauges and accurately maintain records of plant operations.</li> <li>▪ Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing.</li> <li>▪ Ability to review, classify, categorize, prioritize and/or analyze data.</li> <li>▪ Ability to keep accurate records and prepare and submit accurate reports.</li> <li>▪ Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment.</li> <li>▪ Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies.</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Ability to follow verbal and written instructions.</li> <li>▪ Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.</li> </ul>
<b>EDUCATION</b>	Required: HS Diploma or GED
<b>CERTIFICATIONS/LICENSES</b>	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.
<b>EXPERIENCE</b>	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.
<b>PHYSICAL DEMANDS</b>	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
<b>EQUIPMENT USED</b>	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.
<b>TRAVEL REQUIRED</b>	Within service area.
<b>SHIFT</b>	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required. Requires 24 hour responsiveness to various situations.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
<b>CONTACT INFORMATION</b>	

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<b>JOB TITLE</b>	<b>Project Manager</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Director
<b>JOB SUMMARY</b>	Responsible for all water and wastewater utility construction projects from initial contract negotiations through warranty termination.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>Oversees complex technical projects, adhering to strict goals and deadlines.</li> <li>Creates and maintains activity and progress reports for internal and external customers.</li> <li>Responsible for all project development.</li> <li>Hires, directs, evaluates and disciplines Construction Inspectors.</li> <li>Obtains engineering proposals, monitors project budgets, construction activity and coordinates timing with operations.</li> <li>Tracks all budget related information, such as hours worked and expenses, etc.</li> <li>Coordinates all daily activities and personnel for each project.</li> <li>Processes paperwork, including invoices, for each project in a timely manner and submits to Regional Director.</li> <li>Ensures the success of projects, while remaining in line with time and budget parameters.</li> <li>Notifies management staff of any current or pending escalations relating to projects, or items that could impact the success of projects.</li> <li>Coordinates and completes the work necessary to obtain approval on emergency projects.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>Assists AM &amp; RM with forecasting and planning capital projects up to 5 years in advance.</li> <li>Attends project team status meetings as required.</li> <li>Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word, Excel, Outlook; ability to learn internal software programs Preferred: PowerPoint and Explorer
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>Ability to calculate basic mathematical equations.</li> <li>Ability to read and interpret soil and hydro-geological reports and maps.</li> <li>Ability to complete work that will ensure the approval of all capital projects in a timely manner.</li> <li>Ability to keep accurate records and prepare and submit accurate reports.</li> <li>Ability to follow verbal and written instructions.</li> <li>Excellent organizational and problem solving skills, including negotiating, decision-making research and analysis, and interpersonal skills.</li> </ul>



	<ul style="list-style-type: none"><li>▪ Ability to provide safe working conditions for fellow workers.</li><li>▪ Ability to effectively communicate and interact with other employees and the public.</li><li>▪ Ability to understand and implement a variety of the field's concepts, practices and procedures.</li><li>▪ Ability to motivate others in the pursuit of Company goals.</li></ul>
EDUCATION	Required: Bachelor's Degree in Civil/Environmental Engineering or 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	

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<b>JOB TITLE</b>	<b>Regional Manager</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Director
<b>JOB SUMMARY</b>	Responsible for the management of water and wastewater treatment operations for the region, including directing, planning, managing, staffing, and organizing the safe and efficient operation of all UI subsidiaries in assigned region. Provides leadership and guidance in water and wastewater plant management. Works with Area Managers and Regional Director to ensure continuity of processes, goals and vision of UI.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Oversees plant operations and maintenance, customer contact and capital planning.</li> <li>▪ Provides support and follow up to Area Managers.</li> <li>▪ Maintains accurate and timely reports, records and permits associated with facility operations and customer relations, ensuring they meet compliance regulations.</li> <li>▪ Assists Regional Director in the development and implementation of operational and regional strategies.</li> <li>▪ Ensures water and wastewater quality consistently meet Federal, state and local laws.</li> <li>▪ Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations.</li> <li>▪ Provides expertise as required to maintain compliance with local, state, regional and Federal regulatory requirements regarding water/wastewater treatment and distribution.</li> <li>▪ Offers opportunities to increase efficiency by identifying and implementing operational cost saving ideas.</li> <li>▪ Serves as the contact for inquiries regarding operational issues; answers routine and ad hoc information requests that are regional or unit-specific in nature.</li> <li>• Responsible for safety and maintaining a safe work environment.</li> <li>▪ 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.</li> <li>▪ Drives revenue by effectively challenging and motivating employees.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>• Provides leadership and guidance in energy management.</li> <li>• Acts as point of contact with developers, engineers, consultants, regulators and customers.</li> <li>▪ Assists Regional Director in executing any additional assigned duties.</li> <li>▪ Meets Company goals and objectives in conformance with budgetary guidelines.</li> <li>▪ Performs other related duties as assigned.</li> </ul>



<b>COMPUTER SKILLS</b>	Required: MS Word, Excel; ability to learn internal software programs Preferred: PowerPoint, Outlook and Explorer
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency.</li> <li>▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel.</li> <li>▪ Ability to keep accurate records and prepare and submit accurate reports.</li> <li>▪ Ability to follow verbal and written instructions.</li> <li>▪ Ability to provide for safe working conditions for fellow workers.</li> <li>▪ Must have ability to effectively communicate with other employees and the public.</li> <li>▪ Ability to understand and implement a variety of the field's concepts, practices and procedures.</li> <li>▪ Ability to motivate others in the pursuit of Company goals.</li> </ul>
<b>EDUCATION</b>	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.
<b>CERTIFICATIONS/LICENSES</b>	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.
<b>EXPERIENCE</b>	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 and experience with the materials and chemicals used in these treatment processes.
<b>PHYSICAL DEMANDS</b>	Light to moderate physical activity; requires normal hearing and vision.
<b>EQUIPMENT USED</b>	PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
<b>TRAVEL REQUIRED</b>	Within region.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
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<b>JOB TITLE</b>	<b>Warehouse Clerk</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Manager
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Manages warehouse facility, including minor grounds upkeep.</li> <li>▪ Orders all supplies and chemicals through assigned vendors.</li> <li>▪ 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.</li> <li>▪ Ensures safe loading and unloading of supplies.</li> <li>▪ Manages distribution record of items received by operations staff for Company facilities.</li> <li>▪ Coordinates inspection of fire extinguishers returned by field staff.</li> <li>• Follows established safety policies and procedures to ensure safe work environment.</li> <li>▪ Maintains warehouse facility and equipment in a clean and orderly condition.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Assists RM with performing price comparisons with competing vendors to select most cost efficient option for the region.</li> <li>▪ Performs other duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word, Excel Preferred: Outlook, Explorer, Filemaker Pro; familiarity with Mac computers would be helpful.
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to work independently in the absence of supervision.</li> <li>▪ Ability to effectively communicate and interact with other employees.</li> <li>▪ Ability to receive, track and distribute materials, supplies and equipment.</li> <li>• Ability to read, write, sort, check, count and verify numbers.</li> <li>• Ability to prepare routine administrative paperwork.</li> <li>▪ Ability to understand and follow safety procedures.</li> </ul>
<b>EDUCATION</b>	Required: HS Diploma or GED
<b>CERTIFICATIONS/LICENSES</b>	Required: Must maintain a valid driver's license. Preferred: Forklift certification
<b>EXPERIENCE</b>	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	

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<b>JOB TITLE</b>	<b>Administrative Assistant</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Director or Regional Manager
<b>JOB SUMMARY</b>	Under direct supervision of the Regional Director, provides administrative and secretarial support to the Regional Director and Regional Managers.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Schedules and organizes meetings, conferences, interviews and/or other events; distributes information or invitations; prepares agendas, notices, minutes and resolutions for meetings.</li> <li>• Performs complex and confidential administrative functions, including written correspondence, reports, spreadsheets and other documents. Responds to routine external correspondence.</li> <li>▪ Assists with arranging travel plans and itineraries for the RD, RM and others.</li> <li>▪ Establishes, maintains and updates files, databases, reports, and/or other documents.</li> <li>▪ Performs routine analyses and calculations in the processing of data for recurring internal reports.</li> <li>▪ 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.</li> <li>▪ Sorts, reviews and distributes incoming and outgoing mail; composes, prepares and ensures timely responses to a variety of routine written inquiries.</li> <li>▪ Serves as liaison with regional companies in the resolution of day-to-day administrative and operational problems.</li> <li>▪ Uses the internet and historical documents to perform research.</li> <li>▪ Maintains office supplies, maintenance of office equipment and other services.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Assists RD and RM with calendar management; coordinates daily, weekly and monthly schedules; schedules daily meetings and appointments as requested.</li> <li>▪ Assists management and staff in problem solving, project planning and development and execution of stated goals and objectives.</li> <li>▪ Assists with special projects as needed.</li> <li>▪ May assist other operational staff depending on workload.</li> <li>▪ Performs other related duties as assigned.</li> </ul>



COMPUTER SKILLS	Required: MS Office, Internet Explorer; ability to learn internal software programs Preferred: Visio
ADDITIONAL SKILLS	<ul style="list-style-type: none"> <li>▪ Must have high level of interpersonal skills to handle sensitive and confidential information and situations. Position continually requires demonstrated poise, tact and diplomacy.</li> <li>• Adapts to changes in work environment, manages competing demands and is able to deal with frequent change, delays or unexpected events.</li> <li>• Ability to multitask in a fast-paced environment.</li> <li>▪ Ability to communicate and work professionally with senior level management and external contacts.</li> <li>• Demonstrates accuracy and thoroughness and monitors own work to ensure quality.</li> <li>▪ Work requires continual attention to detail in composing, typing and proofing materials, establishing priorities and meeting deadlines.</li> <li>▪ Identifies and resolves problems in a timely manner and gathers and analyzes information skillfully.</li> <li>• Ability to develop a working knowledge of regulations, policies and procedures involved in the administration of the utility systems.</li> </ul>
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	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	

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<b>JOB TITLE</b>	<b>Accounts Payable/Receivable Clerk</b>
<b>DEPARTMENT</b>	Operations - BioTech
<b>STATUS</b>	Non-Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Vice President
<b>JOB SUMMARY</b>	Maintains accounts payable and receivable records, including editing, checking and preparing accounts receivable entries and tabulating control statistics.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Processes AP and AR for BioTech.</li> <li>▪ Performs data entry of AP and AR invoices and journal entries.</li> <li>▪ Enters and posts daily cash receipts.</li> <li>▪ Accepts vendor payments and supplies receipt of payment; maintains copies of all cash receipts for reconciling.</li> <li>▪ Maintains sole responsibility of cash drawer, i.e. opening/closing, deposit/tender controls and balancing of each.</li> <li>▪ Endorses checks daily with proper endorsing equipment.</li> <li>▪ Prepares daily cash deposits and delivers to bank; obtains receipt of all bank transactions.</li> <li>• Contacts vendors with payment discrepancies and/or to verify remittance information.</li> <li>▪ Researches payment inquiries, provides copies of cancelled checks as proof of payment.</li> <li>▪ Researches and processes payment related items..</li> <li>▪ Responds to vendor and staff inquiries and answers AP/AR related questions.</li> <li>▪ Maintains AP/AR reports, spreadsheets and files.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Prepares analysis of accounts as required.</li> <li>▪ Assists with receiving checks, processing utility invoices, proofing AP/AR and filing journal entries.</li> <li>▪ Assembles and processes overnight shipments, as needed.</li> <li>▪ Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	<p>Required: MS Word, Excel; ability to learn internal software programs</p> <p>Preferred: JD Edwards, CC&amp;B, Outlook, Internet Explorer</p>
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Friendly, customer service focus.</li> <li>▪ Ability to effectively prioritize and manage day-to-day tasks in an efficient manner.</li> <li>▪ Reliable, self-motivated and well organized.</li> <li>▪ Strong written and verbal communication skills.</li> <li>▪ Maintains confidentiality.</li> </ul>
<b>EDUCATION</b>	<p>Required: HS Diploma or GED</p> <p>Preferred: Associate's Degree or equivalent</p>



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	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	

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<b>JOB TITLE</b>	Accounts Receivable Clerk
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Office Manager
<b>JOB SUMMARY</b>	Maintains accounts receivable records, including editing, checking and preparing accounts receivable entries and tabulating control statistics.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>• Processes AR for multiple states.</li> <li>▪ Performs data entry of AR invoices, journal entries, cash book entries and customer address/contact information changes.</li> <li>▪ Enters and posts daily cash receipts.</li> <li>▪ Accepts customer payments and supplies receipt of payment; maintains copies of all cash receipts for reconciling.</li> <li>▪ Maintains sole responsibility of cash drawer, i.e. opening/closing, deposit/tender controls and balancing of each.</li> <li>▪ Endorses checks daily with proper endorsing equipment.</li> <li>▪ Prepares daily cash deposits and delivers to bank; obtains receipt of all bank transactions.</li> <li>▪ Contacts customers with payment discrepancies and/or to verify remittance information.</li> <li>▪ Reviews customer accounts with customers and Regional Office Manager.</li> <li>▪ Researches payment inquiries, provides copies of cancelled checks as proof of payment.</li> <li>▪ Researches and processes payment related items..</li> <li>▪ Responds to customer and regional staff inquiries and answers AR questions related to processed payments.</li> <li>▪ Prepares written notification to customers when payment cannot be processed for various reasons.</li> <li>▪ Forwards all customer correspondence to branch offices daily.</li> <li>▪ Maintains AR reports, spreadsheets and files.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Prepares analysis of accounts as required.</li> <li>• Assists with receiving checks, processing utility invoices, proofing AR and filing journal entries.</li> <li>▪ Assembles and processes overnight shipments, as needed.</li> <li>▪ Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	<p>Required: MS Word, Excel; ability to learn internal software programs</p> <p>Preferred: JD Edwards, CC&amp;B, Outlook, Internet Explorer</p>
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Friendly, customer service focus.</li> <li>• Ability to effectively prioritize and manage day-to-day tasks in an efficient manner.</li> </ul>



	<ul style="list-style-type: none"><li>▪ Reliable, self-motivated and well organized.</li><li>▪ Strong written and verbal communication skills.</li><li>▪ Maintains confidentiality.</li></ul>
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.
EQUIPMENT USED	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	

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<b>JOB TITLE</b>	<b>Regional Executive Assistant</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Vice President
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Manages the RVP's calendar; coordinates daily, weekly and monthly schedules; schedules daily meetings and appointments.</li> <li>▪ Arranges detailed travel plans and itineraries for the RVP.</li> <li>▪ Organizes meetings, conferences and/or events by arranging facilities and caterers and issuing information or invitations; prepares agendas, notices, minutes and resolutions for meetings.</li> <li>▪ 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.</li> <li>▪ Prepares the RVP's expense reports.</li> <li>▪ Reviews and summarizes miscellaneous reports, presentation materials and other documents; prepares background documents as necessary.</li> <li>▪ Completes inquiry forms; analyzes resolves and distributes forms for resolution.</li> <li>▪ Provides follow up on information requests, projects and pending matters with limited direction.</li> <li>▪ Maintains regional headcount and organizational chart.</li> <li>▪ Maintains regional filing system for records, reports and other documents.</li> <li>▪ Acts as liaison between executive staff and others, including PUC, county and other government officials, as well as community and political leaders.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Acts as receptionist to the RVP's office; screens calls for executive staff; relays messages or directs callers to appropriate personnel; responds to emergency calls.</li> <li>▪ Attends internal and external meetings and takes minutes as requested; transcribes and disseminates minutes to executive staff; prepares agenda for staff meetings.</li> <li>▪ Assists office staff with JDE and other computer issues.</li> <li>▪ Prepares various documents and forms upon request.</li> <li>▪ Researches and analyzes projects as assigned.</li> <li>▪ Makes photocopies, faxes documents and performs other clerical functions.</li> <li>▪ Performs other related duties as assigned.</li> </ul>



<b>COMPUTER SKILLS</b>	Required: MS Office; ability to learn internal software programs Preferred: Visio, JD Edwards, CC&B
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Must have high level of interpersonal skills to handle sensitive and confidential information and situations. Position continually requires demonstrated poise, tact and diplomacy.</li> <li>▪ Adapts to changes in work environment, manages competing demands and is able to deal with frequent change, delays or unexpected events.</li> <li>▪ Highly organized and ability to multitask in a fast-paced environment.</li> <li>▪ Ability to communicate and work professionally with senior level management and external contacts while under pressure.</li> <li>▪ Excellent written and verbal communication skills.</li> <li>▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality.</li> <li>▪ Work requires continual attention to detail in composing, typing and proofing materials, establishing priorities and meeting deadlines.</li> <li>▪ Strong decision-making ability.</li> <li>▪ Identifies and resolves problems in a timely manner and gathers and analyzes information skillfully.</li> <li>▪ Ability to develop a working knowledge of regulations, policies and procedures involved in the administration of the utility systems.</li> </ul>
<b>EDUCATION</b>	Required: HS Diploma or GED Preferred: Associates Degree in business related field
<b>CERTIFICATIONS/LICENSES</b>	Required: Valid driver's license Preferred: Executive Assistant certification, or similar certification
<b>EXPERIENCE</b>	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.
<b>PHYSICAL DEMANDS</b>	Light to moderate physical activity, requires normal hearing and vision.
<b>EQUIPMENT USED</b>	Handheld/Blackberry, PC and/or laptop, copy/fax machine, telephone and other general office equipment.
<b>TRAVEL REQUIRED</b>	Occasional travel may be required.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
<b>CONTACT INFORMATION</b>	

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<b>JOB TITLE</b>	<b>Regional Office Manager</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Director
<b>JOB SUMMARY</b>	Responsible for overall regional office activities, including customer service, accounts receivable, phone reception, mail, purchasing requests and assisting local facilities.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>• Manages customer service team and regional office staff; hires, directs, evaluates, promotes and disciplines subordinate employees.</li> <li>• 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.</li> <li>• Addresses disciplinary and/or performance problems according to Company policy.</li> <li>• Oversees and coordinates overall administrative activities for the regional offices.</li> <li>• Oversees the organization and delegation of team tasks. Assumes, assigns or re-assigns responsibilities temporarily as necessary.</li> <li>• Maintains effective customer service and resolves escalated customer calls.</li> <li>• Provides training to regional office staff and CSR's in the areas of billing, tariff compliance, rate case preparation, reporting and customer service.</li> <li>• Maintains tap records, tracks Rule 9 apportionments and sewer deposits, and requests reapportionment refunds from Corporate.</li> <li>• Manages the reception area to ensure effective telephone and mail communications both internally and externally to maintain a professional image.</li> <li>• Supervises the maintenance of office areas and premises.</li> <li>• Informs management by reviewing and analyzing special reports, summarizing information and identifying trends.</li> <li>• Negotiates the purchase of office supplies and equipment for the regional office staff in accordance with company purchasing policies and budgetary restrictions.</li> <li>• Supervises the maintenance of office equipment, including copy/fax machines, etc.</li> <li>• Provides continual evaluation of processes and procedures; evaluates existing systems and tools and provides feedback for future improvements.</li> <li>• Establishes work procedures and processes that support Company and departmental standards, procedures and strategic directives.</li> <li>• Responsible for suggesting methods to improve area operations, efficiency and service to customers</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>• May serve as liaison between Public Utilities Commission and regional office regarding customer service issues; maintains files for commercial</li> </ul>



	<p>and developer agreements.</p> <ul style="list-style-type: none"> <li>Follows pre-established guidelines in emergency situations.</li> <li>Participates in special projects as needed.</li> <li>Performs other duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	<p>Required: MS Word, Excel, Outlook</p> <p>Preferred: Internet Explorer, JD Edwards, CC&amp;B, AccuTerm</p>
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>Maintains high level of confidentiality.</li> <li>Communicates clearly and effectively, both verbally and in writing.</li> <li>Ability to coach employees through complex, difficult and emotional issues.</li> <li>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.</li> <li>Excellent organizational and interpersonal skills.</li> <li>Ability to delegate responsibility and authority to maximize use of employees' skills.</li> <li>Demonstrates accuracy and thoroughness and monitors own work to ensure quality; detail oriented.</li> <li>Friendly, customer service focus.</li> <li>Ability to work equally well in a leadership role, within a team environment and independently.</li> <li>Ability to motivate others in pursuit of Company goals.</li> <li>Ability to promote positive morale and teamwork among staff while maintain a professional work environment.</li> <li>Ability to specify goals and effectively achieve them.</li> <li>Ability to provide vision and leadership.</li> </ul>
<b>EDUCATION</b>	<p>Associates Degree in Accounting, Business Administration or other business related field is preferred.</p>
<b>EXPERIENCE</b>	<p>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 service work is highly desirable.</p>
<b>PHYSICAL DEMANDS</b>	<p>Light to moderate physical activity, ability to lift approximately 15-20 lbs.; requires normal hearing and vision</p>
<b>EQUIPMENT USED</b>	<p>Handheld/BlackBerry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.</p>
<b>TRAVEL REQUIRED</b>	<p>Occasional travel may be required.</p>
<b>ADDITIONAL COMMENTS</b>	<p>This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.</p>
<b>CONTACT INFORMATION</b>	

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<b>JOB TITLE</b>	<b>Regional Vice President</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Exempt
<b>SUPERVISOR'S TITLE</b>	Chief Operating Officer
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Oversees all operations of the regional offices.</li> <li>▪ Drives profitability by effectively challenging and motivating employees.</li> <li>▪ Develops capital plan to meet customer growth and maintenance requirements and adherence to that plan.</li> <li>▪ Monitors and executes approved capital plan and operating budget.</li> <li>▪ Leads operations team to be in compliance with all applicable local, state and federal regulations.</li> <li>▪ Ensures and promotes a safe work environment for all employees.</li> <li>▪ Analyzes margins to ensure efficient operations.</li> <li>▪ Manages and provides leadership to regional staff.</li> <li>▪ 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.</li> <li>▪ Maintains profit and loss responsibility for assigned region(s).</li> <li>▪ Oversees new business development.</li> <li>▪ Supports the CEO, COO, CFO and CRO (Executive Team) to achieve the Company's goals and objectives.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>• Performs strategic planning for operations and provides input and assists the Executive Team on policy issues.</li> <li>▪ Serves as main contact for local media and manages relationship.</li> <li>▪ Stays abreast of local environment and upcoming regulation changes.</li> <li>▪ Meets Company goals and objectives in conformance with budgetary guidelines.</li> <li>▪ Ensures assets are maintained in good operating condition.</li> <li>▪ Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Office, Outlook, Explorer Preferred: PowerPoint, JD Edwards
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Able to maintain confidential information.</li> <li>▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel.</li> <li>▪ 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.</li> </ul>





	<ul style="list-style-type: none"> <li>▪ Exceptional organizational and analytical skills and experience interpreting a strategic vision into an operational model.</li> <li>▪ Ability to provide vision and leadership.</li> <li>▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency.</li> <li>▪ Ability to objectively coach employees and managers through complex, difficult and emotional issues.</li> <li>▪ Ability to define specific problems and offer variable solutions.</li> <li>▪ 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.</li> <li>▪ Ability to specify goals and effectively achieve them.</li> <li>▪ Exceptional verbal and written communication skills.</li> <li>▪ Ability to motivate others in pursuit of Company goals; strong leadership skills.</li> <li>▪ Ability to understand and implement a variety of the field's concepts, practices and procedures.</li> <li>▪ Ability to keep accurate records and prepare and submit accurate reports.</li> <li>▪ Detail oriented with ability to see the big picture.</li> </ul>
<b>EDUCATION</b>	Required: Bachelor's degree Preferred: MBA or equivalent
<b>CERTIFICATIONS/LICENSES</b>	Required: Valid driver's license Preferred: Evidence of having obtained certification in plant or system operations in one or more states.
<b>EXPERIENCE</b>	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.
<b>PHYSICAL DEMANDS</b>	Light to moderate physical activity, requires normal hearing and vision.
<b>EQUIPMENT USED</b>	Handheld/BlackBerry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
<b>TRAVEL REQUIRED</b>	Frequent travel may be required.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
<b>CONTACT INFORMATION</b>	

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<b>JOB TITLE</b>	<b>Regional Business Operations Manager</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Vice President
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Coordinates the annual regional capital project planning effort.</li> <li>▪ Manages monthly regional capital spending and financial re-forecasting efforts, including preparing all corporate schedules.</li> <li>▪ Evaluates and reports on monthly and YTD regional financial performance results vs. budget and prior year's results.</li> <li>▪ Reviews progress of monthly capital spending to ensure regional conformity to projected budgetary goals.</li> <li>• Responsible for the accuracy of regional financial reporting.</li> <li>▪ Drives revenue and cost savings by effectively challenging and motivating employees.</li> <li>• Coordinates miscellaneous initiatives assigned to region.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Assists in the determination of monthly regional Operations &amp; Maintenance posting validity and suggests corrective measures where necessary.</li> <li>• Assists with the completion of special projects for the Corporate Operations Support Team.</li> <li>▪ Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Office, Outlook, Explorer Preferred: PowerPoint, JD Edwards
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>• Able to maintain confidential information.</li> <li>▪ 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.</li> <li>▪ Exceptional analytical skills and experience interpreting a strategic vision into an operational model.</li> </ul>



	<ul style="list-style-type: none"><li>▪ Excellent analytical, communication and organizational skills.</li><li>▪ Proven ability to motivate others in pursuit of Company goals.</li><li>▪ Ability to understand and implement a variety of the field's concepts, practices and procedures.</li><li>▪ Ability to keep accurate records and prepare and submit accurate reports.</li><li>▪ Detail oriented.</li><li>▪ Ability to develop and maintain effective working relationships with a wide variety of individuals.</li></ul>
EDUCATION	Required: Bachelor's degree in Business, Finance, Management, Accounting or similar field. Preferred: MBA
EXPERIENCE	Minimum 3 years business and finance or accounting experience, preferably in water /wastewater utility management, with increasing levels of responsibility.
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	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	

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<b>JOB TITLE</b>	<b>Regional Compliance &amp; Safety Advisor</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Vice President
<b>JOB SUMMARY</b>	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).
<b>ESSENTIAL FUNCTIONS</b>	<p><b>SAFETY:</b></p> <ul style="list-style-type: none"> <li>▪ Coordinates all safety and compliance initiatives with RVP, RD, Corporate Compliance &amp; Safety Coordinator and managers.</li> <li>• Ensures every location conducts monthly safety meetings involving all employees; collects and files attendance forms.</li> <li>▪ 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.</li> <li>▪ Ensures all safety plans and programs are implemented, reviewed and updated according to changes in regulations or process/policy/equipment.</li> <li>▪ Performs local safety inspections and training.</li> <li>▪ Investigates accidents and injuries and recommends ways to avoid reoccurrence.</li> <li>▪ Assists with all regional accident and injury claims.</li> <li>▪ Oversees and assists managers with annual facility inspections and follow-ups.</li> <li>▪ Performs facility safety inspections on newly acquired facilities and/or properties, within assigned region.</li> <li>▪ Provides inspection reports to RD and CCSC.</li> <li>▪ Ensures that correct PPE for all job tasks are provided with associated training.</li> <li>▪ Ensures that drivers comply with all safety regulations and that monthly vehicle inspection forms are completed by all employees that drive a Company vehicle.</li> <li>• Actively participates in safety committee meetings.</li> </ul> <p><b>COMPLIANCE:</b></p> <ul style="list-style-type: none"> <li>▪ Ensures compliance with applicable OSHA, EPA, NIOSH, state departments of health and public service commissions' standards.</li> <li>▪ Communicates regularly with employees and management to ensure assigned region operates in compliance with all local, state and federal regulations.</li> <li>▪ Monitors monthly DMR's and all water results for issues.</li> <li>▪ Tracks implementation of capital projects to ensure compliance (e.g. radium, arsenic, etc.).</li> </ul>



	<ul style="list-style-type: none"> <li>• Performs follow-up on all non-compliance advisories to address the specific issue and any underlying issues.</li> <li>• Negotiates and tracks consent orders/compliance schedules to assure timely completion and closure.</li> <li>▪ Provides reports to senior management to demonstrate compliance assurance.</li> <li>▪ Maintains files on Notice of Violations, inspection reports, etc. for all facilities and Company response.</li> <li>▪ Compiles annual Consumer Confidence Report and any customer notifications regarding water quality.</li> <li>▪ Acts as liaison to Corporate Compliance &amp; Safety Coordinator to implement standardized practices, policies and procedures.</li> <li>▪ Stays abreast of upcoming regulations and works with Operations Support team to evaluate their impact on UI operations and capital planning.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Performs employee job safety observations as needed.</li> <li>▪ Conducts or assists managers with New Employee Safety Orientation for all new hires prior to entering the workplace.</li> <li>▪ Assists managers with general and specific security concerns.</li> <li>▪ Ensures that all documents regarding the safety program are completed and filed appropriately.</li> <li>▪ Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	<p>Required: MS Word, Excel</p> <p>Preferred: PowerPoint, Outlook and Explorer</p>
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Strong written and verbal communication skills; previous public speaking experience required.</li> <li>▪ Excellent analytical, communication and organizational skills.</li> <li>▪ Proven ability to motivate others in pursuit of Company goals.</li> <li>▪ Ability to understand and implement a variety of the field's concepts, practices and procedures.</li> <li>• Relies on previous experience and judgment to plan and accomplish goals.</li> </ul>
<b>EDUCATION</b>	<p>Required: Bachelors degree in Environmental Health Sciences, Safety or related field, or the equivalent in related work experience demonstrating the ability to manage compliance and safety programs, as well as incident investigations.</p>
<b>CERTIFICATIONS/LICENSES</b>	<p>Required: Valid driver's license</p> <p>Preferred: Certified Safety Professional, OSHA 30-hour course, Operator certification(s) in water and/or wastewater</p>
<b>EXPERIENCE</b>	<p>Requires a minimum of 5 year regulatory compliance and/or safety 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.</p>
<b>PHYSICAL DEMANDS</b>	<p>Light to moderate physical activity, requires normal hearing and vision.</p>



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	

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<b>JOB TITLE</b>	<b>Regional Director</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Exempt
<b>SUPERVISOR'S TITLE</b>	Regional Vice President
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Monitors financial performance on a regional and business unit basis.</li> <li>▪ Leads operations team to be in compliance with all applicable local, state and federal regulations.</li> <li>▪ 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.</li> <li>▪ Oversees the development and execution of developer agreements, including payment of fees.</li> <li>▪ Oversees the maintenance of facilities, company vehicles, tools and equipment to guarantee they are in good operating condition.</li> <li>▪ Develops, monitors and executes approved capital plan and operating budget.</li> <li>• Provides stewardship of legal issues.</li> <li>▪ Coordinates with the VP of Corporate Development regarding potential acquisitions and divestitures.</li> <li>▪ Provides information to corporate headquarters and to staff in a timely and comprehensive manner.</li> <li>▪ Recruits, retains, manages and provides leadership for regional operations staff.</li> <li>▪ Provides direction and directives to the operations staff in the performance of their duties, establishing work priorities and in achieving management initiatives.</li> <li>▪ Drives revenue by effectively challenging and motivating employees.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Develops and maintains positive relationships with community.</li> <li>▪ Remains up to date on new and revised regulations that may impact the company.</li> <li>▪ Maintains assets in good operating condition.</li> <li>▪ Develops familiarity with other regulated industries.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word, Excel, PowerPoint, Outlook and Explorer
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency.</li> <li>▪ Ability to provide vision and leadership.</li> <li>▪ Ability to objectively coach employees and managers through complex, difficult and emotional issues.</li> <li>▪ Ability to define specific problems and offer variable solutions.</li> </ul>





	<ul style="list-style-type: none"> <li>• 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.</li> <li>▪ Ability to specify goals and effectively achieve them.</li> <li>▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel.</li> <li>▪ Ability to keep accurate records and prepare and submit accurate reports.</li> <li>▪ Ability to follow verbal and written instructions.</li> <li>▪ Ability to provide for safe working conditions for fellow workers.</li> <li>▪ Must have ability to effectively communicate with other employees and the public.</li> <li>▪ Ability to understand and implement a variety of the field's concepts, practices and procedures.</li> <li>• Ability to motivate others in the pursuit of Company goals.</li> <li>• Excellent analytical, communication and organizational skills.</li> <li>▪ Ability to read and comprehend maps, plans and surveys.</li> </ul>
<b>EDUCATION</b>	Required: Bachelors Degree or a combination of related experience and education. Preferred: MBA
<b>CERTIFICATIONS/LICENSES</b>	Required: Valid driver's license Preferred: Evidence of having obtained certification in plant or system operations in one or more states.
<b>EXPERIENCE</b>	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.
<b>PHYSICAL DEMANDS</b>	Light to moderate physical activity, requires normal hearing and vision.
<b>EQUIPMENT USED</b>	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
<b>TRAVEL REQUIRED</b>	Frequent travel may be required.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
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<b>JOB TITLE</b>	<b>Lead Customer Service Representative</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-exempt
<b>SUPERVISOR'S TITLE</b>	Customer Service Supervisor
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>• Answers all incoming calls from customers and resolves billing and service issues.</li> <li>• 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.</li> <li>• Acts as primary point of contact for department in the absence of Customer Service Supervisor.</li> <li>• Approves CSR adjustments on a daily basis, prior to posting.</li> <li>• Oversees the maintenance of files for customer correspondence, legal notices, reports and other records.</li> <li>• Tracks all reporting and filing for the department.</li> <li>• Acts as liaison between customers and service operators to resolve service issues to ensure customer satisfaction.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>• Assists supervisor in resolving escalated customer calls and complex issues.</li> <li>• Oversees bank deposits.</li> <li>• Opens and closes customer accounts.</li> <li>• Generates field activities to document and take ownership of customer complaints in order to obtain a resolution to issues.</li> <li>• Requests shut off door tags and monitors system-generated shut off field activities for non-payment; makes payment arrangements when possible.</li> <li>• Processes customer payments and maintains the requisite financial tracking systems.</li> <li>• Initiates and terminates service as required.</li> <li>• Reviews various billing reports to resolve issues prior to billing.</li> <li>• Reviews receivable shut-off reports and takes appropriate action.</li> <li>• Files liens where appropriate.</li> <li>• Applies tariffs for the areas assigned.</li> <li>• May scan customer payments</li> <li>• Performs other duties as assigned.</li> </ul>



COMPUTER SKILLS	Required: MS Word, Excel Preferred: Outlook, Explorer, JD Edwards, CC&B, AccuTerm
ADDITIONAL SKILLS	<ul style="list-style-type: none"> <li>▪ Ability to work independently and under limited supervision.</li> <li>▪ Ability to successfully research and resolve customer issues with minimal assistance.</li> <li>▪ Demonstrates initiative to take on new tasks.</li> <li>▪ Ability to mentor and guide co-workers to increase skill level, morale and efficiency.</li> <li>▪ Friendly, customer service focus.</li> <li>▪ Ability to effectively prioritize and manage day-to-day tasks in an efficient manner.</li> <li>▪ Reliable, self-motivated and well organized.</li> <li>▪ Strong written and verbal communication skills.</li> <li>▪ Ability to motivate others in pursuit of Company goals.</li> <li>▪ Ability to multitask in a fast-paced environment.</li> <li>▪ Excellent organizational and interpersonal skills.</li> <li>▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality.</li> <li>▪ Detail oriented.</li> <li>▪ Ability to work within a team environment, as well as independently.</li> <li>▪ Maintains high level of confidentiality.</li> </ul>
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	

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<b>JOB TITLE</b>	<b>Customer Service Representative I</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-exempt
<b>SUPERVISOR'S TITLE</b>	Customer Service Supervisor
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Answers all incoming calls from customers and resolves billing and service issues.</li> <li>▪ 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.</li> <li>▪ Opens and closes customer accounts.</li> <li>▪ Reviews customer correspondence.</li> <li>▪ Generates field activities to document and take ownership of customer complaints in order to obtain a resolution to issues.</li> <li>▪ Acts as liaison between customers and service operators to resolve service issues to ensure customer satisfaction.</li> <li>▪ Requests shut off door tags and monitors system-generated shut off field activities for non-payment; makes payment arrangements when possible.</li> <li>▪ Processes customer payments and maintains the requisite financial tracking systems.</li> <li>▪ Initiates and terminates service as requested.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ Assists with account adjustments as necessary.</li> <li>▪ Scans customer payments.</li> <li>▪ Performs other duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word, Excel Preferred: Outlook and Explorer
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Friendly, customer service focus.</li> <li>▪ Ability to effectively prioritize and manage day-to-day tasks in an efficient manner.</li> <li>▪ Reliable, self-motivated and well organized.</li> <li>▪ Strong written and verbal communication skills.</li> <li>▪ Ability to multitask in a fast-paced environment.</li> <li>▪ Excellent organizational and interpersonal skills.</li> <li>▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality.</li> <li>▪ Detail oriented.</li> </ul>



	<ul style="list-style-type: none"><li>▪ Ability to work within a team environment, as well as independently.</li><li>▪ Maintains high level of confidentiality.</li></ul>
EDUCATION	Required: HS Diploma or GED
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	

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This description is a working draft, subject to revision.*



<b>JOB TITLE</b>	<b>Customer Service Representative II</b>
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Non-exempt
<b>SUPERVISOR'S TITLE</b>	Customer Service Supervisor
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Answers all incoming calls from customers and resolves billing and service issues.</li> <li>▪ 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.</li> <li>▪ Opens and closes customer accounts.</li> <li>▪ Reviews customer correspondence.</li> <li>▪ Generates field activities to document and take ownership of customer complaints in order to obtain a resolution to issues.</li> <li>▪ Acts as liaison between customers and service operators to resolve service issues to ensure customer satisfaction.</li> <li>▪ Requests shut off door tags and issues shut off Service Orders for non-payment; makes payment arrangements when possible.</li> <li>▪ Processes customer payments and maintains the requisite financial tracking systems.</li> <li>▪ Initiates and terminates service as required.</li> <li>▪ Reviews various billing reports to resolve issues prior to billing.</li> <li>▪ Reviews receivable shut-off reports and takes appropriate action.</li> <li>▪ Files liens where appropriate.</li> <li>▪ Applies tariffs for the areas assigned.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ May be required to make bank deposits.</li> <li>▪ Assists with account adjustments as necessary.</li> <li>▪ Scans customer payments.</li> <li>▪ Performs other duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word, Excel, Preferred: Outlook, Explorer, JD Edwards, CC&B, AccuTerm
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to work independently and under limited supervision.</li> <li>▪ Ability to successfully research and resolve customer issues with some assistance.</li> <li>▪ Demonstrates initiative to take on new tasks.</li> </ul>





	<ul style="list-style-type: none"><li>▪ Friendly, customer service focus.</li><li>▪ Ability to effectively prioritize and manage day-to-day tasks in an efficient manner.</li><li>▪ Reliable, self-motivated and well organized.</li><li>▪ Strong written and verbal communication skills.</li><li>▪ Ability to multitask in a fast-paced environment.</li><li>▪ Excellent organizational and interpersonal skills.</li><li>▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality.</li><li>▪ Detail oriented.</li><li>▪ Ability to work within a team environment, as well as independently.</li><li>▪ Maintains high level of confidentiality.</li></ul>
EDUCATION	Required: HS Diploma or GED
EXPERIENCE	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.
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	

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<b>JOB TITLE</b>	Customer Service Supervisor
<b>DEPARTMENT</b>	Operations
<b>STATUS</b>	Exempt
<b>SUPERVISOR'S TITLE</b>	Customer Care Manager
<b>JOB SUMMARY</b>	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.
<b>ESSENTIAL FUNCTIONS</b>	<ul style="list-style-type: none"> <li>▪ Oversees the organization and delegation of team tasks. Assumes, assigns or re-assigns responsibilities temporarily as necessary.</li> <li>▪ Provides daily direction and communication to employees so that customer service calls are answered in a timely, efficient and knowledgeable manner.</li> <li>▪ Responsible for scheduling customer service representative work schedules.</li> <li>▪ Monitors appropriate usage of overtime by the customer service staff and follows policy regarding overtime.</li> <li>▪ Ensures employees receive appropriate training and other resources to perform their jobs.</li> <li>▪ Analyzes monthly Customer Service reports from Corporate; creates reports as requested.</li> <li>• Identifies and informs management of trends by reviewing, analyzing and summarizing special reports.</li> <li>▪ Evaluates the Customer Service Department's effectiveness by reviewing daily, weekly and monthly reports.</li> <li>▪ Maintains commercial and developer agreements, tap records, Rule 9 apportionments and sewer deposits; requests Rule 9 reapportionment refund from Corporate.</li> <li>▪ Conducts monthly audits of monetary transactions.</li> <li>▪ 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.</li> <li>▪ Addresses disciplinary and/or performance problems according to Company policy.</li> <li>▪ Establishes work procedures and processes that support Company and departmental standards, procedures and strategic directives.</li> <li>▪ Provides continual evaluation of processes and procedures. Responsible for suggesting methods to improve area operations, efficiency and service to customers.</li> <li>▪ Resolves escalated customer calls and complex service issues.</li> </ul>
<b>ADDITIONAL RESPONSIBILITIES</b>	<ul style="list-style-type: none"> <li>▪ May assist with maintaining contact with State public utilities commissions for the region.</li> <li>▪ Periodically monitors the interaction between CSR's and customers to ensure quality control. Give direction and makes recommendations as necessary.</li> </ul>



	<ul style="list-style-type: none"> <li>▪ Works to maintain high level of cooperation and proper attitude within the department.</li> <li>▪ Executes special projects assigned by ROM.</li> <li>▪ Performs other related duties as assigned.</li> </ul>
<b>COMPUTER SKILLS</b>	Required: MS Word, Excel, Outlook Preferred: Internet Explorer, JD Edwards, CC&B, AccuTerm
<b>ADDITIONAL SKILLS</b>	<ul style="list-style-type: none"> <li>▪ Ability to perform all duties of a Customer Service Representative.</li> <li>▪ Communicates clearly and effectively, both verbally and in writing.</li> <li>▪ Ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency.</li> <li>▪ Ability to delegate responsibility and authority to maximize use of employees' skills.</li> <li>▪ 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.</li> <li>▪ Ability to motivate others in pursuit of Company goals.</li> <li>▪ Excellent organizational and interpersonal skills.</li> <li>▪ Demonstrates accuracy and thoroughness and monitors own work to ensure quality.</li> <li>▪ Detail oriented.</li> <li>▪ Ability to work within a team environment, as well as independently.</li> <li>▪ Maintains high level of confidentiality.</li> <li>▪ Friendly, customer service focus.</li> </ul>
<b>EDUCATION</b>	Associates Degree in business administration or other business related field is preferred.
<b>EXPERIENCE</b>	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.
<b>PHYSICAL DEMANDS</b>	Light to moderate physical activity, requires normal hearing and vision
<b>EQUIPMENT USED</b>	PC and/or laptop, copy/scan/fax machine, telephone and other general office equipment.
<b>TRAVEL REQUIRED</b>	Occasional travel may be required.
<b>ADDITIONAL COMMENTS</b>	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
<b>CONTACT INFORMATION</b>	

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Utilities, Inc. of Florida  
Employee

Job Title

Job Descriptions

ERC Methodology

Anderson, Daniel	Operator
Bailey, Alan	Operator
Blasco, Christopher	Meter Reader
Bonagura, John	Business Manager
Brown, Donna	Meter Reader
Callahan, Robert	Operator
Cardinal, Anthony	Operator
Carver, Nathaniel	Project Manager
Chard, Ronald	Cross Connection Specialist
Coffee Jr. John	Operator
Cooper, Robert	Operator
Durham, Rick	Regional Vice President
Ebert, Shawn	Field Technician
Eubanks, Brian	Operator
Finch, Allan	Operator
Finehirsh, Jeffrey	Lead Operator
Flynn, Patrick	Regional Director
Galarza, Richard	Field Technician
Gentilucci, Domenic	Area Manager
Gongre, Bryan	Regional Manager
Habery, Stephen	Lead Operator
Haws, Scotty	Safety Manager
Hogue, Raymond	Operator
Hollister, Jimmie	Field Technician
Keys, Thomas	Lead Operator
Leard, Mark	Field Technician
Lorenzo, Alexander	Operator
Marinelli, John	Field Supervisor
McPhee, Alison	Lead Operator
Morrell, Matthew	Field Technician
Neal, William	Area Manager
Overton, Michael	Field Technician
Parrish, Raymond	Operator
Pennington, Jonathan	Field Technician
Phillips, Christopher	Operator
Pinder, Jeffrey	Field Supervisor
Remigio, Roberto	Meter Reader
Richardson, James	Operator
Schneider, Keith	Operator
Schwades, Charles	Area Manager
Shue, Mickey	Field Technician
Sillitoe, Terry	Operator (PT)
Smith, Donald	Field Technician
Stewart, Malcolm	Area Manager
Swegheimer, James	Operator
Tzareff, Paul	Field Technician
Vanmeter Jr, Nathan	Lead Operator
White, Ronald	Field Supervisor
Wierzbicki, Anthony	Project Manager
Wilson, Michael	Regional Manager
Worrell, David	Operator
Wright, Thomas	Field Technician
Abbott, Loretta	Office Clerk (1)
Bennett, Kimberly	Customer Service Representative (1)
Caballos, Isabel	Customer Service Representative (1)
Chandler, Matthew	Accounts Receivable Clerk (1)
Christian, Elise	Customer Service Representative (1)
Dipasquale, Susan	Staff Assistant (1)
Hanks, Peggy	Office Clerk (1)
Mayeski, Lone	Customer Service Representative (1)
Loeffel, Leanne	Customer Service Representative (1)
Noell, Sandra	Office Clerk (1)
Patricio, Rhiginald	Accounts Receivable Clerk (1)
Raponi, Ann	Office Clerk (1)
Sasic, Karen	Office Manager (1)
Sillitoe, Jacqueline	Customer Service Representative (1)
Trovinger, Ferreilyn	Accounts Payable Clerk (1)

\*Please see attached job  
descriptions for duties performed

\* 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)  
allocations are based off the FL and South ERC Count.

ERC COUNT 12/08  
FLORIDA AND SOUTH REGIONS

w/p d-1

State	Company	Business Unit	ERC	% to Total Florida/South		
Florida	00241	241100	2,093.2	2.23%	2.23%	Tierra Verde
	00242	242100	130.7	0.14%		
	00242	242101	130.7	0.14%	0.28%	Lake Placid
	00245	245100	7,545.9	8.04%		
	00245	245101	1,065.0	1.14%	9.18%	Alafaya
	00246	246100	1,745.0	1.86%	1.86%	Longwood
	00248	248100	1,247.0	1.33%		
	00248	248101	1,145.5	1.22%	2.55%	Cypress Lakes
	00249	249100	1,602.6	1.71%		
	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	6.06%	12.60%	LUSI
	00252	252106	1,788.3	1.91%		
	00252	252107	162.0	0.17%		
	00252	252125	1,225.0	1.31%		
	00252	252126	1,023.0	1.09%	4.48%	UIF - Pasco
	00252	252110	1,174.0	1.25%		
	00252	252111	1,160.5	1.24%		
	00252	252113	225.5	0.24%		
	00252	252114	61.0	0.07%		
	00252	252115	102.0	0.11%		
	00252	252116	77.0	0.08%		
	00252	252117	171.0	0.18%		
	00252	252118	345.0	0.37%		
	00252	252119	245.0	0.26%		
	00252	252121	224.5	0.24%		
	00252	252122	250.5	0.27%	4.30%	UIF - Seminole
	00252	252123	260.5	0.28%		
	00252	252124	43.0	0.05%	0.32%	UIF - Orange
	00252	252128	433.3	0.46%	0.46%	UIF - Pinellas
	00252	252129	532.1	0.57%		
	00252	252130	78.8	0.08%	0.65%	UIF - Marion
	00253	253101	1,104.7	1.18%		
	00253	253102	1,030.2	1.10%	2.28%	Miles Grant
	00254	254100	197.0	0.21%		
	00254	254101	742.5	0.79%	1.00%	ACME
	00255	255100	11,797.7	12.58%		
	00255	255101	9,158.0	9.76%		
	00255	255102	4.0	0.00%	22.34%	Sanlando
	00256	256100	1,083.9	1.16%	1.16%	Sandalhaven
	00257	257100	242.0	0.26%		
	00257	257101	241.0	0.26%	0.51%	Bayside
	00259	259100	781.1	0.83%		
	00259	259101	760.7	0.81%	1.64%	Labrador
	00260	260100	1,465.0	1.56%		
	00260	260101	1,247.0	1.33%	2.89%	Pennbrooke
	00261	261100	195.2	0.21%		
	00261	261101	167.2	0.18%	0.39%	Hutchinson Island

Louisiana

00262	262100	203.8	0.22%			
00262	262101	171.0	0.18%	0.40%	Sandy Creek	
00356	356102	511.0	0.54%			
00356	356103	493.0	0.53%			
00356	356105	2,101.7	2.24%			
00356	356106	2,069.9	2.21%			
00356	356108	672.7	0.72%			
00356	356109	661.8	0.71%			
00356	356111	672.5		0.72%		
00356	356112	668.5	0.71%			
00356	356114	386.5	0.41%			
00356	356115	363.0	0.39%			
00356	356117	556.4	0.59%			
00356	356118	534.6	0.57%			
00356	356120	49.5	0.05%			
00356	356121	47.8	0.05%			
00356	356122	41.8	0.04%			
00356	356124	161.0	0.17%			
00356	356125	158.0	0.17%			
00356	356127	105.0		0.11%	10.93%	LWS
00357	357101	4,575.8	4.88%			
00357	357102	4,265.4	4.55%			
00357	357104	940.8	1.00%			
00357	357105	811.8	0.87%	11.29%		UIL
		93,816.5	100.00%		100.00%	



ERC COUNT 12/08  
FLORIDA REGION

w/p d-2

<u>State</u>	<u>Company</u>	<u>Business Unit</u>	<u>ERC</u>	<u>% to Total Florida</u>	
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	7,545.9	10.34%	
	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	1.71%	
	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	4.07%	
	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	1.68%	
	00252	252126	1,023.0	1.40%	5.75% UIF - Pasco
	00252	252110	1,174.0	1.61%	
	00252	252111	1,160.5	1.59%	
	00252	252113	225.5	0.31%	
	00252	252114	61.0	0.08%	
	00252	252115	102.0	0.14%	
	00252	252116	77.0	0.11%	
	00252	252117	171.0	0.23%	
	00252	252118	345.0	0.47%	
	00252	252119	245.0	0.34%	
	00252	252121	224.5	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	1.41%	2.93% Miles Grant
	00254	254100	197.0	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	0.33%	0.66% Bayside

00259	259100	781.1	1.07%	
00259	259101	760.7	1.04%	2.11% Labrador
00260	260100	1,465.0	2.01%	
00260	260101	1,247.0	1.71%	3.72% Pennbrooke
00261	261100	195.2	0.27%	
00261	261101	167.2	0.23%	0.50% Hutchinson Island
00262	262100	203.8	0.28%	
00262	262101	171.0	0.23%	0.51% Sandy Creek
		<u>72,968.0</u>	<u>100.00%</u>	<u>100.00%</u>

ERC COUNT 12/08  
FLORIDA FIELD EMPLOYEES

w/p d-3

<u>Neal, William</u>	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
241100 Tierra Verde	S		2,093.2	14.07%	14.07%
248100 Cypress Lakes	W		1,247.0	8.38%	
248101 Cypress Lakes	S		1,145.5	7.70%	16.09%
250100 Mid-County	S		3,355.0	22.56%	22.56%
Utilities, Inc. of Florida					
252106 Orangewood	W		1,788.3	12.02%	
252107 Orangewood	S		162.0	1.09%	
252125 Summertree	W		1,225.0	8.24%	
252126 Summertree	S		1,023.0	6.88%	
252128 Lake Tarpon	W		433.3	2.91%	31.14%
257100 Bayside	W		242.0	1.63%	
257101 Bayside	S		241.0	1.62%	3.25%
259100 Labrador	W		781.1	5.25%	
259101 Labrador	S		760.7	5.12%	10.37%
262100 Sandy Creek	W		203.8	1.37%	
262101 Sandy Creek	S		171.0	1.15%	2.52%
			14,871.9	100.00%	100.00%
<u>Finchirsh, Jeffrey</u>	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
241100 Tierra Verde	S		2,093.2	31.13%	31.13%
Utilities, Inc. of Florida					
252106 Orangewood	W		1,788.3	26.59%	
252107 Orangewood	S		162.0	2.41%	
252125 Summertree	W		1,225.0	18.22%	
252126 Summertree	S		1,023.0	15.21%	
252128 Lake Tarpon	W		433.3	6.44%	68.87%
			6,724.8	100.00%	100.00%
<u>Stewart, Malcolm</u>	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100 Lake Placid	W		130.7	3.39%	
242101 Lake Placid	S		130.7	3.39%	6.78%
249100 Eagle Ridge	S		1,602.6	41.56%	
249101 Eagle Ridge	S		908.0	23.55%	65.11%
256100 Sandalhaven	S		1,083.9	28.11%	28.11%
			3,855.9	100.00%	100.00%
<u>Chard, Ronald</u>	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100 Lake Placid	W		130.7	0.71%	
242101 Lake Placid	S		130.7	0.71%	1.42%
248100 Cypress Lakes	W		1,247.0	6.78%	
248101 Cypress Lakes	S		1,145.5	6.23%	13.01%
249100 Eagle Ridge	S		1,602.6	8.71%	
249101 Eagle Ridge	S		908.0	4.94%	13.65%
250100 Mid-County	S		3,355.0	18.24%	18.24%
Utilities, Inc. of Florida					
252106 Orangewood	W		1,788.3	9.72%	
252107 Orangewood	S		162.0	0.88%	
252125 Summertree	W		1,225.0	6.66%	
252126 Summertree	S		1,023.0	5.56%	

252128 Lake Tarpon	W	433.3	2.36%	25.18%
253101 Miles Grant	W	1,104.7	6.01%	
253102 Miles Grant	S	1,030.2	5.60%	11.61%
256100 Sandalhaven	S	1,083.9	5.89%	5.89%
257100 Bayside	W	242.0	1.32%	
257101 Bayside	S	241.0	1.31%	2.63%
259100 Labrador	W	781.1	4.25%	
259101 Labrador	S	760.7	4.14%	8.38%
		18,394.7	100.00%	100.00%

Wilson, Michael

<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100 Lake Placid	W	130.7	0.68%	
242101 Lake Placid	S	130.7	0.68%	1.37%
248100 Cypress Lakes	W	1,247.0	6.52%	
248101 Cypress Lakes	S	1,145.5	5.99%	12.51%
249100 Eagle Ridge	S	1,602.6	8.38%	
249101 Eagle Ridge	S	908.0	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	S	162.0	0.85%	
252125 Summertree	W	1,225.0	6.40%	
252126 Summertree	S	1,023.0	5.35%	
252128 Lake Tarpon	W	433.3	2.26%	24.21%
253101 Miles Grant	W	1,104.7	5.77%	
253102 Miles Grant	S	1,030.2	5.38%	11.16%
256100 Sandalhaven	S	1,083.9	5.67%	5.67%
257100 Bayside	W	242.0	1.26%	
257101 Bayside	S	241.0	1.26%	2.52%
259100 Labrador	W	781.1	4.08%	
259101 Labrador	S	760.7	3.98%	8.06%
261100 Hutchinson Island	W	195.2	1.02%	
261101 Hutchinson Island	S	167.2	0.87%	1.89%
262100 Sandy Creek	W	203.8	1.07%	
262101 Sandy Creek	S	171.0	0.89%	1.96%
		19,131.9	100.00%	100.00%

Worrell, David

<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
241100 Tierra Verde	S	2,093.2	20.77%	20.77%
250100 Mid-County	S	3,355.0	33.28%	33.28%
Utilities, Inc. of Florida				
252106 Orangewood	W	1,788.3	17.74%	
252107 Orangewood	S	162.0	1.61%	
252125 Summertree	W	1,225.0	12.15%	
252126 Summertree	S	1,023.0	10.15%	
252128 Lake Tarpon	W	433.3	4.30%	45.95%
		10,079.8	100.00%	100.00%

Anderson, Daniel

<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
Utilities, Inc. of Florida				
252129 Golden Hills	W	532.1	16.01%	
252130 Golden Hills	S	78.8	2.37%	18.38%

260100 Pennbrooke	W	1,465.0	44.09%	
260101 Pennbrooke	S	1,247.0	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

System

ERC Count (1) Percentage to Total

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  
White, Donald

System

ERC Count (1) Percentage to Total

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	S	2,966.8	18.67%	
251106 North	W	5,684.5	35.77%	74.42%
Utilities, Inc. of Florida				
252129 Golden Hills	W	532.1	3.35%	
252130 Golden Hills	S	78.8	0.50%	3.84%
254101 ACME	N R	742.5	4.67%	4.67%
260100 Pennbrooke	W	1,465.0	9.22%	
260101 Pennbrooke	S	1,247.0	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  
Wright, Thomas

System

ERC Count (1) Percentage to Total

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	W	1,174.0	3.29%	
252111 Weathersfield	S	1,160.5	3.25%	
252113 Oakland Shores	W	225.5	0.63%	
252114 Little Wekiva	W	61.0	0.17%	
252115 Park Ridge	W	102.0	0.29%	
252116 Phillips	W	77.0	0.22%	
252117 Crystal Lake	W	171.0	0.48%	
252118 Ravenna Park	W	345.0	0.97%	
252119 Ravenna Park	S	245.0	0.69%	
252121 Bear Lake Manor	W	224.5	0.63%	

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	W	11,797.7	33.09%	
255101 Sanlando	S	9,158.0	25.68%	
255102 Sanlando	R	4.0	0.01%	58.78%
		35,655.1	100.00%	100.00%

Cardinal, Anthony  
Habery, Stephen  
Schneider, Keith

	System	ERC Count (1)	Percentage to Total	
Utilities, Inc. of Florida				
252106 Orangewood	W	1,788.3	38.61%	
252107 Orangewood	S	162.0	3.50%	
252125 Summertree	W	1,225.0	26.45%	
252126 Summertree	S	1,023.0	22.09%	
252128 Lake Tarpon	W	433.3	9.36%	100.00%
		4,631.6	100.00%	100.00%

Carver, Nathaniel

	System	ERC Count (1)	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	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				
252110 Weathersfield	W	1,174.0	2.31%	
252111 Weathersfield	S	1,160.5	2.28%	
252113 Oakland Shores	W	225.5	0.44%	
252114 Little Wekiva	W	61.0	0.12%	
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%	
255101 Sanlando	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%

Coffee Jr, John

	System	ERC Count (1)	Percentage to Total	
Utilities, Inc. of Florida				
252110 Weathersfield	W	1,174.0	4.64%	
252111 Weathersfield	S	1,160.5	4.59%	
252113 Oakland Shores	W	225.5	0.89%	
252114 Little Wekiva	W	61.0	0.24%	
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%	



252119 Ravenna Park	S	245.0	0.97%	
252121 Bear Lake Manor	W	224.5	0.89%	
252122 Jansen	W	250.5	0.99%	
252123 Crescent Heights	W	260.5	1.03%	
252124 Davis Shores	W	43.0	0.17%	17.15%
255100 Sanlando	W	11,797.7	46.63%	
255101 Sanlando	S	9,158.0	36.20%	
255102 Sanlando	R	4.0	0.02%	82.85%
		25,299.2	100.00%	100.00%

Eubanks, Brian

System		ERC Count (1)	Percentage to Total	
LUSI				
251100 Four Lakes	W	66.0	0.44%	
251101 Lake Saunders	W	43.0	0.28%	
251102 South	W	3,065.1	20.23%	
251103 South	S	2,966.8	19.59%	
251106 North	W	5,684.5	37.53%	78.06%
Utilities, Inc. of Florida				
252129 Golden Hills	W	532.1	3.51%	
252130 Golden Hills	S	78.8	0.52%	4.03%
260100 Pennbrooke	W	1,465.0	9.67%	
260101 Pennbrooke	S	1,247.0	8.23%	17.90%
		15,148.3	100.00%	100.00%

Gentilucci, Domenic

System		ERC Count (1)	Percentage to Total	
245100 Alafaya	S	7,545.9	16.60%	
245101 Alafaya	R	1,065.0	2.34%	18.94%
LUSI				
251100 Four Lakes	W	66.0	0.15%	
251101 Lake Saunders	W	43.0	0.09%	
251102 South	W	3,065.1	6.74%	
251103 South	S	2,966.8	6.53%	
251106 North	W	5,684.5	12.50%	26.01%
Utilities, Inc. of Florida				
252129 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%	
255101 Sanlando	S	9,158.0	20.14%	
255102 Sanlando	R	4.0	0.01%	46.10%
254101 ACME	N R	742.5	1.63%	1.63%
260100 Pennbrooke	W	1,465.0	3.22%	
260101 Pennbrooke	S	1,247.0	2.74%	5.97%
		45,461.4	100.00%	100.00%

Gongre, Brian

System		ERC Count (1)	Percentage to Total	
245100 Alafaya	S	7,545.9	14.64%	
245101 Alafaya	R	1,065.0	2.07%	16.71%
246100 Longwood	S	1,745.0	3.39%	3.39%
LUSI				
251100 Four Lakes	W	66.0	0.13%	
251101 Lake Saunders	W	43.0	0.08%	
251102 South	W	3,065.1	5.95%	
251103 South	S	2,966.8	5.76%	
251106 North	W	5,684.5	11.03%	22.94%
Utilities, Inc. of Florida				
252110 Weathersfield	W	1,174.0	2.28%	
252111 Weathersfield	S	1,160.5	2.25%	

252113 Oakland Shores	W	225.5	0.44%	
252114 Little Wekiva	W	61.0	0.12%	
252115 Park Ridge	W	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	0.49%	
252123 Crescent Heights	W	260.5	0.51%	
252124 Davis Shores	W	43.0	0.08%	
252129 Golden Hills	W	532.1	1.03%	
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	S	9,158.0	17.77%	
255102 Sanlando	R	4.0	0.01%	40.66%
260100 Pennbrooke	W	1,465.0	2.84%	
260101 Pennbrooke	S	1,247.0	2.42%	5.26%

51,545.9	100.00%	100.00%
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Hogue, Raymond

System

		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
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%
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McPhee, Allson

System

		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
260100 Pennbrooke	W	1,465.0	54.02%	
260101 Pennbrooke	S	1,247.0	45.98%	100.00%

2,712.0	100.00%	100.00%
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Overton, Michael

System

		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245101 Alafaya	R	1,065.0	4.51%	4.51%

LUSI

251100 Four Lakes	W	66.0	0.28%	
251101 Lake Saunders	W	43.0	0.18%	
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	0.43%	
252116 Phillips	W	77.0	0.33%	
252117 Crystal Lake	W	171.0	0.72%	
252118 Ravenna Park	W	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%	
252129 Golden Hills	W	532.1	2.26%	14.69%
255100 Sanlando	W	11,797.7	50.01%	
255102 Sanlando	R	4.0	0.02%	50.03%
260100 Pennbrooke	W	1,465.0	6.21%	6.21%

23,591.3	100.00%	100.00%
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Parrish, Raymond

System

	<u>ERC Count (1)</u>	<u>Percentage to Total</u>
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LUSI				
251100 Four Lakes	W	66.0	0.45%	
251101 Lake Saunders	W	43.0	0.30%	
251102 South	W	3,065.1	21.08%	
251103 South	S	2,966.8	20.41%	
251106 North	W	5,684.5	39.10%	81.34%
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%

<u>Phillips, Christopher</u>		<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245100 Alafaya	S		7,545.9	56.78%	
245101 Alafaya	R		1,065.0	8.01%	64.79%
246100 Longwood	S		1,745.0	13.13%	13.13%
Utilities, Inc. of Florida					
252110 Weathersfield	W		1,174.0	8.83%	
252113 Oakland Shores	W		225.5	1.70%	
252114 Little Wekiva	W		61.0	0.46%	
252115 Park Ridge	W		102.0	0.77%	
252116 Phillips	W		77.0	0.58%	
252117 Crystal Lake	W		171.0	1.29%	
252118 Ravenna Park	W		345.0	2.60%	
252121 Bear Lake Manor	W		224.5	1.69%	
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%

<u>Remigio, Robert</u>		<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
255100 Sanlando	W		11,797.7	99.97%	
255102 Sanlando	R		4.0	0.03%	100.00%
			11,801.7	100.00%	100.00%

<u>Sillitoe, Terry</u>		<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
Utilities, Inc. of Florida					
252110 Weathersfield	W		1,174.0	8.14%	
252113 Oakland Shores	W		225.5	1.56%	
252114 Little Wekiva	W		61.0	0.42%	
252115 Park Ridge	W		102.0	0.71%	
252116 Phillips	W		77.0	0.53%	
252117 Crystal Lake	W		171.0	1.19%	
252118 Ravenna Park	W		345.0	2.39%	
252121 Bear Lake Manor	W		224.5	1.56%	
252122 Jansen	W		250.5	1.74%	18.23%
255100 Sanlando	W		11,797.7	81.77%	81.77%
			14,428.2	100.00%	100.00%

<u>Vanmeter Jr, Nathan</u>		<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
246100 Longwood	S		1,745.0	100.00%	100.00%
			1,745.0	100.00%	100.00%

<u>Weirzbicki, Anthony</u>		<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100 Lake Placid	W		130.7	0.77%	
242101 Lake Placid	S		130.7	0.77%	1.54%
248100 Cypress Lakes	W		1,247.0	7.34%	
248101 Cypress Lakes	S		1,145.5	6.74%	14.08%
249100 Eagle Ridge	S		1,602.6	9.43%	
249101 Eagle Ridge	S		908.0	5.34%	14.77%
250100 Mid-County	S		3,355.0	19.74%	19.74%

Utilities, Inc. of Florida				
252106 Orangewood	W	1,788.3	10.52%	
252107 Orangewood	S	162.0	0.95%	
252125 Summertree	W	1,225.0	7.21%	
252126 Summertree	S	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

Test Year Ended December 31, 2008

Vehicle Schedule

Company: Utilities, Inc of Florida; Marion County

Docket No.: 090402-WS

Test Year Ended: December 31, 2008

<u>Vehicle #</u>	<u>Year</u>	<u>Model</u>	<u>Serial Number</u>	<u>Driver</u>	<u>Position</u>	<u>Vehicle Price</u>	<u>Allocation Method</u>
512	2005	CHEV TAHOE 2WD	1GNEC13T85R119267	Flynn, Patrick	Regional Director	53,357.93	ERCS
513	2005	CHEV SILVERADO LS 15	1GCEC14T55Z161146	Smith, Donald	Field Technician	22,344.23	ERCS
544	2005	CHEV SILVERADO 1500	1GCEK19V65Z314355	Schwades, Charles	Area Manager	24,201.42	ERCS
649	2006	CHEV TRAILBLAZER LS	1GNDT13SX62176280	Sudduth, Donald	Business Director	29,748.89	ERCS
650	2006	CHEV TAHOE LS	1GNEK13TX6R148941	Durham, Rick	Regional Vice President	32,505.83	ERCS
655	2006	CHEV WT 1500	3GCEC14V96G214224	Richardson, James	Operator	18,543.77	ERCS
659	2006	CHEV TRAILBLAZER LS	1GNDT13S462302634	Carver, Nathaniel	Project Manager	26,206.16	ERCS
729	2007	CHEV TRAILBLAZER	1GNDS13S572108957	Haws, Scotty	Safety Manager	29,355.64	ERCS
811	2008	CHEV SILVERADO REG CAB 2	1GCEC140XZ100983	White, Ronald	Field Supervisor	20,309.88	ERCS
818	2008	TOTY HIGHLANDER	JTEDS41A482011962	Gongre, Bryan	Regional Manager	29,220.44	ERCS
827	2008	CHEV COLORADO REG CAB	1GCCS14E188161375	Eubanks, Brian	Operator	17,577.16	ERCS
830	2008	CHEV SILVERADO REG CAB 2W	1GCEC14C98Z177967	Blasco, Christopher	Meter Reader	20,820.46	ERCS
833	2008	CHEV EXPRESS VAN	1GCFG15XS81152329	Overton, Micheal	Field Technician	20,253.31	ERCS
864	2008	CHEV SILVERADO EXT CAB	1GCEC190787217557	Gentilucci, Domenic	Area Manager	22,372.23	ERCS



Utilities, Inc. of Florida

Docket No.: 090462-WS

Marion County

25-30.440 (10)  
CUSTOMER COMPLAINTS

Test Year Ended December 31, 2008

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**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	FA Status:	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	Customer Name:	EASTMAN, DONNA	Phone #:	(352) 732-7987
Address :	4417 NW 74TH CT	CSR:	Lyn Paulk	Operator:	Daniel Anderson
Entry Date :	6/26/2008 3:14:24PM	SO Type:	M-SIO	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
Resolution :	Leak at 7356 NW 44 <sup>th</sup> Lane, Mtr # 39719128. Dug palm tree roots, repaired service line and replaced curbstop.				

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	Request Type:	Water Service Line Break
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 condos are having low water pressure. Please check out. Tried to page out Daniel A., but radio is down.				
Due Date :	9/12/2008 12:00:00AM	Resolution Date :	9/15/2008 12:01:00PM	FA Status:	Completed
Resolution :	On Monday, home losing pressure, flow. Ellzey Plumbing repairing 1 day early. 1.25 hours shutdown. Boil order and water samples taken. Rescinded 9/17.				

Sub Division :	090	MR Route :	F25	FA ID:	4846110804
Account # :	4846110000	Customer Name:	FARMER,EILEEN	Phone #:	(352) 804-9450
Address :	7456 NW 45TH LN	CSR:	Jacqueline Sillitoe	Operator:	Daniel Anderson

**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 Ellzey 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 # : 5055210000      Customer Name: GOLDEN HILLS QDVLS HOA      Phone #: (352) 368-9082  
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      Phone #: (352) 427-1598  
Address : 7309 NW 44TH LN      CSR: Jacqueline Sillitoe      Operator: Daniel Anderson  
Entry Date : 7/8/2008 7:25:58AM      SO Type: M-SIO      Request Type: General Investigation  
Instructions : Joanne (property manager) called to report a leak near this location at pool. Meter box is full of water and has been 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      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.

Sub Division : 090      MR Route : F25      FA ID: 9496110297  
Account # : 9496110000      Customer Name: KEOGH, TERRI A      Phone #: (516) 656-3100  
Address : 7311 NW 44TH LN      CSR: Isabel Ceballos      Operator: Daniel Anderson  
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  
Instructions : Customer called stated there is no water. Please investigate. Dispatched to Daniel A.  
Due Date : 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.



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**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 NUMEROUS 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

Marion County – Golden Hills

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  
Entry Date : 6/11/2008 7:30:54AM SO Type: M-SIO Request Type: High or Low Pressure in the Water  
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 awhile.  
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 FA ID : 2902200066  
Account # : 2902200000 Customer Name : VALLIERE,JILL Phone #: (561) 719-8624  
Address : 4519 NW 79TH TERRACE RD CSR: Lorie Mayeski Operator : Daniel Anderson  
Entry Date : 11/3/2008 10:58:39AM SO Type: M-SIO 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 FA ID : 3442200177  
Account # : 3442200000 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 FA ID : 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 turned off. Please lubricate and exercise the valve for customer. Request 8:00AM-NOON..Please tag door.

**Marion County – Golden Hills**

**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

Account # : 4993200000

Customer Name : ZEESE,BRENDA

Phone #: (352) 622-1000

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

Account # : 6218010000

Customer Name : POPE,WILLARD

Phone #: (352) 237-4554

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

Account # : 7250000000

Customer Name : MOORE,DANNY

Phone #: (352) 369-8559

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

Account # : 6279810000

Customer Name : GRABE,AMY

Phone #: (352) 369-1104

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.

**Marion County – Golden Hills**

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

Sub Division : 136 MR Route : F25 FA ID : 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  
Resolution : Called customer and explained outage upon receipt of paging, 6-12 stopped by meter read. Home, excellent PSI.

Sub Division : 136 MR Route : F25 FA ID : 6957010567  
Account # : 6957010000 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  
Resolution : 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 FA ID : 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 : 8/6/2008 12:00:00AM Resolution Date : 7/6/2008 5:30:00PM 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 FA ID : 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



**Marion County – Golden Hills**

**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 FA ID : 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  
Instructions : 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 FA ID : 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  
Resolution : Pipe after curb stop but before meter broke. Repiping today after drainage. Customer absent (left information with neighbor).

Sub Division : 136 MR Route : F25 FA ID : 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  
Instructions : 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 3<sup>rd</sup> 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.